

# The Costs of Avoidance Worksheet

Name:

Date:

Therapist/Counselor (if applicable):

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Complete the following sentences:

The thoughts I'd most like to get rid of are:

The feelings I'd most like to get rid of are:

The sensations I'd most like to get rid of are:

The memories I'd most like to get rid of are:

**Next, take a few minutes to write a list of every single thing you've tried in order to avoid or get rid of these unpleasant thoughts or feelings.**

**Distraction:**

List everything you have done to distract yourself from these painful thoughts, feelings, sensations, or memories.

**Opting Out:**

List all the activities, interests, events, people, or places you have avoided or withdrawn from because you did not feel good or wanted to avoid feeling bad.

### **Thinking Strategies:**

List all the different ways of thinking you have tried when painful thoughts and feelings started showing up. Check any of the following that you have done, and write in any others:

- Worrying
- Dwelling on the past
- Fantasizing about the future
- Imagining escape scenarios
- Imagining revenge scenarios
- Imagining suicide scenarios
- Thinking "It's not fair..."
- Thinking "If only..."
- Others:

### **Substances:**

List all substances you've used to try and feel better, including foods, drinks, cigarettes, recreational drugs, and prescription drugs

### **Anything Else:**

Write down anything else you've ever tried to make yourself feel better when these painful thoughts and feelings showed up.

### **Reflection:**

For each item in your list, ask yourself:

1. **Did this get rid of my painful thoughts and feelings in the long term?**
2. **Did it bring me closer to a rich, full, and meaningful life?**
3. **If the answer to question 2 is "no," then what did this cost me in terms of time, energy, money, health, relationships, and vitality?**

**Additional Notes:**