## **Trust and Substance Abuse CBT Worksheet**

| Client Information:                                                                                                                               |                         |
|---------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------|
| Client Name:                                                                                                                                      | Date:                   |
| Therapist/Practitioner Name:                                                                                                                      |                         |
|                                                                                                                                                   |                         |
| Introduction:                                                                                                                                     |                         |
| Explain the purpose of this checklist to the client. It is designed to help thoughts and behaviors related to substance use. Check the boxes that |                         |
| Part 1: Self-Reflection                                                                                                                           |                         |
| Please check the boxes that best describe your experiences:                                                                                       |                         |
| ☐ I am aware of situations or triggers that lead me to use substances.                                                                            |                         |
| ☐ I can identify the emotions I experience when facing these triggers.                                                                            |                         |
| $\hfill \square$ I recognize my typical reactions when encountering these triggers.                                                               |                         |
| Others, Please describe                                                                                                                           |                         |
|                                                                                                                                                   |                         |
| Part 2: Identifying Cognitive Distortions                                                                                                         |                         |
| Negative Thoughts and Beliefs:                                                                                                                    |                         |
| Are there any negative thoughts or beliefs you connect with substance them here.                                                                  | use? If so, please list |
|                                                                                                                                                   |                         |
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| Irrational Thoughts:                                                                                                                              |                         |
|                                                                                                                                                   |                         |
| Do you notice any thoughts that don't seem logical and may contribute abuse?                                                                      | to your substance       |
|                                                                                                                                                   |                         |
|                                                                                                                                                   |                         |

| Can you provide examples of these thoughts that feel distorted or unrealistic? |
|--------------------------------------------------------------------------------|
|                                                                                |
| Part 3: Challenging and Restructuring                                          |
| Please check the boxes that apply to your progress:                            |
| ☐ I have challenged some of my distorted thoughts.                             |
| ☐ I have reframed negative thoughts into more rational and positive ones.      |
| ☐ I have considered alternative perspectives when faced with triggers.         |
| Part 4: Developing Coping Strategies                                           |
| Please check the boxes next to the coping strategies you plan to use:          |
| <ul> <li>Deep breathing exercises</li> </ul>                                   |
| ☐ Mindfulness and meditation                                                   |
| ☐ Physical activity or exercise                                                |
| Calling a friend or support person                                             |
| <ul> <li>Engaging in a hobby or favorite activity</li> </ul>                   |
| Attending support group meetings                                               |
| Using a substance abuse hotline                                                |
| Others, please specify                                                         |
| Notes:                                                                         |
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