

CBT Skill Acquisition (CBTSA)

Unique Client ID: _____

Pre Evaluation

Post Evaluation

Date Completed: ____ / ____ / ____

Sessions Completed: _____

Program Name: _____

Facilitator: _____

Instructions: Please circle the number that best describes *how much you actually* do the following things:

	I don't know what this means	I don't do this	I do this a little	I sometimes do this	I mostly do this	I always do this
1. Plan activities for free time.	0	1	2	3	4	5
2. Identify beliefs and behaviors that make my situation worse.	0	1	2	3	4	5
3. Identify risk factors for returning to criminal behavior.	0	1	2	3	4	5
4. Engage in a positive activity instead of a behavior that is harmful to me or others.	0	1	2	3	4	5
5. Purposefully do fun things I like when I am feeling badly.	0	1	2	3	4	5
6. Catch myself when I jump to conclusions.	0	1	2	3	4	5
7. Notice when I start to feel more distressed.	0	1	2	3	4	5
8. Challenge my thoughts.	0	1	2	3	4	5
9. Motivate myself by doing things.	0	1	2	3	4	5
10. Socialize even though I don't feel like it.	0	1	2	3	4	5
11. Plan my time during the week.	0	1	2	3	4	5
12. Identify stressors that led me into criminal behavior.	0	1	2	3	4	5
13. Communicate my needs effectively.	0	1	2	3	4	5
14. Catch my negative thought patterns at the time that I have them.	0	1	2	3	4	5
15. Keep track of signs and symptoms of returning to old habits.	0	1	2	3	4	5
16. Find evidence to support my thoughts before buying into them.	0	1	2	3	4	5
Totals:						

Getting Started Interactive Journal

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Instructions: Please circle the number that best describes *how much you actually* do the following things:

	I don't know what this means	I don't do this	I do this a little	I sometimes do this	I mostly do this	I always do this
17. Understand my role and what to expect during the time I spend under supervision.	0	1	2	3	4	5
18. Recognize unique challenges that might get in the way of my supervision success.	0	1	2	3	4	5
19. Identify specific areas I want to focus on as I work with my support team and make plans for change.	0	1	2	3	4	5
Total:						

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	I don't know what this means	I don't do this	I do this a little	I sometimes do this	I mostly do this	I always do this
20. Weigh the long-term costs of negative behavior against the short-term payoffs.	0	1	2	3	4	5
21. Identify possible errors in my thinking and replace them with more positive beliefs and self-talk.	0	1	2	3	4	5
22. Apply the stepwise approach of problem solving to situations in my life.	0	1	2	3	4	5
Total:						

Self-control Interactive Journal

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Post Evaluation

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Sessions Completed: _____

Program Name: _____

Facilitator: _____

Instructions: Please circle the number that best describes *how much you actually* do the following things:

	I don't know what this means	I don't do this	I do this a little	I sometimes do this	I mostly do this	I always do this
23. Identify feelings that put me at risk and bring on actions that create problems for me and others.	0	1	2	3	4	5
24. Recognize signals my body gives me as a first step in handling uncomfortable feelings.	0	1	2	3	4	5
25. Have a self-control strategy to manage difficult situations in my life.	0	1	2	3	4	5
Total:						

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Facilitator: _____

Instructions: Please circle the number that best describes *how much you actually* do the following things:

	I don't know what this means	I don't do this	I do this a little	I sometimes do this	I mostly do this	I always do this
26. Know and apply four strategies that can help me overcome challenges in using my free time in responsible ways.	0	1	2	3	4	5
27. Identify activities to engage my mind, body and spirit.	0	1	2	3	4	5
28. Make a detailed plan for spending my free time in healthy, fun ways.	0	1	2	3	4	5
Total:						

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Sessions Completed: _____

Program Name: _____

Facilitator: _____

Instructions: Please circle the number that best describes *how much you actually* do the following things:

	I don't know what this means	I don't do this	I do this a little	I sometimes do this	I mostly do this	I always do this
29. Explore my positive, healthy values and what behaviors show these values.	0	1	2	3	4	5
30. Understand the positive lifestyle values of being honest, tolerant, caring, respectful and responsible and how these values fit with my goals for positive change.	0	1	2	3	4	5
31. Identify strategies to manage roadblocks to adopting positive values.	0	1	2	3	4	5
Total:						

Substance Use Interactive Journal

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Sessions Completed: _____

Program Name: _____

Facilitator: _____

Instructions: Please circle the number that best describes *how much you actually* do the following things:

	I don't know what this means	I don't do this	I do this a little	I sometimes do this	I mostly do this	I always do this
32. Recognize negative consequences I have experienced as a result of my alcohol/other drug use.	0	1	2	3	4	5
33. Explore my strengths and how they can help me achieve my goals related to changes in substance use.	0	1	2	3	4	5
34. Develop a detailed plan to help me manage my recovery.	0	1	2	3	4	5
Total:						

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Facilitator: _____

Instructions: Please circle the number that best describes *how much you actually* do the following things:

	I don't know what this means	I don't do this	I do this a little	I sometimes do this	I mostly do this	I always do this
35. Acknowledge changes I would like to see in my family relationships.	0	1	2	3	4	5
36. Practice healthy ground rules to improve family relationships.	0	1	2	3	4	5
37. Develop an action plan to improve family relationships.	0	1	2	3	4	5
Total:						

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	I don't know what this means	I don't do this	I do this a little	I sometimes do this	I mostly do this	I always do this
38. List important relationships that will likely support my efforts toward making positive behavior changes.	0	1	2	3	4	5
39. Practice effective communication skills using the three elements of communication.	0	1	2	3	4	5
40. Practice handling social pressure by using the four elements of an effective response.	0	1	2	3	4	5
Total:						

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Instructions: Please circle the number that best describes *how much you actually* do the following things:

	I don't know what this means	I don't do this	I do this a little	I sometimes do this	I mostly do this	I always do this
41. Identify my strongest interests and how these interests link to potential jobs.	0	1	2	3	4	5
42. Set specific tasks to achieve job search activities within a doable time frame.	0	1	2	3	4	5
43. Recognize barriers to employment and outline what I can do to overcome each one.	0	1	2	3	4	5
Total:						

Scoring

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Program Name: _____ Facilitator: _____

Instructions: Please circle the number that best describes *how much you actually* do the following things:

	Participant's Points	Possible Points
CBTSA		80
Getting Started		15
Responsible Thinking		15
Self-control		15
Recreation & Leisure		15
Social Values		15
Substance Use		15
Family Ties		15
Peer Relationships		15
Seeking Employment		15
Total:		