Worksheet 1 · Trigger-to-Urge Map

Map one specific target behavior from vulnerability through consequence. Keep language behavioral. Separate impulse, urge, action, and consequence.

Client / ID: _____ Date: _____ Clinician: _____

One target behavior (specific, observable, in the client's words)

Example shape: sending more than one reactive message within ten minutes after a conflict text - not "acting without thinking."

Vulnerability context

Sleep, hunger, conflict, substance use, overstimulation, other state.

Specific trigger

The concrete event or internal cue that started this episode.

Earliest body cue / emotion / image / thought

First reliable signal - not only the peak.

Action urge (what the client felt pulled to do)

Name the pull without moral judgment.

Urge intensity (0-10)

○ 0 ○ 1 ○ 2 ○ 3 ○ 4 ○ 5 ○ 6 ○ 7 ○ 8 ○ 9 ○ 10

Action taken

What happened next (behavior only).

Immediate consequence

Relief, cost, or both in the moment.

Later consequence (hours or days later)

Relationship, self-judgment, practical cost, or unexpected benefit.

Earliest workable pause point

Where a different response could realistically start next time.

Worksheet 2 · Pause-and-Choice Plan

Rehearse one alternative response tied to the earliest reliable signal. Match the response to arousal level and setting. Include friction, support, and a stop rule.

Client / ID: _____ Date: _____ Clinician: _____

Cue that starts this plan (earliest reliable signal)

Copy from the map: the first body, emotion, image, or thought the client can actually notice.

Realistic pause length

Seconds or minutes that fit the real environment.

Setting / constraints

Where this usually happens (phone, car, home, work).

Low-urge response (0-4)

Simple, doable when arousal is mild.

High-urge response (5-10)

Body-led or environmental first; not a long cognitive plan.

Environmental friction or support

Device placement, leaving a room, delaying access, removing a cue, or adding a barrier.

Person or professional support (if appropriate)

Who can be contacted, and when that contact is the plan rather than optional.

If-then rehearsal

If [cue], then [specific response]. Say it out loud in session before between-session use.

Stop rule and safety escalation

When to leave the worksheet path (urge stays above 8 after two body skills; threat or self-harm content; intoxication). Name the safety or support plan that takes over.

Date or condition for next review

When this plan returns to session - not when the client "has self-control."

Worksheet 3 · Review-and-Repair Log

Record several episodes without pass/fail scoring. An unfinished pause is data. Bring this page back to the next session.

Client / ID: _____ Date: _____ Clinician: _____

Use one row per episode of the same target behavior. Do not label rows success, failure, good choice, or bad choice.

Date / situation	Peak urge 0-10	Pause tried?	Response chosen	Immediate outcome	Later outcome	What helped or blocked	What to adjust next

Clinician review prompts (next session)

Target behavior · cue-to-urge sequence · skill or environmental change · client response · between-session use · next review. Do not write that the client lacks self-control. Do not assign a diagnosis from this form.

Session review notes

What moved: earlier noticing, fewer multi-message bursts, clearer language about the cue - not "became a calm person."

Adjustments for next week

Form length, pause length, response fit, friction, writing load, or whether the worksheet should pause for risk work.

Educational tool for licensed mental-health clinicians. Adapt to presentation, risk, developmental stage, and readiness. Not a crisis protocol, diagnosis tool, or character test. Pause for self-harm or harm-to-others risk, acute mania or psychosis, intoxication/withdrawal needing medical priority, active dissociation, or when coordinated care must lead.