

Lisa M. Najavits, PhD / BHARP 9/2/20 handouts

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### Alcoholics Anonymous Intention Measure (AAIM)

**Authors: Sarah E. Zemore and Lee Ann Kaskutas**

#### ATTITUDE COMPONENT

1. If you attend twelve step groups during the next 12 months, how likely is it that you will... *(Circle one for each line.)*

	Extremely Unlikely					Extremely Likely
a. be able to avoid drinking and using drugs	1	2	3	4	5	6 7
b. feel like you belong	1	2	3	4	5	6 7
c. meet people who can support you in your recovery	1	2	3	4	5	6 7
d. learn what to do when you want to drink and use drugs	1	2	3	4	5	6 7
e. help others while you help yourself	1	2	3	4	5	6 7

#### SUBJECTIVE NORM COMPONENT

2. Let's think now about the people in your life. How positively do the following people feel about your attending 12-step groups in the next 12 months? *(Circle one for each line.)*

	Not at All Positively					Extremely Positively	
a. your group of friends (Choose "0" if you have none)	1	2	3	4	5	6 7	0
b. your partner/spouse (Choose "0" if you have none)	1	2	3	4	5	6 7	0
c. your children (Choose "0" if you have none)	1	2	3	4	5	6 7	0
d. other people you know who are already in recovery (Choose "0" if you have none)	1	2	3	4	5	6 7	0

#### PERCEIVED CONTROL COMPONENT

3. Now, assuming that you wanted to attend 12-step groups during the next 12 months, how much do you agree that you would... *(Circle one for each line.)*

	Disagree Very Strongly					Agree Very Strongly
a. know where good meetings are when you need them	1	2	3	4	5	6 7
b. know how to act at meetings	1	2	3	4	5	6 7
c. know how to meet clean and sober friends	1	2	3	4	5	6 7
d. know how to choose a sponsor	1	2	3	4	5	6 7
e. be able to ask someone to be your sponsor	1	2	3	4	5	6 7

#### INTENTION COMPONENT

4. How much do you agree with the following statements? *(Circle one for each line.)*

	Disagree Very Strongly					Agree Very Strongly
a. I intend to attend a 12-step group in the next 12 months	1	2	3	4	5	6 7
b. I plan to attend a 12-step group in the next 12 months	1	2	3	4	5	6 7
c. I will try to attend a 12-step group in the next 12 months	1	2	3	4	5	6 7

## COLUMBIA-SUICIDE SEVERITY RATING SCALE

Screen Version - Recent

SUICIDE IDEATION DEFINITIONS AND PROMPTS	Past month	
	YES	NO
<b>Ask questions that are bolded and <u>underlined</u>.</b>		
<b>Ask Questions 1 and 2</b>		
<b>1) Wish to be Dead:</b> Person endorses thoughts about a wish to be dead or not alive anymore, or wish to fall asleep and not wake up.  <b><u>Have you wished you were dead or wished you could go to sleep and not wake up?</u></b>		
<b>2) Suicidal Thoughts:</b> General non-specific thoughts of wanting to end one's life/commit suicide, " <i>I've thought about killing myself</i> " without general thoughts of ways to kill oneself/associated methods, intent, or plan.  <b><u>Have you actually had any thoughts of killing yourself?</u></b>		
<b>If YES to 2, ask questions 3, 4, 5, and 6. If NO to 2, go directly to question 6.</b>		
<b>3) Suicidal Thoughts with Method (without Specific Plan or Intent to Act):</b> Person endorses thoughts of suicide and has thought of a least one method during the assessment period. This is different than a specific plan with time, place or method details worked out. " <i>I thought about taking an overdose but I never made a specific plan as to when where or how I would actually do it...and I would never go through with it.</i> "  <b><u>Have you been thinking about how you might kill yourself?</u></b>		
<b>4) Suicidal Intent (without Specific Plan):</b> Active suicidal thoughts of killing oneself and patient reports having <u>some intent to act on such thoughts</u> , as opposed to " <i>I have the thoughts but I definitely will not do anything about them.</i> "  <b><u>Have you had these thoughts and had some intention of acting on them?</u></b>		
<b>5) Suicide Intent with Specific Plan:</b> Thoughts of killing oneself with details of plan fully or partially worked out and person has some intent to carry it out.  <b><u>Have you started to work out or worked out the details of how to kill yourself? Do you intend to carry out this plan?</u></b>		
<b>6) Suicide Behavior Question:</b>  <b><u>Have you ever done anything, started to do anything, or prepared to do anything to end your life?</u></b> Examples: Collected pills, obtained a gun, gave away valuables, wrote a will or suicide note, took out pills but didn't swallow any, held a gun but changed your mind or it was grabbed from your hand, went to the roof but didn't jump; or actually took pills, tried to shoot yourself, cut yourself, tried to hang yourself, etc.  <b>If YES, ask: <u>How long ago did you do any of these?</u></b> • Over a year ago?    • Between three months and a year ago?    • Within the last three months?		

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## Best Self: A new model for trauma and/or addiction

### Summary

*Finding Your Best Self* is a new recovery model for trauma and/or addiction that is relevant to a broad array of self-destructive behaviors. It can be used as self-help and also conducted by counselors or peers in group or individual format. It has 35 short chapters that offer flexibility to pace and honor each person's unique recovery. Chapters can be done in any order, in as few or many sessions as time allows, with any client, in any setting. Like *Seeking Safety*, the author's widely adopted model for trauma and addiction, *Finding Your Best Self* evokes hope through emphasis on ideals; provides practical recovery skills; and offers exercises, poignant language, and inspiring quotations to engage patients. It differs from *Seeking Safety* in that it can be self-help or counselor-led; emphasizes personal recovery stories, and offers a different array of topics.

### Table of contents

1. Moving forward from trauma, addiction or both
  2. Starting out
  3. “Things turn out okay” -- David's experience
  4. It's medical—you're not crazy, lazy or bad
  5. How do people change?
  6. The world is your school
  7. Listen to your behavior
  8. Wish versus reality
  9. Find your way
  10. Possible selves
  11. The language of trauma and addiction
  12. Safe coping skills
  13. Social pain
  14. True self-compassion
  15. Why trauma and addiction go together
  16. Forgiving yourself
  17. Body and biology
  18. Getting to a calm place—the skill of grounding
  19. The culture of silence
  20. Motivation: Leverage one problem to help the other
  21. Tip the scales recovery plan
  22. Every child is a detective
  23. How to survive a relapse
  24. See the link
  25. Practice
  26. Identity: how you view yourself
  27. Perception: how others view you
  28. The decision to grow
  29. Dark feelings: rage, hatred, revenge, bitterness
  30. Imagination
  31. Create a healing image
  32. Find a good counselor
  33. Two types of trauma counseling
  34. What the wounded can give back
  35. “We are all in the gutter, but some of us are looking at the stars”
- Appendix A: How others can help—family, friends, partners, sponsors  
 Appendix B: How to conduct *Finding Your Best Self* as a counseling or peer model  
 Appendix C: Resources  
 Appendix D: Excessive Behavior Scale  
 Appendix E: Brief Quiz on Trauma and Addiction

### Further information

www.best-self.org (web)  
 info@treatment-innovations.org (email)

## Resources

- \*Substance Abuse Mental Health Services Administration treatment locator: <https://findtreatment.samhsa.gov> and [www.samhsa.gov/find-help/national-helpline](http://www.samhsa.gov/find-help/national-helpline)
- National Child Traumatic Stress Network: [www.nctsn.org](http://www.nctsn.org)
- National Disaster Distress Helpline: [www.samhsa.gov/find-help/disaster-distress-helpline](http://www.samhsa.gov/find-help/disaster-distress-helpline)
- National Domestic Violence Hotline: [www.thehotline.org](http://www.thehotline.org)
- Twelve-step addiction self-help groups: for alcohol ([www.aa.org](http://www.aa.org)); gambling ([www.gamblersanonymous.org](http://www.gamblersanonymous.org)), overeating ([www.oa.org](http://www.oa.org)), overspending ([www.debtorsanonymous.org](http://www.debtorsanonymous.org)), sex addiction ([www.sa.org](http://www.sa.org)), cocaine ([www.ca.org](http://www.ca.org)), narcotics ([www.na.org](http://www.na.org)), nicotine ([www.nicotine-anonymous.org](http://www.nicotine-anonymous.org)), and for family members ([www.al-anon.org](http://www.al-anon.org)). Online searches can yield additional 12-step groups.
- \*Rethinking Drinking: <http://rethinkingdrinking.niaaa.nih.gov>
- \*SMART Recovery: [www.smartrecovery.org](http://www.smartrecovery.org)
- National Suicide Prevention Lifeline: [www.suicidepreventionlifeline.org](http://www.suicidepreventionlifeline.org)
- HIV/AIDS help from the U.S. Department of Health and Human Services: [www.hiv.gov](http://www.hiv.gov)

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## Excessive Behavior Scale [chapter excerpt]

### **PART A: TYPES OF EXCESSIVE BEHAVIORS**

Almost any behavior can become a problem *if you engage in it too much*. For example, some people have problems from excessive gambling, eating, sex, shopping, work, exercise, Internet use, pornography, hair-pulling, skin-picking, tanning, or tattooing. You may notice an excessive behavior in yourself based on any or all of the following:

- Spending too much time on it
- A feeling that you can't stop
- The toll it takes – money, medical, or legal problems; family or social problems (people complaining about it)
- Control issues: sometimes it makes you feel more in control but at other times out of control
- The compulsion to do it
- The pleasure you take in it

**On the next pages, circle each behavior that *may have been excessive for you for at least one month in the past year*.** *You do not have to be certain about it.* You can base it on what you notice about yourself or what others say about you. Be honest, even if you are embarrassed or unsure.

	<b>Excessive for at least 1 month in the past year?</b>
<b>a. Gambling</b> (lottery, keno, sports betting, poker, etc.)	Yes / Maybe / No
<b>b. Alcohol or drugs</b> (cocaine, marijuana, heroin, oxycodone, etc.) List which (if more than one, pick the worst one):	Yes / Maybe / No
<b>c. Working</b>	Yes / Maybe / No
<b>d. A leisure activity</b> (such as TV, watching sports, a hobby such as fishing, going to psychics, fantasy football, etc.). List which:	Yes / Maybe / No
<b>e. Exercising or doing a sport</b> (such as running or baseball)	Yes / Maybe / No
<b>f. Food</b> (too much or too little, i.e., bingeing or restricting). List which:	Yes / Maybe / No
<b>g. Use of electronics</b> (texting, email, web surfing, computer games). List which:	Yes / Maybe / No
<b>h. Body improvement</b> (such as tattooing, plastic surgery, tanning). List which:	Yes / Maybe / No
<b>i. A nervous habit</b> (e.g., hair pulling, skin picking, chewing ice, etc.). List which:	Yes / Maybe / No
<b>j. Sex-related activities</b> (such as pornography, sex, sexual fetishes). List which:	Yes / Maybe / No
<b>k. “Too loose” with money</b> (such as shopping or overspending). List which:	Yes / Maybe / No
<b>l. “Too tight” with money</b> (such as acquiring or hoarding money). List which:	Yes / Maybe / No
<b>m. Hurting self or others physically</b> (cutting, burning, hitting, etc.) List whether self or others: List which type of behavior:	Yes / Maybe / No
<b>n. Criminal activity</b> (such as stealing, setting fires, etc.) List which:	Yes / Maybe / No

	<b>Excessive for at least 1 month in the past year?</b>
<b>o. Relationships</b> (“co-dependency” or “love addiction”). List which:	Yes / Maybe / No
<b>p. A specific emotion</b> (anger or sadness, etc.). List which:	Yes / Maybe / No
<b>q. Others?</b> List which:	Yes / Maybe / No

## **PART B: SCREENING**

**Step 1:** Take the *first* excessive behavior that you checked off as Yes or Maybe in Part A and answer the grid of eight questions below in relation to that behavior. For example, if you checked off Yes or Maybe to *gambling*, answer each of the eight questions below in relation to *gambling*. In the *Comments* box, you can list any details that help you clarify your answers.

<b>When you think about your worst month* of that behavior in the past year</b>	0 Not at all	1 Some what	2 A lot	3 A great deal	<i>Comments?</i>
1. How much were you “caught up” in the behavior (doing it, thinking about it, etc.)?					
2. How ashamed are/were you about the behavior?					
3. How serious a problem was the behavior?					
4. Did you have losses from the behavior? ( <i>e.g., relationships, job, home, time, money, physical / emotional health</i> )					
5. How successful have you been at decreasing the behavior?					
6. How much control have you had over the behavior?					
7. How much did others say you had a problem with the behavior?					
8. Any other sign that the behavior was excessive? List the sign: Rate it on the scale					

\***“Worst month”** means the month in which you were most excessive in the behavior. For example, if your behavior was gambling, it would be the month in the past year in which you spent the most time/money on gambling or had the most severe consequences of gambling (getting into a major fight over it, losing your job over it, etc.). Note that “worst” is not a judgment of you – it is just identifying the most severe month of the behavior, in your opinion.

**Step 2:** Scoring. The higher your score, the more likely it is that you have a problem with the behavior. This scale is still being researched. For updates, email [info@treatment-innovations.org](mailto:info@treatment-innovations.org).

**Step 3:** Now go back to your list in Part A, take the next behavior you said Yes or Maybe to, and fill in the same eight-question grid for that behavior. *Continue after that to fill out a grid for each behavior you said Yes or Maybe to in Part A.*

## CRAFFT Screening Tool for Adolescent Substance Abuse

The following questions concern information about your potential involvement with alcohol and other drugs during the past 12 months. Carefully read each question and decide if your answer is “YES” or “NO”. Then mark in the appropriate box beside the question. Please answer every question. If you cannot decide, then choose the response that is mostly right.

When the word “drug” is used, it refers to the use of prescribed or over-the-counter drugs that are used in excess of the directions and any non-medical use of drugs. The various classes of drugs may include but are not limited to: cannabis (e.g., marijuana, hash), solvents (e.g., gas, paints etc...), tranquilizers (e.g., Valium), barbiturates, cocaine, and stimulants (e.g., speed), hallucinogens (e.g., LSD) or narcotics (e.g., Heroin, Oxycontin).

<b>Part A: During the PAST 12 MONTHS, did you:</b>		No	Yes
1.	Drink any <u>alcohol</u> (more than a few sips)? (Do not count sips of alcohol taken during family or religious events.)		
2.	Smoke any <u>marijuana or hashish</u> ?		
3.	Use <u>anything else</u> to <u>get high</u> ? ("anything else" includes illegal drugs, over the counter and prescription drugs, and things that you sniff or "huff")		
<b>Part B: CRAFFT</b>		No	Yes
1.	Have you ever ridden in a <b>CAR</b> driven by someone (including yourself) who was "high" or had been using alcohol or drugs?		
2.	Do you ever use alcohol or drugs to <b>RELAX</b> , feel better about yourself, or fit in?		
3.	Do you ever use alcohol or drugs while you are by yourself, or <b>ALONE</b> ?		
4.	Do you ever <b>FORGET</b> things you did while using alcohol or drugs?		
5.	Do your <b>FAMILY or FRIENDS</b> ever tell you that you should cut down on your drinking or drug use?		
6.	Have you ever gotten into <b>TROUBLE</b> while you were using alcohol or drugs?		

## CRAFFT Screening Tool for Adolescent Substance Abuse

### Scoring and Interpretation:

Part A: If “yes” to any questions in Part A, ask all 6 CRAFFT questions. If “no” ask CAR question then stop.

Part B: Score 1 point for each “YES” answer.

<b>CRAFFT Score</b>	<b>Degree of problem related to alcohol or other substance abuse</b>	<b>Suggested Action</b>
0-1	No problems reported	None at this time.
2+	Potential of a significant problem.	Assessment required.

### References:

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Name: \_\_\_\_\_

Date: \_\_\_\_\_

**This is a standard set of questions about several areas of your life such as your health, alcohol and drug use, etc. The questions generally ask about the past 30 days. Please consider each question and answer as accurately as possible.**

Method of Administration:

**Clinician Interview****Self Report****Phone**

1. In the past 30 days, how would you say your physical health has been?
  - Excellent (0)
  - Very Good (8)
  - Good (15)
  - Fair (22)
  - Poor (30)
  
2. In the past 30 days, how many nights did you have trouble falling asleep or staying asleep?    \_\_\_    \_\_\_
  
3. In the past 30 days, how many days have you felt depressed, anxious, angry or very upset throughout most of the day?  
 \_\_\_    \_\_\_
  
4. In the past 30 days, how many days did you drink ANY alcohol?  
 \_\_\_    \_\_\_ (If 00, *Skip to #6*)
  
5. In the past 30 days, how many days did you have at least 5 drinks (if you are a man) or at least 4 drinks (if you are a woman)? [One drink is considered one shot of hard liquor (1.5 oz.) or 12-ounce can/bottle of beer or 5-ounce glass of wine.]  
 \_\_\_    \_\_\_
  
6. In the past 30 days, how many days did you use any illegal or street drugs or abuse any prescription medications?  
 \_\_\_    \_\_\_ (If 00, *Skip to #8*)
  
7. In the past 30 days, how many days did you use any of the following drugs:
  - 7A. Marijuana (cannabis, pot, weed)?  
 \_\_\_    \_\_\_
  - 7B. Sedatives and/or Tranquilizers (benzos, Valium, Xanax, Ativan, Ambien, barbs, Phenobarbital, downers, etc.)?  
 \_\_\_    \_\_\_
  - 7C. Cocaine and/or Crack?  
 \_\_\_    \_\_\_
  - 7D. Other Stimulants (amphetamine, methamphetamine, Dexedrine, Ritalin, Adderall, speed, crystal meth, ice, etc.)?  
 \_\_\_    \_\_\_
  - 7E. Opiates (Heroin, Morphine, Dilaudid, Demerol, Oxycontin, oxy, codeine (Tylenol 2,3,4), Percocet, Vicodin, Fentanyl, etc.)?  
 \_\_\_    \_\_\_
  - 7F. Inhalants (glues, adhesives, nail polish remover, paint thinner, etc.)?  
 \_\_\_    \_\_\_
  - 7G. Other drugs (steroids, non-prescription sleep and diet pills, Benadryl, Ephedra, other over-the-counter or unknown medications)?  
 \_\_\_    \_\_\_

8. In the past 30 days, how much were you bothered by cravings or urges to drink alcohol or use drugs?

- Not at all (0)
- Slightly (8)
- Moderately (15)
- Considerably (22)
- Extremely (30)

9. How confident are you that you will NOT use alcohol and drugs in the next 30 days?

- Not at all (0)
- Slightly (8)
- Moderately (15)
- Considerably (22)
- Extremely (30)

10. In the past 30 days, how many days did you attend self-help meetings like AA or NA to support your recovery?

— —

11. In the past 30 days, how many days were you in any situations or with any people that might put you at an increased risk for using alcohol or drugs (i.e., around risky “people, places or things”)?

— —

12. Does your religion or spirituality help support your recovery?

- Not at all (0)
- Slightly (8)
- Moderately (15)
- Considerably (22)
- Extremely (30)

13. In the past 30 days, how many days did you spend much of the time at work, school, or doing volunteer work?

— —

14. Do you have enough income (from legal sources) to pay for necessities such as housing, transportation, food and clothing for yourself and your dependents?

- No (0)
- Yes (30)

15. In the past 30 days, how much have you been bothered by arguments or problems getting along with any family members or friends?

- Not at all (0)
- Slightly (8)
- Moderately (15)
- Considerably (22)
- Extremely (30)

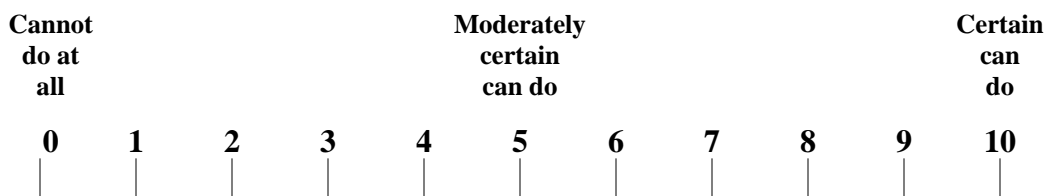
16. In the past 30 days, how many days did you contact or spend time with any family members or friends who are supportive of your recovery?

— —

17. How satisfied are you with your progress toward achieving your recovery goals?

- Not at all (0)
- Slightly (8)
- Moderately (15)
- Considerably (22)
- Extremely (30)

When things aren't going well for you, or when you're having problems, how confident or certain are you that you can do the following:



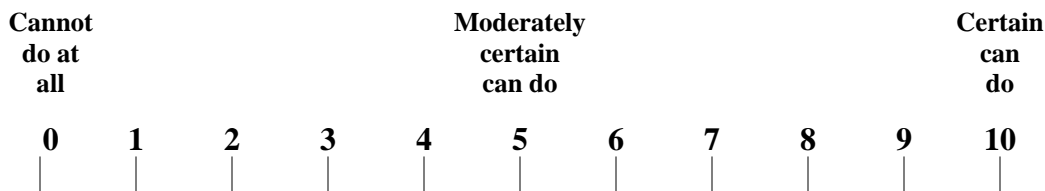
For each of the following items, write a number from 0 - 10, using the scale above.

When things aren't going well for you, how confident are you that you can:

- |       |  |       |    |
|-------|--|-------|----|
| 1.    | Keep from getting down in the dumps.                                       | _____ | 99 |
| 2.    | Talk positively to yourself.   | _____ | 99 |
| 3.    | Sort out what can be changed, and what can not be changed.                 | _____ | 99 |
| 4.    | Get emotional support from friends and family.                             | _____ | 99 |
| 5.    | Find solutions to your most difficult problems.                            | _____ | 99 |
| <hr/> |  |       |    |
| 6.    | Break an upsetting problem down into smaller parts.                        | _____ | 99 |
| 7.    | Leave options open when things get stressful.                              | _____ | 99 |
| 8.    | Make a plan of action and follow it when confronted with a problem.        | _____ | 99 |
| 9.    | Develop new hobbies or recreations.  | _____ | 99 |
| 10.   | Take your mind off unpleasant thoughts.                                    | _____ | 99 |
| <hr/> |  |       |    |
| 11.   | Look for something good in a negative situation.                           | _____ | 99 |
| 12.   | Keep from feeling sad.   | _____ | 99 |
| 13.   | See things from the other person's point of view during a heated argument. | _____ | 99 |
| 14.   | Try other solutions to your problems if your first solutions don't work.   | _____ | 99 |
| 15.   | Stop yourself from being upset by unpleasant thoughts.                     | _____ | 99 |

please go on to next page ➞

When things aren't going well for you, or when you're having problems, how confident or certain are you that you can do the following:



**When things aren't going well for you, how confident are you that you can:**

- |     |  |       |    |
|-----|--|-------|----|
| 16. | Make new friends.  | _____ | 99 |
| 17. | Get friends to help you with the things you need.                    | _____ | 99 |
| 18. | Do something positive for yourself when you are feeling discouraged. | _____ | 99 |
| 19. | Make unpleasant thoughts go away.                                    | _____ | 99 |
| 20. | Think about one part of the problem at a time.                       | _____ | 99 |
|     |  |       |    |
| 21. | Visualize a pleasant activity or place.                              | _____ | 99 |
| 22. | Keep yourself from feeling lonely.                                   | _____ | 99 |
| 23. | Pray or meditate.  | _____ | 99 |
| 24. | Get emotional support from community organizations or resources.     | _____ | 99 |
| 25. | Stand your ground and fight for what you want.                       | _____ | 99 |
| 26. | Resist the impulse to act hastily when under pressure.               | _____ | 99 |

Chesney MA, Neilands TB, Chambers DB, Taylor JM, Folkman S. A validity and reliability study of the coping self-efficacy scale. *Br J Health Psychol* 2006 Sep; 11(3): 421-37. <http://www.pubmedcentral.nih.gov/articlerender.fcgi?artid=1602207>.

We appreciate copies of manuscripts or conference presentations generated from the use of this scale to help us stay current with its use and to assess its validity and reliability in other populations.

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