





# Cognitive Behavioral Therapy for Suicide Prevention (CBT-SP)

Veteran's Workbook

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#### Welcome to Cognitive Behavioral Therapy for Suicide Prevention

Welcome to the Cognitive Behavioral Therapy for Suicide Prevention (CBT–SP) web course! Through this program, you will learn valuable skills and tools to help you manage your suicidal thoughts and behaviors. No matter where you are, you can access CBT–SP from any computer with internet access.

We know it can be tough to make changes, but Cognitive Behavioral Therapy is based on the understanding that our thoughts have a direct effect on our feelings and behaviors. Although we can't always change what is happening around us or our feelings, we can change how we think and react, and this can help us to feel better. As you progress through the program, you will find examples of how others have successfully used the CBT–SP skills and techniques.

#### Using this Veteran's Workbook

As you work through CBT–SP, you will use this workbook to refer to your plans and activities, to read information about skills, and make notes about what you learned. This workbook will be your log of your CBT–SP journey.

Every session has a section with all required materials. Keep this workbook with you as you work through each session. Tasks and assignments appear in a checklist format so you can check them off as you complete them.

#### Can I use this material when I am working with a mental health professional?

If you are working with a mental health professional, they may direct you to specific activities and information in the online program. If you found this resource on your own, and you are working with a mental health professional, please show it to them. This can help the two of you have a conversation about how online CBT-SP may fit into your plan for mental health treatment.

If you do not have a mental health professional but are interested in telehealth or in-person CBT–SP therapy, refer to the Resources section (page 84) for information. You can also use this material without the support of a mental health professional.

#### **Your Privacy**

Your web browser may save your browsing history and progress through the course so that you can pick up where you left off. If you clear your browsing history, your progress will not be saved. If you share your computer with other people, they could see that you accessed this web course. However, the VA does not collect your personal information and thus will not contact you based on any responses you provide in the course. To learn more about the VA's privacy policy visit <a href="https://www.va.gov/privacy-policy/">https://www.va.gov/privacy-policy/</a>

Access the CBT-SP online program at <a href="https://veterantraining.va.gov/cbt-sp">https://veterantraining.va.gov/cbt-sp</a>

### **Tracking Progress through the Course**

You will use the worksheets in this section to track the following:

#### **Helpful Information from Each Session**

At the end of each session, write the most helpful thing from the session on the Most Helpful Thing from the Session Log worksheet that starts on page 8. This will allow you to quickly find the skills and techniques that helped you in one place.

#### **Practice Assignments**

The worksheets starting on page 8 will help you to keep track of your practice assignments. You can make notes on what you did and rate how helpful it was.

### **Most Helpful Thing from the Session Log**

Use these two pages to note what you found most helpful in each CBT-SP session.

| Session | What skill or tool from this session was the most helpful to you and why? |
|---------|---|
| 1       |   |
| 2       |   |
| 3       |   |
| 4       |   |
| 5       |   |
| 6       |   |

| Session | What skill or tool from this session was the most helpful to you and why? |
|---------|---|
| 7       |   |
| 8       |   |
| 9       |   |
| 10      |   |
| 11      |   |

#### **Practice Assignment Log**

Use these pages to keep track of each skill or tool you practice and how helpful it was to you when you used it. Use the scale at the bottom of the page to rate how helpful each skill or tool was for coping with your thoughts and feelings that increase your risk of making a suicide attempt.

| Session    | Skill or tool I practiced                      | When and how I used it  | How helpful<br>for my<br>thoughts<br>(Rate 1-5) | How helpful for my feelings (Rate 1-5) |
|------------|--|---|---|--|
| Example: 1 | Example: Went for a<br>walk at Centennial Park | Example: I started to get<br>stressed about my<br>upcoming test, so I took a<br>break and went for a walk | Example: 4                                      | Example: 3                             |
|            |  |   |   |  |
|            |  |   |   |  |
|            |  |   |   |  |
|            |  |   |   |  |
|            |  |   |   |  |
|            |  |   |   |  |

1-2 = Not helpful at all I do not plan to use this again

**3 = Somewhat helpful**I might practice this more and might use it again in the future

**4-5 = Very helpful**I will use this again in the future

| Session | Skill or tool I practiced | When and how I used it | How helpful<br>for my<br>thoughts<br>(Rate 1-5) | How<br>helpful for<br>my<br>feelings<br>(Rate 1-5) |
|---------|---------------------------|------------------------|---|--|
|         |                           |                        |   |  |
|         |                           |                        |   |  |
|         |                           |                        |   |  |
|         |                           |                        |   |  |
|         |                           |                        |   |  |
|         |                           |                        |   |  |
|         |                           |                        |   |  |
|         |                           |                        |   |  |

1-2 = Not helpful at all I do not plan to use this again

3 = Somewhat helpful
I might practice this more and
might use it again in the future

**4-5 = Very helpful**I will use this again in the future

| Session | Skill or tool I practiced | When and how I used it | How helpful<br>for my<br>thoughts<br>(Rate 1-5) | How<br>helpful for<br>my<br>feelings<br>(Rate 1-5) |
|---------|---------------------------|------------------------|---|--|
|         |                           |                        |   |  |
|         |                           |                        |   |  |
|         |                           |                        |   |  |
|         |                           |                        |   |  |
|         |                           |                        |   |  |
|         |                           |                        |   |  |
|         |                           |                        |   |  |
|         |                           |                        |   |  |
|         |                           |                        |   |  |

1-2 = Not helpful at all I do not plan to use this again

**3 = Somewhat helpful**I might practice this more and might use it again in the future

**4-5 = Very helpful**I will use this again in the future

#### Introduction

#### **CBT-SP Guidelines for Success**

There are some really helpful steps you can take to get the most out of this course. You will need to devote some time and effort to make the most of it. Your practice assignments between sessions will give you the opportunity to hone the skills and tools you are learning. With practice, they will become second nature and you will be able to better manage difficult situations that come your way, including suicidal crises.

If you think you can commit to all of the items listed below, please sign at the bottom. If there are any that you cannot commit to, simply cross them out. Just remember though, if you are unable to stick to all of these guidelines, you may not get the full benefit from the course.

- 1. Make your best effort to complete at least one session per week until you finish the course.
- 2. If you are concerned about your ability to keep yourself safe right before or while working on the web course or doing practice assignments, consider seeking immediate support from a crisis line, a mental health provider, or emergency medical services.
  If you are a Veteran and in crisis, you can connect to the Veterans Crisis Line to reach caring qualified responders 24/7, many of whom are Veterans themselves. Call 988, press 1.
  If you are not a Veteran and in crisis, help is also available to you. You can call the National Suicide Prevention Lifeline at 988.

If you need immediate help, call 911.

- 3. Make every effort to be alone in a private, safe space; minimize other noises and distractions (for example, pets, children, TV, phone calls, texts, paperwork, social media).
- 4. Do not use alcohol or drugs directly before or while working on the web course or doing practice assignments.
- 5. Do the practice assignments to practice the skills/tools between sessions.

| I commit to            | trying to | follow these | e guidelines | s while I | work on tr | ne CBT-SP | course. |
|------------------------|-----------|--------------|--------------|-----------|------------|-----------|---------|
|                        |           |              |              |           |            |           |         |
| Sign Here <sub>-</sub> |           |              |              |           |            |           |         |

### **Scheduling Sessions**

| , , ,                            | rough Session 1. Session 1 should take about 30 o Session 1 now or schedule it for a date in the future |
|----------------------------------|---|
| ☐ I will complete Session 1 now. |   |
| ☐ I will start Session 1 on      | and I set a reminder on   |
| my phone or calendar.            |   |
|                                  |   |

### **Session 1 - Getting Started with CBT-SP and Understanding Suicidal Thoughts and Behaviors**

| Check off each task as you complete it.  |
|--|
| Session 1 Activities   |
| ☐ I reviewed the Checking In with Yourself statements.   |
| ☐ I completed the My Coping Skills worksheet (page 16).  |
| Session 1 Wrap-Up  |
| ☐ Iwrote down one thing in Session 1 that was helpful to me on the Most Helpful Thing from the |
| Session Log on page 8.   |
| I will complete my practice assignment on the following four days:                             |
| <b>_</b>   |
|  |
| <b></b>  |
| <b></b>  |
| ☐ I will start Session 2 on and I set a reminder on  |
| my phone or calendar.  |
| Session 1 Practice Assignments   |
| ☐ Practice assignment 1: Select one of the activities from the My Coping Skills worksheet and  |
| practice it at least four times during the week.   |
| ☐ Track what you did on the Practice Assignment Log on page 10.                                |
|  |

#### **My Coping Skills**

All of us have dealt with difficult times in our lives and have figured out ways to cope during these difficult times. Coping skills can be as simple as taking a walk in the park or calling your high school friend or battle buddy to catch up. Things that can contribute to increasing suicidal thoughts or behaviors (for example, drinking alcohol) are not the kinds of coping skills we are focusing on here.

**Step 1:** Think about some difficult times that you have been through in the past.

**Step 2:** Think about what helped you cope as you got through these experiences.

**Step 3:** Identify at least three coping strategies that you think would be helpful to try again in the future and write them on the lines below. Pick healthy strategies, those that are not likely to lead to more suicidal thoughts or behavior.

| 4 |  |  |
|---|--|--|
| 1 |  |  |

3.

4.

5.

6.

### Session 2 - Understanding Your Suicidal Crises and Creating a Safety Plan

Check off each task as you complete it.

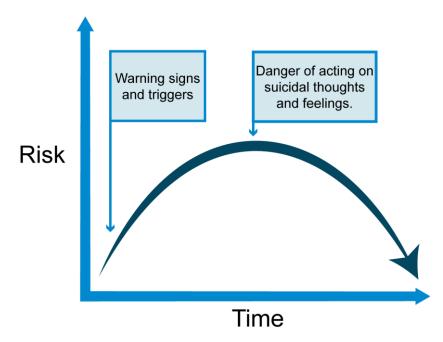
| Sessi | ion 2 Activities  |
|-------|---|
|       | I reviewed the Checking In with Yourself statements.  |
|       | I reviewed my practice assignments from Session 1 and their impact on my thoughts and           |
|       | feelings.   |
|       | I completed the Understanding My Suicide Risk Curve worksheet (page 18).                        |
|       | I completed My Safety Plan (page 21).   |
|       | I completed the Making My Environment Safe worksheet (page 24).                                 |
|       | I completed the <u>Safety Plan Barriers worksheet (page 25).</u>                                |
| Sessi | ion 2 Wrap-Up   |
|       | I noted one thing in Session 2 that is helpful to me on the Most Helpful Thing from the Session |
|       | Log on page 8.  |
|       | I will complete my practice assignment on the following three days:                             |
|       |   |
|       |   |
|       | <b></b>   |
|       | I will start Session 3 onand I set a reminder on  |
|       | my phone or calendar.   |
| Sessi | ion 2 Practice Assignments  |
|       | Practice assignment 1: Review your Safety Plan at least three times this week.                  |
|       | Track what you did and if you used your Safety Plan on the Practice Assignment Log on           |
|       | page 10.  |
|       |   |

#### **Understanding My Suicide Risk Curve**

Part of the focus of CBT-SP is learning from past things that went well (for example, using coping strategies that have worked in the past), and things that have been more difficult (for example, past suicidal crises). Thinking about suicidal crises can help us learn about thoughts, feelings, or events that increased our risk.

Think about a suicidal crisis from your past that is most fresh in your mind. This is typically the most recent crisis.

Otherwise, choose the one you consider having been the most serious, or the one that seems most important for you in trying to prevent a future suicide attempt.



As you are going through and answering these questions, it is common for people to have unpleasant feelings arise. If this becomes overwhelming or too upsetting at any point, we recommend taking a break and using a coping skill such as a deep breathing exercise or other strategies you identified in Session 1. You can also use the resources on the How to Get Help or Support page at the end of the session.

Think about the day of the crisis and answer the following four questions:

- 1. What was the situation or trigger when the suicidal crisis started?
- 2. What warning signs (thoughts, feelings, or behaviors) were present when you were in crisis?
- 3. Did you take any actions that increased your risk of suicide?
- 4. Did you take any actions that decreased your risk of suicide?

Suicide Risk Curve Image from: Stanley, B., Brown, G. K. with MacRae, F., Rotolo, C. A., Hughes, G., Mina, L. & Barry, C. N. (2021). VA Safety Planning Intervention Manual. Washington, D.C.: United States Department of Veterans Affairs.

#### **My Safety Plan Instructions**

Pages 21, 22, and 23 contain the Safety Plan. Complete the steps of the plan as you read the instructions below and recall the examples from Michelle's Safety Plan. As noted in the course you can do this on the following pages and/or in the Safety Planning app.

#### Step 1 – Triggers, Risk Factors, and Warning Signs

Primary purpose: To become aware of when a crisis is beginning or getting worse because this is when you are at increased risk for suicide. These warning signs provide an opportunity to cope before acting on suicidal thoughts or feelings.

List triggers, risk factors, and warning signs that you identified when working on the Understanding My Suicide Risk Curve worksheet.

#### **Step 2 – Internal Coping Strategies**

Primary purpose: To take your mind off your problems to prevent suicidal thoughts and behaviors from getting worse.

List specific behaviors that distract you without contacting another person, since those skills will be covered in the next step. The best strategies to use are simple, easy to use, and have worked in the past. Consider using the strategies you identified in Session 1.

#### **Step 3 – Social Contacts Who May Distract from the Crisis**

Primary purpose: To distract you further from suicidal thoughts and feelings by going somewhere or talking to someone. This helps you focus on things and people outside of yourself.

List places you can go or people you can contact. List several options and only list people whom you have a positive relationship with. Include phone numbers for the people you list.

#### **Step 4 – Family Members or Friends Who May Offer Help**

Primary purpose: To tell a family member or friend that you are in crisis and need support. If you share your plan with them, they can help you follow it.

Be sure to only include trusted family members or friends who can support you. If you do not have anyone to add, you can skip this step and work on building relationships. If you do add individuals to your plan, it is a good idea to let them know about your Safety Plan and how they can be supportive during a crisis.

#### Step 5 – Professionals and Agencies to Contact for Help

Primary purpose: Contact professionals or agencies that can support you during a crisis.

List healthcare providers, crisis line (for example, Veterans Crisis Line), and nearby emergency department. List the name, location, and phone number.

#### **Step 6 – Making the Environment Safe**

Primary purpose: To increase the time and distance between you and a lethal method for harming yourself. This gives you time to use your coping strategies and reach out for help.

\*\*Before completing this step on your Safety Plan, go to page 11 in the web course to learn more about making your environment safe.

You will then complete the worksheet on the following page and add the strategies you identify to Step 6 on your Safety Plan.

## My Safety Plan

Please fill out the following steps. If you are experiencing a medical or mental health emergency, please call 911. If you are unable to reach your safety contacts or you are in crisis, call the Veterans

| risis  | line at 988 (press 1).                        |                           |
|--------|---|---------------------------|
| Step   | 1: Triggers, Risk Factors, and Warning        | Signs                     |
| Signs  | that I am in crisis and my Safety Plan should | d be used:                |
| 1.     |   |                           |
| 2.     |   |                           |
| 3.     |   |                           |
| 4.     |   |                           |
| 5.     |   |                           |
| Step   | 2: Internal Coping Strategies                 |                           |
| Thing: | s I can do on my own to distract myself and I | keep myself safe:         |
| 1.     |   |                           |
| 2.     |   |                           |
| 3.     |   |                           |
| 4.     |   |                           |
| 5.     |   |                           |
| Step   | 3: People and Social Settings that Prov       | ide Distraction           |
| Who I  | can contact to take my mind off my problem    | s or help me feel better: |
| 1.     | Name:   | Phone:                    |
| 2.     | Name:   | Phone:                    |
| 3.     | Name:   | Phone:                    |
| 4.     | Name:   | Phone:                    |
| 5      | Name:   | Phone:                    |

| Public places, groups, or social events that help r | ne reer better.   |
|---|---|
| 1.  |   |
| 2.  |   |
| 3.  |   |
| 4.  |   |
| 5.  |   |
| Step 4: Family Members and Friends Who              | May Offer Help  |
| Who I can tell I am in a crisis and need support:   |   |
| 1. Name:  | Phone:  |
| 2. Name:  | Phone:  |
| 3. Name:  | Phone:  |
| 4. Name:  | Phone:  |
| 5. Name:  | Phone:  |
| Step 5: Professionals and Agencies to Cont          | act for Help  |
| Mental health professionals or services I can con-  | tact for help:  |
| 1. Name:  | Phone:  |
| 2. Name:  | Phone:  |
| 3. Name:  | Phone:  |
| 4. Name:  | Phone:  |
| 5. Name:  | Phone:  |
| Veterans Crisis Line: 988 Press 1                   | If I need to go to an emergency room or urgent care I will go to: |
| VCL text messaging: 838255                          | ER Name:  |
| VCL chat: www.veteranscrisisline.net/chat           | ER Address:   |
| Dial 911 in an emergency                            | ER Phone:   |

#### **Step 6: Making the Environment Safe**

| hese are the ways I will make my environment safer and barriers I will use to protect myself from botentially lethal means: |  |   |
|---|--|---|
|   |  |   |
| _   |  | _ |
|   |  | _ |
|   |  | _ |
|   |  | _ |
|   |  |   |
| These are people who will help  | ne protect myself from having access to dangerous items: |   |
| 1. Name:  | Phone:   |   |
| 2. Name:  | Phone:   |   |
| 3. Name:  | Phone:   |   |
| 4. Name:  | Phone:   |   |
| 5. Name:  | Phone:   |   |
|   |  |   |

#### **Other Resources**

Stanley, B., Brown, G. K. with MacRae, F., Rotolo, C. A., Hughes, G., Mina, L. & Barry, C. N. (2021). VA Safety Planning Intervention Manual. Washington, D.C.: United States Department of Veterans Affairs.

### **Making My Environment Safe**

This worksheet will help you make a plan for how to create more time and distance between you and items you might use to hurt yourself. You can then add these actions to Step 6 of your Safety Plan.

| What items in your environment might you use to hurt yourself? Think about items that you may have used in the past or thought about using to attempt suicide.  |
|---|
| 2. For each of these methods, list actions you can take to reduce your access to these items.  Consider the examples from the web course and learn more here: <a href="https://www.mirecc.va.gov/visn19/lethalmeanssafety/recommendations">https://www.mirecc.va.gov/visn19/lethalmeanssafety/recommendations</a> |
| 3. Think about how likely you are to take the above actions to reduce your access to items that pose a risk. Think about what might get in the way and how you can work through this. Jot down some notes about this.   |
| 4. Add the actions you wrote down on this worksheet to your Safety Plan Step 6: Making the Environment Safe.  |

#### **Safety Plan Barriers**

For each step below, think about if there is anything that could get in the way of you completing the step. For example, what might get in the way of you identifying your warning signs? What might prevent you from reaching out to a friend?

For each step that you identify a barrier, write down the barrier and what you can do to decrease the likelihood of it getting in the way of you following the step.

| Step 1 – Triggers, Risk Factors, and Warning Signs        |  |
|---|--|
| Barrier(s):   |  |
| Solution(s):  |  |
| Step 2 – Internal Coping Strategies                       |  |
| Barrier(s):   |  |
| Solution(s):  |  |
| Step 3 – Social Contacts Who May Distract from the Crisis |  |
| Barrier(s):   |  |
| Solution(s):  |  |
| Step 4 – Family Members or Friends Who May Offer Help     |  |
| Barrier(s):   |  |
| Solution(s):  |  |
| Step 5 – Professionals and Agencies to Contact for Help   |  |
| Barrier(s):   |  |
| Solution(s):  |  |
| Step 6 – Making the Environment Safe                      |  |
| Barrier(s):   |  |
| Solution(s):  |  |

### **Session 3 - Setting Goals for CBT-SP and Increasing Hope**

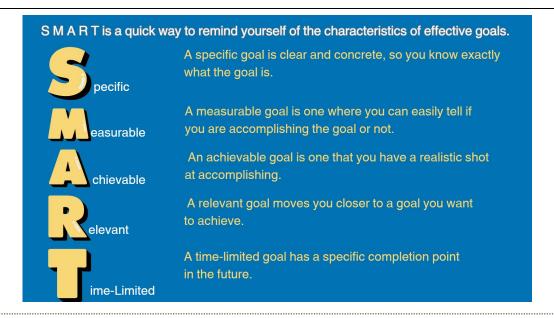
Check off each task as you complete it.

| Sess | ion 3 Activities   |
|------|--|
|      | I reviewed the Checking In with Yourself statements.   |
|      | I reviewed my practice assignments from Session 2  |
|      | If I noticed new Triggers, Risk Factors, or Warning Signs, I added them to my Safety Plan.       |
|      | I completed the CBT-SP Values and Goals worksheet.   |
|      | I completed the My Reasons for Living worksheet.   |
|      | I reviewed the Build My Hope Kit worksheet.  |
| Sess | ion 3 Wrap-Up  |
|      | I noted one thing in Session 3 that is helpful to me on the Most Helpful Thing from the Session  |
|      | Log on page 8.   |
|      | I will complete practice assignment 1 on the following day:                                      |
|      | and will work on the following goal:   |
|      | I will complete practice assignment 2 on the following day:                                      |
|      | I will complete practice assignment 3 each day this week.  |
|      |  |
|      | I will start Session 4 onand I set a reminder on   |
|      | my phone or calendar.  |
| Sess | ion 3 Practice Assignments   |
|      | Practice assignment 1: Work on at least one goal you identified on your <u>CBT-SP Values and</u> |
|      | Goals worksheet.   |
|      | Practice assignment 2: Create your Hope Kit.   |
|      | Practice assignment 3: Use Activity Log worksheets to record what you do and rate how            |
|      | pleasant each activity is.   |
|      | Track what you did on the Practice Assignment Log on page 10.                                    |
|      | You reviewed your Safety Plan.   |

#### **CBT-SP Values and Goals Worksheet**

**Values -** What are your values? Which ones might help you address some of the thoughts, feelings, and behaviors that lead to your suicidal thoughts and feelings?

| Write those down here:  |             |  |  |
|---|-------------|--|--|
|   |             |  |  |
|   |             |  |  |
|   |             |  |  |
|   |             |  |  |
|   |             |  |  |
| Goals - What goals do you have related to completing this course that are consistent with your values? Write those below. Set a realistic timeframe for each goal. Make sure they are SMART goals! Review the SMART goals acronym at the bottom of this page for a refresher. |             |  |  |
| Goal 1:   | Time frame: |  |  |
|   |             |  |  |
| Goal 2:   | Time frame: |  |  |



#### **My Reasons for Living**

Use this worksheet to list your reasons for living. These are the reasons why you still get up every day, what keeps you going when times are hard, and/or why you are completing this CBT-SP course.

It can be challenging to identify these, so we included some categories below to help you. It is very important, however, to list reasons that are meaningful to *you* as an individual. We will build upon these in this course.

| Future Plans and Goals:             |  |
|-------------------------------------|--|
| Family Members:                     |  |
| Friends and Community:              |  |
| Spirituality:                       |  |
| Negative Attitudes about Suicide:   |  |
| Beliefs about Your Ability to Cope: |  |
| Other:                              |  |
|                                     |  |

#### **Build My Hope Kit**

Work on your Hope Kit when you are not in a crisis. Add more items as you think of or obtain them. You can build a physical Hope Kit or create one with the Virtual Hope Box app on your smartphone.

#### To build a physical Hope Kit...

- 1. Decide what to put in the Hope Kit.
  - Include items that remind you of what gives your life meaning, such as photos, letters, and mementos. Seeing and touching these things will remind you of people, places, and other things you care about.
  - Review what you wrote on your <u>Reasons for Living worksheet on page 28</u> to help you think of items to include.
  - Do not have a family photo but family is one of your reasons for living? Write down the reasons your family is important to you and put your list in the box. (You could do the same for friends or pets that are important to you).
- 2. Add your Letter to my Future Self on page 30 when complete.
- 3. Choose a container.
  - Use any type of container you have for your Hope Kit. You can use an old shoe box, a bag, an envelope, or any container you have.
  - If you want, you can decorate it or leave it plain. It is your Hope Kit, so you can do what you want.
- 4. Put the Hope Kit in a safe place.
  - Put your Hope Kit where you can get it quickly and easily during a crisis.
- 5. Update your Hope Kit over time.
  - As you work through this course, you might identify more items you can add to your Hope Kit. For example, you will develop Coping Cards and those could be added.

#### To build a virtual Hope Kit...

If you need ideas for items to include in the virtual Hope Kit, read the physical Hope Kit information.

- Find and download the Virtual Hope Box app from your app store:
   Apple users <a href="https://apps.apple.com/us/app/virtual-hope-box/id825099621">https://apps.apple.com/us/app/virtual-hope-box/id825099621</a>

   Android users <a href="https://play.google.com/store/apps/details?id=com.t2.vhb">https://play.google.com/store/apps/details?id=com.t2.vhb</a>
- 2. Open the Virtual Hope Box app on your smartphone by tapping on the Virtual Hope Box logo.
- 3. Follow the steps on the app to add items like these:
  - · Pictures of friends or relatives
  - Songs that you find particularly moving
  - Recorded messages from your loved ones
- 4. Take a photo of the Letter to my Future Self from page 30 and add it to the virtual Hope Box.
- 5. Save your Hope Box.

#### **Letter to My Future Self**

On this page, write a letter to your future self to read when you experience triggers or warning signs of a suicidal crisis. This letter can help you remember why you should stay alive while the crisis deescalates.

You can reference the My Reasons for Living worksheet to assist you in writing the letter. Once you build your Hope Kit, you can add this letter to it.

| Dear Self,   |
|--|
| Please remember these reasons for staying alive when you notice warning signs: |
| •  |
| •  |
| •  |
| •  |
| •  |
| •  |
| •  |
|  |
| Sincerely,   |
|  |
|  |
|  |

| Day of the Week: | Date: |
|------------------|-------|
|------------------|-------|

| Time                | Activities | Rating<br>(0-10) |
|---------------------|------------|------------------|
| 5:00am              |            |                  |
| 6:00am              |            |                  |
| 7:00am              |            |                  |
| 8:00am              |            |                  |
| 9:00am              |            |                  |
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| 3:00pm              |            |                  |
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| 5:00pm              |            |                  |
| 6:00pm              |            |                  |
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| 8:00pm              |            |                  |
| 9:00pm              |            |                  |
| 10:00pm             |            |                  |
| 11:00pm             |            |                  |
| 12:00am<br>- 5:00am |            |                  |

| Day of the Week: | Date: |
|------------------|-------|
|------------------|-------|

| Time                | Activities | Rating<br>(0-10) |
|---------------------|------------|------------------|
| 5:00am              |            | (0.10)           |
| 6:00am              |            |                  |
| 7:00am              |            |                  |
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| 4:00pm              |            |                  |
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| 12:00am<br>- 5:00am |            |                  |

| Day of the Week: | Date: |
|------------------|-------|
|------------------|-------|

| Time                | Activities | Rating<br>(0-10) |
|---------------------|------------|------------------|
| 5:00am              |            | (0.10)           |
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| 7:00am              |            |                  |
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| 6:00pm              |            |                  |
| 7:00pm              |            |                  |
| 8:00pm              |            |                  |
| 9:00pm              |            |                  |
| 10:00pm             |            |                  |
| 11:00pm             |            |                  |
| 12:00am<br>- 5:00am |            |                  |

| Day | of the Week: | Date:     |  |
|-----|--------------|-----------|--|
| υay | OI THE WEEK  | <br>Date. |  |

| Time                | Activities | Rating<br>(0-10) |
|---------------------|------------|------------------|
| 5:00am              |            |                  |
| 6:00am              |            |                  |
| 7:00am              |            |                  |
| 8:00am              |            |                  |
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| 4:00pm              |            |                  |
| 5:00pm              |            |                  |
| 6:00pm              |            |                  |
| 7:00pm              |            |                  |
| 8:00pm              |            |                  |
| 9:00pm              |            |                  |
| 10:00pm             |            |                  |
| 11:00pm             |            |                  |
| 12:00am<br>– 5:00am |            |                  |

| Dav | of the Week:  | Date: |
|-----|---------------|-------|
| -~, | O. 110 110011 |       |

| Time                | Activities | Rating<br>(0-10) |
|---------------------|------------|------------------|
| 5:00am              |            |                  |
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| 7:00am              |            |                  |
| 8:00am              |            |                  |
| 9:00am              |            |                  |
| 10:00am             |            |                  |
| 11:00am             |            |                  |
| 12:00pm             |            |                  |
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| 2:00pm              |            |                  |
| 3:00pm              |            |                  |
| 4:00pm              |            |                  |
| 5:00pm              |            |                  |
| 6:00pm              |            |                  |
| 7:00pm              |            |                  |
| 8:00pm              |            |                  |
| 9:00pm              |            |                  |
| 10:00pm             |            |                  |
| 11:00pm             |            |                  |
| 12:00am<br>- 5:00am |            |                  |

### **Activity Log-Day 6**

Instructions: This exercise is meant to track your day-to-day activity for one week. Write down the activities that you do by the hour. It could be any activity: waking up, having a meal, driving to work, etc. Next to that activity, write a number from 0 to 10 that corresponds with how pleasant it was (0 = not pleasant at all, 10 = extremely pleasant).

| Day of the Week: | Date: |
|------------------|-------|
|------------------|-------|

| Time                | Activities | Rating<br>(0-10) |
|---------------------|------------|------------------|
| 5:00am              |            |                  |
| 6:00am              |            |                  |
| 7:00am              |            |                  |
| 8:00am              |            |                  |
| 9:00am              |            |                  |
| 10:00am             |            |                  |
| 11:00am             |            |                  |
| 12:00pm             |            |                  |
| 1:00pm              |            |                  |
| 2:00pm              |            |                  |
| 3:00pm              |            |                  |
| 4:00pm              |            |                  |
| 5:00pm              |            |                  |
| 6:00pm              |            |                  |
| 7:00pm              |            |                  |
| 8:00pm              |            |                  |
| 9:00pm              |            |                  |
| 10:00pm             |            |                  |
| 11:00pm             |            |                  |
| 12:00am<br>- 5:00am |            |                  |

### **Activity Log-Day 7**

Instructions: This exercise is meant to track your day-to-day activity for one week. Write down the activities that you do by the hour. It could be any activity: waking up, having a meal, driving to work, etc. Next to that activity, write a number from 0 to 10 that corresponds with how pleasant it was (0 = not pleasant at all, 10 = extremely pleasant).

| Dav | y of the Week:  | Date:     |  |
|-----|-----------------|-----------|--|
| υu  | y of the vvects | <br>Date. |  |

| Time                | Activities | Rating<br>(0-10) |
|---------------------|------------|------------------|
| 5:00am              |            | (6.15)           |
| 6:00am              |            |                  |
| 7:00am              |            |                  |
| 8:00am              |            |                  |
| 9:00am              |            |                  |
| 10:00am             |            |                  |
| 11:00am             |            |                  |
| 12:00pm             |            |                  |
| 1:00pm              |            |                  |
| 2:00pm              |            |                  |
| 3:00pm              |            |                  |
| 4:00pm              |            |                  |
| 5:00pm              |            |                  |
| 6:00pm              |            |                  |
| 7:00pm              |            |                  |
| 8:00pm              |            |                  |
| 9:00pm              |            |                  |
| 10:00pm             |            |                  |
| 11:00pm             |            |                  |
| 12:00am<br>- 5:00am |            |                  |

# **Session 4 - Scheduling Pleasurable Activities and Using Coping Cards**

Check off each task as you complete it.

| Sessi | ion 4 Activities  |
|-------|---|
|       | I reviewed the Checking In with Yourself statements.                                    |
|       | I reviewed my practice assignments from Session 3.                                      |
|       | I completed the My Activity List worksheet (page 40).                                   |
|       | I completed the Activity Schedule (page 41).  |
|       | I completed the Coping Cards: Enjoyable Activities worksheet (page 42).                 |
|       | I reviewed and updated my Safety Plan.  |
| Sessi | ion 4 Wrap-Up   |
|       | I noted one thing in Session 4 that is helpful to me on the Most Helpful Thing from the |
|       | Session Log on page 8.  |
|       | I will complete practice assignment 1 on the following days:                            |
|       |   |
|       |   |
|       |   |
|       |   |
|       | I will complete practice assignment 2 on the following four days:                       |
|       |   |
|       |   |
|       |   |
|       | <b></b>   |
|       | I will start Session 5 onand I set a reminder on  |
|       | my phone or calendar.   |
|       |   |

### **Session 4 Practice Assignments**

- □ Practice assignment 1: Do the activities you planned on your Activity Schedule.
- □ Practice assignment 2: Practice using my Coping Cards four times this week.
- □ Track what you did on the <a href="Practice Assignment Log on page 10">Practice Assignment Log on page 10</a>.

### **My Activity List**

On this worksheet, you will create your Activity List. This list of activities can be used with other tools you develop in CBT-SP. For example, you can use it to update your Safety Plan on Step 2 or 3. Later in this session, you will use it to complete an Activity Schedule.

- **Step 1:** Review the Activity Logs that you completed after Session 3.
- **Step 2:** Identify activities that fall into the categories listed in the table below.
- **Step 3:** Write them down in the columns below.
- **Step 4:** Review the list to see if you have a variety of activities that you can do alone, with others, at different times of day or on different days of the week, and on the spur of the moment. Also remember that activities that connect you with the values you identified in Session 3 can be especially helpful in reducing suicidal thoughts.

**Step 5:** Add any additional activities you think of.

| Positive/Active Activities | Activities that Give My Life<br>Meaning and Purpose | Activities that Provide<br>Distraction from Suicidal<br>Thoughts |
|----------------------------|---|--|
|                            |   |  |
|                            |   |  |
|                            |   |  |
|                            |   |  |
|                            |   |  |
|                            |   |  |
|                            |   |  |

### **Activity Schedule**

- 1. Write down at least three activities you want to do in the following week in the boxes below.
- 2. After you do the activity, give it a 0 to 10 rating for how pleasant it was. 0 = Not pleasant at all. 10 = Extremely pleasant.
- 3. If you didn't do an activity you planned, answer the prompt at the bottom of this page.

|       | MORNING | AFTERNOON | EVENING |
|-------|---------|-----------|---------|
| MON   |         |           |         |
| Date: | Rating: | Rating:   | Rating: |
| TUE   |         |           |         |
| Date: | Rating: | Rating:   | Rating: |
| WED   |         |           |         |
| Date: | Rating: | Rating:   | Rating: |
| THUR  |         |           |         |
| Date: | Rating: | Rating:   | Rating: |
| FRI   |         |           |         |
| Date: | Rating: | Rating:   | Rating: |
| SAT   |         |           |         |
| Date: | Rating: | Rating:   | Rating: |
| SUN   |         |           |         |
| Date: | Rating: | Rating:   | Rating: |

If you did not do an activity, write down what got in the way (for example, forgot, could not motivate self) and how you might overcome that obstacle in the future:

### **Coping Cards: Enjoyable Activities**

You will make many Coping Cards throughout the course of CBT-SP. Today, you will use your Activity List to create ones that include enjoyable activities. Below are cards that you can fill in and cut out. If you prefer, you can instead write these on index cards. You can also take pictures of them on your phone.

Step 1: On the top line of the card, list triggers, risk factors, and warning signs from your Safety Plan.

**Step 2:** On the bottom portion, pair these with activities from your Activity Log that will help prevent you from having suicidal thoughts or will help you cope with them.

### **Example:**

| When I: notice I am feeling very agitated, | When I: |
|--|---------|
| I will: go for a brisk walk.               | I will: |
|  |         |
| When I:                                    | When I: |
|  |         |
|  |         |
| I will:                                    | I will: |
|  |         |
|  |         |
| \  |         |
| When I:                                    | When I: |
|  |         |
| I will:                                    | I will: |
| 1 17111.                                   | 1 Will. |
|  |         |

### **Session 5 - Learning More Coping Skills**

Check off each task as you complete it.

| I reviewed the Checking In with Yourself statements.   |
|--|
| ☐ I reviewed my practice assignments from Session 4.   |
| ☐ I reviewed the Muscle Relaxation Exercise worksheet.   |
| ☐ I reviewed the <u>Healthy Distractions worksheet.</u>  |
| ☐ I completed the <u>Updated Coping Skills worksheet.</u>  |
| ☐ I completed the Mindfulness Review worksheet.  |
| I created more Coping Cards and updated my Safety Plan.  |
| Session 5 Wrap-Up  |
| ☐ I noted one thing in Session 5 that is helpful to me on the Most Helpful Thing from the Session Log on page 8. |
| I will complete practice assignment 1 on the following three days:   |
|  |
| <b>-</b>   |
| <b>-</b>   |
| I will complete practice assignment 2 on the following three days:   |
| <b>-</b>   |
| <b>-</b>   |
| <b>-</b>   |
| ☐ I will start Session 6 on: and I set a reminder  |
| on my phone or calendar.   |
| Session 5 Practice Assignments   |
| ☐ Practice assignment 1: Practice mindfulness at least three times this week.                                    |
| ☐ Practice assignment 2: Practice three new coping skills at least three times this week.                        |
| ☐ Track what you did on the Practice Assignment Log on page 10.  |

#### **Muscle Relaxation Exercise**

A quick way to relax is with whole muscle groups, tensing them for five to seven seconds and then relaxing them. Be sure to check in with your body about what feels doable and does not cause pain.

- 1. Curl both fists and tighten your biceps and forearms as if you were a weightlifter posing, then relax.
- 2. Wrinkle your forehead and, at the same time, press your head as far back as is possible. Roll it in a complete circle clockwise. Then reverse the roll. Then, wrinkle up the muscles of your face in a frown. Squint your eyes, purse your lips, press your tongue on the roof of your mouth, and scrunch up your shoulders. Then relax.
- **3.** Arch your back and take a deep breath into your chest. Hold it for five seconds and then relax. Take another deep breath, pressing out your stomach. Hold it for five seconds and then relax.
- **4.** Pull your feet and toes back toward your face, tightening your shins. Then curl your toes and tighten your calves, thighs, and buttocks at the same time. Relax.

Did you find this exercise to be helpful? If so, consider adding it to your Updated Coping Skills worksheet on the next page. Also consider adding it to Step 2 on your Safety Plan. As with other skills, it will work best if you practice it when not feeling distressed.

### **Healthy Distraction Skills**

Review the healthy distraction skills below. Circle or mark the ones that you might like to try or have tried before and have been helpful.

| <b>Physical Coping Skills</b> | <b>Physica</b> | al Copin | <b>q Skills</b> |
|-------------------------------|----------------|----------|-----------------|
|-------------------------------|----------------|----------|-----------------|

Go for a walk Exercise Clean a room in your house

Play with your pet Play with children Take a nap

Play a sport Work on a jigsaw puzzle Do laundry

Go for a drive Stretch or do yoga Sing or dance

Volunteer Garden Birdwatch

### **Sensory Coping Skills**

Bake or cook Apply lotion Drink a cup of coffee or tea

Hold a piece of ice Chew gum Take a hot or cold shower

Listen to music Paint/color something Light a candle

Look at nature from the window Be out in nature Play a musical instrument

Listen to white noise Buy flowers Wash your face

### **Cognitive Coping Skills**

Meditate Focus on your breath Read

Journal Write a letter Make a to-do list

Count down from 100 to 0 Visualize being in a calm place Call a friend or family member

Do a crossword or Sudoku Birdwatch Garden

puzzle

Make a list of things that you

are grateful for

Make a list of things that make

you happy

Make a list of future goals or

places to visit

### **Updating My Coping Skills**

Now you will write down your personal physical, sensory, and cognitive coping skills. You may have identified some of these before or have come up with new ones today while taking the course.

Step 1- During Session 1, you completed the My Coping Skills worksheet (page 16). You listed coping skills that you had used in the past. Review that worksheet. Identify which skills were physical, sensory, or cognitive and write them down in the sections below.

**Step 2-** Review the physical, sensory, and cognitive coping skills you identified today. Also review what you wrote on the Healthy Distraction Skills worksheet. Write down any that you have used

| pefore or want to try. Feel free to also add skills that aren't listed but that you think of as you complet<br>the worksheet. |                         |  |
|---|-------------------------|--|
|   | Physical Coping Skills  |  |
|   |                         |  |
|   |                         |  |
|   |                         |  |
|   | Sensory Coping Skills   |  |
|   |                         |  |
|   |                         |  |
|   |                         |  |
|   | Cognitive Coping Skills |  |
|   |                         |  |
|   |                         |  |

### **Mindfulness Exercise Review**

Use this worksheet to reflect on your experience practicing mindfulness. Plan when you might practice this skill again.

1. Circle the mindfulness exercise(s) that you tried.







- 2. Describe your experience while completing the exercises. What were your thoughts and feelings like afterwards?
- 3. Are the mindfulness exercises something you think you would use?
- 4. In what types of situations do you think they would be most helpful?

#### **Next Steps**

Add the mindfulness exercise(s) to the Updating My Coping Skills worksheet on page 46.

Remember that it is important to practice the mindfulness exercises often. This retrains your brain to focus in a different way. You can access these exercises in the future in the following ways:

- You can go back to this session and replay the videos.
- You can find the scripts to the exercises on the next few pages.
- You can download the <u>Mindfulness Coach app</u> to your smartphone. This app includes these exercises and many more.

### **Mindfulness Exercise: Deep Breathing**

- 1. Get comfortable in a chair with both feet flat on the floor or lie down on a blanket or rug on the floor. Place your feet flat on the floor, about hip-width apart, and turn your toes out a bit. Keep your spine as straight as possible
- 2. Scan your entire body and identify any places that hold tension.
- 3. Put one hand on your abdomen and one on your chest.
- 4. Inhale slowly through your nose into your abdomen, so that it pushes your hand up. Your chest should move only a little bit. Hold your breath while you count to five.
- 5. Smile slightly and then exhale through your mouth, taking as long as possible. Make a shushing sound as you exhale.
- 6. Repeat this at least five times. Consider increasing the amount of time you spend deep-breathing to 5–10 minutes.
- 7. When you've finished the exercise, again scan your entire body to see if any tension remains.
- 8. Once you are familiar with the technique, you can also use it whenever you feel tenseness in your body.

#### **Mindfulness Exercise: Five Senses**

Mindfulness activities that involve your senses can be useful as a "grounding" tool. They work by helping you feel more present in the here and now. This can be helpful when you feel anxious or have thoughts related to suicide. It can help you reorient and regain focus on the present.

First, spend a few moments sitting quietly, paying attention to your body. Take a deep breath and notice how the air feels as it passes through your nose or mouth and fills your lungs. Breathe out and notice how the air feels leaving your body. When you're ready, use the activity below to practice focusing your mind on one of the five senses at a time. You may choose to go through all five senses, or only one.

SIGHT. What do you see around you? Observe:

- the colors of the furniture,
- the texture or pattern on the ceiling or floor, or
- the way that the light changes and moves in the space around you.

Is there anything you see that you haven't noticed before?

SOUND. Close your eyes and tune in to any sounds that you hear around you. Perhaps you can hear:

- the sound of birds or the wind outside,
- music from another room, or
- even the sound of your own breath.

When a sound comes to you, notice it and practice letting it go in one ear and out the other.

SMELL. Notice any smells in the room or through any windows or doors. Is someone cooking or making coffee nearby? You might notice outside smells like grass or rain. If there is an item nearby, like a candle, pick it up and breathe it in. Try focusing only on the smell; let any thoughts or reactions pass by.

TASTE. Find a nearby drink or snack, like a mint or piece of fruit. Taste it slowly and with intention. Notice the flavor and intensity – is it sweet, bitter, sour? Practice focusing completely on the taste; if you notice yourself having any thoughts or reactions to the flavor, try letting those go.

TOUCH. Observe the air on your skin. Feel the weight of your hands on the surface beneath them; the floor beneath your feet; or any tension in your body. If you'd like, find an item in the room and observe its temperature, weight, or texture in your hand.

When you're ready, take another full deep breath. Take a moment to appreciate this body that allows you to experience your world in so many ways.

Try this exercise throughout the day or at times when you're feeling anxious or overwhelmed. You might also practice using your senses while doing daily activities. While brushing your teeth, for example, you might observe what you:

- see (the texture or shape of the toothpaste on your brush)
- hear (the sound of the water or the bristles against your teeth)
- smell (notice the smell of the toothpaste as you raise it to your mouth)
- taste (focus on the flavors you notice and how your mouth experiences the taste)
- feel (the texture, weight, and temperature of the toothbrush; the toothpaste on your tongue; or the bristles on your teeth and gums)

After finishing this activity, pay attention to how you feel. Are you more grounded in your body or more tuned in to your surroundings?

Adapted from 5 Senses Mindfulness; Depression Center Toolkit (2018). Depression Center, University of Michigan Medicine. Re-printed with permission.

#### Mindfulness Exercise: Leaves on a Stream

When we experience overwhelming thoughts, it can be hard to think of or focus on anything else. Mindfulness skills can help you create some distance from things like suicidal thoughts. By learning to just observe your thinking, without moving to fix or push away your thoughts. By observing your experience, you can become more aware and present in the moment. This allows you to choose how you'd like to react to and cope with your situation.

In this exercise, you will practice noticing and observing your thoughts. You won't try to change or react to them. As thoughts arise, imagine them as leaves on a stream and visualize them floating away from you. If thoughts return, that is okay. Notice where your mind has gone and place that thought on a leaf and watch it float away along the stream.

Step 1. Get comfortable in a chair and close your eyes. Imagine that you are sitting or standing nearby a stream. Take a moment to watch this stream, noticing the way that the water moves and flows by you.

Step 2. Now, imagine a leaf resting on the water's surface, moving with the flow of the water; watch as the leaf passes by. Picture another leaf as it floats by... and another... until you can see each leaf flowing along the stream.

Step 3. Next, begin to notice any thoughts that may be passing through your mind. These may be thoughts like, "I can't do this," "I never get anything right." Imagine now that you could place each thought atop its own leaf on the stream. Watch as each thought floats by and away from you.

Step 4. Continue to notice your thoughts, place them on a leaf, and watch them float away downstream. If you notice your mind wander or get distracted, that is okay. Observe where your mind has wandered. If a thought or emotion distracts you, place it on its own leaf, and let it float away, too.

Step 5. After a few minutes, begin to shift your focus away from the stream and back into the present. Bring yourself back to the room. Notice the feeling of your feet on the ground and the chair beneath you. Observe any sounds around you. When you are ready, open your eyes.

Practice this exercise often. Try using it when you notice your mind returning to difficult thoughts or emotions. View these exercises as an experiment. Give yourself time, be patient, and practice self-compassion. Mindfulness can help calm your mind and help you feel more present in the moment.

Adapted from Acceptance and Commitment Therapy for Depression in Veterans: Therapist Manual by Walser, R.D., Sears, K., M., and Karlin, B.E. (2012). Washington, DC: U.S. Department of Veterans Affairs.

# **Coping Cards: Coping Skills**

| When I: | When I: |
|---------|---------|
|         |         |
| I will: | I will: |
|         |         |
|         |         |
| When I: | When I: |
|         |         |
| 120.    | 130.    |
| I will: | I will: |
|         |         |
|         |         |
| When I: | When I: |
|         |         |
| I will: | I will: |
|         |         |
|         |         |

### **Session 6 - Problem Solving**

Check off each task as you complete it.

|   | •       | _        |     | • . •      |    |
|---|---------|----------|-----|------------|----|
| 6 | ession  | $\wedge$ | CTI | <b>T</b> 7 | OC |
| O | C331U11 | U I      |     | VIU        | CO |

|      | I reviewed the Checking In with Yourself statements.   |
|------|--|
|      | I reviewed my practice assignments from Session 5  |
|      | I reviewed the My Own Problem-Solving Habits worksheet.                                      |
|      | I reviewed the Using the ITCH Method of Problem-Solving worksheet.                           |
|      | I planned how I could use ITCH to problem solve around barriers to my Safety Plan.           |
| Sess | ion 6 Wrap-Up  |
|      | I noted one thing in Session 6 that is helpful to me on the Most Helpful Thing from the      |
|      | Session Log on page 8.   |
|      | I will complete practice assignment 1 on   |
|      | I will complete practice assignment 2 on the following three days:                           |
|      |  |
|      |  |
|      |  |
|      | I will start Session 7 on and I set a reminder on  |
|      | my phone or calendar.  |
| Sess | ion 6 Practice Assignments   |
|      | Practice assignment 1: Try the solution you identified on your ITCH worksheet. Record how it |
|      | goes.  |
|      | Practice assignment 2: Do one of these things at least three times this week                 |
|      | Schedule your activities   |
|      | Practice a new coping strategy   |
|      | Engage in a mindfulness exercise   |
|      | Track what you did on the Practice Assignment Log on page 10                                 |

### **My Own Problem-Solving Habits**

Use this worksheet to reflect on problems that you've solved in the past and notice any patterns that you may have.

| What was the last problem that you faced where you had unhelpful thoughts and unpleasant feelings?                             |
|--|
| 2. What were the unhelpful thoughts and unpleasant feelings?   |
| 3. Did those unhelpful thoughts and unpleasant feelings lead to any of the following? If so, write down some of what happened. |
| a. Negative expectations about your ability to solve the problem.  |
| b. Procrastination or putting off solving the problem.   |
| <ul> <li>c. Impulsive decision-making that you might have been ineffective or made the problem<br/>worse.</li> </ul>           |

### **Using the ITCH Method of Problem Solving**

With this worksheet, you will use the ITCH method to solve a problem you are currently having. While completing Session 6, fill out the ITC portions of ITCH. For your practice assignment, you will try your solution, and then complete the H part of ITCH.



### Identify the problem

Identify a problem that you want to solve using ITCH. Often, big problems consist of many smaller problems. It's important to identify those smaller problems. When first practicing the ITCH method, we recommend that you to start with a smaller problem. Once you have practiced the method a few times, you can use it to tackle bigger problems. Write down the problem you want to solve.

#### Think about possible solutions using brainstorming

When we brainstorm, we identify all possible solutions before we assess them. Write down all possible solutions that you can think of.

| 1. |      |      |      |
|----|------|------|------|
|    |      |      |      |
|    |      |      |      |
|    |      |      |      |
| 2. | <br> | <br> | <br> |
|    |      |      |      |
|    |      |      |      |
| 3. | <br> | <br> | <br> |
|    |      |      |      |
|    |      |      |      |
|    |      |      |      |
| 4. |      |      |      |

### <u>C</u>hoose a solution by considering each solution's pros and cons

Write down the pros and cons of the possible solutions you identified above.

| Possible Solution #1 |      |  |
|----------------------|------|--|
| PROS                 | CONS |  |
| Possible Solution #2 |      |  |
| PROS                 | CONS |  |
| Possible Solution #3 |      |  |
| PROS                 | CONS |  |
| Possible Solution #4 |      |  |
| PROS                 | CONS |  |

| After listing the pros and cons of each possible solution, which solution do you want to try and how will you do this?   |
|--|
| When this step is complete, return to the online course. You will complete the next step as a practice assignment.   |
| How did it go?   |
| Did the solution help you to solve the problem?  |
| If you answered no, what other solutions might you try?  |
| Take notes here on how it went:  |
|  |
| What do you think of the ITCH method?  |
|  |
| Adapted from: Wenzel, A., Brown, G.K., & Karlin, B.E. (2011). Cognitive Behavioral Therapy for Depression in Veterans and Military Service Members: Therapist Manual. Washington, DC: U.S. Department of Veterans Affairs. |
|  |

### **Session** 7 - **Noticing Your Automatic Thoughts and How They Affect You**

| Check off each task as you complete it.   |
|---|
| Session 7 Activities  |
| ☐ I reviewed the Checking In with Yourself statements.  |
| ☐ I reviewed my practice assignments from Session 6.  |
| ☐ I completed the <u>Identifying Automatic Thoughts worksheet.</u>                                |
| ☐ I completed the <u>Identifying Feelings worksheet.</u>  |
| ☐ I completed the <u>ABC worksheet.</u>   |
| ☐ I completed the <u>Unhelpful Thinking Patterns worksheet.</u>                                   |
| ☐ I reviewed and updated my Safety Plan.  |
| Session 7 Wrap-Up   |
| ☐ I noted one thing in Session 7 that is helpful to me on the Most Helpful Thing from the Session |
| on page 8.  |
| ☐ I will complete practice assignment 1 when I notice an unpleasant shift in my feelings.         |
| ☐ I'll start Session 8 on   |
| ☐ I set a reminder on my phone or calendar.   |
|   |
| Session 7 Practice Assignment   |
|   |

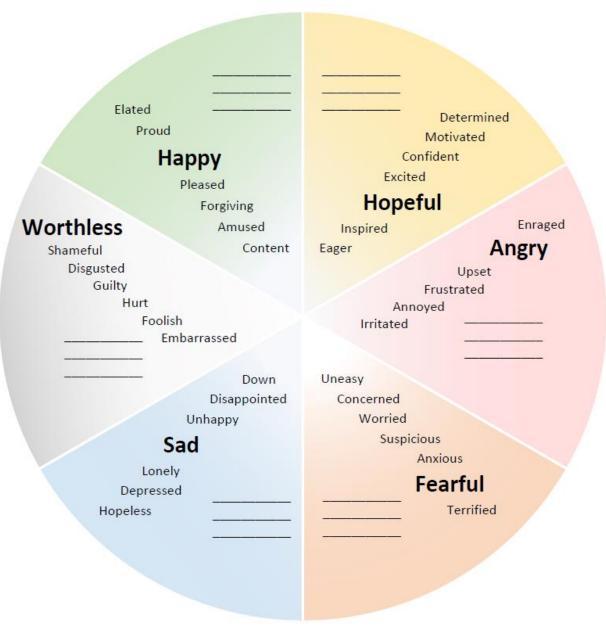
- ☐ Practice assignment 1: Complete an ABC worksheet when you notice an unpleasant shift in your feelings. There are extra copies of this worksheet in the back of this workbook.
- ☐ Track what you did on the <a href="Practice Assignment Log on page 10">Practice Assignment Log on page 10</a>.

### **Identifying Automatic Thoughts**

**Step 1:** Place a check mark next to the thoughts and beliefs that tend to come for you. **Step 2:** Place a star next to the ones that can lead to a suicidal crisis (warning signs). No matter what happens I can manage ☐ Others cannot be trusted. somehow ☐ I can figure things out I must be perfect to be accepted □ I must always be in control ☐ If I work hard at something, I can master it I am friendly If I choose to do something I must succeed I am unattractive I am a survivor □ I can handle stress I am stupid Never show your emotions Others trust me The tougher the problem the tougher I The world would be better off without me become I am a solid reliable person Other people will take advantage of me ☐ I can learn from my mistakes and be a I am a fake People respect me better person Never show weakness □ I am worthless They knocked me down, but they can't I am a good spouse and or parent child friend lover knock me out If people really know me, they would not □ I am unlovable like me □ I care about other people Everything will work out alright ☐ I cannot take any more of the pain I am a burden to others If I prepare in advance, I usually do better ☐ I will never be comfortable around others When something goes wrong everything seems wrong □ I deserve to be respected ☐ I have done things I greatly regret but □ I can never finish anything cannot change ☐ I like to be challenged ☐ I get easily overwhelmed by things no matter what I do I won't succeed I often feel guilty There is not much that can scare me □ I do not deserve to live My life is meaningless I get too frustrated and angry □ I am intelligent

### **Identifying Feelings**

It can be challenging to recognize and label feelings. This is especially true in moments of distress. We can group feelings into general themes. These include Happiness, Hopefulness, Anger, Fear, Sadness, and Worthlessness. You may add in other missing feelings into the blank spaces if you'd like.



What themes of feelings are most common for you?

Which feelings tend to go along with thoughts of suicide for you?

#### **ABC Worksheet**

This exercise will give you more practice identifying unhelpful Automatic Thoughts and unpleasant feelings. These often occur during stressful situations. Think of three separate activating events or situations (A). These are times when you had strong feelings. Try to remember what you were thinking at the time and write down any of the Automatic Thoughts you had (B). Then, in the last column, write the consequences (C) of having these thoughts (how it changed how you felt and acted). You can use the prompts at the bottom of the columns for extra help. Sometimes, it might be easier to remember the consequences (thoughts and behaviors) first. Then, identify the beliefs and Automatic Thoughts.

| <u>A</u> ctivating event or situation   | <b>B</b> eliefs and thoughts  | <u>C</u> onsequences   |
|---|---|--|
| Example 1: My kids didn't call me on my birthday.   | Example 1: "No one cares about me."   | Example 1: Sad, angry, hurt; didn't call them even though I wanted to  |
| Example 2: My boss promoted my colleague and not me.  | Example 2: "No matter how hard I work, it's not good enough."   | Example 2: Frustrated, hopeless, unmotivated   |
| 1.  | 1.  | 1.   |
| 2.  | 2.  | 2.   |
| 3.  | 3.  | 3.   |
| Prompts:  • What was happening around you?  • Who were you with?  • What were you doing?  • When was it?  • Where were you? | <ul> <li>Prompts:</li> <li>What was going through your mind at the time?</li> <li>What were you telling yourself in that moment?</li> </ul> | <ul> <li>Prompts:</li> <li>What feelings and behaviors arose from the situation?</li> <li>You may use the Identifying Feelings worksheet to help you identify what you were feeling if that is helpful.</li> </ul> |

### **Unhelpful Thinking Patterns**

The list below shows Unhelpful Thinking Patterns that people use in life situations. These patterns often lead to automatic, habitual thoughts. They can lead to ongoing unpleasant or suicidal feelings and behaviors. Learning about your Unhelpful Thinking Patterns can help you identify your Automatic Thoughts.

Write down some of the thoughts that you have that fit into each pattern below. Think about how that pattern affects your feelings or behavior. Refer to the <u>worksheet on page 59</u> if you need help remembering some of your Automatic Thoughts.

| remembering some of your Automatic Thoughts.   |
|--|
| <ol> <li>Jumping to conclusions: using inaccurate evidence to confirm your thoughts, predicting the<br/>future, or expecting something bad will happen because of a past experience.</li> </ol>      |
| 2. <b>Exaggerating or minimizing</b> a situation: seeing something as much more significant that it really is or dismissing the importance of a positive aspect all together.                        |
| 3. Ignoring or (mental) filtering parts of a situation: focusing on the unhelpful or negative information.   |
| 4. <b>All-or-Nothing</b> or <b>Oversimplifying</b> : looking at things in an all or nothing extreme way, thinking you or others are good/bad or right/wrong, using word like "always, never, every". |

| 5. | Overgeneralizing - thinking that because a stressful event or experience happened once, it will always happen that way in the future.   |
|----|---|
| 6. | <b>Mind reading -</b> believing that that you know what someone else is thinking and assuming they think poorly of you.   |
| 7. | <b>Emotional reasoning</b> - believing your emotions to be fact. For example, "I feel bad, so I must have done something wrong."  |
|    |   |
|    |   |
|    |   |
|    |   |
|    | Adapted from Patterns of Problematic Thinking Worksheet, Resick, P. A., Monson, C. M., & Chard, K. M. (2014). Cognitive processing therapy: Veteran/military version: Therapist's manual. Washington, DC: Department of Veterans Affairs. |

### **Session 8 - Developing Helpful Alternative Thoughts**

☐ Track what you did on the <a href="Practice Assignment Log on page 10">Practice Assignment Log on page 10</a>.

Check off each task as you complete it.

| Sess | ion 8 Activities  |
|------|---|
|      | I reviewed the Checking In with Yourself statements.  |
|      | I reviewed my practice assignments from Session 7.  |
|      | I completed the <u>Three C's worksheet</u> .  |
|      | I created Coping Cards for Automatic Thoughts and updated or reviewed my Safety Plan.           |
| Sess | ion 8 Wrap-Up   |
|      | I noted one thing in Session 8 that is helpful to me on the Most Helpful Thing from the Session |
|      | on page 8.  |
|      | I will complete practice assignment 1 on the following three days:                              |
|      |   |
|      | <b></b>   |
|      | <b></b>   |
|      | I will complete practice assignment 2 every day this week.                                      |
|      | I'll start Session 9 on and I set a reminder on my phone  |
|      | or calendar.  |
| Sess | ion 8 Practice Assignments  |
|      | Practice assignment 1: Complete the Three C's worksheet at least three times.                   |
|      | Practice assignment 2: Practice reading my coping cards once per day.                           |

#### The Three Cs

Think about a situation in the past week where you noticed an unpleasant feeling. Answer the questions to try using the Three Cs to catch, check, and change Automatic Thoughts. You can use a thought from your ABC worksheet if you run into trouble thinking of a new one.



What was I thinking about in that moment?



- Does it fall into an Unhelpful Thinking Pattern? If so, which one?
- What is the evidence for the thought?
- What is the evidence against the thought?
- Is it completely true, or is there an alternative explanation?



- What is a more accurate or more helpful thought that I can tell myself instead?
- Will this new helpful thought change my feelings or behavior?

### **Coping Cards: Automatic Thought**

| Unhelpful Automatic Thought: | Unhelpful Automatic Thought:           |
|------------------------------|--|
| Helpful Alternative Thought: | Helpful Alternative Thought:           |
|                              |  |
| Unhelpful Automatic Thought: | Unhelpful Automatic Thought:           |
| Helpful Alternative Thought  | Halpful Alternative Thought            |
| Helpful Alternative Thought: | Helpful Alternative Thought:           |
|                              |  |
| Unhelpful Automatic Thought: | Unhelpful Automatic Thought:           |
| The company of the company   | Lists Coll Alfanos atinas Theory white |
| Helpful Alternative Thought: | Helpful Alternative Thought:           |
|                              |  |

# **Session 9 - Identifying and Changing Core Beliefs**

Check off each task as you complete it

| L | Practice assignment 1: Complete the <u>Testing My New Core Belief worksheet</u>  |
|---|--|
|   | Practice assignment 2: Complete at least three Record of Alternative Thoughts worksheets this week after noticing an unpleasant feeling. |
|   | Track what you did on the Practice Assignment Log on page 10.  |

### **Suicide-Related Core Beliefs**

Use this worksheet to identify your Suicide-Related Core Beliefs.

| ۱. | Write down responses to each of these questions:  |
|----|---|
|    | "What do I believe about myself?"   |
|    |   |
|    | "What do I believe about others and the world?"   |
|    |   |
|    | "What do I believe about what will happen in the future?"   |
|    | What do I solic ve about what will happen in the fatare.  |
|    |   |
| 2. | Look out for Automatic Thoughts on any of your worksheets that could be Suicide-Related Core Beliefs. Remember, Core Beliefs are rigid and persistent beliefs that impact your thoughts, feelings, and behaviors. |
|    | You can review the <u>Identifying Feelings chart on page 60</u> , the <u>3 C's worksheet on page 65</u> or the <u>ABC worksheet on page 61</u> to help you identify Core Beliefs that are the same as Automatic   |
|    | Thoughts. For example, the Suicide-Related Automatic Thought "I am worthless" could also be a Suicide-Related Core Belief. Write down any that you find.  |
|    |   |
|    |   |
|    |   |

|  | ide-Related Core Beliefs by looking for similar patterns across several suggest an underlying Core Belief. A useful question to ask yourself is: |
|--|--|
| "If all of these similar Auto the future?" | omatic Thoughts are true, what would that mean about myself, others, o   |
| Write down any that you i                  | identify.  |
|  |  |
|  |  |
|  | elp you identify Suicide-Related Core Beliefs. Are there any Automatic more intense feelings of sadness, hopelessness or other feelings in life? |
| If so, write them down.                    |  |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |

### **Core Belief Log**

Start your log by reviewing the previous worksheet. Write down any Core Beliefs that you identified on that page.

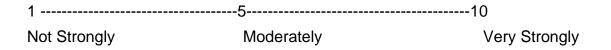
Whenever you identify a new Core Belief in the future, write it down here. Also note if this Core Belief is related to suicidal thoughts, feelings or behaviors by circling "yes" or "no".

| Core Belief | Is this related to suicidal thoughts, feelings, or behaviors? |
|-------------|---|
|             | Yes   |
|             | No  |

### **Challenging a Core Belief Worksheet**

Complete this worksheet to challenge one of your Suicide-Related Core Beliefs.

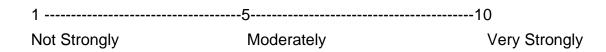
- 1. Write down the Suicide-Related Core Belief you will challenge:
- 2. How strongly do you believe this Core Belief right now, on a scale from 1 to 10?



3. Is this belief true during all experiences and circumstances? When is it not true? Write down evidence that goes against this Core Belief.

4. Write down a new, more balanced Core Belief that takes into account what you wrote for #3.

5. How strongly do you believe this new Core Belief right now, on a scale from 1 to 10?



| 6. How can you remind yourself of your new, more balanced Core Belief?   |
|--|
|  |
| 7. What types of situations might come up that would give you the opportunity to practice it?  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
| Adapted from Challenging Questions Worksheet, Resick, P. A., Monson, C. M., & Chard, K. M. (2014). Cognitive processing therapy: Veteran/military version: Therapist's manual. Washington, DC: Department of Veterans Affairs. |
|  |

# **Testing My New Core Belief Worksheet**

Using a situation you identified in #7 on the Challenging a Core Belief worksheet, write up a plan for testing your new, more balanced Core Belief.

| Possible situation that may come up this week:   |
|--|
|  |
|  |
|  |
| What Suicide-Related Automatic Thoughts might come up?   |
|  |
|  |
|  |
| What is the Suicide-Related Core Belief that is being triggered?                                   |
|  |
|  |
|  |
| What is my new, more balanced Core Belief that I can tell myself instead?                          |
|  |
|  |
| What might I notice that may be different when I start believing my new, more balanced Core Belief |
| (thoughts, feelings, behavior)?  |
|  |
|  |

# **Coping Cards: Core Beliefs**

| Core Belief: I am useless                    | Core Belief:               |
|--|----------------------------|
|  |                            |
| Evidence enginet it: My anguag appropriates  | Evidence excinct it.       |
| Evidence against it: My spouse appreciates   | Evidence against it:       |
| the things I do around the house.            |                            |
| More balanced Core Belief: I am still useful | More balanced Core Belief: |
| most of the time.                            | More Balaneca Gore Beller. |
| most of the time.                            |                            |
| Core Belief:                                 | Core Belief:               |
|  |                            |
|  |                            |
| Evidence against it:                         | Evidence against it:       |
|  |                            |
|  |                            |
| More balanced Core Belief:                   | More balanced Core Belief: |
|  |                            |
|  |                            |
| Core Belief:                                 | Core Belief:               |
|  |                            |
| Evidence against it:                         | Evidence against it:       |
|  |                            |
|  |                            |
| More balanced Core Belief:                   | More balanced Core Belief: |
|  |                            |
|  |                            |

### **Record of Alternative Thoughts**

When you notice an unpleasant feeling, ask yourself, "What just went through my mind?" Then write down the situation, automatic thought, and feelings in the table below.

| Situation  | Automatic<br>Thought                 | Feelings   | Alternative<br>Response   | Outcome  |
|--|--------------------------------------|--|---|--|
| What event,<br>thought or<br>experience led<br>the unpleasant<br>feelings? | What thought went through your mind? | What feeling(s) did you notice with the event or your thoughts (anger, hopelessness, fear, guilt, etc.)? | What is a more helpful and accurate thought you could tell yourself about the situation?  Consider the questions at the | What feeling(s) do you experience now? What will you do? |
|  |                                      |  | bottom of the page  |  |
|  |                                      |  |   |  |
|  |                                      |  |   |  |
|  |                                      |  |   |  |
|  |                                      |  |   |  |

- 1. What is the evidence that this thought is true? What is the evidence that this thought is not true?
- 2. Are there other ways to explain what happened?
- 3. What is the worst that could happen? The best that could happen? What is most realistic?
- 4. If my best friend was in this situation and had this thought, what would I tell them?

# Session 10 - Reviewing the Skills You've Learned and When to Use Them

Check off each task as you complete it.

| Session 10 Activities  |
|--|
| ☐ I reviewed the Checking In with Yourself statements.   |
| ☐ I reviewed my practice assignments from Session 9.   |
| ☐ I completed the Reviewing Your CBT-SP Values and Goals worksheet.                                |
| ☐ I completed the Red, Yellow, and Green Skills worksheet.   |
| ☐ I reviewed and modified my Safety Plan based on my insights about relapse prevention.            |
| Session 10 Wrap-Up   |
| ☐ I noted one thing in Session 10 that is helpful to me on the Most Helpful Thing from the Session |
| on page 8.   |
| I will complete practice assignment 1 on the following two days:                                   |
| <b>-</b>   |
|  |
| ☐ I'll start Session 11 on and I set a reminder on my phone  |
| or calendar.   |
| Session 10 Practice Assignments  |
| ☐ Practice assignment 1: Practice one Yellow and one Green Skill two times each this coming        |
| week.  |
| ☐ Track what you did on the Practice Assignment Log on page 10.                                    |
|  |

### **Reviewing Your CBT-SP Values and Goals**

Please use this worksheet to review your values and goals that you created in Session 3 on page 27.

| 1. | Start by   | looking | at the | values | that | you identified. |
|----|------------|---------|--------|--------|------|-----------------|
|    | <b>-</b> , | 9       | G      | 10.00  |      | <i>,</i>        |

Have any of those changed? If so, how?

Are there any that feel less relevant now?

Any values that you want to add, or any that you wish to delete from the page?

2. Next look at the goals that you have identified.

How do you feel you have done so far with reaching those goals?

Are there things on there that you think you have completed?

Are there goals on there that you feel you could benefit from continuing to work towards?

How could you continue to work on those goals, either in the last segment of this course, or even after this course has ended?

### Red, Yellow and Green Skills Worksheet

Use this sheet to organize your skills into different levels to use during, before, or after a crisis. Spend some time going back through your workbook, including the <u>Most Helpful worksheet on page 8</u> and the <u>Practice Assignment Log on page 10</u>. When you see a skill or tool that you found to be helpful or that you want to keep practicing, add it to one of the columns below. Examples include: Safety Plan, Hope Kit, Activity Schedule, 3 C's, Coping Cards, going for a walk, listening to music, or calling a friend.

| Red skills are used during a suicidal crisis. This is what will help you safely get through the suicidal crisis. Using Steps 4 and 5 on your Safety Plan are key Red Skills. | Yellow skills are used when you recognize your warning signs. These skills and strategies help to distract, find support, feel calmer, and think more clearly. | <b>Green</b> skills are used to help you maintain stability and wellbeing. They can help build resilience. |
|--|--|--|
| RED  | YELLOW   | GREEN  |

# Session 11 - Using Your CBT-SP Skills in the Future

Congratulations. This session is the last one before you complete the course.

Check off each task as you complete it.

|       |    |    | A .      | . •   | • |  |
|-------|----|----|----------|-------|---|--|
| COCCI | On | 11 |          | 1 1 7 |   |  |
| Sessi |    |    | $\Delta$ |       |   |  |

Session on page 8.

| I reviewed the Checking In with Yourself statements.                                       |
|--|
| ☐ I reviewed my practice assignments from Session 10.                                      |
| ☐ I completed the Planning for Potential Future Crises worksheet.                          |
| ☐ I completed the Reflecting on My Journey worksheet.                                      |
| ☐ I reviewed and modified my <u>Safety Plan.</u>   |
| ☐ I completed the Coping Cards for Future Goals.   |
| Session 11 Wrap-Up   |
| ☐ I noted one thing in Session 11 that is helpful to me on the Most Helpful Thing from the |

☐ I reviewed all of the things that I've found to be most helpful throughout this CBT-SP Course.

# **Planning for Potential Future Crises**

Refer to the Understanding My Suicide Risk Curve worksheet From Session 2 on page 18 as you complete this worksheet.

| Review the situation or trigger from your past suicidal crisis. Write the situation below:  |
|---|
| 2. If a similar situation or trigger presents in the future, what coping skill or tool could you use to get through that situation or to help you cope? |
|   |
| 3. If you were to use this skill or tool, what do you imagine might happen?   |
|   |
| 4. Take a look at the warning signs (thoughts, feelings, or behaviors) that were present during your last crisis. Write them below:                     |
|   |

| target those warning signs?   |  |
|---|--|
|   |  |
|   |  |
|   |  |
| 6. If you were to use this skill or tool, what do you imagine might happen? |  |
|   |  |
|   |  |

### **Reflecting on My Journey**

| What was it like to think about your past crisis using the skills you learned?   |
|--|
| What did you notice that shows what you have learned about coping with difficult situations and suicidal thoughts?   |
| How confident do you feel that you could use these skills in an actual crisis? If you don't feel confident what could you do to increase your level of confidence? |
| Did anything come up during the exercise that would be helpful to add or change on your Safety Plan?   |
| What do you think about your ability to use these skills and strategies to cope with "bumps on the trail"?   |
|  |
|  |

# **Coping Cards: Future Goals**

| Goal:                | Goal:                |
|----------------------|----------------------|
|                      |                      |
| Steps to achieve it: | Steps to achieve it: |
| 1.                   | 1.                   |
| 2.                   | 2.                   |
| 3.                   | 3.                   |
|                      |                      |
| Goal:                | Goal:                |
|                      |                      |
| Steps to achieve it: | Steps to achieve it: |
| 1.                   | 1.                   |
| 2.                   | 2.                   |
| 3.                   | 3.                   |
|                      |                      |
| Goal:                | Goal:                |
|                      |                      |
| Steps to achieve it: | Steps to achieve it: |
| 1.                   | 1.                   |
| 2.                   | 2.                   |
| 3.                   | 3.                   |

#### Resources

#### Reminder: How to get help when you want it

If you are a Veteran in crisis, there are multiple ways you can get help. You can connect to the Veteran Crisis Line to reach caring, qualified responders 24/7, many of whom are Veterans themselves.

If you are not a Veteran, help is also available. You may call the National Suicide Prevention Lifeline. It is the same number as the Veterans Crisis Line.

In case of a medical or mental health emergency which requires immediate assistance call 911.



### **Other VA Treatment Options**

To find out about additional VA treatment options available, refer to these resources.

| Substance use problems    | https://www.va.gov/health-care/health-needs-conditions/substance-use-problems/ |
|---------------------------|--|
| PTSD                      | https://www.va.gov/health-care/health-needs-conditions/mental-health/ptsd/     |
| Military Sexual<br>Trauma | https://www.va.gov/health-care/health-needs-conditions/military-sexual-trauma  |
| General Mental<br>Health  | https://www.va.gov/health-care/health-needs-conditions/mental-health/          |

# **Smartphone Apps**

PTSD Coach





Virtual Hope Box





Mindfulness Coach





#### **Extra Worksheets**

This section has two more copies of each of these worksheets:

- My Safety Plan
- Coping Cards: Enjoyable Activities
- Coping Cards: My Coping Skills
- Coping Cards: Automatic Thoughts
- Coping Cards: Core Beliefs
- Coping Cards: Future Goals
- ITCH: Identify the Problem and Think of Possible Solutions
- ITCH: Choose a Solution to Try
- ITCH: How Well Did It Work?
- Three Cs Practice
- Activity Schedule
- Record of Alternative Thoughts

## **My Safety Plan**

Please fill out the following steps. If you are experiencing a medical or mental health emergency, please call 911. If you are unable to reach your safety contacts or you are in crisis, call the Veterans Crisis line at 988 (press 1).

| Crisis line at 988 (press 1).   |                                   |
|---|-----------------------------------|
| Cton 4. Tuiggong Bigh Footong   | and Manning Cigna                 |
| Step 1: Triggers, Risk Factors  |                                   |
| Signs that I am in crisis and my Sa                                       | afety Plan should be used:        |
| 1.  |                                   |
| 2.  |                                   |
| 3.  |                                   |
| 4.  |                                   |
| 5.  |                                   |
| Step 2: Internal Coping Strate  | egies                             |
| Things I can do on my own to dist   | ract myself and keep myself safe: |
| 1.  |                                   |
| 2.  |                                   |
| 3.  |                                   |
| 4.  |                                   |
| 5.  |                                   |
| Step 3: People and Social Sett  | ings that Provide Distraction     |
| Who I can contact to take my mind off my problems or help me feel better: |                                   |
| 1. Name:  | Phone:                            |
| 2. Name:  | Phone:                            |
| 3. Name:  | Phone:                            |
| 4. Name:  | Phone:                            |

Phone:

5. Name:

| Public places, groups or social events that help me feel better: |   |  |
|--|---|--|
| 1.   |   |  |
| 2.   |   |  |
| 3.   |   |  |
| 4.   |   |  |
| 5.   |   |  |
| Step 4: Family Members and Friends Who M                         | Iay Offer Help  |  |
| Who I can tell I am in a crisis and need support:                |   |  |
| 1. Name:   | Phone:  |  |
| 2. Name:   | Phone:  |  |
| 3. Name:   | Phone:  |  |
| 4. Name:   | Phone:  |  |
| 5. Name:   | Phone:  |  |
| Step 5: Professionals and Agencies to Contac                     | ct for Help   |  |
| Mental health professionals or services I can conta              | ct for help:  |  |
| 1. Name:   | Phone:  |  |
| 2. Name:   | Phone:  |  |
| 3. Name:   | Phone:  |  |
| 4. Name:   | Phone:  |  |
| 5. Name:   | Phone:  |  |
| Veterans Crisis Line: 988 Press 1                                | If I need to go to an emergency room or urgent care I will go to: |  |
| VCL text messaging: 838255                                       | ER name:  |  |
| VCL chat: www.veteranscrisisline.net/chat                        | ER Address:   |  |
| Dial 911 in an emergency   | ER Phone:   |  |

### **Step 6: Making the Environment Safe**

| There are the ways I will make my environment safer and barriers I will use to protect myself from potentially lethal means: |  |   |
|--|--|---|
|  |  |   |
|  |  | - |
|  |  | _ |
|  |  | _ |
|  |  |   |
|  |  |   |
| These are people who will help r   | ne protect myself from having access to dangerous items: |   |
| 1. Name:   | Phone:   |   |
| 2. Name:   | Phone:   |   |
| 3. Name:   | Phone:   |   |
| 4. Name:   | Phone:   |   |
| 5. Name:   | Phone:   |   |
|  |  |   |

#### **Other Resources**

Stanley, B., Brown, G. K. with MacRae, F., Rotolo, C. A., Hughes, G., Mina, L. & Barry, C. N. (2021). VA Safety Planning Intervention Manual. Washington, D.C.: United States Department of Veterans Affairs.

### **Coping Cards: Enjoyable Activities**

You will make many Coping Cards throughout the course of CBT-SP. Today, you will use your Activity List to create ones that include enjoyable activities. Below are cards that you can fill in and cut out. If you prefer, you can instead write these on index cards. You can also take pictures of them on your phone.

Step 1: On the top line of the card, list triggers, risk factors, and warning signs from your Safety Plan.

**Step 2:** On the bottom portion, pair these with activities from your Activity Log that will help prevent you from having suicidal thoughts or will help you cope with them.

#### Example:

| When I:  I will: | When I:  I will: |
|------------------|------------------|
|                  |                  |
| When I:          | When I:          |
| I will:          | I will:          |
|                  |                  |
| When I:          | When I:          |
|                  |                  |
| I will:          | I will:          |
|                  |                  |

### **Coping Cards: Enjoyable Activities**

You will make many Coping Cards throughout the course of CBT-SP. Today, you will use your Activity List to create ones that include enjoyable activities. Below are cards that you can fill in and cut out. If you prefer, you can instead write these on index cards. You can also take pictures of them on your phone.

Step 1: On the top line of the card, list triggers, risk factors, and warning signs from your Safety Plan.

**Step 2:** On the bottom portion, pair these with activities from your Activity Log that will help prevent you from having suicidal thoughts or will help you cope with them.

#### **Example:**

| When I: | When I: |
|---------|---------|
|         |         |
|         |         |
| I will: | I will: |
|         |         |
|         |         |
|         |         |
| When I: | When I: |
|         |         |
|         |         |
| I will: | I will: |
|         |         |
|         |         |
|         |         |
| When I: | When I: |
|         |         |
|         |         |
| I will: | I will: |
|         |         |
|         |         |
|         |         |

# **Coping Cards: Coping Skills**

| When I: | When I: |
|---------|---------|
|         |         |
|         |         |
| I will: | I will: |
|         |         |
|         |         |
|         |         |
| When I: | When I: |
|         |         |
|         |         |
| I will: | I will: |
|         |         |
|         |         |
|         |         |
| When I: | When I: |
|         |         |
|         |         |
| I will: | I will: |
|         |         |
|         |         |

# **Coping Cards: Coping Skills**

| When I: | When I: |
|---------|---------|
| I will: | I will: |
|         |         |
| When I: | When I: |
|         |         |
| I will: | I will: |
|         |         |
|         |         |
| When I: | When I: |
|         |         |
| I will: | I will: |
|         |         |
|         |         |

# **Coping Cards: Automatic Thoughts**

| Unhelpful Automatic Thought: | Unhelpful Automatic Thought: |
|------------------------------|------------------------------|
| Helpful Alternative Thought: | Helpful Alternative Thought: |
|                              |                              |
| Unhelpful Automatic Thought: | Unhelpful Automatic Thought: |
| Helpful Alternative Thought: | Helpful Alternative Thought: |
|                              | <u>-</u>                     |
|                              |                              |
| Unhelpful Automatic Thought: | Unhelpful Automatic Thought: |
| Helpful Alternative Thought: | Helpful Alternative Thought: |
|                              | ·                            |

# **Coping Cards: Automatic Thoughts**

| Unhelpful Automatic Thought: | Unhelpful Automatic Thought: |
|------------------------------|------------------------------|
| Helpful Alternative Thought: | Helpful Alternative Thought: |
|                              |                              |
| Unhelpful Automatic Thought: | Unhelpful Automatic Thought: |
| Helpful Alternative Thought: | Helpful Alternative Thought: |
| J                            |                              |
|                              |                              |
| Unhelpful Automatic Thought: | Unhelpful Automatic Thought: |
| Helpful Alternative Thought: | Helpful Alternative Thought: |
|                              | 1                            |

# **Coping Cards: Future Goals**

| Goal:                | Goal:                |
|----------------------|----------------------|
| Steps to achieve it: | Steps to achieve it: |
| 1.                   | 1.                   |
| 2.                   | 2.                   |
| 3.                   | 3.                   |
|                      |                      |
| Goal:                | Goal:                |
|                      |                      |
| Steps to achieve it: | Steps to achieve it: |
| 1.                   | 1.                   |
| 2.                   | 2.                   |
| 3.                   | 3.                   |
| ·                    |                      |
|                      |                      |
| Goal:                | Goal:                |
|                      |                      |
| Steps to achieve it: | Steps to achieve it: |
| 1.                   | 1.                   |
| 2.                   | 2.                   |
| 2                    | 2                    |

# **Coping Cards: Future Goals**

| Goal:                | Goal:                |
|----------------------|----------------------|
| Steps to achieve it: | Steps to achieve it: |
| 1.                   | 1.                   |
| 2.                   | 2.                   |
| 3.                   | 3.                   |
|                      |                      |
| Goal:                | Goal:                |
|                      |                      |
| Steps to achieve it: | Steps to achieve it: |
| 1.                   | 1.                   |
| 2.                   | 2.                   |
| 3.                   | 3.                   |
| ·                    |                      |
|                      |                      |
| Goal:                | Goal:                |
|                      |                      |
| Steps to achieve it: | Steps to achieve it: |
| 1.                   | 1.                   |
| 2.                   | 2.                   |
| 2                    | 2                    |

### **Using the ITCH Method of Problem Solving**

With this worksheet, you will use the ITCH method to solve a problem you are currently having. While completing Session 6, fill out the ITC portions of ITCH. For your practice assignment, you will try your solution, and then complete the H part of ITCH.



#### Identify the problem

Identify a problem that you want to solve using ITCH. Often, big problems consist of many smaller problems. It's important to identify those smaller problems. When first practicing the ITCH method, we recommend that you to start with a smaller problem. Once you have practiced the method a few times, you can use it to tackle bigger problems. Write down the problem you want to solve.

#### Think about possible solutions using brainstorming

When we brainstorm, we identify all possible solutions before we assess them. Write down all possible solutions that you can think of.

| 1 |  |  |  |
|---|--|--|--|
|   |  |  |  |
| 2 |  |  |  |
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| 3 |  |  |  |
|   |  |  |  |
|   |  |  |  |

### <u>C</u>hoose a solution by considering each solution's pros and cons

Write down the pros and cons of the possible solutions you identified above.

| Possib | le Sol | lution | #1 |
|--------|--------|--------|----|
|--------|--------|--------|----|

| PROS                 | CONS |
|----------------------|------|
| Possible Solution #2 |      |
| PROS                 | CONS |
| Possible Solution #3 |      |
| PROS                 | CONS |
| Possible Solution #4 |      |
| PROS                 | CONS |

| After listing the pros and cons of each possible solution, which solution do you want to try and how will you do this? When this step is complete, return to the online course. You will complete the next step as a practice assignment. |
|---|
|   |
| How did it go?<br>Did the solution help you to solve the problem?   |
| If you answered no, what other solutions might you try?   |
| Take notes here on how it went:   |
| What do you think of the ITCH method?   |
|   |
|   |
| Adapted from: Wenzel, A., Brown, G.K., & Karlin, B.E. (2011). Cognitive behavioral therapy for depression in Veterans and military servicemembers: Therapist Manual. Washington, DC: U.S. Department of Veterans Affairs.                 |
|   |

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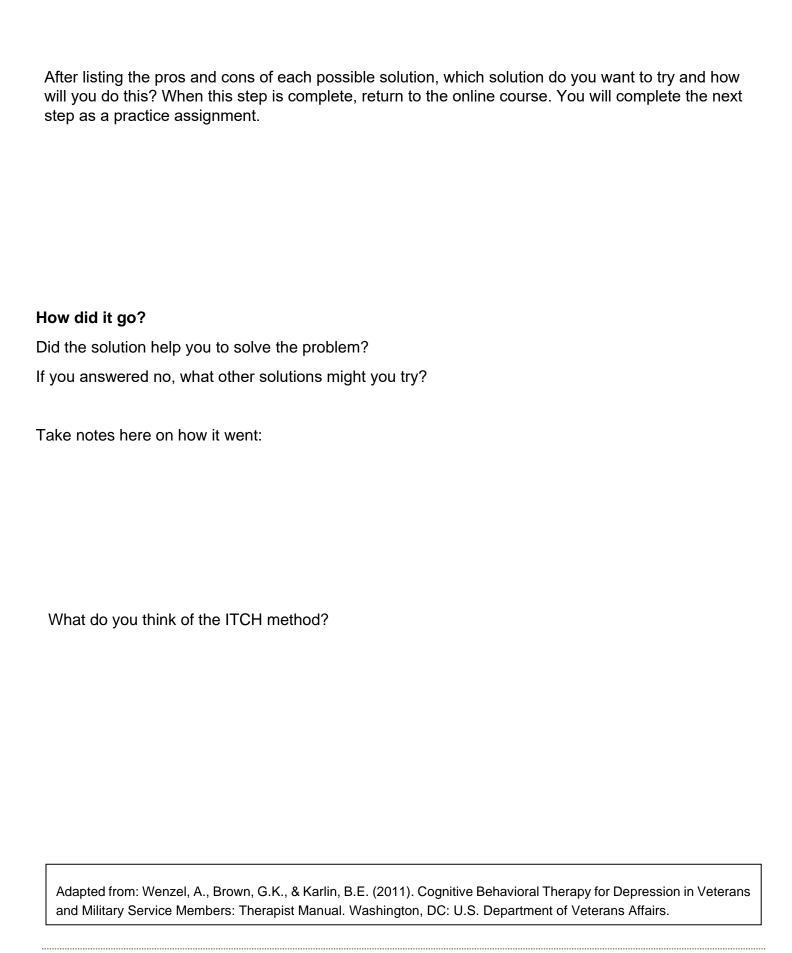
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|--------|-------|--------|----|
|--------|-------|--------|----|

| PROS                 | CONS |  |  |  |
|----------------------|------|--|--|--|
| Possible Solution #2 |      |  |  |  |
| PROS                 | CONS |  |  |  |
| Possible Solution #3 |      |  |  |  |
| PROS                 | CONS |  |  |  |
| Possible Solution #4 |      |  |  |  |
| PROS                 | CONS |  |  |  |



#### The Three Cs

Think about a situation in the past week where you noticed an unpleasant feeling. Answer the questions to try using the Three Cs to catch, check, and change Automatic Thoughts. You can use a thought from your ABC worksheet if you run into trouble thinking of a new one.



What was I thinking about in that moment?



- Does it fall into an Unhelpful Thinking Pattern? If so, which one?
- What is the evidence for the thought?
- What is the evidence against the thought?
- Is it completely true, or is there an alternative explanation?



- What is a more accurate or more helpful thought that I can tell myself instead?
- Will this new helpful thought change my feelings or behavior?

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### **Activity Schedule**

- 1. Write down at least three activities you want to do in the following week in the boxes below.
- 2. After you do the activity, give it a 0 to 10 rating for how pleasant it was. 0 = Not pleasant at all. 10 = Extremely pleasant.
- 3. If you didn't do an activity you planned, answer the prompt at the bottom of this page.

|         | MORNING  | AFTERNOON | EVENING       |  |
|---------|----------|-----------|---------------|--|
| MON     |          |           |               |  |
|         |          |           |               |  |
| Date:   | Rating:  | Rating:   | Rating:       |  |
|         | <u> </u> | <u> </u>  | <u> </u>      |  |
| TUE     |          |           |               |  |
| Date:   |          |           |               |  |
| - Dato: | Rating:  | Rating:   | Rating:       |  |
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| WED     |          |           |               |  |
| Date:   | Rating:  | Rating:   | Rating:       |  |
|         | ixating  | ixating   | ixamiy        |  |
| THUR    |          |           |               |  |
|         |          |           |               |  |
| Date:   | Rating:  | Rating:   | Rating:       |  |
|         |          |           |               |  |
| FRI     |          |           |               |  |
| Date:   | <b>5</b> | D #       | <b>D</b> . 41 |  |
|         | Rating:  | Rating:   | Rating:       |  |
| SAT     |          |           |               |  |
|         |          |           |               |  |
| Date:   | Rating:  | Rating:   | Rating:       |  |
|         |          |           |               |  |
| SUN     |          |           |               |  |
| Date:   |          |           |               |  |
| Dato    | Rating:  | Rating:   | Rating:       |  |

If you did not do an activity, write down what got in the way (for example, forgot, could not motivate self) and how you might overcome that obstacle in the future:

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| WED   |         |           |         |
| Date: | Rating: | Rating:   | Rating: |
| THUR  |         |           |         |
| Date: | Rating: | Rating:   | Rating: |
| FRI   |         |           |         |
| Date: | Rating: | Rating:   | Rating: |
| SAT   |         |           |         |
| Date: | Rating: | Rating:   | Rating: |
| SUN   |         |           |         |
| Date: | Rating: | Rating:   | Rating: |

If you did not do an activity, write down what got in the way (for example, forgot, could not motivate self) and how you might overcome that obstacle in the future:

### **Record of Alternative Thoughts**

When you notice an unpleasant feeling, ask yourself, "What just went through my mind?" Then write down the situation, automatic thought, and feelings in the table below.

| Situation  | Automatic<br>Thought                 | Feelings   | Alternative<br>Response  | Outcome   |
|--|--------------------------------------|--|--|---|
| What event,<br>thought or<br>experience led<br>the unpleasant<br>feelings? | What thought went through your mind? | What feeling(s) did you notice with the event or your thoughts (anger, hopelessness, fear, guilt, etc.)? | What is a more helpful and accurate thought you could tell yourself about the situation?  Consider the questions at the bottom of the page | What feeling(s) do<br>you experience<br>now? What will you<br>do? |
|  |                                      |  |  |   |
|  |                                      |  |  |   |

- 1. What is the evidence that this thought is true? What is the evidence that this thought is not true?
- 2. Are there other ways to explain what happened?
- 3. What is the worst that could happen? The best that could happen? What is most realistic?
- 4. If my best friend was in this situation and had this thought, what would I tell them?

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|  |                                      |  |  |  |
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