

Appendix B – How to conduct *Finding Your Best Self* as a counseling or peer model

“Our prime purpose in life is to help others. If you can't help them, at least do not hurt them.”

— Dalai Lama XIV

20th century Buddhist spiritual leader

If you're reading this chapter, you likely hold a formal role in which you help others. You may be a counselor, peer support worker, case manager, advocate, therapist, or pastoral adviser. Whatever your role, you can use *Finding Your Best Self* to help those you serve. *No specific degree, license, experience, or training is required.* It's a very safe, easy-to-learn recovery model that lends itself to any setting and can be conducted in group or individual sessions. Each of the 35 chapters is a "bite size" piece that can be done in any order and is relevant to the full spectrum of people with trauma, addiction or both. All chapters derive from evidence-based methods and current scientific understanding of trauma and addiction. The following suggestions are offered to enhance your experience as a facilitator of *Finding Your Best Self*.

Consider practical aspects

This section addresses how to set up and start implementing *Finding Your Best Self*.

Use a simple session structure

At the end of this appendix is a method that can be used in both group and individual sessions. It's strongly suggested to try using this session structure, which is adapted from other successful models developed by the author including *Seeking Safety* (Najavits, 2002) and *A Woman's Path to Recovery* (Najavits, 2002). You can print a copy of the one-page "Session Format" sheet (located later in this appendix) to hand to the client(s) for the check-in and check-out questions.

Allow almost any client to attend

This model is designed for the broad range of clients with trauma and/or addiction, at any level of care. There are no specific exclusion criteria. If you're conducting group sessions, the only exclusion would be clients who would be overly disruptive of the group or unsafe to have in a group, such as those with uncontrolled psychosis, mania, or violence. Such clients could attend the model in individual sessions while they are stabilizing. Indeed, *Finding Your Best Self* is highly stabilizing as it provides recovery tools and validation. Remember too that clients don't have to have both trauma and addiction issues; they may have just one or the other. They also don't have to express motivation to give up substances or other addictive behavior. Motivation is often not present early on but grows as they attend sessions.

Conduct segments of 6 or 12 sessions (or any other number)

It's recommended to conduct one chapter per session. But with 35 chapters that would make for a very lengthy treatment. It's more practical and engaging to offer segments of 6 or 12 sessions (or any other reasonable number you choose), and then encourage clients to sign on for the next segment of 6 or 12 sessions, etc. You can cover the entire book in 4 segments of 12 sessions, for example. You might also choose not to cover all of the chapters-- but before omitting chapters, try each of them out to see how your clients like them.

Let clients do a trial run

Another good option is to allow clients to attend up to three sessions, and then they can decide whether to continue. This trial-run approach is based on counseling research, which

shows that, by the third session of any counseling model, how clients feel about it predicts how they'll feel about it in the future {Lambert, 2004 #616}. Ask your clients to fill out the *Helping Alliance Questionnaire* (in "Find a good counselor", Chapter 32), at the third session or anytime after. This validated measure is one of the best ways to evaluate their perceptions of the treatment.

Decide on open versus closed groups

This model can be conducted in open or closed groups. Open groups mean clients can join at any time, such as session 1 or session 5, etc. Closed groups mean they all start together at session 1 and end together. Choose open or closed groups depending on what is practical in your setting. Each chapter in *Finding Your Best Self* is independent of the others; thus clients can join an open group at any time and still participate fully. However if they are joining mid-stream, you may want to first do a separate session with them to go over the basics of trauma and/or addiction so that they'll understand those concepts.

Align it with the policies in your setting

The model can be conducted in any setting. But settings vary in their policies and procedures. For example, is abstinence from all substances required? Do clients have to attend sessions? Will a client be asked to leave if they become suicidal or have a substance relapse? What happens if a client comes to a session intoxicated? What information is reported to others, such as a probation officer? *Finding Your Best Self* can be aligned with all of your policies. The key is to ensure that clients know about the policies in advance and that you enforce them equally across clients. Lack of fairness is often a major trigger for clients, especially if they have a history of trauma.

Read a few chapters before starting

There is very little preparation that you need to do, but the following are suggested.

- Read "How others can help – family, friends, partners, sponsors" (Appendix A). This is an important chapter even if you're already an experienced facilitator. It provides guidance on how to respond compassionately but effectively to clients who present with challenging issues related to trauma and addiction (clients who don't want to give up addictive behavior, engage in power struggles, get angry, etc).
- Look through the first four chapters of *Finding Your Best Self*. These provide background on trauma and addiction as well as practical ideas for using this model.

Stay at least one chapter ahead of your clients

You don't need to read this entire book before conducting the model with clients. You can read any chapter that appeals to you and conduct a session with it; read another chapter, conduct that one, and so on. If you prefer to read more of the book at once, that's fine too but don't let it hold back from trying it out. It's an easy model to deliver. Clients' recovery may be challenging, but *Finding Your Best Self* is not. So dive in; you'll likely find that clients relate to it easily.

Bring it alive

In this section, strategies are offered to help improve the ongoing quality of the work.

Weave in the concept of "best self" throughout

Encourage clients to notice when they are at their best... and worst. The concept of *best self* opens up rich discussions of who they want to become and how they can use their positive traits to enhance recovery. Some chapters in the book focus on that concept explicitly ("Possible Selves", chapter 7), but all chapters relate to it in one way or another. Thus, across all sessions,

ask questions to deepen their understanding of *best self*. For example: "How can this chapter help you move toward your *best self*?", "When you look at what you did this week, does it reflect your best self?", "How can you reconnect with your best self?", etc.

Emphasize that *best self* is not a moral judgment. Clients have worth as human beings regardless of what they did or didn't do. *Best self* is the idea of acting in ways that are consistent with our values and who we want to be in the world. Recovery is about building more and more moments like that. Yet what is "best" for one person may be different than for another. One client's best-self may include abstinence from substances whereas another's may focus on controlled use (for definitions of these terms see "Find Your Way," chapter 9). One client's best-self may include attending religious activities whereas another's may not. Clients' vision of their best self also changes over time as they achieve stronger recovery.

Focus on recovery actions

At each session engage clients in identifying recovery-oriented actions to do before the next session. General discussion, support, and skills development are also essential. But be sure to translate those into action items and monitor whether clients are achieving them. Action items are specific and done outside of sessions. See "Listen to Your Behavior (chapter 7) and the section "commitments" at the end of this chapter for more. Behavior is the most powerful indicator of recovery. It's the compass that shows what's really going on.

Do Best Self exercises

The following playful exercises can help clients explore the idea of *best self*. You could do them as part of a regular session or devote one or more full sessions to them.

- Best-self / worst-self recovery game. Prepare recovery challenges on slips of paper that are relevant for your clients (e.g., "You are having bad trauma nightmares," "You get laid off from your job," "Your partner offers you cocaine," etc.). Fold the pieces of paper and put them in a small container. At the session, a client pulls one randomly from the container with eyes closed and reads it. The client then describes: (a) how his/her best self would respond to this challenge; (b) and how his/her worst self would respond to it; (c) what s/he could do to get the best- rather than worst-self activated in that scenario. In a group session, clients would take turns doing the exercise. In an individual session, the client could do more than one round.
- Group (or individual) brainstorming exercise. Collaborate to create a large list of best-self features. Use a large board that is visible to the whole group (e.g, whiteboard, poster paper, or blackboard). At the top write, "What are your *best self* qualities?", i.e., what do clients notice about themselves when their best self is present? Examples might be: "I stay calm." "I'm able to resist addiction cravings." "I can feel joy." "I eat more vegetables." "I don't yell at my kids." The answers can be wide-ranging and there are no right or wrong answers. The goal is for clients to become more aware of who they are at their best. This exercise can also be done in an individual session.
- Artwork / audio. Some clients benefit from a visual approach. They could do a best-self collage by searching for meaningful images in magazines and cutting/pasting them onto paper. They could do a digital collage if they have computer access. They could also record on their mobile phone a creative verbal description "from their best self" to remind themselves of how to access that side when they need it.

Adapt as needed

Use examples and language relevant to the cultures of your clients. If some clients can't read, summarize the material briefly and encourage them to participate in the discussion. Connect your clinical wisdom to the content in this book to meet your clients' needs in ways that work best for them.

Engage clients with the *Recovery Voices* section in each chapter

Recovery Voices is a brief but powerful segment at the end of each chapter. Have clients take turns reading parts of it out loud (or they could read silently if preferred) and then discuss it. What do they relate to? How does it make them feel? Any "pearls of wisdom" that can help their recovery? If they disagree with some points, they can simply let those go. Just identify what is meaningful and hold onto that.

Empower clients but also offer direct advice

Finding Your Best Self is a client-centered, empowering model. Yet it's also important to give clients direct advice and feedback. In this model, the facilitator does not just listen and reflect back what clients say. Rather, the goal is to be active and directive. Many people with major trauma and/or addiction were neglected and lacked guidance growing up. They are often hungry for real reactions. As long as feedback is given in a compassionate, respectful way, and allows clients to make their own choices, it can be helpful. Also don't over-dominate the session by talking too much. Clients should still be the main ones talking.

Guide clients through the book appendices

Go over each appendix. It's optimal to spend one session on each but if time is limited you could briefly go over all of them together in one session. Suggested goals are listed below.

Appendix A, "How others can help – family, friends, partners, sponsors"

- Encourage clients to share this appendix with safe people in their lives—those who are stable enough, in recovery themselves, care about them, etc.
- Discuss what specific help clients want from others.
- Offer tips for how clients can maintain good relationships with helpers: express gratitude, be honest, don't over-depend on any one person, let the person know how you're progressing, communicate calmly and clearly, maintain boundaries, etc.
- Recognize that some clients may currently have few or no supports outside of treatment. Build hope that they can keep working to find support.

Appendix B, "Resources"

- Ask clients to look through the resources and circle any they are willing to try.
- Suggest that they try at least one new resource in the week ahead.
- Explore how it feels to pursue resources: does it bring up concerns? what might get in the way of following through?
- Add additional resources that you and/or group members can identify.

Appendix C, "Excessive Behavior Scale"

- Discuss how some behaviors are much less noticed as addictions than others. Substance use and gambling are well known addictions, but excessive television watching and compulsive self-harm are less often identified.
- Go through an example using the scale. It can be a made-up example or a client could volunteer.
- Have clients fill out the scale for themselves. But if any behavior is already known to be addictive for a client (e.g., alcohol use), s/he doesn't have to complete the scale on that.

Also if a client is concerned about using the term *addictive*, substitute words such as excessive, compulsive, etc.

- Explore how to apply Finding Your Best Self to any addictive behavior.

Appendix D, "Brief quiz on trauma and addiction: Knowledge is power"

- Go through the questions and answers together with clients, including why the right answer is correct. For groups, you could make the quiz into a game by asking clients to raise their hand for the right answer, and giving a point for each person who gets it right.
- Encourage discussion about the questions.
- Add additional questions, if desired, that relate to your client population.

Use grounding as needed

Finding Your Best Self is a safe model that's designed to minimize triggering and steer clear of painful narratives about the past, yet it's normal for clients' strong emotions to arise at times. As long as the session stays productive it's fine but if clients spiral into severe symptoms such that it's no longer therapeutic (e.g., flashbacks, dissociation, panic attack) you can use "Getting to a calm place: The skill of *grounding*" (chapter 18) to help re-center them. If grounding is new for you or you have questions about how to keep the work therapeutic, consult with a supervisor or trusted colleague. The book *Seeking Safety* (Najavits, 2002) also has a detailed chapter on grounding that includes a grounding script you can use.

Keep it positive

This section offers guidance on how to create a positive experience for both clients and you.

"First, do no harm"

This profound quote is the guiding principle of all medical treatment: even more fundamental than actively helping clients is to not to hurt them. The concept is especially relevant to clients with trauma and/or addiction, who have so often suffered harm by others, including stigma, neglect, violence, and marginalization. As a facilitator you have power over clients and it's important to stay aware of your impact. Hold clients' growth and well-being as your primary concern. Keep sessions safe: maintain boundaries, don't engage in power struggles or allow any client to mistreat another. Seek help if needed.

Don't take challenges personally

Trauma and addiction evoke challenges that can stymie facilitators. Clients will struggle to follow through on recovery tasks at times, and become frustrated with themselves and you. Don't take such situations personally; they are part of clients' symptoms. Respond with compassion while also maintaining boundaries. Read "How others can help – family, friends, partners, sponsors" (appendix A), which offers detailed examples on some of the complex dynamics that arise in trauma and addiction.

Make it poignant

Beyond the specific content in the book, the goal is to touch people's hearts— to inspire them to do what they need for recovery. Connect with the work in an emotional, not just an intellectual way. As you conduct sessions, listen closely too to how clients are responding. Follow their trail of emotion as well as yours. Strive for a sense of deep engagement.

Convey hope

All clients can improve, moving closer toward their best self. Convey optimism with statements such as, "You can be successful in recovery if you work hard at it," "I believe you have what it takes to make the future better than the past; you have intelligence and

perseverance," "I've worked with many people who had problems like yours and they've gotten better." As long as clients keep working on recovery, there's hope.

Pursue cross-training

If you are new to understanding trauma or addiction, there are many free resources for learning more about them. One example of an excellent trauma resource is SAMHSA's *Treatment Improvement Protocol: Trauma-Informed Care in Behavioral Health Settings*, which offers a wealth of clinical tools, assessments, and information for facilitators and can be freely downloaded (<https://store.samhsa.gov/product/TIP-57-Trauma-Informed-Care-in-Behavioral-Health-Services/SMA14-4816>). One example of excellent addiction resource is *Rethinking Drinking* (<http://rethinkingdrinking.niaaa.nih.gov>) a website by the National Institute on Alcohol Abuse and Alcoholism. There are also SAMHSA Treatment Improvement Protocols on numerous addiction-related topics (<https://store.samhsa.gov/list/series?name=TIP-Series-Treatment-Improvement-Protocols-TIPS-&pageNumber=1>). See also "Resources" (Appendix D) for other options.

Join with others using the model

Share your feedback and connect with others using this model. Go to <https://www.treatment-innovations.org/community-forum.html>. You can also email Lisa Najavits via info@treatment-innovations.org.



Suggested session format

This section describes the recommended format for both individual and group sessions when Finding Your Best Self is conducted by a counselor, peer support worker, etc. It's a very easy structure to use. The first page has a large-font summary version that you can hand around or post on the wall for clients to follow along during the session. After that are detailed notes for each part of the format.

[LN note to Guilford: please use a large font for this page]

Session Format for *Finding Your Best Self*

CHECK-IN

Since the last session...

1. What's one positive aspect of your recovery?
2. What's one challenging aspect of your recovery?
3. Any unsafe behavior (substance use, self-harm, binging/purging, etc.)?
4. Did you complete your commitment?

QUOTE

- ✧ Read aloud the chapter's opening quote
- ✧ One or two people answer, "What's the main point of the quote?"

TOPIC

- ✧ Look through today's chapter
- ✧ Relate it to your life

CHECK-OUT

1. Name one thing you got out of today's session
2. What's your new commitment?

(a) *Check-in*

Since the last session...

1. What's one positive aspect of your recovery?
2. What's one challenging aspect of your recovery?
3. Any unsafe behavior (substance use, self-harm, bingeing/purging, etc.)?
4. Did you complete your commitment?

Notes

- In group sessions, each client answers all the questions, then the next client answers them, and so on.
- "Recovery" can refer to trauma, addiction or both.
- The check-in is voluntary so if clients don't have to if they don't want to, but do encourage them to participate-- "This is a way for me to get a sense of how your week has been. How about give it a try?"
- Keep the check-in brief; it's typically 1-3 minutes per person. You may need to gently interrupt a client who talks more than that ("Josie, I'm going to ask you to move to the next question. The check-in is just 1-3 minutes per person but you can come back to anything important later in the session.") This also means that you'll need to refrain from asking questions or trying to solve problems during check in. Just listen and write down anything important that you want to come back to later in the session.
- Examples of client answers to check-in questions 1, 2 and 3:
Question 1 -- "What's one positive aspect of your recovery?"
 - "I went to all my appointments this week."
 - "I was triggered when I saw my father, but talked myself through it and didn't drink."
 - "I called my NA sponsor when I felt stressed out."*Question 2 -- "What's one challenging aspect of your recovery?"*
 - "I keep having trauma nightmares. They just don't stop."
 - "I can't get anything done; I'm going to get evicted if I don't file my paperwork."
 - "I've been depressed for weeks and don't know why."*Question 3 -- "Any unsafe behavior?":*
 - "I'm broke because I gambled the money in my bank account."
 - "I cut myself."
 - "I had a night with my ex and it made me want to get back together but I know he's toxic for me."

Answers to questions 2 and 3 may overlap. The key is for clients to share openly; the precise question is less important than hearing what's really going on for them.

- *Question 4, "Did you complete your commitment?"* addresses homework from the prior session. Note that the term *commitment* is used rather than *homework* as *commitment* is a higher-level word—it's a promise to do something to promote recovery. During today's check-in they state what the commitment was (so you can see that they remember it) and they answer *yes* or *no* as to whether or not they did it. They may also want to share briefly about it, but this would be just 1-2 minutes. If clients don't remember the commitment, remind them. Be sure you have a list of what they committed to so that you

can remind. The commitment is voluntary, however. See the Check-Out section below for examples of commitments.

(b) *Quotation*

- ✧ Read aloud the quotation at the start of today's chapter
- ✧ One or two people answer, "What is the main point of the quotation?"

Notes

- Anyone client can read the quote aloud and any client(s) can state the main point of the quote.
- Keep it brief-- 2-3 minutes total-- and definitely don't have all of the clients in a group respond. The goal is a brief point of inspiration to lead into the session topic.
- If clients don't understand the quotation, tell them what it means.

(c) *Today's topic*

- ✧ Look through the chapter
- ✧ Relate it to your life

Notes

- This is the heart of the session and takes most of the session time. The process is as follows.
 - *Tell clients to take a few minutes to skim the chapter* and mark any sections they want to discuss. Or have clients take turns reading small sections aloud so they get the idea of what the chapter is about.
 - *Ask a general question to launch discussion*, such as "Any responses to the chapter?", "What would you like to focus on in the chapter?", or "What's most meaningful to you in the chapter?"
 - *Guide them further*. Help them relate the chapter to their life. There are many ways to do this. Have them do the chapter exercise in the session and discuss it. Role-play new ways to relate to others. Brainstorm new approaches to problems based on the chapter. Also, be sure to come back to major issues they raised at check-in and relate those to the chapter. For example, if a client reported problem gambling and today's chapter is *How do people change*, you could ask, "Which change methods might be best for your gambling problem? Which have you tried already? Which are new to you?" etc.
- Keep interweaving between the clients' problems and the chapter material, helping them relate the two.
- Be specific and practical rather than abstract: "Let's figure out what you can do this week to address that problem", "Let's come up with a concrete plan for that," etc.
- In group sessions, encourage clients to interact, support each other, share ideas, and brainstorm solutions. It should feel like a regular group, but focused on the chapter topic.
- Emphasize productive responses: "Let go of anything that doesn't work for you," "Is there anything in the chapter that might work for you?" There's no need to debate or convince; rather, engage clients to find something productive to aid recovery and let go of the rest.

(d) *Check-out*

1. Name one thing you got out of today's session
2. What's your new commitment?

Notes

- The first question, "Name one thing you got out of today's session", closes the session on a positive note. It gives clients something meaningful to remember and offers you as the facilitator feedback on what was helpful.
 - Don't comment on what they say or inquire further during the check-out. It's a time to wrap up rather than to discuss or intervene. A client may even say, "I got nothing out of the session" and you could reply, "Thanks for being honest. I hope you'll get more out of our next session."
 - Clients don't have to name something that pertains to today's topic. A client may say, "It felt good to get away from my kids for an hour." That's fine—whatever clients say is their truth.
- The second question, "What's your new commitment?", offers clients the option to choose one or more action steps to help their recovery before the next session. Commitments can be anything as long as they are specific and healthy.
 - Examples of commitments are: Ask your partner not to offer you alcohol. / Read online about how trauma impacts sexuality. / Make an appointment with your dentist. / Reread today's chapter topic and do the exercises.
 - If a client names a commitment that's too vague ("I'll be nice to myself this week") help make it more specific ("What's one action you can do toward that goal-- perhaps take a long walk? or get more sleep?").
 - If a client can't think of a commitment, offer advice and suggestions.
 - Commitments are voluntary but encourage clients to do them. Research shows they speed up recovery.
 - Be sure to have clients write down their commitment. It's simplest to ask clients to write it twice: on the top and bottom of a piece of paper with their name and date at the top. They then rip the sheet in half and give you the top half so you'll have a copy. When you conduct check-in at the next session have all of the client commitments in hand so you can follow up accurately.
 - If clients routinely forget their commitments, offer ideas ("How about put it in your wallet so you see if whenever you go for money?"). If clients remember their commitments but repeatedly fail to complete them, offer advice ("How about choose a simpler commitment that you may be more able to complete?").
 - Emphasize the spirit of a commitment: it's a promise to themselves, to the group (if a group session), and to you as the facilitator. It's about taking action to promote recovery.

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(e) *Optional at end of session*

- Try the ideas below to see whether they are a good fit for you and your clients.
- *Ask a client choose the next chapter topic.* If you're conducting individual sessions, it's simple: ask the client to look at the book table of contents and choose one. If you're conducting group sessions, you could ask a different member each week to select the next topic. Or a fun version is to have a small box or other container that has each chapter title on a folded separate piece of paper. (Photocopy the table of contents and then cut it into strips.) Each week, one group member randomly pulls one from the box.
 - *Encourage clients to read the new chapter prior to the next session.* It will enrich their understanding if they have time to read it on their own and prepare for the session.

- *Collect a brief end-of-session evaluation.* You can create a form with one question: "How helpful was today's session?" from 0 to 10 (0 = not at all helpful and 10 = extremely helpful). Also allow space for open-ended feedback they want to share. For group sessions, ask them not to put their name on the sheet so as to encourage them to be as honest as possible.



Suggested assessment tools

The measures listed here are free, valid, brief scales relevant to Finding Your Best Self. General suggestions for using any measure are as follows:

- ✦ Share results of the assessment with the client unless there is a strong clinical reason not to. Clients benefit from understanding what their results show.
- ✦ For any measure you select, read about it online so that you are clear that the purpose of the scale matches your assessment goal. For example, most screening tools are not designed to serve as outcome measures.
- ✦ Try to collect one or more *outcome* measures to verify the client's progress over time. An outcome measure is used at repeated timepoints (e.g., at the start of treatment and monthly afterwards or any other schedule you decide on) to evaluate whether the client is changing over time. Measures with an asterisk below are validated as outcome measures.

(1) Trauma and PTSD

- *Life Events Checklist* (17 items; screens for a wide range of traumas)
https://www.ptsd.va.gov/professional/assessment/documents/LEC-5_Standard_Self-report.pdf
- **PTSD Checklist for DSM-5* (20 items; screens for current PTSD symptoms and is also an outcome measure)
https://www.ptsd.va.gov/professional/assessment/documents/PCL-5_Standard.pdf
Instructions are also available:
<https://www.ptsd.va.gov/professional/assessment/documents/using-PCL5.pdf>
- *Primary Care PTSD Screen for DSM-5* (5 items; is also widely used in non-primary care settings)
<https://www.ptsd.va.gov/professional/assessment/screens/pc-ptsd.asp>
- **Trauma Coping Self-Efficacy* (9 items; measures ability to cope with challenges resulting from trauma)
[https://www.uccs.edu/Documents/thhc/CSE/Trauma%20Coping%20Self%20Efficacy%20on%20the%20Website%20\(1\).docx](https://www.uccs.edu/Documents/thhc/CSE/Trauma%20Coping%20Self%20Efficacy%20on%20the%20Website%20(1).docx)

(2) Addiction and related problems

See also the *Excessive Behavior Scale* (Appendix C) to screen for many different types of addictions at once. The measures below focus only on substance abuse and gambling, which are the most studied addictions.

- **National Institute on Drug Abuse ASSIST* (a brief online scale to identify both alcohol and drug problems; it's scored automatically)
<https://www.drugabuse.gov/nmassist/>
A full printed version is available:
<https://www.drugabuse.gov/sites/default/files/pdf/nmassist.pdf>

An adapted, much more limited (single-question) printable version is also available:
https://www.psychiatry.org/.../DSM/APA_DSM5_Level-2-Substance-Use-Adult.pdf

- *CAGE-AID* (4 items to screen for alcohol and/or drug problems)
<https://www.integration.samhsa.gov/images/res/CAGEAID.pdf>
- *Brief Biosocial Gambling Screen* (3 items to screen for current gambling problems)
<http://www.divisiononaddiction.org/resources1/bbgs-e-screener-2/>
- **Brief Addiction Monitor-Revised* (17 items to assess current substance use and both risk and protective factors; can be used as a screen and also to assess treatment outcomes)
https://www.mirecc.va.gov/cih-visn2/Documents/Clinical/BAM_2017.pdf

For more information on the measure (page 4 has how to score it):

<http://ctndisseminationslibrary.org/webinars/2017bam.pdf>

- *Various additional substance abuse measures*
<https://casaa.unm.edu/Instruments>

(4) Additional outcome measures

- **Center for Disease Control Healthy Days Core Module* (4 items to assess overall physical and mental health)
https://www.cdc.gov/hrqol/hrqol14_measure.htm
- **World Health Organization Quality of Life-Bref* (26 items to assess quality of life including physical health, social, sexual, enjoyment, environment, etc.)
http://www.who.int/substance_abuse/research_tools/en/english_whoqol.pdf

For more information:

http://www.who.int/mental_health/publications/whoqol/en/

- **Coping Self Efficacy Scale* (26 items to measure ability to cope with challenges)
<https://www.caps.ucsf.edu/uploads/tools/surveys/pdf/CopingSelf-EfficacyScale.pdf>

For more information:

<https://www.ncbi.nlm.nih.gov/pmc/articles/PMC1602207/pdf/nihms11283.pdf>

- **Self-Compassion Scale-short version* (12 items to assess level of kindness toward oneself)

<https://self-compassion.org/wp-content/uploads/2015/02/ShortSCS.pdf>

For more information:

<https://www.ncbi.nlm.nih.gov/pubmed/21584907>

(4) Other measures to consider

- *Columbia Suicide Rating Scale* (brief screen for suicide risk; numerous versions depending on your population and setting)
<http://cssrs.columbia.edu/>
- *Measures for a wide array of emotional problems and DSM-5 disorders (e.g., depression, anxiety, panic)*
<https://www.psychiatry.org/psychiatrists/practice/dsm/educational-resources/assessment-measures>

See also the article below, which has a table of free, brief, validated measures and online links to them, across many domains:

<https://www.ncbi.nlm.nih.gov/pmc/articles/PMC4310476/>

- *Posttraumatic Growth Inventory* (short and long versions; designed to measure positive change in dealing with trauma). There is mixed evidence as to whether it is a good outcome scale, but its items can evoke meaningful discussion with the client.

© Najavits, LM (2019). How to conduct *Finding Your Best Self* as a counseling or peer model (Appendix B). In, *Finding Your Best Self: Recovery from Addiction, Trauma or Both*. New York: Guilford Press. Contact info@treatment-innovations.org for more information.

<https://ptgi.uncc.edu/ptgi-related-inventories/>

- *Adverse Childhood Events (ACE) Scale* (10 items addressing some traumas in childhood that are associated with negative physical and emotional health later in life). Although widely used, this measure is *not* recommended as a general trauma screening tool because it omits many major childhood traumas such as bullying, losing a caregiver, homelessness, car accident, foster care, and juvenile justice involvement. It also addresses only childhood events, not the many traumas that adults experience. The original scale and adapted versions are at:

<https://www.acesconnection.com/g/resource-center/blog/resource-list-extended-aces-surveys>

It's also helpful to search for measures online if you have a specific area you want to address or to locate newly developed scales. Use search terms such as "measure PTSD [or substance abuse] treatment outcomes," "screen for trauma [or PTSD or addiction]," etc.