Reality Check Web Weekend Client Worksheets

Client Worksheets List: Use in program and keep for your records. DO NOT MAIL

1. Client Response Journal Client Worksheet(s) 01-05

2. Jellinek Chart Client Worksheet 06

3. Self-Defeating Behavior (Circles) Client Worksheet 07

4. Cost-Benefit Client Worksheet 08

5. Positive Change (Circles) Client Worksheet 09

6. Change Plan Client Worksheets 10-11

Responses to Reality Check Web Weekend Journal Instructions

Please record the one or more of the following in this journal after each segment of Reality Check Weekend Program material presented:

- What you learned from the segment;
- What you found to be new or interesting information from the segment;
- What insights you have in response to the segment;
- What aspect of the material, presenters, or group discussion you especially enjoyed;
- What you have discovered or realized about yourself relative to the segment presented?
- What the segment was about and how studying this segment may be useful.

Journal Segments:

	The Brain and Neuroscience
2	Treatment Approaches, Disease Concept, and Movie "Pleasure Unwoven"
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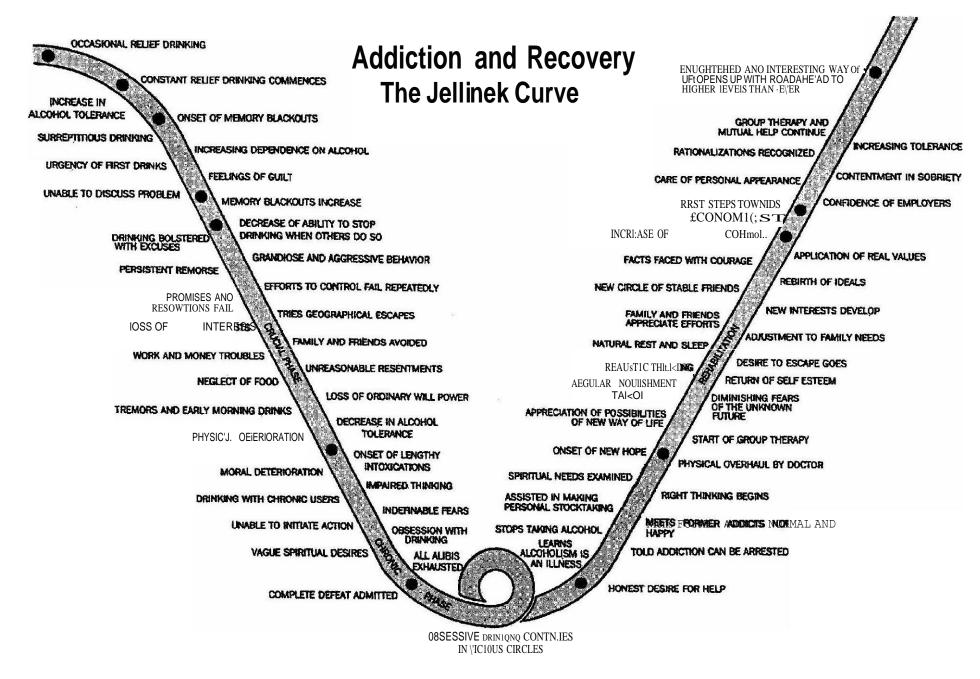
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Client Worksheet 01

3	. Stress, High Risk Behavior, Denial, Dual Diagnosis
4	. Venn Diagram of Alcohol Consequences and Medical Consequences
5	. Jellinek Chart of Progressive Nature of Alcoholism
6	. Cost / Benefit Analysis

7	7.	Self-Defeating Behaviors and Cognitive Dissonance
8	3.	Communications and Anger Management
g	Э.	The Family: Effects of Drugs and Alcohol on the Family

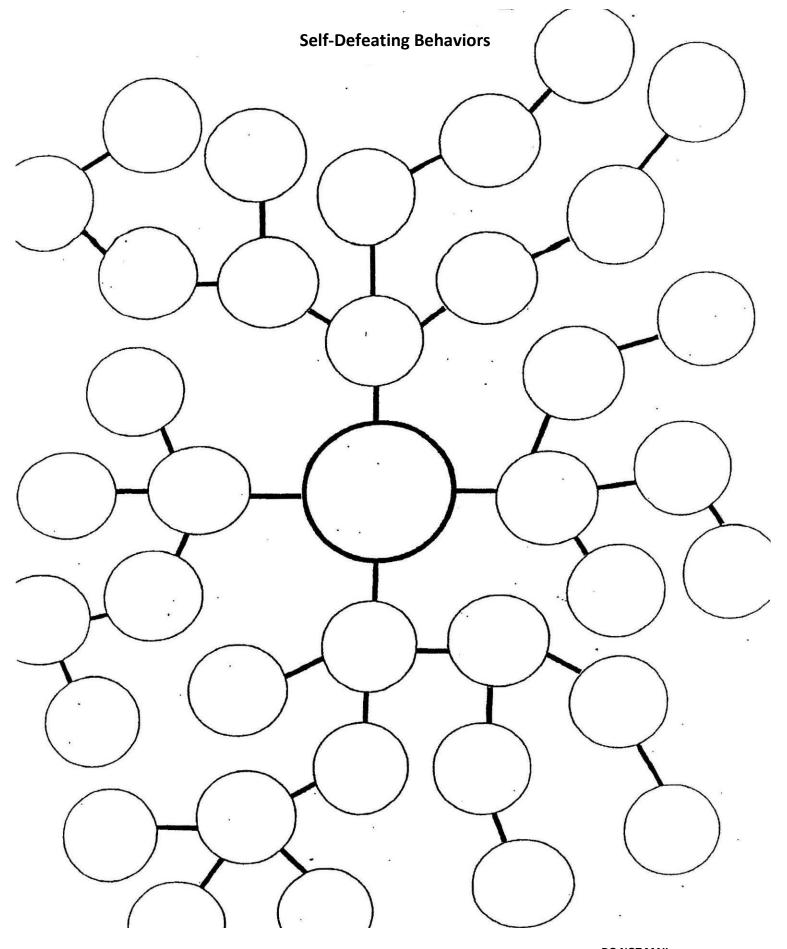
1	.0. Movie: "Flight"
11.	Highway Safety and Penalties
12. V	/ictim Impact Presentation

13. Relapse and Recovery and Self-Help Groups
14. Creating an Effective Change Plan
15. Movie "The Secret" and "The Miracle Man"



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Client Worksheet 06



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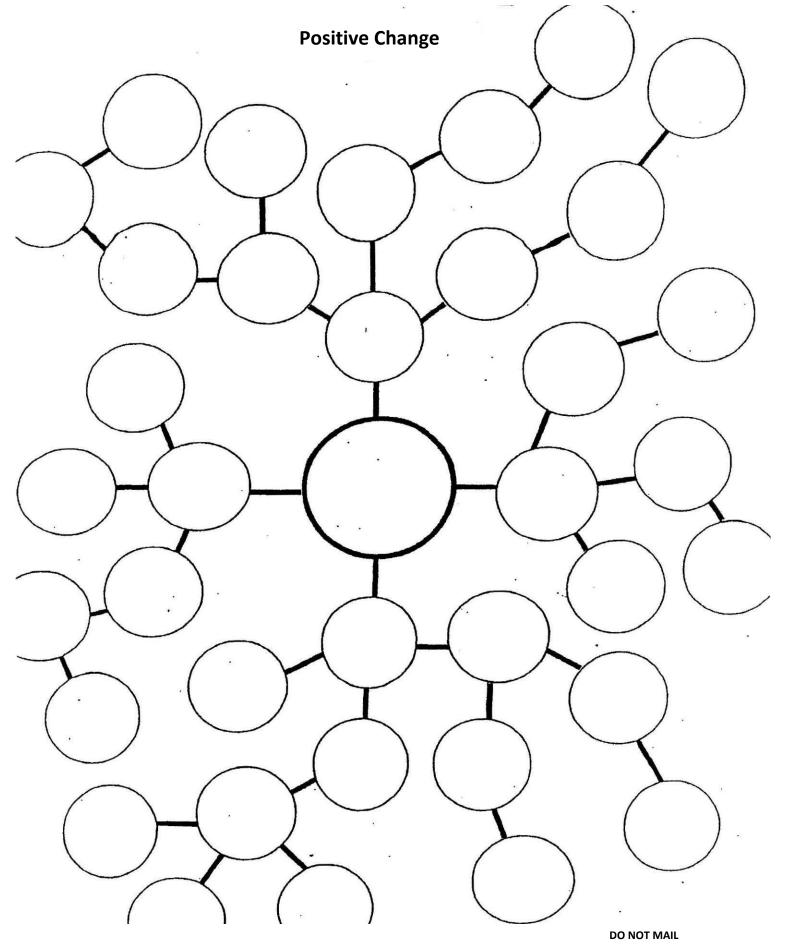
Client Worksheet 07

COST		BENEFIT
Reinstatement fee Driver's responsibility fee Insurance premium increase Insurance deductible Fines and costs Reality Check Weekend Property repair costs Restitution Alcohol/drug testing Attorney fees Towing fees Cost of lost earnings Assessment Outpatient therapy Medical bills Pay for a driver Pay for rides Other costs Total financial costs Total cost per drink/ drug =Total cost/# of drinks or drugs	- - - - - - - - - - -	Transportation to intended location Fun Social time Save money from calling a cab Get to a location quicker or easier Avoid having to ask for a ride Other benefits

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Client Worksheet 08

Name: _____ Date: _____



Client Worksheet 09

Change Plan Page 1

Partic	Participant Name		
1.	What change I plan to make (include the positive outcome intended):		
2.	Who I plan to involve supporting me with my change:		
3.	When I plan to begin the steps to make the change, and how long I plan to sustain the change:		
4.	How I plan to make the change: Steps will include:		

Change Plan Page 2

ipant Name	
Where I plan to be when making	the change (include all locations):
Why I want to make this change:	
Potential obstructions, hurdles or being able to successfully make the	habit patterns that may challenge me in he change I want to make:
How I am planning to overcome	these potential obstructions:
Participant Signature	
	How I am planning to overcome

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Client Worksheet 11