

Breaking the Clinician's Habits

When Helpers Develop the Patterns They Treat — From Autopilot to Intentional
Resilience Intensives · Personal

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About this program

The Resilience Intensives program is designed specifically for substance use disorder clinicians and staff who face unique challenges in their daily work. This comprehensive program addresses personal resilience, professional career sustainability, intimate relationships, and community connections.

Through evidence-based assessments, reflective exercises, and practical tools, you'll build sustainable practices that honor both the demands of this vital work and your own wellbeing. Choose a module below to begin your journey from depletion to growth.

Getting started

Each module contains comprehensive reading materials, evidence-based self-assessments, and practical exercises. Your progress is automatically saved as you work through the content. Start with Time Management if you feel depleted and overwhelmed.

Part 1 · Reading · The Clinician's Mirror: When Helpers Develop the Habits They Treat

The Clinician's Mirror: When Helpers Develop the Habits They Treat

There is a phenomenon in the substance use disorder treatment field that is as common as it is unspoken: clinicians who spend their professional lives helping clients identify and change unhealthy habits quietly develop — or maintain — their own. The irony is not lost on anyone who has lived it. You spend the morning facilitating a group on triggers and coping skills, then drive through a fast-food window because you skipped lunch again. You guide a client through a relapse prevention plan at two o'clock, then reach for your fourth energy drink at three. You teach the importance of self-awareness in evening IOP, then collapse in front of a screen for four hours because you have nothing left to give.

You help someone see how their drinking has become a coping mechanism, and you do not allow yourself to examine what your own coping mechanisms have become. This is not hypocrisy. It is occupational hazard. The demands of clinical work in the SUD field create conditions that are almost perfectly designed to promote unhealthy habits. Chronic stress without adequate recovery time triggers the brain's craving for quick relief — sugar, caffeine, nicotine, alcohol, screens, shopping, anything that provides a fast neurochemical hit.

Emotional depletion from holding other people's pain creates a vacuum that the body instinctively tries to fill with consumption. The helper identity that drew you into this work often prevents you from applying your own clinical knowledge to yourself — because admitting that you have unhealthy patterns feels like a threat to the professional competence you depend on for your sense of self.

The result is a workforce full of professionals who can diagnose, assess, and treat unhealthy habits in others with remarkable precision, while their own habits operate in a blind spot protected by rationalization, minimization, and the simple exhaustion that makes self-examination feel like one more task on an already impossible list.

This intensive is designed to turn the clinical mirror around. Not to shame you — shame has never changed a habit in the history of human psychology. But to apply to yourself the same compassionate, evidence-based, unflinching honesty you bring to your work with clients every day. The same principles that guide your clinical practice — awareness, identification, trigger mapping, alternative coping, relapse prevention, support systems, and self-compassion — apply with equal force to your own patterns.

The difference is that this time, you are both the clinician and the client. And that dual perspective, uncomfortable as it is, gives you something your clients don't have: you already know the material. You just haven't applied it to yourself.

The habits we will examine in this intensive are not limited to substance use, though we will address that directly. They include the full spectrum of unhealthy patterns common among SUD professionals: overconsumption (caffeine, food, alcohol, nicotine), avoidance and procrastination,

compulsive over-functioning and codependent helping, emotional numbing through screens and isolation, chronic self-neglect, and the insidious habit of applying one standard to clients and another to ourselves.

If any of this sounds familiar, you are not alone. And if the discomfort of recognition is rising in you right now, that discomfort is the beginning of change.

Reflection Questions

1. What was your initial emotional reaction to reading this section? Did you feel recognized, defensive, uncomfortable, or something else? Name the feeling precisely.

2. Can you identify a specific habit you help clients address that you also struggle with personally? What is the habit, and how long has the disconnect between your clinical knowledge and personal behavior existed?

3. What role does exhaustion play in your unhealthy habits? When you are depleted, what do you reach for, and how does it compare to what you would recommend to a client in the same state?

4. How does your professional identity as a clinician affect your willingness to examine your own patterns? Is there a part of you that believes "I should know better" and uses that belief to avoid looking?

5. On a scale of 1 to 10, how honest are you currently being with yourself about your own unhealthy habits? What would full honesty reveal?

Part 2 · Reading · The Neuroscience of Bad Habits: Why Knowing Better Doesn't Mean Doing Better

The Neuroscience of Bad Habits: Why Knowing Better Doesn't Mean Doing Better

Every clinician in the SUD field understands the neuroscience of addiction on some level. You teach it to clients. You explain dopamine pathways, habit loops, and the hijacking of the reward system. But there is a critical gap between understanding how habits work in your clients' brains and understanding how the exact same mechanisms operate in your own.

Your brain is not exempt from neuroscience because you have a clinical degree. The habit loop — cue, routine, reward — identified by Charles Duhigg and grounded in decades of behavioral neuroscience research, operates identically whether the habit is heroin use or doom-scrolling, alcohol dependence or emotional eating, crack cocaine or compulsive overwork.

The neural mechanism is the same: a trigger activates a craving, the craving drives a behavior, the behavior delivers a reward (usually neurochemical), and the circuit is reinforced. With repetition, the behavior moves from the prefrontal cortex (conscious decision-making) to the basal ganglia (automatic execution), which is why habits feel so involuntary — they literally are. The conscious mind is no longer making the decision. The habit has been offloaded to the brain's autopilot system.

For clinicians, the cues are embedded in the workday itself. A difficult session triggers the craving for relief. The documentation pile triggers the craving for avoidance. The emotional weight of a client's relapse triggers the craving for numbing. The chronic stress of inadequate staffing, impossible caseloads, and systemic dysfunction triggers the craving for anything that provides momentary escape.

Your brain is not being weak when it reaches for caffeine, sugar, a cigarette, a glass of wine, or three hours of Netflix. It is doing exactly what brains do when exposed to chronic stress without adequate healthy alternatives — it seeks the path of least neurological resistance to relief.

The critical insight for clinicians is this: knowing that a habit is unhealthy does not disable the habit loop. Knowledge resides in the prefrontal cortex. Habits execute from the basal ganglia. These are different brain systems, and they do not automatically communicate. This is why your clients relapse despite understanding the consequences perfectly. And it is why you continue your own unhealthy patterns despite being able to articulate exactly why they are harmful.

The cognitive understanding and the behavioral pattern exist in separate neural neighborhoods, and bridging that gap requires more than insight — it requires the same systematic habit change work you prescribe for your clients.

Dr. Judson Brewer's research on habit change through mindful awareness offers a particularly relevant framework for clinicians. Brewer's work demonstrates that the reward value of habitual behaviors decreases when you pay close attention to the actual experience rather than the anticipated experience. When you mindlessly eat a bag of chips while watching TV, the

experience feels rewarding. When you eat the same chips with full awareness — tasting each one, noticing how your body feels, tracking the diminishing pleasure and increasing discomfort — the reward value drops significantly.

The same principle applies to every habit: when you bring the clinical observation skills you already possess into contact with your own behavior, the habit begins to lose its grip. Not through willpower, which is a finite prefrontal resource that depletes rapidly under stress, but through awareness, which can be practiced indefinitely and actually strengthens with use.

The practical implication is liberating: you do not need more willpower to change your habits. You need more awareness. And awareness is the clinical skill you have spent your entire career developing — you have just been pointing it outward instead of inward.

Reflection Questions

1. What is your most automatic unhealthy habit — the one you do before you even realize you are doing it? Can you identify the specific cue that triggers it?

2. Try the mindful awareness experiment right now: think about your most common stress-relief habit. Now imagine doing it with full clinical observation — noticing every sensation, every thought, every bodily response. Does the anticipated reward match the actual experience?

3. How does understanding that "knowing better doesn't mean doing better" change how you feel about your own habits? Does it reduce the shame?

4. What healthy alternatives currently exist in your environment for the same cues that trigger your unhealthy habits? If there are none, what does that tell you about your environmental design?

5. If you were your own clinician, what would you diagnose as the core function your unhealthy habits serve? What need are they meeting — stress relief, emotional numbing, reward, escape, connection, or something else?

Part 3 · Reading · Parallel Process: When Your Habits Mirror Your Clients' Patterns

Parallel Process: When Your Habits Mirror Your Clients' Patterns

In clinical supervision, we use the term "parallel process" to describe the phenomenon where dynamics from the therapeutic relationship replay in the supervisory relationship. But there is a deeper, more personal parallel process that rarely gets discussed: the ways in which clinicians' own unhealthy habits mirror — sometimes with eerie precision — the patterns they treat in their clients every day.

Consider the parallels. Your client uses alcohol to cope with stress after work. You use three glasses of wine to decompress after holding their pain. Your client binge-eats when feeling emotionally overwhelmed. You skip meals all day and then inhale fast food on the drive home. Your client isolates when things get hard. You withdraw from friends and family when work becomes too heavy. Your client procrastinates on their recovery tasks. You procrastinate on your own professional development, your own therapy, your own self-care.

Your client rationalizes their behavior: "It's not that bad." "I can stop whenever I want." "Everyone does this." You rationalize yours with the same cognitive distortions wearing a professional uniform: "I earned this." "It's just stress." "I don't have time to deal with it right now."

The parallel is not coincidental. It emerges from two converging forces. First, clinicians and clients often share similar underlying vulnerabilities — difficulty with emotional regulation, histories of trauma or family dysfunction, tendencies toward caretaking or people-pleasing, and brains that respond to stress by seeking fast relief. Many clinicians entered the SUD field precisely because they understood addictive processes from personal experience, whether their own recovery, a family system affected by addiction, or a personality structure drawn to intensity and helping.

Second, the work itself creates the conditions for unhealthy habits to develop or intensify. Chronic empathic engagement with suffering activates the same stress-response systems that drive addictive behavior. Inadequate organizational support replicates the environmental factors we identify as contributors to client relapse. And the cultural norm of self-sacrifice in helping professions mirrors the denial and minimization we help clients identify in their own lives.

The clinical value of recognizing this parallel process is enormous. When you can see that your late-night eating serves the same function as your client's drinking — emotional anesthesia — you develop a level of empathic understanding that textbooks cannot provide. When you can admit that your compulsive overworking is the same avoidance pattern your client uses to outrun their feelings, your interventions gain authenticity. And when you apply the same change principles to yourself that you teach to your clients, you model the very thing recovery requires: the willingness to look honestly at your patterns and do the uncomfortable work of changing them.

But the parallel process also carries a warning. If you are engaging in the same habits you treat — and you are not addressing them — you are operating with a blind spot that compromises your clinical effectiveness. You will unconsciously avoid confronting in clients what you refuse to

confront in yourself. You will collude with their minimization because you share it. You will accept their rationalizations because you use the same ones. The parallel process, unexamined, becomes parallel dysfunction. Examined and addressed, it becomes one of the most powerful tools in your clinical repertoire.

Reflection Questions

1. What specific parallel exists between your unhealthy habits and the patterns you see in your clients? Name it directly — without softening, minimizing, or rationalizing.

2. Have you ever avoided confronting a client's pattern because it was too close to your own? What happened? What did it cost the client?

3. How does recognizing the parallel process affect your sense of clinical credibility? Does it strengthen or threaten your professional identity?

4. If your clients could see your evening routine on a difficult day, would it look like what you recommend to them — or would it look like what you help them change?

5. Write a parallel process inventory: list three client patterns you treat regularly on the left, and the corresponding pattern in your own life on the right. What does this side-by-side reveal?

Part 4 · Reading · The Compounding Cost: How Unhealthy Habits Erode Clinical Excellence

The Compounding Cost: How Unhealthy Habits Erode Clinical Excellence

Every unhealthy habit has a cost, and the costs compound over time. For clinicians in the SUD field, the compounding operates on multiple levels simultaneously — personal health, clinical effectiveness, professional relationships, and long-term career sustainability. Understanding these costs in concrete, specific terms is not about inducing guilt. It is about making the invisible visible so that informed choices become possible.

The physical costs are the most measurable but often the most ignored. Excessive caffeine disrupts sleep architecture, creating a cycle of artificial alertness and crash that mimics — and exacerbates — the depletion you are trying to compensate for. The fourth cup of coffee does not give you energy; it borrows energy from your future self and charges interest in the form of compromised sleep, elevated cortisol, and progressive adrenal fatigue.

Emotional eating and meal-skipping destabilize blood sugar, which directly affects mood regulation, cognitive function, and the emotional equilibrium you need to be clinically effective. Alcohol, even in "moderate" amounts, disrupts REM sleep, impairs next-day cognitive function, and — for clinicians who work with addiction — creates a cognitive dissonance that erodes professional integrity in ways that are difficult to quantify but impossible to ignore.

Nicotine provides momentary stress relief while maintaining chronic sympathetic activation that keeps your baseline stress level elevated. The body-focused repetitive behaviors — nail-biting, skin-picking, hair-pulling — that many clinicians engage in under stress are visible markers of internal dysregulation that has not been adequately addressed.

The clinical costs are more subtle but equally significant. A clinician running on caffeine and insufficient sleep has measurably reduced empathic accuracy — the ability to accurately read and respond to client emotional states. Research by Hodgson and colleagues demonstrates that clinician self-care directly predicts therapeutic effectiveness. When you are depleted, your clinical judgment suffers. You miss nuances. Your patience shortens. Your interventions become formulaic rather than responsive. You default to surface-level interactions because you do not have the cognitive reserves for depth.

Your clients experience a clinician who is going through the motions, and therapeutic alliance — the single strongest predictor of treatment outcomes — weakens accordingly.

The relational costs extend beyond the therapy room. Clinicians whose unhealthy habits consume their evening and weekend recovery time bring depleted versions of themselves to their personal relationships. The partner who receives whatever is left after clients, documentation, and self-medicating habits have consumed the day's resources experiences a relationship that is being systematically starved. Children observe a parent who preaches wellness and practices exhaustion. Friendships atrophy because the clinician has nothing left to invest.

The isolation that results from this pattern reinforces the very habits that created it — with no connection to replenish you, the unhealthy habits become the only available source of comfort.

The career cost is the slowest to manifest and the most devastating. Each unhealthy habit that goes unaddressed contributes to the trajectory toward burnout, compassion fatigue, and eventual departure from the field. The SUD treatment workforce loses experienced clinicians at an alarming rate, and while systemic factors certainly contribute, individual habit patterns accelerate the timeline.

The clinician who might have sustained a thirty-year career of excellent practice instead burns out in eight because the cumulative cost of unaddressed habits — physical decline, emotional depletion, clinical deterioration, relational damage — reaches a tipping point from which recovery feels impossible.

The compounding nature of these costs is what makes early intervention so critical. A habit that costs you a little energy today costs you more energy tomorrow, more next week, and exponentially more next year. The good news is that the same compounding works in reverse: every healthy substitution, every moment of genuine self-care, every honest acknowledgment of a pattern compounds in the direction of resilience. Small changes, made consistently, produce disproportionate results over time.

Reflection Questions

1. What specific physical costs are you currently experiencing from your unhealthy habits? Be honest about symptoms you have been attributing to "just getting older" or "the nature of the work."

2. How do your personal habits affect your clinical presence? Can you identify a specific session or interaction where your own depletion visibly compromised your effectiveness?

3. What has your unhealthy habit pattern cost your most important personal relationship? What would your partner, closest friend, or family member say if asked about this?

4. Where are you on the career sustainability trajectory? Are your current habits compatible with doing this work for another decade, or are they accelerating your timeline toward burnout?

5. If you calculated the actual financial cost of your unhealthy consumption habits over the past year (caffeine, alcohol, fast food, impulse purchases, etc.), what would the total be? What could that money fund instead?

Part 5 · Reading · From Autopilot to Intentional: Building the Clinician You Want to Be

From Autopilot to Intentional: Building the Clinician You Want to Be

Changing unhealthy habits is not about perfection, and anyone who has worked in the SUD field for more than a week knows that the pursuit of perfection is itself a relapse trigger. The goal is not to become a clinician with zero unhealthy habits — such a person does not exist and never has. The goal is to become a clinician who lives intentionally rather than on autopilot. Who makes conscious choices about consumption, coping, and self-care rather than defaulting to whatever the depleted brain reaches for first. Who applies the same evidence-based principles of behavior change to their own life that they teach with such authority to their clients.

Intentional living begins with radical honesty about where you are. Not the version of yourself that you present in supervision or at professional conferences. The real version — the one who eats over the sink at 9 PM, who drinks a little more than they planned to again, who scrolled through their phone for two hours instead of exercising, who has not seen their own therapist in months, who is running on caffeine and obligation and not much else.

That version of you is not a failure. That version of you is a human being doing extraordinarily demanding work in an often broken system with inadequate support. But that version of you is also operating on autopilot, and autopilot will not take you where you want to go.

The transition from autopilot to intentional living uses the exact same framework you employ with your clients. Stage one is pre-contemplation: you do not see the habit as a problem, or you are not ready to address it. Stage two is contemplation: you recognize the pattern but are ambivalent about change. Stage three is preparation: you commit to change and begin planning. Stage four is action: you implement new behaviors. Stage five is maintenance: you sustain the change and develop strategies for managing setbacks.

Stage six, often overlooked but critically important for clinicians, is integration: the new pattern becomes part of your professional identity, modeling for clients and colleagues what intentional living looks like in practice.

The strategies that work for habit change are the same ones you already know. Trigger identification — mapping the specific cues that activate your habit loops. Environmental design — restructuring your physical environment to reduce exposure to triggers and increase access to healthy alternatives. Substitution — identifying healthier behaviors that serve the same function as the unhealthy habit. Support systems — recruiting people who will hold you accountable without shaming you. Self-monitoring — tracking your patterns with the same clinical objectivity you bring to client assessment. And self-compassion — treating setbacks as data rather than evidence of moral failure.

What makes this work different for clinicians is the integration dimension. When you change an unhealthy habit and do so with awareness and intention, you do not just improve your own health — you transform your clinical practice. You gain experiential knowledge of the change process

that no training can replicate. You develop genuine empathy for how difficult behavior change actually is, even when you "know better." You model for your clients that the principles you teach are not theoretical abstractions but lived practices.

And you discover that the authenticity that comes from doing your own work is the most powerful clinical tool you have ever possessed. The clinician who has confronted their own habits — who has sat with their own cravings, managed their own triggers, experienced their own setbacks, and persisted in their own recovery — brings something to the therapeutic relationship that the clinician on autopilot cannot: proof that change is possible. Not theoretical proof. Embodied proof. And clients, who are exquisitely attuned to authenticity and its absence, can feel the difference.

Reflection Questions

1. Using the Stages of Change model honestly: where are you with your most significant unhealthy habit? Pre-contemplation, contemplation, preparation, action, or maintenance?

2. What does "autopilot" look like for you specifically? Describe a typical evening when you are running on automatic rather than intention.

3. What is one healthy substitution you could implement this week for your most persistent unhealthy habit? Be specific: what will you do instead, when, and how will you manage the craving for the old behavior?

4. How would changing your own habits affect your clinical authenticity? What would it feel like to teach behavior change principles from personal experience rather than textbook knowledge?

5. Write your own clinician intention statement: "I am choosing to move from autopilot to intention. The habit I am addressing is _____. The person I am becoming is _____."

Part 6 · Self-Assessment

Clinician Bad Habits Self-Assessment

Rate each statement: 1 (Not at all like me) to 5 (Very much like me)

Your Habit Pattern Profile

Substance & Consumption Habits ____ %

Avoidance & Procrastination Patterns ____ %

Over-Functioning & Compulsive Helping ____ %

Unhealthy Emotional Coping Habits ____ %

Self-Awareness & Growth Capacity ____ %

Reading Your Scores

For Domains 1-4, higher scores indicate greater unhealthy habit engagement — these are concern areas requiring attention. For Domain 5 (Self-Awareness & Growth Capacity), higher scores indicate greater readiness for change — a significant strength. The gap between your habit engagement scores and your growth capacity score reveals the distance between where you are and where your awareness tells you to go.

Substance & Consumption Habits

I use caffeine (coffee, energy drinks) excessively to get through the workday

☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5

Not at all · Very much

I drink alcohol more frequently or in greater quantity than I believe is healthy for me

☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5

Not at all · Very much

I use nicotine products (smoking, vaping, chewing) to manage work stress

☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5

Not at all · Very much

I eat for comfort, stress, or emotional numbing rather than genuine hunger

☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5

Not at all · Very much

I skip meals during work and then overeat later in the day

☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5

Not at all · Very much

I use over-the-counter medications (sleep aids, pain relievers) more than I should to manage stress-related symptoms

☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5

Not at all · Very much

I have noticed that my consumption patterns have increased since working in the SUD field

☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5

Not at all · Very much

If I am honest with myself, at least one of my consumption habits concerns me

☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5

Not at all · Very much

Avoidance & Procrastination Patterns

I procrastinate on documentation until it creates a crisis of overdue work

☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5

Not at all · Very much

I avoid difficult conversations with supervisors, colleagues, or clients even when they are necessary

☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5

Not at all · Very much

I scroll my phone, check social media, or browse the internet as an escape from work stress

☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5

Not at all · Very much

I avoid supervision, therapy, or professional development when I need it most

☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5

Not at all · Very much

I put off self-care activities (exercise, doctor appointments, rest) and tell myself I will do them later

☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5

Not at all · Very much

I avoid confronting problems in my personal life by staying overly busy with work

☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5

Not at all · Very much

I withdraw from colleagues and isolate rather than reaching out when struggling

☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5

Not at all · Very much

I notice a pattern of avoiding things that are important but uncomfortable

☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5

Not at all · Very much

Over-Functioning & Compulsive Helping

I take on other people's responsibilities at work rather than letting them handle their own tasks

☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5

Not at all · Very much

I say "yes" to requests compulsively, even when I know I should say no

☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5

Not at all · Very much

I check work emails, messages, or client emergencies during personal time, evenings, and weekends

☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5

Not at all · Very much

I work through lunch, skip breaks, and stay late as a regular pattern rather than an exception

☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5

Not at all · Very much

I measure my worth as a clinician by how much I sacrifice rather than how effectively I practice

☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5

Not at all · Very much

I fix things for clients that they should be doing for themselves in their recovery process

☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5

Not at all · Very much

I feel guilty when I am not being productive, even during designated time off

☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5

Not at all · Very much

My compulsive helping patterns mirror the same codependency I help clients identify in themselves

☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5

Not at all · Very much

Unhealthy Emotional Coping Habits

I vent, complain, or engage in workplace negativity more than I contribute to solutions

☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5

Not at all · Very much

I suppress my emotions at work and then discharge them inappropriately at home

☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5

Not at all · Very much

I use sarcasm, dark humor, or cynicism to avoid dealing with the emotional weight of clinical work

☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5

Not at all · Very much

I numb out through screens (TV, social media, gaming) for extended hours to avoid feelings

☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5

Not at all · Very much

I catastrophize about work situations, imagining worst-case scenarios that rarely materialize

☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5

Not at all · Very much

I engage in negative self-talk, self-criticism, or imposter syndrome thinking regularly

☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5

Not at all · Very much

I compare myself unfavorably to other clinicians, leading to feelings of inadequacy

☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5

Not at all · Very much

I use emotional detachment as a coping mechanism rather than processing what I experience in sessions

☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5

Not at all · Very much

Self-Awareness & Growth Capacity

I can identify my unhealthy habits clearly and honestly without minimizing or rationalizing them

☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5

Not at all · Very much

I have at least one person in my life with whom I am genuinely honest about my patterns

☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5

Not at all · Very much

I actively work on changing at least one unhealthy habit at a time

☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5

Not at all · Very much

I practice self-compassion rather than self-punishment when I notice my patterns

☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5

Not at all · Very much

I can distinguish between healthy coping strategies and unhealthy habits in my own behavior

☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5

Not at all · Very much

I recognize when my professional habits are mirroring the same patterns I treat in my clients

☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5

Not at all · Very much

I am willing to seek professional help (therapy, supervision, peer support) for my own patterns

☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5

Not at all · Very much

I believe that changing my unhealthy habits is possible and worth the effort

☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5

Not at all · Very much

Assessment Reflection

1. Which domain scored highest (most concerning habit pattern)? Were you surprised, or did you already know this was your biggest challenge?

Your reflection...

2. How does your Self-Awareness & Growth Capacity score compare to your habit engagement scores? Is the gap motivating or discouraging?

Your reflection...

3. Which specific item did you rate as 5 that you have never shared with anyone? What would it mean to say it out loud to someone you trust?

Your reflection...

4. Were there items where you hesitated, rated yourself lower than you know is accurate, or considered being less than fully honest? What stopped you from full honesty?

Your reflection...

5. Based on this assessment, what is the single most important habit you need to address first? What would your life look like in six months if you changed nothing?

Your reflection...

Part 7 • Exercise 1: Complete Habit Inventory

Complete Habit Inventory

The Intake You Would Never Skip With a Client

Why This Matters

The reading calls this an occupational hazard, not hypocrisy — and it says shame has never changed a habit. So this is an intake, not a confession. Write what is true across the four areas the self-assessment measured: consumption, avoidance, over-functioning, and emotional coping. Use numbers where you can. A client who says 'a few drinks' gets a follow-up question from you. Ask yourself the same one. One safety note: if what you write here includes daily drinking or nightly use of a sleep aid or other sedative, do not stop suddenly on your own — talk with your own doctor, EAP, or clinician first, because stopping abruptly can be medically risky.

Substance & Consumption

Caffeine, alcohol, nicotine, food, over-the-counter medications. Quantities and times, not impressions.

1. Caffeine: how many cups, cans or shots on a typical workday, and at what times? What happens if you skip it?

Be specific and honest...

2. Alcohol: how many days a week, how many drinks on those days, and what usually comes just before the first one?

Be specific and honest...

3. Nicotine and food: what do you reach for under stress, and how often do you skip meals at work and make up for it later?

Be specific and honest...

4. Sleep aids, pain relievers, or anything else you take to manage stress symptoms: what, and how often?

Be specific and honest...

5. How much does at least one of your consumption habits concern you, if you are fully honest?

☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5

Not at all · Very much

Avoidance & Procrastination

1. What do you put off at work until it becomes a crisis — notes, treatment plans, a call you need to make?

Be specific and honest...

2. Which necessary conversation are you avoiding right now, and with whom?

Be specific and honest...

3. How much time on an ordinary day goes to scrolling, browsing or other escape? Check your screen-time figure if you have one.

Be specific and honest...

4. What care for yourself — a doctor, a dentist, your own therapy, supervision — have you been telling yourself you will do later? How long has 'later' been?

Be specific and honest...

5. How much does avoidance of important but uncomfortable things run your week?

☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5

Not at all · Very much

Over-Functioning & Compulsive Helping

1. List the last three things you said yes to that you knew you should have declined.

Be specific and honest...

2. How often do you check work email, messages or client emergencies in the evening, on weekends, or on leave?

Be specific and honest...

3. Name one thing you are currently doing for a client or colleague that is theirs to do.

Be specific and honest...

4. What does the guilt say when you are not being productive on your time off? Write the sentence.

Be specific and honest...

5. How much does your worth as a clinician feel tied to how much you sacrifice?

☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5

Not at all · Very much

Emotional Coping

1. Where do the feelings you hold in at work come out — at home, in the car, at a partner, a child, a pet?

Be specific and honest...

2. What do you use to numb out at the end of the day, and for how many hours?

Be specific and honest...

3. When do sarcasm, dark humor or cynicism show up, and what feeling are they covering?

Be specific and honest...

4. Who do you compare yourself to at work, and what do you conclude about yourself when you do?

Be specific and honest...

5. How much do these coping patterns stand in for actually processing what you carry from sessions?

☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5

Not at all · Very much

The Honest Line

Read back over the four sections before you answer.

1. Your three most significant habits, in order of the cost they carry — not in order of how easy they are to admit.

Be specific and honest...

2. Which of these started or grew after you began working in the SUD field?

Be specific and honest...

3. Where in this inventory did you catch yourself softening a number or reaching for 'it's not that bad'?

Be specific and honest...

4. How honest was this inventory, compared with what you would expect from a client's intake?

☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5

Not at all · Very much

Part 8 · Exercise 2: Habit Loop Dissection

Habit Loop Dissection

Cue, Routine, Reward — In Your Own Brain This Time

Why This Matters

You teach the habit loop to clients. The reading's point is that your brain runs the same loop, and that knowing better lives in a different part of the brain from doing. Willpower runs out under stress; awareness does not. So this exercise does not ask you to resist anything. It asks you to take one habit apart slowly enough to see every piece — and then to run the mindful-awareness experiment the reading describes, comparing the reward you expect with the reward you actually get.

Choose One Habit

1. Name the habit you do most automatically — the one that is often underway before you notice.

Be specific and honest...

2. Describe the most recent time, as a scene: where you were, what time it was, who was around, what had just happened.

Be specific and honest...

3. How automatic does this habit feel — how often is it already happening before you decide?

☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5

Not at all · Very much

The Cue

Most cues fall into five kinds: a place, a time, a feeling, other people, or the action just before.

1. Place and time: where and when does this habit most reliably show up?

Be specific and honest...

2. Feeling: what emotional or body state comes just before it? Name it precisely — not 'stressed' but what kind.

Be specific and honest...

3. The action or event just before: a particular client, a note left unfinished, walking in the front door, opening the laptop.

Be specific and honest...

The Routine and the Reward

1. The routine, step by step, the way you would chart a client's use pattern.

Be specific and honest...

2. The reward you expect as the craving builds. What do you tell yourself this will give you?

Be specific and honest...

3. The need it actually meets — relief, numbing, reward, escape, connection, or something else. If you were your own clinician, what would you say this habit is for?

Be specific and honest...

4. How strong is the craving when the cue hits on a hard day?

☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5

Not at all · Very much

The Awareness Experiment

Next time the habit runs, do not stop it. Slow down and observe it with full clinical attention, then answer.

1. What did you notice in your body and mind while you were doing it — at the start, in the middle, at the end?

Be specific and honest...

2. Ten minutes later: how did you feel, and did the need it was meant to meet actually get met?

Be specific and honest...

3. Where did the actual experience fall short of the expected one?

Be specific and honest...

4. How much did the actual reward match the reward you expected?

☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5

Not at all · Very much

5. What will you pay attention to the next time this loop starts?

Be specific and honest...

Part 9 · Exercise 3: Parallel Process Mapping

Parallel Process Mapping

Your Clients' Patterns on the Left, Yours on the Right

Why This Matters

The reading asks for a side-by-side: three client patterns you treat, and the matching pattern in your own life. It also names the risk of leaving that list unwritten — you will collude with a client's minimization when you share it. Examined, the parallel becomes one of your best clinical tools. Unexamined, it becomes parallel dysfunction. Name each parallel directly, without softening it.

Parallel One

1. A pattern you treat often in clients.

Be specific and honest...

2. The matching pattern in your own life, named as plainly as you would chart it for a client.

Be specific and honest...

3. What function does it serve for them, and what function does it serve for you? Same or different?

Be specific and honest...

4. How closely does your pattern mirror theirs?

☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5

Not at all · Very much

Parallel Two

1. A second client pattern you treat regularly.

Be specific and honest...

2. Your matching pattern.

Be specific and honest...

3. The function it serves for each of you.

Be specific and honest...

4. How closely does your pattern mirror theirs?

☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5

Not at all · Very much

Parallel Three

1. A third client pattern you treat regularly.

Be specific and honest...

2. Your matching pattern.

Be specific and honest...

3. The function it serves for each of you.

Be specific and honest...

4. How closely does your pattern mirror theirs?

☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5

Not at all · Very much

Rationalizations in Uniform

Clients say 'it's not that bad' and 'everyone does this'. The reading lists the clinician versions: 'I earned this', 'it's just stress', 'I don't have time to deal with it right now'.

1. The rationalizations you hear most from clients.

Be specific and honest...

2. The ones you use for your own habits, word for word.

Be specific and honest...

3. How would you gently challenge your own line if a client said it to you in session?

Be specific and honest...

The Collusion Check

1. Describe a time you went easy on a client's pattern because it was too close to your own. What did it cost them?

Be specific and honest...

2. If your clients could watch your evening on a hard day, would it look like what you recommend, or what you help them change?

Be specific and honest...

3. How could this parallel, once you are working on it, make you a more honest and more effective clinician?

Be specific and honest...

4. How much do you think your own habits currently shape what you do and do not confront in sessions?

☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5

Not at all · Very much

Part 10 • Exercise 4: Trigger Landscape Analysis

Trigger Landscape Analysis

The Cues Built Into the Workday

Why This Matters

The reading puts the cues inside the job itself: a difficult session calls for relief, the documentation pile calls for avoidance, a client's relapse calls for numbing, short staffing calls for escape. Exercise 2 looked at one loop. This maps the whole landscape, so you can see which parts of your day are loaded and where the highest-risk hour sits. You would build this map with a client before any relapse prevention plan. Build it for yourself.

Clinical Triggers

1. Which kinds of sessions, clients or clinical moments most reliably send you toward a habit afterwards?

Be specific and honest...

2. What do you do in the hours after a client relapses, drops out, or dies? Be specific.

Be specific and honest...

3. What happens inside you when you look at the documentation you are behind on, and what do you do next?

Be specific and honest...

4. How much do clinical moments drive your unhealthy habits?

☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5

Not at all • Very much

Organizational Triggers

1. Caseload, staffing, productivity targets, a particular meeting or manager: which of these cue a habit, and which habit?

Be specific and honest...

2. What does a day without a real break do to what you reach for at the end of it?

Be specific and honest...

3. How much do workplace conditions drive your unhealthy habits?

☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5

Not at all · Very much

Personal & Relational Triggers

1. What at home — a time of day, a room, an interaction, an empty house — cues a habit?

Be specific and honest...

2. Which people make a habit more likely, and which make it less likely?

Be specific and honest...

3. Body states that cue a habit: hunger, tiredness, pain, poor sleep the night before.

Be specific and honest...

Your Highest-Risk Hours

1. The single highest-risk hour of your week. When is it, and what makes it so?

Be specific and honest...

2. When do two or more triggers stack on top of each other? Describe that combination.

Be specific and honest...

3. The earliest warning sign that you are heading into a high-risk stretch — something you could notice an hour before, not a minute before.

Be specific and honest...

4. Where in your week are you least triggered? What is different about those times?

Be specific and honest...

5. How predictable do your triggers look now that they are written down?

☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5

Not at all · Very much

Part 11 · Exercise 5: Healthy Substitution Builder

Healthy Substitution Builder

Same Need, Different Route

Why This Matters

A habit that is simply removed leaves its need unmet, and the need finds the old route back. The reading's substitution principle is to find a healthier behavior that serves the same function. That means starting with the function you named in Exercise 2, not with the behavior. Build two or three candidates, write an if-then plan, and test one for a week.

The Habit and Its Function

1. The habit you are building a substitute for.

Be specific and honest...

2. The function it serves — what it gives you in the first five minutes.

Be specific and honest...

3. Its most common cue, from Exercises 2 and 4.

Be specific and honest...

Candidate Substitutes

For each candidate, ask whether it actually delivers the same function, and whether it is available at the moment of the cue.

1. Candidate one: what it is, and how it meets the same need.

Be specific and honest...

2. Candidate two.

Be specific and honest...

3. Candidate three — include at least one that takes under two minutes.

Be specific and honest...

4. The one you will try first, and why.

Be specific and honest...

5. How well does your chosen substitute meet the same need as the habit?

☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5

Not at all · Very much

The If-Then Plan

1. Write it as a single sentence: 'If [cue], then I will [substitute].'

Be specific and honest...

2. What will you do in the minutes when the craving for the old behavior is still loud?

Be specific and honest...

3. The most likely obstacle this week, and your answer to it in advance.

Be specific and honest...

4. How confident are you that you will use the substitute at least once this week?

☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5

Not at all · Very much

After One Week

Come back to this section after seven days.

1. How many times did the cue arrive, and how many times did you use the substitute?

Be specific and honest...

2. When it worked, what made it work?

Be specific and honest...

3. When the old habit ran instead, what happened just before? Treat it as data, not failure.

Be specific and honest...

4. What will you keep, change, or swap for next week?

Be specific and honest...

5. How much did the substitute help?

☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5

Not at all · Very much

Part 12 · Exercise 6: Environmental Redesign Plan

Environmental Redesign Plan

Make the Healthy Choice the Easy One

Why This Matters

The reading asks a pointed question: if no healthy alternative exists in your environment for the cues that trigger your habits, what does that tell you about the environment? You would never tell a client in early recovery to rely on willpower while keeping a full bar at home. Environmental design adds friction to the old habit and removes friction from the new one. Go space by space.

Home

1. What in your home makes your main habit easy — what is stocked, visible, within reach, or already set up?

Be specific and honest...

2. What will you move, remove, or make harder to reach?

Be specific and honest...

3. What will you set out or set up so the healthier option is ready when the cue arrives?

Be specific and honest...

4. How much does your home environment currently support the change you want?

☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5

Not at all · Very much

Workplace

1. What at work feeds your habits — the vending machine, the drawer, the break-room coffee, the colleague you vent with, the inbox left open?

Be specific and honest...

2. What small changes are in your control: water and food at your desk, a blocked lunch, notifications off during documentation time?

Be specific and honest...

3. How much does your workplace environment currently support the change you want?

☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5

Not at all · Very much

Commute & Transitions

1. What does the drive or ride home make easy — the drive-through, the store, the stop you always make?

Be specific and honest...

2. Design a short transition ritual between work and home that closes the clinical day without a substance or a screen.

Be specific and honest...

3. The first ten minutes after you walk in the door: what will you do differently?

Be specific and honest...

Digital Environment

1. Which apps, feeds or sites do you use to numb or escape? Where are they on your phone?

Be specific and honest...

2. What will you change — move apps off the home screen, set limits, keep the phone out of the bedroom, turn off work email on your personal phone?

Be specific and honest...

3. How much does your digital environment currently support the change you want?

☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5

Not at all · Very much

Three Changes This Week

1. Pick the three environmental changes from this exercise that you will make in the next seven days, and when.

Be specific and honest...

2. Who shares these spaces, and what do you need to tell them or ask of them?

Be specific and honest...

3. How likely are you to complete all three this week?

☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5

Not at all · Very much

Part 13 • Exercise 7: Clinician Habit Change Prescription

Clinician Habit Change Prescription

You Are the Clinician and the Client

Why This Matters

The first reading ends on this: you already know the material, you just have not applied it to yourself. So write your own treatment plan, in the format you use every week. Presenting problem, stage of change, measurable goals, interventions, supports, relapse prevention. If this plan involves cutting back on alcohol, a sleep aid or another sedative that you use daily, the first intervention is a conversation with a medical provider, not a sudden stop.

Presenting Problem

1. Write the presenting problem as you would for a client: the habit, its frequency, its duration, and its impact.

Be specific and honest...

2. Relevant history: when it started, when it got worse, what has been tried before.

Be specific and honest...

3. Strengths and protective factors this client brings — use your Self-Awareness & Growth Capacity answers.

Be specific and honest...

Stage of Change

Pre-contemplation, contemplation, preparation, action, maintenance — and the reading's sixth stage, integration.

1. Which stage are you in with this habit, honestly? What tells you that?

Be specific and honest...

2. What part of you wants to keep the habit, and what part wants to change it? Let both speak.

Be specific and honest...

3. What is the task of that stage — the thing you would work on with a client who was there?

Be specific and honest...

Goals & Interventions

1. One measurable goal for the next 30 days. Specific enough that you would accept it in a client's plan.

Be specific and honest...

2. The interventions: which substitution, environmental change, and trigger plan from Exercises 4 to 6 you will use.

Be specific and honest...

3. How will you self-monitor — what will you track, where, and how often?

Be specific and honest...

4. How realistic is this goal, given your actual week rather than your ideal one?

☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5

Not at all · Very much

Support & Accountability

1. The person you will tell about this plan — someone who will hold you accountable without shaming you. When will you tell them?

Be specific and honest...

2. What professional support do you need: your own therapist, a physician, supervision, EAP, a peer support group? What is the first step to reaching it?

Be specific and honest...

3. How willing are you to ask for professional help with this pattern if you need it?

☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5

Not at all · Very much

Relapse Prevention

1. Your top two high-risk situations for this habit, and your plan for each.

Be specific and honest...

2. When a lapse happens, what will you say to yourself? Write the self-compassionate, accurate version now, before you need it.

Be specific and honest...

3. What would tell you that this is more than you can manage alone, and what will you do then?

Be specific and honest...

4. The date you will review this plan.

Be specific and honest...

Part 14 • Exercise 8: Daily Habit Awareness Check-In (7 Days)

Daily Habit Awareness Check-In

Seven Days of Noticing

Why This Matters

The reading's most practical line is that you do not need more willpower, you need more awareness — and awareness strengthens with use. This is the practice. Two or three minutes each evening for seven days. The goal is not a perfect week. A day where the habit ran and you noticed it clearly counts as a good day of practice.

Before You Begin

1. The habit you will track this week, and the substitute or change you are practicing.

Be specific and honest...

2. When each day will you do this check-in? Tie it to something you already do.

Be specific and honest...

3. How aware are you, on an average day right now, of this habit as it happens?

☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5

Not at all • Very much

Day 1

1. When did the cue or craving show up today, and what was going on?

Be specific and honest...

2. What did you do — the old habit, the substitute, or something else — and what did you notice?
Be specific and honest...

3. How aware were you of the habit as it happened today?

☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5

Not at all · Very much

4. How kindly did you treat yourself about today's result?

☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5

Not at all · Very much

Day 2

1. When did the cue or craving show up today, and what was going on?

Be specific and honest...

2. What did you do, and what did you notice?

Be specific and honest...

3. How aware were you of the habit as it happened today?

☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5

Not at all · Very much

4. How kindly did you treat yourself about today's result?

☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5

Not at all · Very much

Day 3

1. When did the cue or craving show up today, and what was going on?

Be specific and honest...

2. What did you do, and what did you notice?

Be specific and honest...

3. How aware were you of the habit as it happened today?☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5

Not at all · Very much

4. How kindly did you treat yourself about today's result?☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5

Not at all · Very much

Day 4**1. When did the cue or craving show up today, and what was going on?**

Be specific and honest...

2. What did you do, and what did you notice?

Be specific and honest...

3. How aware were you of the habit as it happened today?☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5

Not at all · Very much

4. How kindly did you treat yourself about today's result?☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5

Not at all · Very much

Day 5**1. When did the cue or craving show up today, and what was going on?**

Be specific and honest...

2. What did you do, and what did you notice?

Be specific and honest...

3. How aware were you of the habit as it happened today?☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5

Not at all · Very much

4. How kindly did you treat yourself about today's result?☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5

Not at all · Very much

Day 6**1. When did the cue or craving show up today, and what was going on?**

Be specific and honest...

2. What did you do, and what did you notice?

Be specific and honest...

3. How aware were you of the habit as it happened today?☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5

Not at all · Very much

4. How kindly did you treat yourself about today's result?☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5

Not at all · Very much

Day 7**1. When did the cue or craving show up today, and what was going on?**

Be specific and honest...

2. What did you do, and what did you notice?

Be specific and honest...

3. How aware were you of the habit as it happened today?☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5

Not at all · Very much

4. How kindly did you treat yourself about today's result?☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5

Not at all · Very much

Week in Review**1. Looking across the seven days, what pattern shows up — days, times, cues, feelings?**

Be specific and honest...

2. Did your awareness change over the week? What made noticing easier or harder?

Be specific and honest...

3. What surprised you?

Be specific and honest...

4. What will you carry into next week?

Be specific and honest...

Part 15 • Exercise 9: Cost-Benefit Analysis for Change

Cost-Benefit Analysis for Change

Making the Invisible Costs Visible

Why This Matters

The reading is clear that counting the cost is not about guilt; it is about making the invisible visible so informed choice becomes possible. It also says the compounding works both ways. A fair decisional balance has four boxes, not two: what the habit costs, what it honestly gives you, what changing would cost, and what changing would give you. You would not skip the second and third boxes with a client. Skipping them is how change plans fail.

What Keeping the Habit Costs

The four kinds of cost the reading names, plus money.

1. Physical: sleep, energy, weight, blood pressure, pain, symptoms you have been putting down to age or the job.

Be specific and honest...

2. Clinical: a specific session or moment where your own depletion showed in your work.

Be specific and honest...

3. Relational: what would your partner, closest friend or family member say this habit has cost your relationship?

Be specific and honest...

4. Career: are your current habits compatible with doing this work for another ten years?

Be specific and honest...

5. Financial: a rough yearly total for this habit, and what that money could fund instead.

Be specific and honest...

What the Habit Honestly Gives You

1. What does this habit really do for you? Do not dismiss it — it has been doing a job.

Be specific and honest...

2. What would you miss most?

Be specific and honest...

What Changing Would Cost

1. What would be hard about changing: discomfort, time, social situations, the loss of a routine that works in the short term?

Be specific and honest...

2. What are you afraid you would find out, or have to feel, without it?

Be specific and honest...

What Changing Would Give You

1. Picture yourself six months into the change. What is different in your body, your sessions, your home?

Be specific and honest...

2. What would it mean to teach behavior change from your own experience of doing it?

Be specific and honest...

3. Now picture six months from now if you change nothing. Describe that too.

Be specific and honest...

The Balance

1. How important is changing this habit to you right now?

☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5

Not at all · Very much

2. How confident are you that you could change it if you decided to?

☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5

Not at all · Very much

3. Why did you not rate your importance lower? What reasons for change does that answer contain?

Be specific and honest...

4. What would it take to raise your confidence by one point?

Be specific and honest...

5. Having laid out all four boxes, what do you decide?

Be specific and honest...

Part 16 · Exercise 10: Intentional Clinician Identity Map

Intentional Clinician Identity Map

From Autopilot to Intention

Why This Matters

The last reading adds a sixth stage to the model you already teach: integration, where the new pattern becomes part of who you are as a clinician. The goal is not a clinician with zero unhealthy habits — the reading says that person does not exist. The goal is a clinician who chooses rather than defaults. This exercise draws together the whole module and ends with the intention statement the reading asks you to write.

The Autopilot Clinician

1. Describe a typical evening when you are running on autopilot, hour by hour.

Be specific and honest...

2. What does the autopilot version of you believe about rest, need, and what you have earned?

Be specific and honest...

3. How much of your current week is lived on autopilot?

☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5

Not at all · Very much

The Intentional Clinician

1. Now describe the same evening lived with intention. Keep it realistic for your actual life and job.

Be specific and honest...

2. Which of your values does the intentional version live out that the autopilot version does not?

Be specific and honest...

3. The smallest visible sign that you are becoming this clinician.

Be specific and honest...

What This Module Showed You

Look back through Exercises 1 to 9 before answering.

1. The single most important thing you learned about your own habits.

Be specific and honest...

2. The loop or trigger you most need to keep an eye on, and your early warning sign.

Be specific and honest...

3. The tool that helped most: the awareness experiment, a substitution, an environmental change, the check-in, or something else.

Be specific and honest...

4. How much has your readiness to change grown since you took the self-assessment?

☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5

Not at all · Very much

Integration

1. How will this work show up in your clinical practice — what you notice, what you confront, how you talk about change?

Be specific and honest...

2. What might your colleagues or your team see from you that could make it easier for them to look at their own habits?

Be specific and honest...

3. Who will you keep honest with about your patterns going forward?

Be specific and honest...

Your Intention Statement

1. Complete it in your own words: 'I am choosing to move from autopilot to intention. The habit I am addressing is _____. The person I am becoming is _____.'

Be specific and honest...

2. Set a date to retake this module's self-assessment and compare. Write the date.

Be specific and honest...

3. How committed are you to this statement today?

☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5

Not at all · Very much