

Therapy Resource Library

Worksheets and session tools for More Than Therapy

A practical collection for collaborative therapy, skills practice, clinical reflection, and preparation.

120

original resources

12

topic collections

72

worksheets

Includes handouts, clinician scripts, 50-minute session guides, journaling prompts, and clinical use notes.

**Prepared for Felipe Blue, LCMHC, LCAS, CCS
More Than Therapy**

October 2026 | Edition 1.0

Original educational materials for clinician review and adaptation

Using the resource library

Choose one useful task

Start with the client's priority and the amount of time available. Use the topic index or search the portal by title, resource ID, audience, or approach. Read the clinical note before choosing a page.

Explain and invite

Say what the exercise is for, ask whether it fits, and offer speaking, writing, drawing, or skipping it. Use the client's own words. Ask about language, disability access, cultural meaning, and privacy needs.

Practice in the session

Try a small part together. Review what helped, what did not, and what needs to change. Use the scripts as flexible examples; use the session guides as optional 50-minute structures.

Agree on a next step

Choose one realistic action, an occasion to try it, and a way to notice the result. At the next contact, ask what happened and adapt the plan without treating incomplete practice as failure.

Use the files

The master PDF and individual resource PDFs contain interactive text fields wherever a written response is requested. Download and save a separate copy before typing. Use a PDF reader that supports forms. For handwriting on a tablet or paper, use the same blank pages.

Edit and organize

The Word edition contains editable text and writing areas. The topic bundles include their own clinical notes. The private portal offers search, topic and format filters, favorites, previews, and downloads. Favorites stay in that browser; they are not client records.

Keep completed work private

Store completed worksheets in your approved clinical record system. The portal is a blank resource catalog and has no client response form. Check typed answers before printing because some PDF readers scroll long responses inside a field.

Clinical scope and safety

Professional use

These original AI-assisted educational materials were prepared for More Than Therapy for clinician review and adaptation. They are not validated assessments, diagnostic instruments, stand-alone treatment protocols, or continuing education certification. Informal ratings are reflection tools without diagnostic cutoffs. [S01]

Clinical judgment and access

Use within your competence and the client's treatment plan. Consider culture, racism, disability, finances, housing, language, and practical barriers. An exercise cannot resolve a structural barrier by itself. Adapt pace and format; obtain appropriate consent and explain confidentiality limits. [S01, S05, S11]

Trauma and safety

Trauma pages emphasize choice and present-focused coping. They do not require detailed trauma accounts or replace evidence supported PTSD treatment. Offer appropriate treatment or referral according to assessment and preference; completion of these pages is not a prerequisite for care. [S05, S06]

Relationships and teens

Before conjoint work, assess relationship safety privately. Where fear, coercive control, or violence is present, prioritize individual safety assessment and appropriate support. Do not frame abuse as a shared communication problem. With teens, explain privacy limits and plan safe adult involvement. [S11, S13]

Recovery and sleep

Coordinate medical care for withdrawal concerns, overdose risk, and medication questions. Do not use these pages to direct detoxification or medication changes. Sleep habit exercises do not replace evaluation or CBT for persistent insomnia. [S08, S14, S15]

Urgent concerns

Pause worksheet work for urgent assessment when there is immediate danger, acute confusion, suspected overdose, or serious self-harm concern. In the U.S., call 911 for a life-threatening emergency; call or text 988 for suicide, mental health, or substance use crisis support. Follow your service's risk assessment and emergency procedures. [S14, S16]

Evidence and attribution

Sources at the end support broad clinical concepts and referral cautions. The exercises, scripts, and layouts are original and have not been independently validated. Listing a source does not imply that its publisher developed, tested, or endorsed these pages. No third-party commercial worksheets are included.

Choosing a starting point

Worry is taking over

Start with the anxiety collection. Use ANX09 to plan the session, choose one ANX01-ANX06 exercise that fits the concern, and close with a small practice. Check whether worry reflects real danger or practical problems before using cognitive techniques.

The client feels stuck or depleted

Use MOO09 for a collaborative mood session and select a small action from the mood worksheets. Add FOC tools when the barrier is planning or initiation. Review medical and practical contributors rather than assuming low motivation.

An urge or return to use needs attention

Begin with the recovery script REC08 and the client's immediate priorities. Choose a recovery worksheet, then check support and medical needs. Use the REC09 structure when appropriate, with a concrete next contact or action.

A conversation keeps ending in shutdown

After private safety assessment, use REL08 to introduce a bounded practice. Select the communication or boundary worksheet that fits; use REL09 for structure. The aim is a more workable exchange, with no forced disclosure.

A teen wants more say

Begin with TEN08, explain privacy limits, and ask the teen what would make the meeting useful. Use the teen's preferred way to respond. Include a safe adult only as appropriate to consent, context, and the treatment plan.

A therapist needs help thinking clearly

Use the clinical practice and supervision collection to prepare, review an impasse, or identify consultation questions. Distinguish what was observed, what was reported, and your interpretation. Share only the minimum information needed for supervision.

Resource index

Select a resource by topic or use its ID in the searchable portal. Page numbers refer to this master PDF.

Anxiety and worry

ANX01	Worry or Workable Problem	Worksheet	9
ANX02	Reviewing an Anxious Prediction	Worksheet	10
ANX03	Taking One Small Approach Step	Worksheet	11
ANX04	Giving Worry a Defined Time	Worksheet	12
ANX05	Finding an Attention Anchor	Worksheet	13
ANX06	Making Room for Uncertainty	Worksheet	14
ANX07	Understanding the Anxiety Loop	Handout	15
ANX08	Asking About Avoidance Gently	Script	16
ANX09	Choosing One Manageable Approach	Session	17
ANX10	Writing Through Uncertain Moments	Journal	18

Mood and motivation

MOO01	Mapping Activity and Energy	Worksheet	19
MOO02	Taking a Small Meaningful Step	Worksheet	20
MOO03	Comparing Expectations With Experience	Worksheet	21
MOO04	Asking for Support on Low Days	Worksheet	22
MOO05	Responding to Self Criticism Fairly	Worksheet	23
MOO06	Planning for a Difficult Morning	Worksheet	24
MOO07	Understanding Mood and Action	Handout	25
MOO08	Exploring Motivation Without Pressure	Script	26
MOO09	Building a Meaningful Activity Plan	Session	27
MOO10	Noticing What Still Matters	Journal	28

Emotion regulation

EMO01	Naming a Feeling and a Need	Worksheet	29
EMO02	Pausing Before a Difficult Reply	Worksheet	30
EMO03	Checking Emotion and Evidence	Worksheet	31
EMO04	Caring for the Conditions Around Emotion	Worksheet	32
EMO05	Choosing an Alternative to an Urge	Worksheet	33
EMO06	Repairing After a Strong Emotion	Worksheet	34
EMO07	Understanding Emotions as Information	Handout	35
EMO08	Meeting Intense Feelings With Choice	Script	36
EMO09	Practicing a Deliberate Pause	Session	37
EMO10	Listening to an Emotion With Curiosity	Journal	38

Resource index

Select a resource by topic or use its ID in the searchable portal. Page numbers refer to this master PDF.

Trauma and stabilization

TRA01	Noticing Present Day Cues	Worksheet	39
TRA02	Making a Choice and Permission Plan	Worksheet	40
TRA03	Mapping Stress Signals and Supports	Worksheet	41
TRA04	Choosing From a Grounding Menu	Worksheet	42
TRA05	Mapping Support and Boundaries	Worksheet	43
TRA06	Planning After a Difficult Reminder	Worksheet	44
TRA07	Understanding Trauma Related Reactions	Handout	45
TRA08	Restoring Choice During Activation	Script	46
TRA09	Building a Present Focused Support Plan	Session	47
TRA10	Reconnecting With Everyday Choice	Journal	48

Addiction and recovery

REC01	What Substance Use Does for Me	Worksheet	49
REC02	Choosing My Next Recovery Goal	Worksheet	50
REC03	My Plan for a Strong Urge	Worksheet	51
REC04	Changing a High Risk Routine	Worksheet	52
REC05	After Use Choosing the Next Step	Worksheet	53
REC06	Building My Recovery Support Team	Worksheet	54
REC07	Recovery Can Include Different Supports	Handout	55
REC08	When Change Feels Complicated	Script	56
REC09	A Session for Recovery Choice	Session	57
REC10	Writing About My Recovery Direction	Journal	58

Couples communication and boundaries

REL01	Map Our Conversation Cycle	Worksheet	59
REL02	Ask for What You Need	Worksheet	60
REL03	Listen and Check Understanding	Worksheet	61
REL04	Plan a Respectful Pause	Worksheet	62
REL05	Repair After a Difficult Moment	Worksheet	63
REL06	Set a Clear Boundary	Worksheet	64
REL07	Recognize Safer Relationship Conversations	Handout	65
REL08	Invite a Difficult Conversation	Script	66
REL09	Practice One Conversation Together	Session	67
REL10	Reflect on Connection and Choice	Journal	68

Resource index

Select a resource by topic or use its ID in the searchable portal. Page numbers refer to this master PDF.

Grief and life transitions

GRF01	Naming What Has Changed	Worksheet	69
GRF02	A Plan for Grief Waves	Worksheet	70
GRF03	Remembering in My Own Way	Worksheet	71
GRF04	Preparing for a Difficult Date	Worksheet	72
GRF05	Sharing the Practical Load	Worksheet	73
GRF06	Words I Have Not Said	Worksheet	74
GRF07	Making Room for Different Grief	Handout	75
GRF08	Listening Without Rushing Grief	Script	76
GRF09	A Session for Grief Support	Session	77
GRF10	Writing Through a Life Change	Journal	78

Teens and supportive adults

TEN01	Choose Your Support Team	Worksheet	79
TEN02	Make a School Stress Plan	Worksheet	80
TEN03	Practice Asking for Support	Worksheet	81
TEN04	Notice Your Digital Choices	Worksheet	82
TEN05	Notice When You Need Help	Worksheet	83
TEN06	Make a Repair After Mistakes	Worksheet	84
TEN07	Support a Teen Who Opens Up	Handout	85
TEN08	Explain Privacy and Invite Choice	Script	86
TEN09	Build One Support Request	Session	87
TEN10	Write in Your Own Voice	Journal	88

Attention planning and follow through

FOC01	Put the Plan Where You Look	Worksheet	89
FOC02	Make the First Step Smaller	Worksheet	90
FOC03	Learn How Long Tasks Take	Worksheet	91
FOC04	Shape a Workable Attention Space	Worksheet	92
FOC05	Plan the Transition Before Leaving	Worksheet	93
FOC06	Find the Barrier Before the Fix	Worksheet	94
FOC07	Understand Attention Support Options	Handout	95
FOC08	Replace Blame With Useful Questions	Script	96
FOC09	Test One Practical Support System	Session	97
FOC10	Review Progress Without Self Blame	Journal	98

Resource index

Select a resource by topic or use its ID in the searchable portal. Page numbers refer to this master PDF.

Identity values and self compassion

VAL01	Choosing a Direction That Matters	Worksheet	99
VAL02	More Than One Part of Me	Worksheet	100
VAL03	A Kinder and More Accurate Account	Worksheet	101
VAL04	Belonging With Room for Boundaries	Worksheet	102
VAL05	Asking for the Connection I Need	Worksheet	103
VAL06	Choosing Between Competing Priorities	Worksheet	104
VAL07	Values Can Guide Small Actions	Handout	105
VAL08	Responding to a Harsh Inner Voice	Script	106
VAL09	A Session for Values in Action	Session	107
VAL10	Writing About Who I Am Becoming	Journal	108

Sleep stress and daily rhythms

SLP01	Noticing My Daily Sleep Pattern	Worksheet	109
SLP02	Building a Realistic Wind Down	Worksheet	110
SLP03	Setting Aside a Worry for Later	Worksheet	111
SLP04	Choosing a Restorative Pause	Worksheet	112
SLP05	Planning Around My Available Energy	Worksheet	113
SLP06	Preparing for a Sleep Conversation	Worksheet	114
SLP07	Sleep Support Beyond More Rules	Handout	115
SLP08	Talking About Sleep Without Blame	Script	116
SLP09	A Session for Rest and Rhythm	Session	117
SLP10	Writing About Rest and Expectations	Journal	118

Clinical practice and supervision

CLN01	Build a Shared Session Agenda	Worksheet	119
CLN02	Track a Meaningful Treatment Goal	Worksheet	120
CLN03	Separate Facts From Clinical Hypotheses	Worksheet	121
CLN04	Plan Practice Between Sessions	Worksheet	122
CLN05	Notice Activation Before You Respond	Worksheet	123
CLN06	Ask About Context and Meaning	Worksheet	124
CLN07	Write a Clinically Useful Note	Handout	125
CLN08	Respond When Therapy Misses the Mark	Script	126
CLN09	Structure a Collaborative Therapy Session	Session	127
CLN10	Reflect Before the Next Session	Journal	128

Worry or Workable Problem

Anxiety and worry | Adults and teens 13+ | 10 to 15 minutes

Sort one worry into a practical problem or an uncertainty to carry.

Choose one concern that has been taking up space today. This page helps you decide whether there is a practical action available now or whether you are facing uncertainty that cannot be solved by thinking harder.

Describe the situation

Use one specific sentence. Separate what happened from what might happen. For example, "My application is due Friday" is different from "I will never find work." Both deserve care, but they call for different responses.

Choose the next move

If action is possible, choose a step that takes ten minutes or less. If the outcome is unknown, name what you can carry with you while you return to the present. You do not have to feel certain before taking a useful step.

What has actually happened and what am I predicting?

What part can I influence today?

My next practical step or way to make room for uncertainty

When will I try it and what support would help?

Reviewing an Anxious Prediction

Anxiety and worry | Adults and teens 13+ | 10 to 15 minutes

Examine an anxious prediction and develop a balanced response.

An anxious prediction can sound like a fact. Choose a recent, manageable example and look at it with curiosity. The aim is a fairer view that includes risk, resources, and uncertainty rather than a forced positive statement.

Make the prediction specific

Write what you expect to happen, where, and when. "They will dislike me" is hard to examine; "If I ask a question in this meeting, someone will criticize me" gives you something clearer to explore.

Build a balanced response

Consider what supports the prediction, what complicates it, and what you could do if the feared event happened. A balanced response might be, "Someone could disagree, and I can ask for clarification or take a pause."

The situation and the prediction my mind is making

Evidence that supports the prediction and evidence that complicates it

If it happened, what resources or responses could I use?

A fairer statement I am willing to try

Taking One Small Approach Step

Anxiety and worry | Adults and teens 13+ | 10 to 15 minutes

Plan and review one small step toward a safe activity that anxiety has interrupted.

Avoiding something can bring quick relief while making it harder to return. Choose an ordinary, safe activity you want back in your life. Start with a manageable step and decide together how you will learn from it.

Choose a meaningful activity

Pick something connected to your life, such as asking a routine question, returning a message, or entering a familiar shop. Break it into three possible steps. Choose the smallest step that still moves toward the activity.

Observe without demanding calm

Write your prediction before you begin. Afterwards, record what happened, what you learned, and whether you want to repeat or adjust the step. Success can mean showing up or learning something, even if anxiety remains.

The safe activity I want to return to and why it matters

Three possible steps from easier to harder

The step I choose and what I predict

What happened and what I learned after trying

Giving Worry a Defined Time

Anxiety and worry | Adults and teens 13+ | 10 to 15 minutes

Experiment with a brief planned period for recurring worry.

If worry keeps interrupting your day, you can experiment with giving it a brief, planned space. This is an invitation to redirect attention, not an instruction to suppress thoughts or ignore something urgent.

Make a small appointment

Choose a ten to fifteen minute period that is practical and not right before bed. When a recurring worry appears, jot a few words and gently return to the activity in front of you. A real safety concern needs attention now.

Use the time intentionally

At your planned time, review what still matters. Choose a practical action where possible. For questions without a current answer, name the uncertainty and decide how you want to spend the next part of your day. Adjust or stop if the experiment increases distress.

My planned worry time and a helpful place

A brief worry note without the full story

What needs a practical action and what remains uncertain?

The activity I will return to and how I will know this helped

Finding an Attention Anchor

Anxiety and worry | Adults and teens 13+ | 10 to 15 minutes

Identify a flexible attention anchor and connect it to a useful next action.

When your mind jumps ahead, a simple anchor may help you reconnect with what you are doing. Choose an option that feels neutral or comfortable. You can keep your eyes open, move, change the exercise, or stop.

Pick an anchor

Try looking at the edges of an object, noticing your feet against the floor, listening for a steady sound, or slowly describing a familiar task. Breathing does not have to be the anchor. Notice one detail at a time for about thirty seconds.

Return with flexibility

Your attention will wander. When you notice, name it gently and return if that feels useful. Then take one small action in the present, such as drinking water or opening the document you were working on. The purpose is participation, not perfect concentration.

An anchor I want to try and one option I want to avoid

What I noticed before and during the practice

How I can make it more comfortable or accessible

A present moment action I will take afterwards

Making Room for Uncertainty

Anxiety and worry | Adults and teens 13+ | 10 to 15 minutes

Choose a values guided action while leaving some uncertainty unresolved.

Some decisions come without a guarantee. This page helps you notice the pull to keep checking or delaying and choose a small action guided by what matters to you. You can carry discomfort while choosing your next move.

Notice the demand for certainty

Write the question your mind wants answered completely. Identify the behavior that follows, such as repeated checking, asking again, or postponing. Notice the short term relief and the longer term cost without judging yourself.

Choose a workable boundary

Decide what reasonable information you need, when you will stop collecting it, and what action will follow. For example, read the relevant instructions once, ask one clarifying question, and send a routine email. Keep necessary safety checks in place.

The uncertainty I am facing and how I usually respond

What matters to me in this situation?

The reasonable information I need and my stopping point

My next action and how I will respond to returning doubt

Understanding the Anxiety Loop

Anxiety and worry | Adults and teens 13+ | 10 to 15 minutes

Explain a common anxiety pattern and identify possible points for change.

Anxiety can involve thoughts, body sensations, feelings, and actions. These experiences can influence one another. Learning your own pattern may reveal places to respond differently, while also showing where you need practical help or protection.

A pattern worth noticing

A situation may bring a prediction such as "I will get this wrong." You might notice tension and an urge to postpone. Postponing may bring relief, while the unfinished task makes the next attempt feel harder. This is one possible pattern, not an explanation for every anxious experience.

More than one place to intervene

You can clarify the task, examine a prediction, ask for support, orient to the present, or take a small step toward a safe activity. You do not have to change every part of the pattern at once. Try one response and observe what changes.

When to ask for more support

Seek a fuller assessment when anxiety persistently limits work, school, sleep, relationships, or daily life. New or severe physical symptoms deserve appropriate medical attention. Anxiety tools do not replace checking actual danger, illness, or unmet needs.

One part of my pattern I recognize and one response I want to explore

Asking About Avoidance Gently

Anxiety and worry | Clinicians | 10 to 15 minutes

Explore avoidance with curiosity and collaboratively select a safe next step.

Use this conversation when a client wants something to change but has been postponing or avoiding a safe activity. Begin by understanding what the behavior does for them. Permission and shared choice remain central throughout.

Understand the protection

Clinician: "Would it be okay to look at what happens when this task comes up?" Client: "I keep putting it off." Clinician: "What does putting it off help you avoid or manage in that moment?" Reflect the answer before considering change: "It gives you a break from the fear of criticism."

Explore cost and choice

Clinician: "What does that relief cost you later, if anything?" If the client says there is no cost: "Then we may have a different priority today. What would be useful?" If they want change: "What is the smallest safe step that would move toward what matters to you?"

Protect autonomy

If the client says, "I am not ready," respond: "We can pause. Would understanding the barrier, finding support, or choosing another goal be more helpful?" If they choose practice, agree on a specific step and ask, "What will we learn even if anxiety shows up?"

Client language to reflect and the next choice we agreed on

Choosing One Manageable Approach

Anxiety and worry | Clinicians | 50 minutes

Guide a collaborative session that turns one anxiety concern into a manageable plan.

Outcome: the client leaves with one chosen response to a specific worry and a workable plan for reviewing it. Use only an ordinary, safe target. Offer discussion, writing, drawing, or a pause throughout the session.

Minutes 0 to 15

0 to 5: check current distress, functioning, and immediate safety needs. 5 to 10: ask what would make today useful and obtain permission to work with one concern. 10 to 15: use ANX01 to separate an actionable problem from an uncertain prediction.

Minutes 15 to 40

15 to 25: choose ANX02 to examine a prediction or ANX06 to carry uncertainty; the client may decline either. 25 to 35: use ANX03 to plan one small, safe approach step, or complete a practical problem solving action. 35 to 40: rehearse the step and identify barriers and support.

Minutes 40 to 50

40 to 45: ask what felt useful or uncomfortable and adjust the plan. 45 to 50: agree on when to try the step, what to observe, and how to review it. Invite a brief closing check in and confirm the client feels ready to leave. If distress rises, shift to present orientation or support planning.

Chosen step, timing, support, and what we will review

--

Writing Through Uncertain Moments

Anxiety and worry | Adults and teens 13+ | 10 to 15 minutes

Reflect on uncertainty while reconnecting with a chosen direction.

Choose one recent moment when uncertainty pulled at your attention. You may write a few words, draw, or speak your responses. Keep the focus on how you want to relate to uncertainty today rather than solving every possible outcome.

Write with room for complexity

Start with what you know, then name what remains unknown. You can acknowledge real risks and personal strengths in the same entry. If writing becomes a repeated attempt to prove you are safe, pause and choose a present moment activity.

End with a direction

Ask what matters enough to deserve a small action even without certainty. The action can be asking for practical help, setting a boundary, resting, or returning to a meaningful task. Choose a realistic next step rather than a promise to stop worrying.

What is known, what is unknown, and what am I feeling?

What does my mind want me to keep checking or replaying?

Which value or relationship do I want to make space for today?

What small action can I take while uncertainty is still here?

Mapping Activity and Energy

Mood and motivation | Adults | 10 to 15 minutes

Observe relationships between daily activity, energy, and meaning.

Low mood can make days feel blurred together. Choose one recent day and notice what you did, how your energy shifted, and what gave even a small sense of connection or accomplishment. You are gathering information, not grading yourself.

Look for actual conditions

Recall a morning, afternoon, and evening activity. Note practical factors such as sleep, pain, caregiving, food, access, or work demands. An activity may matter even when it does not feel enjoyable. Rest can also be intentional and useful.

Choose one experiment

Look for something to repeat, simplify, or change. For example, a short walk with a friend may have offered connection, while a complicated errand used more energy than expected. Select one realistic adjustment and decide what you want to notice afterwards.

Morning activity, energy, and what helped or drained me

Afternoon activity, energy, and what helped or drained me

Evening activity, energy, and what helped or drained me

One activity I will repeat or adjust and what I will observe

Taking a Small Meaningful Step

Mood and motivation | Adults | 10 to 15 minutes

Translate a personally meaningful direction into one achievable action.

Motivation may be difficult to find when your mood is low. Choose an area of life that matters to you and design a step small enough to begin. The first goal is trying and learning, not feeling better immediately.

Start with meaning

Select a direction such as caring for yourself, maintaining a relationship, learning, or contributing. Translate it into an observable action. "Take care of myself" could become "Put a glass of water beside my chair" or "Send a message to schedule an appointment."

Make the first step easier

Specify where and when you will begin. Reduce preparation, invite support, or make a two minute version. If you cannot do it, notice the barrier and adjust the plan. A smaller step is useful information about what your current situation requires.

An area of life I care about and why it matters

The smallest observable action I can take

When and where I will start and what could make starting easier

What I noticed afterwards and my next adjustment

Comparing Expectations With Experience

Mood and motivation | Adults | 10 to 15 minutes

Compare expected and actual experiences to guide an activity plan.

When mood is low, it can be hard to predict how an activity will feel. Choose one manageable activity and compare your expectation with your experience. The result helps you plan; it is not a test you must pass.

Make a prediction

Before the activity, describe the effort you expect and whether you expect pleasure, connection, or a sense of accomplishment. You may use words such as low, moderate, or high. Pick an activity that fits your health, resources, and responsibilities.

Notice more than enjoyment

Afterwards, record what actually happened. Something can be worthwhile without being fun. If the activity was draining or unhelpful, identify whether its timing, length, setting, or expectations need to change. One attempt does not determine whether the activity will always help.

The activity, date, and realistic amount of time

Before trying it I expect this effort and this experience

After trying it I noticed this effort and this experience

What I learned and what I would repeat or change

Asking for Support on Low Days

Mood and motivation | Adults | 10 to 15 minutes

Prepare a specific support request and an alternative route.

Support can be easier to use when the request is specific. Think about a day when your mood is low and identify one person or service that could help with a practical task, companionship, or getting care.

Match the request to the need

Name what would help today. Examples include sitting together for ten minutes, getting a ride to an appointment, sharing a meal, or having someone check in later. The other person may be unable to help; that does not mean the need is unimportant.

Prepare more than one route

Write a short request and a backup option. You can include a boundary: "I would appreciate company without advice right now." If low mood is worsening or you feel unable to stay safe, use your clinician's agreed support or urgent care plan instead of relying only on informal contact.

What I need and how another person could help

A person or service I can contact and how to reach them

The words I could use to make my request

My backup if that option is unavailable

Responding to Self Criticism Fairly

Mood and motivation | Adults | 10 to 15 minutes

Replace a global self attack with a specific and compassionate response.

Low mood and harsh self talk can reinforce each other. Choose one critical statement that appeared recently. This page helps you describe the situation accurately and respond in language that allows responsibility without attacking your whole identity.

Separate the event from the label

Notice the difference between "I did not return the call" and "I am a terrible friend." The first names a behavior you can address. The second turns one event into a verdict about you. Context can explain difficulty without erasing its impact.

Pair fairness with action

Ask what you would say to someone you care about in the same circumstances. Keep the response believable. For example, "I have been overwhelmed, and that call mattered. I can send a brief apology and suggest another time." Choose repair or support where it fits.

What happened and the critical statement that followed

Relevant context and any responsibility I want to acknowledge

A fairer response I can believe

One repair, care, or support action I can take

Planning for a Difficult Morning

Mood and motivation | Adults | 10 to 15 minutes

Create a flexible morning plan that prioritizes essential needs.

Some mornings require a simpler plan. Choose a few actions that help you meet essential needs and begin the day at a realistic pace. This page is for reducing decisions, not proving productivity or pushing through illness.

Identify the essentials

Choose up to three basics that fit your circumstances, such as prescribed medication as directed, food or water, hygiene, childcare, or contacting work. Set out one item the night before if that helps. Include rest or assistance when needed.

Create a flexible version

For each action, name a smaller version and a source of support. "Make breakfast" might become "Eat a prepared snack." Decide what can wait. If symptoms or functioning have changed substantially, contact an appropriate health professional rather than assuming you only need a better routine.

My three essential needs for a difficult morning

The smallest workable version of each action

One preparation or support that can reduce the load

What can wait and when I will check how I am doing

Understanding Mood and Action

Mood and motivation | Adults | 10 to 15 minutes

Explain how meaningful activity can fit within care for low mood.

Mood can affect energy, concentration, relationships, and the actions available to us. Actions and circumstances can also affect mood. A useful plan pays attention to both personal choices and the conditions that make those choices easier or harder.

Why small actions can matter

A difficult period may lead to less contact, fewer rewarding activities, and more unfinished tasks. Carefully chosen activities can help reconnect a person with support, routine, or meaning. This does not require waiting for enthusiasm, and it does not mean that being busy is the goal.

What a useful experiment looks like

Choose something specific, realistic, and personally meaningful. Predict what you expect, try a manageable version, and review what happened. Include care and rest alongside activity. If the task was too demanding, revise it rather than judging yourself.

When a fuller assessment helps

Persistent low mood, loss of interest, or reduced functioning deserve professional attention. A clinician may explore health conditions, medication effects, sleep, substance use, major stressors, and safety. New periods of unusually high energy or much less need for sleep also deserve discussion with a qualified professional.

A question I want to bring to my clinician and an action I want to explore

Exploring Motivation Without Pressure

Mood and motivation | Clinicians | 10 to 15 minutes

Explore low motivation with respect and co-design a realistic next step.

Use this dialogue when a client says they know what to do but cannot begin. Explore barriers and meaning before offering strategies. The client may need rest, practical assistance, assessment, or a different goal.

Understand the stuck point

Clinician: "When you think about starting, what feels hardest?" Client: "Everything takes too much effort." Clinician: "Even a small task feels expensive right now. Can we look at what your day is asking of you?" Ask about energy, pain, sleep, responsibilities, and available support without assuming the cause.

Find a reason that belongs to the client

Clinician: "If one thing felt a little more manageable this week, what would you want it to be?" Client: "I want to answer my sister." Clinician: "What matters about that connection?" Reflect the meaning in the client's own words before planning.

Offer a choice of next steps

Clinician: "Would you like to make a tiny version, identify support, or leave planning for another time?" If they choose a step: "Could a one sentence text count? What would make that possible?" If they decline: "What would be more useful from me today?" Review the experience without grading completion.

The barrier, personal reason, and next choice in the client's words

Building a Meaningful Activity Plan

Mood and motivation | Clinicians | 50 minutes

Structure a session around one achievable and meaningful activity.

Outcome: the client identifies one meaningful activity, adjusts it to current capacity, and chooses how to review the result. Use collaborative language throughout. The client can pause, decline an exercise, or select a different priority.

Minutes 0 to 15

0 to 5: check mood, functioning, and immediate safety needs. 5 to 10: agree on a priority and ask what has been possible since the last meeting. 10 to 15: use MOO01 to notice patterns in activity, energy, demands, and support.

Minutes 15 to 40

15 to 25: use MOO02 to connect an action with personal meaning. 25 to 35: make the action smaller, specify timing, and identify barriers; use MOO04 if help is needed. 35 to 40: rehearse the first step and record an expectation using MOO03.

Minutes 40 to 50

40 to 45: ask whether the plan feels realistic and revise it with the client. 45 to 50: agree on what to observe, how to respond if the plan is not completed, and when to review it. Close with feedback and a brief check in. If assessment needs take priority, replace activity planning with appropriate care coordination.

Activity, smallest version, support, timing, and review plan

Noticing What Still Matters

Mood and motivation | Adults | 10 to 15 minutes

Recognize effort and identify a personally meaningful direction during low mood.

When mood is low, meaning can feel distant. You do not have to produce gratitude or find a positive lesson. Use these prompts to notice what you care about, what you are carrying, and what kind of support might help.

Begin with an honest description

Write about your day in ordinary language. Include effort that might be invisible to others, such as getting out of bed, asking for help, attending work, or choosing rest. A difficult day can contain care without feeling rewarding.

Let meaning remain small

Look for one relationship, interest, responsibility, or value you want to protect. You can care about it while feeling disconnected from it. End with a small action or a request for support, and stop writing if the exercise becomes another demand.

What has been difficult and what effort have I been making?

What still matters to me even if I do not feel connected to it?

What need or limit deserves more attention?

One small act of care or support I could allow this week

Naming a Feeling and a Need

Emotion regulation | Adults and teens 13+ | 10 to 15 minutes

Separate an event, emotion, interpretation, and need to support a deliberate response.

Choose a recent emotion that feels manageable to explore. You can name more than one feeling, use your own words, or describe sensations instead. The aim is to understand your experience and choose a response that fits the situation.

Describe before explaining

Start with observable events. Then notice feelings, thoughts, and urges. For example, "My friend canceled" may bring disappointment, a thought that you do not matter, and an urge to stop replying. These parts are related, but they are not identical.

Ask what needs attention

An emotion may point toward a need, concern, value, or boundary. It does not automatically tell you what happened or what to do. Consider a response that addresses the need while respecting your safety and the other person's dignity.

What happened in words a camera could observe?

The feelings, thoughts, and urges I noticed

A need, value, or boundary that may need attention

One response I can choose and what I hope it will do

Pausing Before a Difficult Reply

Emotion regulation | Adults and teens 13+ | 10 to 15 minutes

Prepare a brief pause and a clear plan for a difficult reply.

When a message or conversation activates a strong feeling, a brief pause may create room to choose your response. Use this page with a recent example or before a conversation. A pause works best when you have a plan to return.

Notice your early cue

Look for a sign you can recognize before responding, such as typing faster, clenching your jaw, interrupting, or going quiet. Choose a pause that fits the setting: place the phone down, take a sip of water, look around, or ask for a short break.

Return with a purpose

Decide what you want your reply to accomplish. You might clarify, express a need, set a limit, or postpone until a specific time. For example, "I want to answer carefully. Can we return to this after dinner?" Follow through when it is safe and appropriate.

The situation and my earliest sign of activation

A pause I can actually use in this setting

What I want my response to accomplish

The words I will use and my plan for returning

Checking Emotion and Evidence

Emotion regulation | Adults and teens 13+ | 10 to 15 minutes

Review the interpretation attached to an emotion and choose a fitting response.

A strong feeling deserves attention, and the first explanation for it may need another look. Choose a situation that feels safe enough to examine. You can respect the emotion while checking what is known, assumed, or still unclear.

Separate observation from interpretation

Write the event first, then the meaning you gave it. "My coworker did not greet me" is an observation; "They are angry with me" is an interpretation. List other plausible explanations without insisting that the most comforting explanation is true.

Choose the fitting response

If the concern is supported, choose practical problem solving, a boundary, or support. If information is missing, decide whether clarification is useful. If the urge is likely to worsen things, choose an alternative that fits your goals. You do not need to prove the feeling wrong.

The event, my emotion, and my first interpretation

What I know and what I am assuming

Other plausible explanations or information I need

A response that fits the evidence and my goal

Caring for the Conditions Around Emotion

Emotion regulation | Adults and teens 13+ | 10 to 15 minutes

Identify one contextual or physical need that could support emotional coping.

Strong emotions do not happen in isolation. Look at the conditions surrounding a recent difficult day, including basic needs, health, demands, and available support. You are looking for one practical adjustment rather than trying to control every feeling.

Notice the load

Consider sleep, food, water, pain, medication routines as prescribed, substance use, sensory demands, caregiving, work, and social stress. Describe what was happening without blaming yourself. Many conditions are outside one person's immediate control.

Choose a supportable change

Pick one need you can influence or ask someone to help address. Examples include bringing a snack, requesting a quieter space, taking a planned break, or discussing symptoms with a health professional. Do not change medication or substance withdrawal plans using this worksheet.

The situation and the emotional load I was carrying

Needs or conditions that may have made the day harder

One realistic adjustment and any help needed

When I will try it and what I will notice

Choosing an Alternative to an Urge

Emotion regulation | Adults and teens 13+ | 10 to 15 minutes

Evaluate an emotional urge and rehearse a safe alternative action.

An urge is a signal to act, and you can sometimes choose what happens next. Select a manageable urge such as sending an angry message, withdrawing from a safe person, or giving up on a routine task.

Understand the urge

Name the emotion, what the urge promises, and what might happen if you follow it. Ask whether the action fits the facts, your safety, and your longer term goal. Some urges protect you from real harm and should not be challenged automatically.

Try a small alternative

If the urge would make the situation worse, choose a different action for the next few minutes. You might draft without sending, request a break, make a brief supportive contact, or begin one task step. Review the result; changing an action does not require pretending the feeling disappeared.

My emotion, the urge, and what the urge promises

Likely short term and later effects of following it

A safe alternative that fits my goal

What happened when I tried it and what I learned

Repairing After a Strong Emotion

Emotion regulation | Adults and teens 13+ | 10 to 15 minutes

Prepare an accountable and respectful response after an emotional interaction.

If a strong emotion affected another person, you can acknowledge the impact and decide what to do next. Repair does not require denying your own needs. Use this page only when contact is safe and a conversation is appropriate.

Name the behavior and impact

Describe what you did without global labels or excuses. For example, "I interrupted and raised my voice" is more useful than "I am awful" or "You made me angry." Acknowledge what you know about the impact and leave room to hear the other person's experience.

Offer a specific change

Choose an apology or acknowledgment that does not demand forgiveness. Name what you will do differently and how you will practice. You can also make a respectful request about your own needs. The other person may need time or choose not to engage.

The behavior I want to take responsibility for

The impact I understand and what I still need to hear

Words I could use to acknowledge or apologize

A specific change and how I will follow through

Understanding Emotions as Information

Emotion regulation | Adults and teens 13+ | 10 to 15 minutes

Explain emotional awareness and flexible response choices.

Emotions are part of how people respond to events, needs, relationships, memories, and expectations. They can help direct attention, but they do not provide a complete account of a situation. There is room to feel and choose.

More than one part

An emotional moment may involve a feeling, a body sensation, an interpretation, and an urge. These parts can arrive quickly and influence one another. Naming them separately can help you identify what needs care, clarification, protection, or action.

Regulation can look different

Sometimes a helpful response is expressing a feeling. Sometimes it is taking a pause, getting support, solving a problem, or setting a boundary. The aim is not constant calm or the removal of uncomfortable emotions. A useful response fits the situation and your values.

Practice with manageable moments

Start with everyday examples before trying a skill in a high intensity situation. Try one change, notice what happened, and adapt. If emotions repeatedly lead to unsafe behavior, serious relationship harm, or impaired functioning, ask a qualified clinician for a fuller assessment and tailored care.

A feeling I want to understand and a response I want to practice

--

Meeting Intense Feelings With Choice

Emotion regulation | Clinicians | 5 to 10 minutes

Offer validation and collaborative choices during an emotionally intense moment.

Use this dialogue when a client becomes upset during a manageable discussion and remains able to participate. Slow the interaction, validate what is present, and offer choices. Shift to assessment or crisis procedures when the situation requires them.

Name without deciding for them

Clinician: "I notice your voice changed and you have gone quiet. What are you noticing?"

Client: "I am angry." Clinician: "Something here matters a lot. Do you want me to listen, help us slow down, or ask a question?" Avoid assuming the emotion from appearance alone.

Validate and explore the need

If the client says, "You are not hearing me," respond: "I may have missed something. What would you want me to understand?" Reflect their meaning. Then ask, "What feels most needed right now: clarification, a boundary, a break, or something else?"

Choose the next action together

Clinician: "Would it help to try one small pause and then decide what comes next?" If they decline: "We can stay with talking or stop the exercise." If they agree, offer an external anchor or quiet moment. Afterwards ask, "Did that help, make things harder, or do neither?"

What the client needed and what we changed in response

--

Practicing a Deliberate Pause

Emotion regulation | Clinicians | 50 minutes

Guide a session that turns emotional awareness into a practiced response.

Outcome: the client identifies an early cue, chooses a pause, and rehearses a response that fits their goal. Begin with a manageable example. The client can decline role play, use writing instead, or stop at any point.

Minutes 0 to 15

0 to 5: check current distress and immediate safety needs. 5 to 10: choose a recent everyday interaction and a goal for the session. 10 to 15: use EMO01 to separate the event, feeling, interpretation, urge, and possible need.

Minutes 15 to 40

15 to 25: use EMO03 when an interpretation needs review, or discuss a practical boundary when the concern is clear. 25 to 35: use EMO02 to select an early cue, a pause, and words for returning. 35 to 40: rehearse once or write the response, then invite feedback.

Minutes 40 to 50

40 to 45: adjust the practice to the client's real setting and identify support. 45 to 50: choose one opportunity to try it, decide what to observe, and close with a check in. If the example involves coercion or danger, replace joint communication practice with individualized safety and support planning.

My cue, pause, chosen words, and practice opportunity

--

Listening to an Emotion With Curiosity

Emotion regulation | Adults and teens 13+ | 10 to 15 minutes

Explore a feeling while preserving choice about the next action.

Choose a feeling that is present or recently passed. You may write briefly, draw, or speak your answers. You do not have to explain the feeling perfectly. Focus on what the experience might be asking you to notice.

Make room without handing over control

Describe the feeling in your own language. Notice the story attached to it and the action it invites. You can acknowledge both while deciding whether that action fits your situation. Mixed feelings are welcome here.

Close with care and choice

Consider whether you need comfort, practical help, a boundary, information, or rest. End with one realistic response. If exploring the emotion increases distress, return to the room, stop writing, and choose support instead of pushing for insight.

The feeling or mix of feelings I notice and the situation around them

The story my mind tells and the action I feel pulled toward

What need, value, or limit might deserve attention?

A response I choose and support that could help me carry it out

Noticing Present Day Cues

Trauma and stabilization | Adults and teens 13+ | 10 to 15 minutes

Identify present day information and an available choice without recounting trauma.

This practice focuses on the room and the current moment. You do not need to describe what happened in the past. Choose details that feel neutral or supportive, keep your eyes open if you prefer, and stop whenever you want.

Find current information

Look around and name a few things you can observe, such as the date on a calendar, a familiar object, the location of the door, or the sound of a nearby fan. If the setting is unsafe, prioritize getting help or moving toward safety instead.

Notice choice in the present

Identify one choice available now: where to sit, whether to move, who to contact, or whether to continue. Try a brief phrase such as "I am in this room, and I can choose my next step." Use words that feel accurate rather than forcing a claim that you are safe.

Three details that help me recognize the current place and time

One neutral or supportive detail I want to focus on

A choice I have right now

What helped, what did not, and what I want to do next

Making a Choice and Permission Plan

Trauma and stabilization | Adults and teens 13+ | 10 to 15 minutes

Create a practical participation plan that makes consent and choice visible.

Support can feel more usable when you know what choices are available. This page helps you tell a clinician or trusted support person what helps you participate and what you want them to ask before doing.

Name preferences without explaining everything

You can state a preference without sharing the experience behind it. Examples include keeping the door in view, receiving a description before an exercise, choosing whether to close your eyes, or being asked before someone moves closer. Preferences can change.

Agree on a way to pause

Choose a word, gesture, written message, or other signal that means pause. Decide what should happen next, such as quiet, an explanation, a different activity, or ending the exercise. The plan works best when the other person confirms what they can provide.

Things that help me participate comfortably

Things I want someone to ask permission for first

My pause signal and what I would like to happen next

What we agreed on and when we will review it

Mapping Stress Signals and Supports

Trauma and stabilization | Adults and teens 13+ | 10 to 15 minutes

Recognize personal stress signals and match them with practical supports.

People notice stress in different ways. Identify signals that are familiar to you and supports that fit those signals. This page is an everyday planning tool; it does not require telling the story of a traumatic event.

Describe your own pattern

You might notice faster speech, restlessness, tension, feeling distant, difficulty following a conversation, or wanting to leave. Use your own words and include signs another trusted person might notice. No single pattern is the correct trauma response.

Match support to the signal

Choose responses you can try or request. Examples include a quieter space, a brief movement break, an explanation of what is happening, a supportive voice, or stopping an activity. If a response has made things worse before, record that too.

Early signals I notice in thoughts, actions, or sensations

Signs that tell me I need more support or a pause

Helpful responses matched to those signals

What I want others to avoid and who can help

Choosing From a Grounding Menu

Trauma and stabilization | Adults and teens 13+ | 10 to 15 minutes

Test a grounding option and personalize it using the person's response.

Grounding is a set of possible ways to reconnect with the current moment. Different options help different people. Try one brief option, notice its effect, and keep only what is useful. You can move, talk, or stop.

Choose an accessible option

Visual: describe three shapes or colors nearby. Sound: name two current sounds. Movement: gently shift position or press your feet against a surface if comfortable. Thinking: say the current date and name one planned activity. Connection: ask a trusted person to speak calmly about the present.

Review instead of pushing

Try for twenty to thirty seconds, then check whether you feel more present, less present, or unchanged. If touch, movement, body focus, or certain sounds are uncomfortable, choose another route. Do not force breathing patterns or use painful sensations to ground.

An option I want to try and an option I want to avoid

What I noticed before and after the brief practice

Changes that would make the option more useful or accessible

My preferred option and who can support me in using it

Mapping Support and Boundaries

Trauma and stabilization | Adults and teens 13+ | 10 to 15 minutes

Identify appropriate support and prepare a clear boundary around disclosure.

You can choose different levels of support from different people. This page helps you identify who feels dependable for a specific need and what boundaries make contact more manageable. You do not owe anyone your full story.

Match people to roles

One person may help with a ride, another may listen, and a professional may help with assessment or treatment. Include services and community spaces as well as individuals. A person who is close to you is not automatically a safe or suitable support.

Choose what to share

Decide what you want to ask for and what you prefer to keep private. For example, "I am having a hard day and could use company. I do not want to discuss details." Plan an alternative if someone cannot help or does not respect the boundary.

A need I want support with and a person or service suited to it

What I am willing to share and what I want to keep private

The request or boundary I could say

My alternative if the response is unavailable or unhelpful

Planning After a Difficult Reminder

Trauma and stabilization | Adults and teens 13+ | 10 to 15 minutes

Prepare a present focused coping sequence for after a distressing reminder.

A reminder can bring a strong response even when you did not expect it. Build a plan for what to do afterwards without recording the traumatic event. Focus on current needs, available choices, and people or services that can help.

Start with the present situation

Ask whether there is current danger or an urgent health concern. If so, use your agreed emergency or support plan. Otherwise, choose a familiar present moment cue, a quieter location, or another option that has helped you reconnect before.

Reduce the next demand

Decide what can wait, what basic need requires attention, and whether you want contact with someone. You may need rest, food, practical assistance, or a clinician check in. Review the plan later when you feel able; there is no requirement to process the reminder immediately.

Signs that tell me a reminder has affected me

My first present focused response and a place I can use it

A need to address and a demand I can reduce

Who I can contact and when I need more urgent support

Understanding Trauma Related Reactions

Trauma and stabilization | Adults and teens 13+ | 10 to 15 minutes

Explain common trauma related concerns and the role of present focused support.

After overwhelming experiences, some people notice changes in sleep, attention, emotions, relationships, or their sense of safety. Responses vary, and not everyone develops PTSD. A thoughtful assessment considers the person's experience, context, strengths, and current needs.

Support can begin with the present

You can discuss sleep, routines, boundaries, relationships, or current stress without describing every detail of what happened. Ask what an exercise involves and choose whether to participate. A support plan can include practical help and connection as well as coping skills.

Skills have a role and a limit

Orientation, grounding, and predictable routines may support day to day coping for some people. They are not complete treatments for PTSD. When symptoms are persistent or disruptive, a qualified clinician can discuss assessment and treatment options with you, including evidence based trauma focused therapies when appropriate.

Choice continues through care

You can ask about the purpose, possible benefits, and challenges of a treatment. Share preferences about pacing, communication, cultural context, and accessibility. You do not need to complete these pages perfectly or achieve constant calm before discussing further treatment.

A current need and a question I would like to ask about care

Restoring Choice During Activation

Trauma and stabilization | Clinicians | 5 to 10 minutes

Use brief dialogue to offer consent, orientation, and choice during distress.

Use this dialogue when a client appears distressed during a conversation. Begin with observation and permission. The goal is to understand what they need now, not to obtain more details about an overwhelming experience.

Offer a pause without assuming

Clinician: "I notice it has become harder to stay with our conversation. What are you noticing?" Client: "I feel far away." Clinician: "Would you like us to stop the topic? We can look around the room, change position, talk about the present, or just pause."

Ask before guiding

If the client chooses orientation: "Would it be okay to name where we are and today's date together?" If they decline: "Okay. What would feel more useful?" Avoid touch or changes in proximity without permission. Use clear, brief language and allow time for a response.

Review and return control

Clinician: "Are you feeling more present, less present, or about the same?" If worse, stop the exercise and use the individualized assessment and support plan. If helpful: "Would you prefer another topic, planning for the rest of today, or ending here?" Do not require resuming the trauma discussion.

What the client chose and what helped or worsened the experience

Building a Present Focused Support Plan

Trauma and stabilization | Clinicians | 50 minutes

Structure a choice based session focused on present coping and support.

Outcome: the client identifies a helpful present focused option, a pause signal, and a support plan for the coming week. No trauma narrative is needed. Explain each exercise and make declining or changing it an explicit option.

Minutes 0 to 15

0 to 5: assess current orientation, distress, and immediate safety or health needs. 5 to 10: agree on a useful goal and review choice using TRA02. 10 to 15: use TRA03 to identify familiar stress signals without exploring event details.

Minutes 15 to 40

15 to 25: offer TRA01 or TRA04 and practice one option briefly, checking its effect before continuing. 25 to 35: use TRA05 to match a current need with appropriate support and boundaries. 35 to 40: begin TRA06 with a simple response sequence for a difficult reminder.

Minutes 40 to 50

40 to 45: review what helped, what did not, and any needed referrals or treatment questions. 45 to 50: confirm the plan for leaving, available support, and when to seek more help. Close with present orientation if desired. Replace the agenda with assessment and appropriate support if safety or significant disorientation requires it.

Preferred option, pause signal, support contact, and next review

Reconnecting With Everyday Choice

Trauma and stabilization | Adults and teens 13+ | 10 to 15 minutes

Notice present day agency and identify one preference or support to strengthen it.

Use these prompts to notice choice in your present life. You do not need to write about a traumatic experience or find a lesson in it. A few words, a drawing, or a conversation can be enough.

Stay with the current day

Choose an ordinary moment, such as deciding where to sit, what to wear, whether to answer a message, or whom to ask for help. Notice which options felt available and which were limited by your circumstances. Having limited choice is not a personal failure.

Make one preference visible

Name one thing you would like more say in. You might communicate a preference, ask for information, set a boundary, or seek practical help. Keep the next step small and safe. Stop writing if the prompts pull you into details you do not want to explore.

One choice I made today and what it meant to me

An area where my choices felt limited and what contributed to that

A preference or boundary I want someone to understand

One safe step or support that could give me more room to choose

What Substance Use Does for Me

Addiction and recovery | Adults | 10 to 15 minutes

Understand what substance use offers, what it costs, and which needs deserve another response.

Choose one recent situation involving substance use or an urge. Describe it with curiosity. You do not need to defend yourself or decide your whole recovery plan today. Understanding the purpose of a behavior can help you find a useful next step.

Trace one situation

Start before the use or urge: where were you, who was present, and what was happening? Notice feelings, physical needs, thoughts, or pressures. Then name the immediate effect you hoped for, such as relief, energy, connection, sleep, or escape.

Include both time frames

An action can help briefly and create difficulties later. Record both without turning either into a character judgment. Consider health, money, relationships, responsibilities, and the next morning. Choose one need you could meet in another way, even partially.

What happened before the urge or use, and what did I need?

What did I hope it would do, and what happened afterward?

What short term benefit and later cost matter most to me?

What is one other way to respond to that need this week?

Choosing My Next Recovery Goal

Addiction and recovery | Adults | 10 to 15 minutes

Turn your own reasons for change into a small, specific recovery action.

You may feel ready, uncertain, frustrated, or several things at once. Start with what you want life to be more like. Your next step can involve treatment, abstinence, reducing harm, learning about options, or asking for support.

Name your direction

Choose one meaningful change for the next seven days. Make it observable: attending an appointment, avoiding a particular setting, or discussing treatment options. Include when and where it will happen. A medically safe plan may require professional support before changing substance use.

Check the fit

Use 0 to 10 as a personal conversation scale: 0 means not important or not confident, and 10 means very important or very confident. These ratings are not clinical scores. Ask what makes the number above zero and what could raise confidence by one point.

My reason for change in my own words is

My seven day action and the day or time I will try it are

Importance 0 to 10 and confidence 0 to 10 are; what supports these ratings?

To make this step more realistic, I need

My Plan for a Strong Urge

Addiction and recovery | Adults | 10 to 15 minutes

Prepare a brief sequence of actions and support for a craving episode.

An urge is information about what is happening now. You can plan a response before the next difficult moment. Choose actions that fit your environment and abilities. The aim is to create options and support, even if the urge remains uncomfortable.

Notice and create space

Name an early cue, such as a familiar route, a message, loneliness, pain, or payday. If you can do so safely, move away from the cue and pause a decision. Choose a brief activity that occupies your attention: walk with someone, hold a familiar object, or begin a simple task.

Connect and reassess

Choose a person or service you can actually reach. Prepare a direct request: I am having an urge and need company while I decide my next step. If the first plan fails, use a second contact or a safer location. Do not wait for an urge to become an emergency before seeking help.

An early cue I can notice is

For the next few minutes, I can move to or do

My first support and the exact request I can make are

If that support is unavailable, my backup plan is

Changing a High Risk Routine

Addiction and recovery | Adults | 10 to 15 minutes

Redesign one predictable routine to make a safer recovery choice easier.

Some difficult moments follow a familiar pattern. Choose one routine you want to change, such as the trip home after work or an unstructured evening. Focus on the surroundings and available choices instead of relying only on willpower.

Find the decision points

Describe the routine in three parts: what starts it, what happens next, and where the risk increases. Look for one point you can change before the urge becomes intense. Examples include arranging a ride, carrying a meal, scheduling a call, or taking a different route.

Make the alternative practical

Plan for cost, transportation, fatigue, privacy, and competing responsibilities. Prepare one item or contact in advance. Test the new routine once and notice what helped. If it was difficult, adjust the plan; the result is useful information about what support is missing.

The routine and its three main steps are

The earliest decision point I can change is

My alternative route or activity and what I must prepare are

After trying it, I noticed; next time I will adjust

After Use Choosing the Next Step

Addiction and recovery | Adults | 10 to 15 minutes

Respond to a return to use with immediate care, useful learning, and a renewed plan.

If substance use happened after a period of change, begin with your current safety and needs. You can take the next helpful step without deciding that all progress is lost. Complete this page when you are able to think and participate clearly.

Care before analysis

Check whether medical help, a safe place, food, water, or support is needed. Do not drive while impaired. Suspected overdose or serious withdrawal symptoms require urgent medical care. A return to use after reduced use can involve overdose risk; discuss a prevention plan with your treatment team.

Learn without punishment

Describe the events leading up to use and the first place additional support might have helped. Identify one consequence that needs attention and one action you can take today. Contact treatment support rather than disappearing from care. A revised plan can include different treatment intensity or medical support.

My immediate care or safety needs and who can help are

The sequence before use and an early warning I noticed were

One practical repair I can make today is

My next treatment or support contact and the plan change to discuss are

Building My Recovery Support Team

Addiction and recovery | Adults | 10 to 15 minutes

Match different recovery needs with specific people, services, and requests.

One person does not have to meet every need. Build a support plan with different roles: practical help, emotional connection, recovery companionship, and professional care. Include people and services that respect your goals and boundaries.

Give each support a role

A friend might offer a check in, a peer group might offer shared experience, and a clinician might help with treatment decisions. Ask before assuming someone is available. Consider whether a relationship feels safe, respectful, and useful for the kind of support you need.

Prepare a clear request

Try a request with a specific action and time: Could you call me after work on Tuesday while I get through the evening? Plan what to do when someone says no or does not answer. Include transportation, cost, language, technology, and accessibility when choosing services.

For practical help, I can ask; my specific request is

For connection or recovery support, I can contact

For treatment questions, I can contact; my next appointment or step is

A boundary I need and a backup when support is unavailable are

Recovery Can Include Different Supports

Addiction and recovery | Adults | 5 to 10 minutes

Explain recovery options while keeping personal choice and medical safety visible.

Recovery planning begins with what matters to you and what help you need. Goals and supports may change over time. Your care team can help you consider options and make a plan that addresses health, safety, relationships, and daily life.

A menu to discuss

Options can include counseling, peer support, practical assistance, treatment for other mental health concerns, and medications for some substance use disorders. Medication treatment can be part of recovery. Ask what an option is meant to help with, its benefits and risks, its cost, and how progress will be reviewed.

Safety deserves its own plan

Ask a medical professional before abruptly stopping alcohol after heavy regular use or benzodiazepines taken regularly; withdrawal can be dangerous. If opioid exposure is possible, discuss naloxone and overdose prevention. If someone cannot be awakened, has slow or stopped breathing, or you suspect overdose, call 911, use naloxone if available for possible opioid exposure, and follow emergency instructions.

Keep the conversation open

Tell your provider what is helping, what feels difficult, and what you have not been able to access. A return to use is a reason to reassess support and treatment. It does not make you undeserving of care. This page introduces choices; it does not prescribe a detoxification or medication plan.

One option or safety question I want to discuss is

When Change Feels Complicated

Addiction and recovery | Clinicians | 10 to 15 minutes

Offer an autonomy supporting conversation when a client feels uncertain about change.

Use these lines as flexible prompts, with space for the client to disagree. Reflect their meaning before moving to planning. The immediate goal is a clearer understanding of the client's perspective and one mutually chosen next step.

Open with permission

Clinician: Would it be useful to talk about what substance use is doing for you and where it creates problems? Client: Everyone just wants me to stop. Clinician: You want your experience understood before anyone tells you what to do. What do others miss?

Explore both sides

Clinician: What would you want to keep about how life is now, and what would you like to be different? Client: It helps me unwind, but mornings are rough. Clinician: Relief matters, and so does how you feel the next day. Which part would you like to explore first? If the client does not want change: What information or support would still be useful today?

Invite a step and check it

Clinician: May I share two options, then hear what fits? Offer accurate, relevant choices without a lecture. Clinician: Of those, what would you choose, if anything? What could get in the way? If confidence is low: How could we make the step smaller or add support? Close by asking the client to describe the plan in their own words.

Client language to preserve and the next step they chose

A Session for Recovery Choice

Addiction and recovery | Clinicians | 50 minutes

Guide a 50 minute meeting toward one client chosen recovery action and a feasible support plan.

Intended outcome: the client identifies a meaningful reason for change, chooses one practical action, and knows whom to contact if the plan becomes difficult. Adapt pacing to readiness. Medical or other acute safety needs take priority over this agenda.

Minutes 0 to 15

0 to 5: Check current safety, substance related medical needs, and the client's preferred focus. Explain that they may pass on any reflection. 5 to 15: Use REC01 to explore one recent situation, including the immediate function of use and a consequence the client wants to change. Reflect ambivalence without arguing.

Minutes 15 to 40

15 to 25: Use REC02 to choose one seven day goal. Ask what makes it personally meaningful and what would increase confidence. 25 to 40: Use REC03 to rehearse a response to one likely urge. Practice the first action and a specific support request. Revise the sequence if it requires unavailable resources.

Minutes 40 to 50

40 to 45: Confirm who can help, what the backup is, and whether treatment or medical follow up is needed. 45 to 50: Ask the client to summarize their plan and rate its fit in words. Agree on one practice opportunity and how the next session will review it. Record the client's choice and relevant clinical decisions.

Chosen action, support contact, and next review date

--

Writing About My Recovery Direction

Addiction and recovery | Adults | 10 minutes

Explore your reasons, strengths, and support needs without turning recovery into a test.

Choose one prompt or write a few lines for each. You can use a voice note or speak your answer with a clinician. Keep the focus on your own experience. You do not have to share anything that feels too private.

Begin where you are

Write about a real moment rather than what you think recovery should look like. Include mixed feelings if they are present. A useful entry can be a sentence about uncertainty, a small action you took, or a need that still has not been met.

Finish with care

After writing, notice whether you need connection, a practical task, rest, or support. Choose one small action that fits your current plan. If reflection makes urges stronger or brings up safety concerns, pause and use your support or safety plan rather than pushing to finish.

A part of life I want to protect or rebuild is

A choice I made recently that deserves recognition is

An obstacle I need help with rather than more self criticism is

One thing I want my treatment team or support person to understand is

Map Our Conversation Cycle

Couples communication and boundaries | Couples | 15 to 20 minutes

Notice one repeated interaction and choose a different response.

Choose a recent, manageable disagreement that both people feel safe discussing. Each person completes their own map before comparing. The goal is to understand what happens between you while keeping each person responsible for their own behavior.

Describe one moment

Use an observable event: "When the conversation moved to money, I looked away."
Separate the event from your interpretation, such as "I thought I was about to be criticized."
You may have different memories of the same moment.

Follow your part of the sequence

Notice your body, the meaning you made, and what you did next. Ask your partner about the impact rather than deciding it for them. A protective intention does not erase hurtful behavior.

Choose one interruption

Try a small action within your control: name confusion, ask for one question at a time, or request a pause. If honesty could lead to threats or retaliation, stop the joint exercise and speak privately with your clinician.

The event and the meaning I made

My body signals and what I did next

The impact my partner described

One different response I want to practice

Ask for What You Need

Couples communication and boundaries | Couples | 10 to 15 minutes

Turn a complaint into a specific and negotiable request.

Select one need that you can discuss safely. A request tells another person what would help and leaves room for their answer. It is more useful when the action is specific enough that both people can recognize it.

Start with a small observation

Describe one event without labels such as selfish, lazy, or always. Example: "We started discussing tomorrow while I was getting the children ready." Name your experience without assuming your partner intended it.

Make the action visible

Try: "I feel rushed, and I need a little focus. Would you talk with me for ten minutes after bedtime?" Ask for one action, place, or time. A request may be declined; a boundary concerns what you will do.

Practice the response too

Read your request aloud. Invite an alternative that respects both people. If the answer is no, identify a next step you control. Agreement obtained through fear, punishment, or pressure is not voluntary.

One observable event

My feeling and the need underneath it

My specific request

An acceptable alternative or next step I control

Listen and Check Understanding

Couples communication and boundaries | Couples | 15 to 20 minutes

Practice reflecting a partner accurately before responding.

Choose a topic with manageable intensity. The speaker gets two minutes to describe one experience. The listener first checks what they understood. Understanding another person does not require agreeing with every interpretation or giving up your own perspective.

Speaker round

Describe what happened, how it affected you, and what matters now. Keep to one event. You may read from notes, slow down, or stop. Avoid insults and claims about the other person's motives.

Listener round

Try: "What I hear is... The part that mattered most was... Did I understand?" Let the speaker correct one point. Then ask whether they want listening, ideas, or a practical response. Do not turn the reflection into a rebuttal.

Switch by agreement

When the speaker feels sufficiently understood, agree whether to switch or pause. This is a short practice, not a requirement to resolve the issue. Stop if either person feels intimidated or unsafe.

Speaker notes on the event and its impact

Listener reflection in my own words

One correction or detail I missed

The response requested and our next step

Plan a Respectful Pause

Couples communication and boundaries | Couples | 10 to 15 minutes

Agree on a way to stop an escalating discussion and revisit it safely.

Create this plan during a relatively calm moment. A pause gives each person space to regain choice. It should not become a threat, punishment, or demand that someone stay in a conversation they need to leave for safety.

Notice the earlier signals

List the signs you can recognize in yourself before the discussion becomes harder to manage. Examples include speaking faster, losing track of words, or feeling unable to listen. Avoid telling your partner what their body means.

Agree on the practical details

Choose a brief phrase, such as "I need a pause." Identify a realistic check-in time and whether you will speak or send a message. During the pause, choose a settling activity instead of preparing a stronger argument.

Return with consent

At the agreed check-in, ask whether both people can continue. If more time is needed, suggest another time or clinician support. No return agreement overrides someone's immediate safety or right to decline.

My early signals and pause phrase

Where I can pause and what may help

How and when we will check in again

What we will do if continuing is not workable

Repair After a Difficult Moment

Couples communication and boundaries | Couples | 15 to 20 minutes

Make a specific repair attempt without demanding forgiveness.

A repair begins with naming your own behavior and listening to its impact. Choose a moment you are ready to take responsibility for. The other person decides whether, when, and how they want to respond.

Name the action plainly

Say what you did without a justification that shifts responsibility. "I interrupted you and raised my voice" is clearer than "I am sorry you got upset." You can discuss context later without using it to erase the impact.

Ask rather than presume

Try: "I can see that I made it harder for you to speak. What did that moment feel like for you?" If the person does not want to answer, respect that. Do not ask them to reassure you.

Link words to a change

Offer one action you can follow through on. Example: "At our next check-in, I will write down my response and wait until you finish." Repair is evaluated through behavior over time; an apology does not create an obligation to reconcile.

The behavior I take responsibility for

The impact I understand and what I still need to hear

My repair statement

The action I will practice and when I will review it

Set a Clear Boundary

Couples communication and boundaries | Adults | 10 to 15 minutes

Describe a limit and a response that remains within your control.

A boundary describes what you will participate in and how you will care for your own limits. It can be kind and firm. You do not have to persuade someone that your limit is reasonable before taking it seriously.

Identify the limit

Choose a specific situation, such as late-night work messages, requests for money, or conversations involving insults. Notice what you need to protect: rest, privacy, time, safety, or another value.

Keep the response within your control

Example: "I can discuss this when we can speak without insults. I am ending this call now." A boundary is different from controlling another person's friendships, clothing, money, or movement.

Consider consequences and support

A clear statement may not change another person's behavior. Plan what you can realistically do and who can support you. If setting a limit may trigger danger, work privately with a qualified professional or advocate on a safer approach.

The situation and the value I want to protect

The limit I want to communicate

The action I control if the limit is crossed

Support or practical barriers I need to consider

Recognize Safer Relationship Conversations

Couples communication and boundaries | Couples | 10 to 15 minutes

Identify conditions that support voluntary communication and when a different approach is needed.

Communication practice works best when people can speak, disagree, and stop without being punished. Before trying a joint worksheet, consider whether both people have that freedom. The purpose is to create useful choices, not to earn permission to be treated respectfully.

Conditions to look for

Both people can decline a topic, ask for time, and keep appropriate privacy. Each person takes responsibility for their own behavior. Listening includes curiosity and correction. A request can receive a no. Neither person has to prove love through access to passwords, money, sex, or constant availability.

When joint exercises may be unsafe

Threats, coercion, stalking, violence, or fear of retaliation call for private assessment and specialized support. A person being harmed is not responsible for ending abuse by communicating more skillfully. The National Domestic Violence Hotline cautions against couples therapy with an abusive partner.

A small practice when it is safe

Choose a neutral decision, such as a weekend task. Each person states one preference and one practical limit. Reflect what you heard before proposing a plan. End with a check: "Did you feel able to disagree?" If the answer is no, stop and discuss that privately with your clinician.

One condition I want to strengthen or discuss privately

Invite a Difficult Conversation

Couples communication and boundaries | Clinicians | 10 to 15 minutes

Help partners negotiate whether and how to discuss one manageable concern.

Use after separate assessment supports the safety and suitability of conjoint work. This script models permission, pacing, and a specific request. It is a flexible example rather than a requirement to use exact words.

Invite choice

Clinician: "Would practicing a short conversation about one manageable concern be useful today? Either of you can pass or pause." If a partner declines: "Thank you for being clear. What would make this time useful instead?" Do not seek a yes through pressure.

Coach a clear opening

Clinician to speaker: "Name one event, its effect on you, and an action you would like to request." Example: "When plans change at the last minute, I feel unprepared. Could we send a message when the timing changes?" Clinician to listener: "What did you hear the request to be?"

Respond to different needs

If the listener disagrees: "You can understand the request and still have limits. What could you agree to?" If either person becomes overwhelmed: "Let us stop the practice. Would quiet, a different topic, or a pause help?" If fear or coercion emerges, end the joint exercise and arrange private safety assessment.

Review the process

Ask: "What helped you feel able to choose? What felt pressuring? What is one action each of you freely agrees to try?" Record each person's own account rather than declaring mutual agreement when it is absent.

Language I will adapt for this couple

Practice One Conversation Together

Couples communication and boundaries | Clinicians | 50 minutes

Help a suitable couple practice one clear request and evaluate how the conversation felt.

Prerequisite: separate safety assessment supports conjoint work. Select a low-intensity concern, and agree that either person can stop. The observable outcome is one practiced exchange and a freely chosen next step, not resolution of the entire relationship issue.

Minutes 0 to 8

Check willingness, immediate needs, and the topic each partner wants to address. Establish a pause signal. If safety concerns emerge, replace the exercise with appropriate private assessment and follow-up.

Minutes 8 to 18

Use REL01 to map one interaction. Invite separate accounts and identify one action each person can control. Do not insist that each contribution is equal.

Minutes 18 to 30

Practice REL03. One partner speaks for two minutes; the other reflects and checks accuracy. Switch only by agreement. Ask what made listening easier or harder.

Minutes 30 to 40

Use REL02 to turn one concern into an observable request. Rehearse a yes, a no, and a negotiated alternative. Check whether the answer is voluntary.

Minutes 40 to 46

Choose a pause and return plan using REL04 if useful. Identify one practice opportunity, practical barrier, and alternative. Assign no shared homework if it could increase pressure or danger.

Minutes 46 to 50

Ask each person what they understood, what remains unresolved, and whether the plan feels workable. Confirm the next appointment or support pathway and document the agreed action.

The practiced request and voluntary next step

Reflect on Connection and Choice

Couples communication and boundaries | Adults | 10 to 15 minutes

Explore connection, personal agency, and accountability without assigning blame automatically.

Choose one relationship and write only what feels useful today. This page is for your own reflection; sharing is optional. You can care deeply about someone while still considering whether the relationship gives you space to choose, disagree, and grow.

Begin with a real moment

Recall a recent interaction when you felt understood, or a moment when you wished for more understanding. Describe what happened before deciding what it means about you or the relationship.

Hold two responsibilities separately

You are responsible for your own words and actions. You are not responsible for controlling someone else's response or preventing their abusive behavior. Consider both the changes you can make and the support you may need.

Choose how to use the reflection

You might bring one sentence to therapy, keep the page private, or discard it. If privacy is uncertain, ask your clinician about a safer way to reflect. Your next step can be gathering information instead of starting a conversation.

When did I feel most able to be myself in this relationship?

What need or boundary have I had trouble naming?

What behavior of my own would I like to change?

What freely chosen next step or support would help?

Naming What Has Changed

Grief and life transitions | Adults | 10 to 15 minutes

Recognize the main loss and the everyday changes surrounding it.

A loss can change more than one relationship or role. It may affect routines, identity, finances, community, or a future you expected. This page helps you name what has changed without requiring you to explain every detail or feel a particular way.

Map the changes

Start with the loss in the words you prefer. Then consider changes that came with it: who checks on you, who handles a task, where you belong, or what a familiar place now feels like. Some changes may seem small to others and still matter deeply to you.

Choose one area for support

You do not need to address every change today. Circle one that is especially difficult or one where help feels possible. Separate what needs emotional company from what needs practical assistance. For example, missing a shared meal may call for companionship, while paperwork may call for concrete help.

The loss or transition I want to name today is

Changes in my routines, roles, or expected future include

One change other people may not notice is

The kind of support I want first and whom I might ask are

A Plan for Grief Waves

Grief and life transitions | Adults | 10 to 15 minutes

Prepare flexible choices for moments when grief becomes especially intense.

Grief may be quieter at one moment and strong at another. A reminder can arrive unexpectedly. This plan is about giving yourself options when feelings rise; it does not ask you to stop grieving or make your feelings follow a schedule.

Notice your own signals

Choose a recent manageable example. Notice the reminder, what happened in your body or thoughts, and what you needed. Possible responses include company, privacy, an ordinary task, a brief pause, or practical help. Different moments may call for different responses.

Offer two choices

Prepare one option for when you want connection and another for when you want space. A brief phrase can help: I am having a hard grief moment; could you sit with me? Decide how you will rejoin your day when ready, without requiring the feeling to disappear first.

A reminder or early signal I sometimes notice is

When I want connection, I can ask or do

When I want space, I can safely

A gentle way to return to the next part of my day is

Remembering in My Own Way

Grief and life transitions | Adults | 10 to 15 minutes

Choose an optional way to acknowledge a meaningful relationship or life chapter.

Remembering can bring comfort, pain, mixed feelings, or little feeling at all. You decide whether this exercise fits today. You may honor a person, a place, a role, or a chapter of life without presenting the relationship as perfect.

Select one small expression

Possible choices include a song, a meal, a drawing, a story, a private phrase, or keeping an ordinary object. Choose something that matches your beliefs and circumstances. You may also decide that setting an object aside or taking a break from reminders is the caring choice today.

Keep your own meaning

Name what this expression means to you, including any complicated parts. Decide whether it will be private or shared. If others participate, tell them what would feel supportive and what would not. The exercise does not require forgiveness, gratitude, or a positive interpretation of harm.

What I want to acknowledge or remember is

My chosen expression, or my choice to pause, is

The meaning and mixed feelings I want to make room for are

I want this to be private or shared with; afterward I may need

Preparing for a Difficult Date

Grief and life transitions | Adults | 10 to 15 minutes

Plan support and flexibility around an anniversary, holiday, or other meaningful date.

A date can carry memories, expectations, and pressure from other people. You can plan ahead while leaving room to change your mind. This page helps you decide what you want to do, what you want to decline, and who can support you.

Consider the whole day

Think about the period before, during, and after the event. Include transportation, meals, company, rest, and an exit option. Choose a smaller version of the plan in case your energy is low. You can participate for part of an event or mark the date privately.

Communicate a flexible boundary

Try: I would like to come for an hour, and I may leave early. Or: I am keeping this day quiet; please check on me tomorrow. Other people may grieve differently. You can respect their choices while asking them to respect yours.

The date or event and what it may bring up are

My preferred plan and a smaller backup version are

A boundary or request I want to communicate is

My support before, during, and after the date will be

Sharing the Practical Load

Grief and life transitions | Adults | 10 to 15 minutes

Identify a practical burden after loss or transition and ask for a specific form of help.

Life tasks can keep arriving while your attention and energy are stretched. This page focuses on one practical burden. Asking for help does not require you to explain all your feelings or prove that you are struggling enough.

Sort what needs attention

List a few current tasks, then mark one as urgent, one as able to wait, and one as able to be shared. Use actual deadlines when you know them. If a task involves legal, financial, or medical decisions, identify the qualified person who can answer your questions.

Turn help into a clear request

Choose a task someone can understand and complete. For example: Could you sit with me while I sort these letters for twenty minutes? Tell the person what decisions remain yours. A specific offer can be easier to accept than a broad instruction to ask if you need anything.

One urgent task, one task that can wait, and one I could share are

The person or service I could ask and the exact request are

A choice or boundary I want to keep control of is

My next small action and when I will take it are

Words I Have Not Said

Grief and life transitions | Adults | 10 to 15 minutes

Create a private space for unfinished thoughts without requiring a response or resolution.

Some words remain after a death, separation, or life change. You can write to a person, a past version of yourself, or the situation itself. The writing is for you. It does not need to be sent, saved, or shared.

Choose a manageable beginning

Begin with one sentence: What I wish you understood is; What I miss is; What still hurts is; or What I need now is. Select a small part of the story rather than its most overwhelming detail. You can use fragments, drawings, or spoken words.

Decide how to close for today

You do not need to reach closure, forgiveness, or a final conclusion. End with a present need, then notice your surroundings and choose what comes next. Decide whether to keep, put away, or dispose of the page. Pause if writing becomes too activating.

The person, situation, or version of myself I am addressing is

What I want to say today is

What I need after writing and what I will do with this page are

Making Room for Different Grief

Grief and life transitions | Adults | 5 to 10 minutes

Explain that grief varies while identifying when additional support may be useful.

Grief can involve sadness, anger, numbness, relief, longing, confusion, or changing combinations. People in the same family may respond differently. Your relationship, culture, beliefs, resources, and circumstances all affect what loss means to you.

There is no required sequence

You do not need to move through a fixed set of stages or demonstrate a particular emotion. Enjoying an ordinary moment does not cancel your loss. Having a difficult day after a better one does not erase what has helped. Let support fit your actual experience.

Support can be emotional and practical

You might want someone to listen, share a memory, help with a task, or simply stay nearby. You may also want privacy. Explain the kind of company that helps when possible. Cultural and spiritual practices may offer meaning, but participation remains your choice.

When to reach for more help

Consider professional support when distress feels unmanageable, daily functioning is seriously affected, substance use increases, or you feel persistently disconnected. In the U.S., call or text 988 for crisis support; call 911 for immediate danger. A clinician can assess grief alongside other concerns without using this page as a diagnosis.

The kind of support I would welcome right now is

Listening Without Rushing Grief

Grief and life transitions | Clinicians | 10 to 15 minutes

Support a grief conversation with permission, specificity, and room for complicated feelings.

These prompts help the clinician remain present without offering a timeline or a lesson. Use the client's name for the person or loss when invited. Ask what kind of conversation would be useful before choosing an exercise.

Ask what would help

Clinician: Would you like to talk about what happened, what life is like now, or something else today? Client: I am tired of telling the story. Clinician: We can leave the story alone. What has been hardest about getting through this week?

Make room for mixed feelings

Client: I feel relieved, and then I feel guilty. Clinician: Both feelings are here. What does the relief connect to, and what does the guilt say you should be feeling? Avoid assuming relief means the relationship did not matter. If the client becomes overwhelmed: Would you prefer a pause, a change of subject, or some company while we sit?

Invite a concrete preference

Clinician: When people try to help, what do they do that fits, and what makes things harder? What would you like them to understand? If appropriate, offer GRF04 for a difficult date or GRF05 for a practical burden. Close with: What do you need for the period after this session?

Client preferences, helpful language, and a support request to remember

A Session for Grief Support

Grief and life transitions | Clinicians | 50 minutes

Structure a 50 minute session around the client's current grief needs and one supportive action.

Intended outcome: the client names a current loss related need, chooses a coping or support option, and leaves with a manageable plan. Use this structure flexibly; telling the loss story or completing a worksheet is optional.

Minutes 0 to 15

0 to 5: Check current wellbeing, safety, and the client's preference for talking, practical planning, or quiet reflection. 5 to 15: Use GRF01 to identify the loss and secondary changes that matter today. Follow their language and avoid assuming a particular emotional response.

Minutes 15 to 40

15 to 30: Choose GRF02 for intense reminders, GRF04 for a meaningful date, or GRF05 for practical burdens. Complete only the relevant parts. 30 to 40: Practice one support request or coping choice. Ask whether the plan respects cultural practices, privacy, energy, and the client's relationships.

Minutes 40 to 50

40 to 45: Notice the client's current level of activation and offer a pause or orientation to the room if desired. 45 to 50: Ask what they are taking from the session and what they need next. Agree on one optional practice and a check in plan. Address any referral or safety needs before ending.

Current need, selected support action, and follow up plan

--

Writing Through a Life Change

Grief and life transitions | Adults | 10 minutes

Reflect on what has changed, what remains meaningful, and what support is needed now.

Choose a prompt that fits your loss or transition. Write for a short period you choose, or answer aloud. You can hold appreciation and anger, uncertainty and hope, or no clear feeling at all. Nothing here requires a positive ending.

Follow your own language

A life change can affect who you are, how your days work, and what you expected next. Write about one part at a time. If a prompt does not fit your experience, change it. You do not need to make the experience meaningful for anyone else.

Return to the present

End by naming one current need and one ordinary action available to you. This might be eating, resting, contacting someone, or returning to a routine. If writing brings more distress than you want to manage alone, pause and bring the page to a trusted support or clinician.

A change that is difficult for others to see is

Something I miss, something I do not miss, or a feeling I am unsure about is

A part of myself or my life I want room for now is

What I need from others, and what I want to keep private, are

Choose Your Support Team

Teens and supportive adults | Teens 13+ | 10 to 15 minutes

Identify people and services you could approach for different kinds of help.

You do not have to tell every person everything. A support team can include people who listen, people who help solve problems, and professionals who know what to do when things feel unsafe. Choose support based on how people actually treat you.

Match the person to the need

Think about a friend, relative, coach, school professional, community member, or clinician. Who respects your boundaries? Who follows through? Someone can be good company without being the right person for a serious concern.

Practice the first sentence

Try: "I need someone to listen before giving advice," or "Something is happening that I do not feel safe handling alone." Ask a professional what they can keep private and when they must involve others.

Have a backup

If the first person is unavailable or dismisses you, choose another safe adult or service. In the United States, call or text 988 for a mental health or suicide crisis. For immediate danger or a medical emergency, call 911.

Someone I can approach for listening

Someone who can help with a practical problem

My first sentence and a backup person

How I can reach help if I feel unsafe

Make a School Stress Plan

Teens and supportive adults | Teens 13+ | 10 to 15 minutes

Break one school concern into an action and a request for support.

School stress can involve assignments, friendships, safety, transportation, expectations, or things happening outside school. Pick one concern that matters today. You do not need to solve the whole semester on this page.

Name the exact pressure

Describe when the problem happens and what makes it difficult. "I cannot finish the essay" may mean the instructions are confusing, the space is distracting, or there is no quiet time at home. Different barriers need different support.

Separate action from support

Choose one small action you can try and one thing another person could help change.

Example: open the assignment and write one question, then ask the teacher to explain the first step. Help is not something you must earn by struggling longer.

Make the request concrete

Decide who can help, when you will ask, and the words you want to use. If bullying, discrimination, or safety is involved, include a safe adult rather than treating the concern only as a time-management problem.

The specific school pressure and when it happens

The main barrier I notice

One small action I can take

The support I want and how I will ask

Practice Asking for Support

Teens and supportive adults | Teens 13+ | 10 to 15 minutes

Prepare a request that describes what is happening and what would help.

Asking for support can be uncomfortable, especially if people have misunderstood you before. You can prepare your words, write them down, or ask someone to sit with you. A request does not have to sound polished to deserve attention.

Choose a safe audience

Think about who has listened respectfully before. Decide whether a spoken conversation, message, note, or clinician-supported discussion would work best. You can ask about privacy before sharing details.

Use three useful pieces

Describe what is happening, how it is affecting you, and the help you want. Example: "Lunch has been difficult because I keep getting teased. I am avoiding the cafeteria. Can you help me find a safer plan?"

Prepare for different answers

If the person says yes, agree on a next step. If they do not understand, repeat the main need or ask another safe person. You do not have to keep explaining to someone who is threatening or mocking you.

The person and communication method I choose

What is happening and how it affects me

The help I want to request

My next step if this person cannot help

Notice Your Digital Choices

Teens and supportive adults | Teens 13+ | 10 to 15 minutes

Observe one digital habit and test a change that supports your priorities.

Phones, games, and social spaces can offer connection, fun, learning, and stress. This page helps you notice one pattern without labeling you or deciding that all screen time is the same. Choose a change you actually want to test.

Observe one situation

Think about the last time you opened an app or game automatically. What was happening before? What did you hope to get: company, a break, information, distraction, or something else? How did you feel afterward?

Keep what helps and change one friction point

Choose one small experiment. Examples include silencing one notification during homework, charging the phone outside arm's reach during a chosen activity, or leaving a group that feels hurtful. Keep necessary access for safety and support.

Review rather than punish

Try the change once or twice. Notice whether it helped your chosen priority and what it cost. Adjust it with your clinician or trusted adult. A difficult experiment provides information; it is not proof that you lack self-control.

The digital situation I want to understand

What I hoped for and what happened afterward

One change I choose to test

When I will check whether it helped

Notice When You Need Help

Teens and supportive adults | Teens 13+ | 10 to 15 minutes

Recognize personal signs of strain and connect each one to a useful response.

People show stress in different ways. You may get quieter, more restless, more irritable, or find ordinary tasks harder. This page helps you notice your own changes and decide when to involve support. It is not a test or a diagnosis.

Start with your usual pattern

Describe what a fairly manageable day looks like for you. Then notice changes in sleep, concentration, connection, appetite, energy, or activities. Include what other people might miss, especially when you look fine from the outside.

Match the signal to a response

For an early signal, choose a realistic step: eat something, take a brief break, ask for clearer instructions, or contact someone safe. If the problem continues or interferes with daily life, tell a trusted adult or clinician.

Know when to seek immediate support

If you might hurt yourself or someone else, cannot stay safe, or face immediate danger, get help now. In the United States, call or text 988 for crisis support; call 911 for a medical emergency or immediate danger.

What a manageable day usually looks like

Two changes that tell me I need support

A response that may help when I first notice them

Who I will contact if things worsen or feel unsafe

Make a Repair After Mistakes

Teens and supportive adults | Teens 13+ | 10 to 15 minutes

Respond to a mistake with accountability and a realistic repair action.

A mistake can need attention without defining your entire character. Choose a manageable situation, such as missing an agreement or snapping at someone. The goal is to understand your action, repair what you can, and plan for the next time.

Describe the action without a label

Write what you did rather than "I am a terrible person." Notice the context without turning it into an excuse. For example, being overwhelmed may explain why you snapped, but the other person may still have been hurt.

Identify what can be repaired

You might apologize, replace something, clarify information, or change a future action. Ask what would be helpful without making the other person responsible for making you feel better. They do not have to forgive immediately.

Build a next-time plan

Choose a cue and a small response: "When I notice I am about to send an angry message, I will save it as a draft and ask for a break." Get adult help if the situation involves threats, coercion, or safety.

What I did and the impact I understand

Context I need to understand without excusing the behavior

A repair action I can offer

My cue and a different response for next time

Support a Teen Who Opens Up

Teens and supportive adults | Adults | 10 to 15 minutes

Help a supportive adult respond with curiosity, clarity, and practical follow-through.

When a teen shares something difficult, your first task is to understand what they are telling you. You can be calm and honest without pretending to have every answer. The conversation may need more than one sitting.

Listen before organizing a solution

Try: "Thank you for telling me. What has this been like for you?" Reflect what you heard and ask whether they want listening, help deciding, or practical action. Avoid immediate comparisons, lectures, or demands for every detail.

Be accurate about privacy

Do not promise to keep every secret. Explain when safety concerns may require involving someone else, and discuss what will be shared when possible. Ask the teen who feels supportive and what makes an adult feel safe or unsafe to approach.

Agree on a useful next step

Choose one action together: contacting a clinician, asking for school support, changing an overwhelming demand, or checking in at a chosen time. Notice whether the concern persists or disrupts daily life. Professional assessment can clarify what support is needed.

Respond to danger directly

Take statements about self-harm, suicide, abuse, or immediate danger seriously. Seek prompt professional or emergency help according to the situation. In the United States, 988 offers crisis support; use 911 for medical emergencies or immediate danger.

One phrase and one action I want to practice

Explain Privacy and Invite Choice

Teens and supportive adults | Clinicians | 10 to 15 minutes

Explain confidentiality accurately and help a teen choose a useful starting point.

Adapt this script to your setting, consent arrangements, records access, and applicable law before use. Give a concrete explanation of privacy instead of an absolute promise. Return to these questions as the teen's circumstances and understanding change.

Explain what happens to information

Clinician: "Before you decide what to share, I want you to understand privacy here. I will explain what usually stays between us, what may be in your record, who may access it, and the situations when I must involve someone else." Describe the actual rules in plain language and invite questions.

Check understanding without testing

Clinician: "What would you want to know before trusting an adult with something personal?" If the teen asks, "Will you tell my parent?" respond with the specific limits for this setting. Do not offer reassurance that the rules cannot support.

Offer a starting choice

Clinician: "We could talk about what brought you here, something that has been hard lately, or what you want adults to understand. You can also tell me what you do not want to start with." If they say "I do not know," offer a quiet minute, writing, or a simple choice.

Close the first exchange

Clinician: "What would make these meetings more useful or less uncomfortable? If we need to involve someone for safety, I will explain what I can and include you in the process as much as possible." Confirm a small next step.

The setting-specific privacy explanation I need to give

Build One Support Request

Teens and supportive adults | Clinicians | 50 minutes

Help a teen rehearse one support request and identify a safe next step.

Offer speaking, writing, drawing, or passing. Begin with the teen's priorities and an accurate review of privacy. The session outcome is a request in the teen's own words, with a chosen recipient and backup plan.

Minutes 0 to 8

Check current concerns, safety, and what the teen wants from the meeting. Review confidentiality and offer a starting choice using TEN08. Address urgent concerns before proceeding.

Minutes 8 to 18

Use TEN02 to identify one specific pressure and separate the teen's possible action from support or environmental change that is needed.

Minutes 18 to 28

Use TEN01 to identify an appropriate recipient. Ask what the teen knows about this person's reliability and whether approaching them could create problems.

Minutes 28 to 40

Use TEN03 to write and rehearse the request. Practice a helpful response and an unhelpful response. Let the teen choose the wording and whether actual outreach is appropriate.

Minutes 40 to 46

Plan when, where, and how to ask. Choose a backup person or a clinician-supported alternative. Confirm what information the teen wants help sharing and the limits that apply.

Minutes 46 to 50

Invite feedback about the session. Ask the teen to describe the next step in their own words. Confirm follow-up and how to reach support if safety concerns arise.

Chosen request, recipient, and backup plan

Write in Your Own Voice

Teens and supportive adults | Teens 13+ | 10 to 15 minutes

Explore identity and support through questions the teen can choose or skip.

You can answer one prompt, draw, make a list, or leave a question blank. This page is not a test of insight or honesty. Choose a way to reflect that feels useful and safe, and decide whether you want to share any part.

Make room for more than one part of you

You may act differently at home, at school, online, or with friends. Some differences reflect choice; others reflect pressure or safety. Notice what matters to you without deciding that one situation tells the whole story.

Include your surroundings

Think about the people, rules, opportunities, and expectations that affect your choices. Your experience is shaped by more than motivation. It is okay to want practical changes as well as personal coping tools.

End with a choice

Select one thought to keep, one question to bring to therapy, or one person who could support you. If writing could be read by someone unsafe, choose a private conversation or another method instead.

When do I feel most like myself?

What do people misunderstand about what I am dealing with?

What matters to me even when other people do not notice?

What support or small change would make this week easier?

Put the Plan Where You Look

Attention planning and follow through | Adults and teens 13+ | 10 to 15 minutes

Move one practical plan out of memory and into a visible place.

Remembering a task and doing it are different steps. This exercise helps you create a small external reminder that you are likely to notice. Choose a system you can actually access rather than one that looks impressive but is difficult to maintain.

Capture and choose

Write the tasks that are competing for attention. Pick one that matters today. Define what finishing means: "send the email" is clearer than "deal with work." Put other tasks in a separate place so they do not become today's entire list.

Place the cue

Choose a place you already check, such as a paper by your keys or an existing calendar. Write the next physical action and when it will be useful to see it. Keep private information out of publicly visible reminders.

Check the fit

At the next session or chosen check-in, ask whether you noticed the cue and whether it led to action. If you did not, change its placement or simplify the task. Do not add several new apps at once.

The task and what finished means

The first physical action

The reminder and where I will notice it

When I will review whether the system helped

Make the First Step Smaller

Attention planning and follow through | Adults and teens 13+ | 10 to 15 minutes

Reduce one avoided task to a clear and manageable starting action.

A task can feel impossible when it contains many unnamed decisions. Choose something you want or need to begin. You are designing the entrance to the task, not promising to complete the whole thing immediately.

Find the actual starting point

"Clean the room" might begin with bringing one bag to the doorway. "Apply for a job" might begin with opening the saved posting. Write an action that you could recognize on a video, rather than an instruction to try harder.

Make it possible today

Identify what the step requires: materials, information, a quieter location, assistance, or enough energy. Choose a short practice window and a stopping point. The window should fit your capacity; it is not a competition.

Test and adjust

Try the first step during the session if feasible. Notice the exact point where you get stuck. A missing password, unclear instruction, pain, fear, or exhaustion needs a different response from a vague task. Adjust the plan based on what happened.

The task I am trying to begin

The smallest visible starting action

What I need and the practice window I choose

What happened and the next adjustment

Learn How Long Tasks Take

Attention planning and follow through | Adults and teens 13+ | 10 to 15 minutes

Compare a time estimate with one observation to improve a future plan.

Planning gets harder when a task takes longer than expected or when preparation time is invisible. Use one low-stakes activity to learn about your own timing. The result is information for planning, not a grade.

Choose one repeatable activity

Examples include getting ready to leave, answering a routine email, or packing lunch. Estimate the whole sequence, including finding materials and putting things away. Write the estimate before starting.

Observe once

Use a clock or timer if comfortable and practical. Note the start and finish, interruptions, and any waiting. If timing makes you anxious or distracts you, use a rough observation with your clinician instead.

Build a more realistic plan

Compare the estimate with what happened. Identify one overlooked step and a reasonable buffer for next time. Avoid turning one observation into a fixed rule. Repeat on another day only if it would be useful.

The activity and my estimated total time

What happened and the observed time

Preparation, interruptions, or transitions I overlooked

My next estimate and a practical adjustment

Shape a Workable Attention Space

Attention planning and follow through | Adults and teens 13+ | 10 to 15 minutes

Test one environmental change that may support a chosen activity.

Attention depends partly on the situation around you. A workable space may look different for different people and tasks. Start with one activity and one change you can realistically make, even if you do not control the whole environment.

Look at the current setup

Notice noise, light, movement, notifications, temperature, seating, materials, and interruptions. Some input may help you stay engaged while other input pulls you away. Describe your experience rather than assuming that complete silence is best.

Change one thing

Try keeping needed materials within reach, moving a distracting object, choosing a different seat, or asking for an agreed quiet period. Consider safety and access before using headphones or muting notifications. Keep necessary communication available.

Evaluate usefulness

Do the task briefly and ask: Did starting or returning become easier? Was the space comfortable and accessible? What tradeoff appeared? Keep, modify, or stop the change. An experiment that does not help still narrows the choices.

The activity and where I usually do it

Input or interruptions that help and hinder me

One environmental change I can test

What I noticed and what I will keep or change

Plan the Transition Before Leaving

Attention planning and follow through | Adults and teens 13+ | 10 to 15 minutes

Create a short sequence for one transition that often becomes difficult.

Leaving home, ending work, or moving between activities can involve many small steps. Choose one transition that regularly creates stress. Build a short sequence that reduces the need to remember everything at the same moment.

Work backward from the destination

Describe where you need to be and what you need there. Include the items, information, travel, and access arrangements involved. Decide what can be prepared earlier without creating a safety or privacy problem.

Use a short checklist

Choose three to five essential steps. Example: check the appointment address, place necessary items by the door, put on shoes, and check the travel plan. A visible cue or existing reminder may help you begin.

Plan for disruption

Choose what matters most if time is short and how to communicate a delay. Review the sequence after one attempt. If the same step repeatedly fails, change the setup or seek assistance rather than adding more self-criticism.

The transition and what I need at the destination

Three to five essential steps in order

My starting cue and what I can prepare earlier

A backup plan and one change after trying it

Find the Barrier Before the Fix

Attention planning and follow through | Adults and teens 13+ | 10 to 15 minutes

Identify why one task is stuck before choosing a strategy.

When a task is not moving, many explanations are possible. The step may be unclear, the resources may be missing, or the task may bring up difficult feelings. This page helps you choose a response that fits the barrier.

Locate the sticking point

Describe the exact moment progress stops. Ask whether you know what to do, have what you need, can do it in the current setting, and have enough capacity today. Several barriers can exist together.

Match the support

Unclear instructions may need an example. Missing resources may need practical help. Overload may need a smaller task or reduced demands. Fear may need discussion and a supported practice plan. No single productivity trick fits every barrier.

Test one response

Choose one change and define what would count as useful progress. Example: ask for a worked example and complete the first item. If it does not help, reassess the explanation rather than concluding that you are unwilling or incapable.

The task and the point where it stops

The barrier I suspect and what supports that guess

One matching support or change to test

What I will observe and when I will review it

Understand Attention Support Options

Attention planning and follow through | Adults and teens 13+ | 10 to 15 minutes

Distinguish practical attention supports from a clinical diagnosis or complete treatment plan.

Difficulty starting, remembering, organizing, or returning to tasks can have different causes. ADHD is one possibility, but a worksheet cannot establish it. Persistent difficulties that affect daily life deserve a careful assessment rather than a character judgment.

Describe the pattern

Notice where difficulties occur, how long they have been present, and what helps or worsens them. Include sleep, stress, mood, health, environment, and demands. A clinician can consider the pattern and other possible explanations.

Try support that fits the task

External reminders, smaller starting steps, written instructions, a manageable environment, and predictable routines are options to test. Choose one at a time so you can tell whether it helps. Practical accommodations may matter as much as personal effort.

Use a collaborative treatment plan

When ADHD or another condition is identified, discuss suitable treatment and supports with qualified professionals. These pages provide organizational practice; they do not replace assessment, medication management, or individualized care.

Measure usefulness fairly

Ask whether a strategy makes an important activity more manageable, reduces avoidable stress, or improves access. A system does not have to look conventional to be useful. If it repeatedly fails, revise the system and the demands placed on it.

One difficulty I want assessed or one support I want to test

Replace Blame With Useful Questions

Attention planning and follow through | Clinicians | 10 to 15 minutes

Explore a missed task without assuming a lack of motivation.

Use when a client reports that a plan did not happen. Begin with curiosity about the sequence and the fit of the plan. The purpose is to find a useful adjustment while keeping the client involved in deciding what matters.

Invite an account

Clinician: "The plan did not happen this week. Can we look at the moment it became hard to start or continue?" Client: "I was just lazy." Clinician: "That is a painful label. What did you notice in the actual situation?"

Identify a testable barrier

Clinician: "Was the next step clear? Were the materials available? Did something else need your attention? What feelings or body needs were present?" If the client is unsure: "We can take one recent example slowly, or choose a different plan."

Offer options with permission

Clinician: "Would you like to try a smaller first step, a visible reminder, or asking for support? We can also question whether this task is the right priority." Client: "The instructions were confusing." Clinician: "Then clarifying them may be more useful than another reminder."

Check ownership

Clinician: "What will you try, and what would tell us it helped? How should we adjust if the same barrier appears?" Invite the client to describe the plan in their own words and record uncertainty honestly.

The barrier hypothesis and the client-chosen experiment

Test One Practical Support System

Attention planning and follow through | Clinicians | 50 minutes

Help a client test one task support and plan how to evaluate it.

The session focuses on one meaningful activity. Success means learning whether a support fits the client's circumstances, not proving productivity. Offer writing, demonstration, or verbal planning according to communication and access needs.

Minutes 0 to 8

Check current needs, safety, and priorities. Ask which unfinished activity has the greatest meaningful impact. Confirm that the task is realistic and chosen collaboratively.

Minutes 8 to 18

Use FOC06 to identify the exact sticking point. Consider unclear instructions, missing resources, emotional barriers, health, and environmental demands. Treat the explanation as a hypothesis.

Minutes 18 to 28

Choose FOC01, FOC02, FOC04, or FOC05 according to the barrier. Design one support with a clear action, cue, and practical setup.

Minutes 28 to 40

Rehearse the first step in the session when feasible. Observe where the plan helps or breaks down. Ask permission before offering an adjustment and test the revised step briefly.

Minutes 40 to 46

Choose one real-world trial and a simple observation, such as whether the reminder was noticed or the task began. Include a fallback for disruption and avoid excessive tracking.

Minutes 46 to 50

Review what was learned and what remains uncertain. Confirm follow-up, needed assessment or accommodations, and the client's view of whether the plan is worth trying.

Selected support, trial occasion, and observation

--

Review Progress Without Self Blame

Attention planning and follow through | Adults and teens 13+ | 10 to 15 minutes

Notice useful supports and revise one plan without turning difficulties into a personal verdict.

Review one recent day or task. Include what the situation asked of you and what resources were available. You are gathering information about a pattern, not deciding whether you are a good or bad person.

Notice what worked

Look for a specific condition that helped, even briefly. Perhaps instructions were clear, someone shared the task, or the starting step was visible. Give the support as much attention as the effort you used.

Describe the hard part fairly

Write the event and its context before adding an interpretation. "I forgot after the appointment changed" gives more useful information than "I never follow through." Notice any demands that were unrealistic from the beginning.

Choose a small revision

Keep one useful support and change one element that did not fit. You can also ask for an accommodation, reduce a demand, or bring the pattern to a clinician. Rest and support can be legitimate needs, not rewards for finishing.

What became more manageable and what helped?

Where did I get stuck and what was happening around me?

What would a fair description of my effort include?

What support or adjustment will I try next?

Choosing a Direction That Matters

Identity values and self compassion | Adults | 10 to 15 minutes

Translate a personally chosen value into a small action in everyday life.

A value describes how you want to act, such as being honest, caring, curious, fair, or dependable. You can choose a direction even when circumstances are difficult. Start with a part of life you want to give attention to.

Choose your own words

Consider relationships, work, learning, community, creativity, or care for yourself. Ask what kind of person you want to be in that area. A value is different from an outcome you cannot fully control: acting respectfully is a direction; making everyone approve of you is not under your control.

Make the next action small

Pick one behavior that expresses the value within your current resources. Curiosity might become asking one honest question. Care might become taking a needed break or checking on a friend. Include when you will try the action and what could help if a barrier appears.

The life area and value I choose are

What this value means in my own words is

One small action I can take and when I will try it are

A likely barrier and support that could help are

More Than One Part of Me

Identity values and self compassion | Adults | 10 to 15 minutes

Explore identity beyond a single role, diagnosis, achievement, or difficult event.

A label or role may describe something real without describing all of you. This exercise makes room for different parts of your identity, including parts others overlook. You decide which words fit and which information remains private.

Name several parts

Consider roles, relationships, interests, communities, languages, beliefs, skills, experiences, or qualities. Some may feel chosen; others may have been assigned to you. You can include uncertainty or a part that is still developing. There is no requirement to make every part positive.

Give one part more room

Choose a part of yourself that deserves attention. Ask what would help you express it safely in daily life. A small action might be using a preferred name, reconnecting with an interest, seeking an affirming community, or protecting time away from a demanding role.

Several words, roles, or communities that describe parts of me are

A label others use that I want to define or question is

A part of me that has had too little room is

One safe way I can give that part more room is

A Kinder and More Accurate Account

Identity values and self compassion | Adults | 10 to 15 minutes

Respond to self criticism with context, accountability, and a useful next action.

Choose a manageable mistake or difficult moment. The aim is to describe what happened accurately and respond in a way that helps. You can take responsibility for your actions without treating one event as a complete verdict on your worth.

Separate the event from the verdict

Write the observable facts before the harsh label. Compare I missed the appointment with I ruin everything. Add relevant context, such as confusion, pain, fear, or competing demands, without using context to deny impact. Notice what was and was not within your control.

Offer care with responsibility

Imagine a fair, informed person describing the situation. What would they acknowledge about your effort or difficulty? What repair or different choice would they encourage? Try a statement you can believe rather than an exaggerated affirmation. For example: I missed something important; I can apologize and change my reminder plan.

The facts of the situation and my harsh interpretation are

Relevant context and the part I can take responsibility for are

A fairer statement I can believe is

One repair, support request, or next action is

Belonging With Room for Boundaries

Identity values and self compassion | Adults | 10 to 15 minutes

Consider how connection and personal limits can coexist in a meaningful relationship.

Community can support us, and relationships also need room for limits. Ubuntu invites reflection on our shared humanity: I am because we are. You can consider interdependence while keeping your needs, choices, and safety part of the relationship.

Notice the exchange

Choose a relationship or community. Name what you receive, what you contribute, and what feels sustainable. A boundary can describe your availability, privacy, money, physical space, or emotional capacity. It is about what you can offer or choose, not controlling another person's response.

Prepare a clear statement

Use your own voice: I care about being involved, and I can help for one hour. Or: I am not ready to discuss that. Consider timing and whether direct communication is safe. Sometimes support from another person or a change in access is more useful than another explanation.

This relationship or community matters to me because

What I can offer and what I need to protect are

A boundary statement that sounds like me is

Support I may need if my limit is not respected is

Asking for the Connection I Need

Identity values and self compassion | Adults | 10 to 15 minutes

Turn a wish for connection into a specific, voluntary invitation.

Feeling connected does not always mean having many people around. It may mean being understood, sharing an activity, or having dependable company. Choose one form of connection you would welcome and one realistic way to invite it.

Name the experience you want

Think about whether you want listening, shared enjoyment, practical company, spiritual community, or a place to contribute. Choose someone or somewhere with a reasonable chance of offering that experience. You can begin with a small step that protects privacy and feels manageable.

Make room for another response

An invitation might be: Would you like to walk with me this weekend? Or: Could you listen for ten minutes without giving advice? The other person may be unavailable. Plan an alternative so one response does not become a judgment about your worth or your right to connection.

The kind of connection I want is

A person, group, or setting that might fit is

My specific invitation and when I might make it are

If the answer is no or there is no reply, I can

Choosing Between Competing Priorities

Identity values and self compassion | Adults | 10 to 15 minutes

Make a manageable decision when two meaningful needs or values pull in different directions.

Sometimes the difficulty is that more than one option matters. Rest and responsibility, privacy and connection, or stability and growth may compete. This exercise helps you make a choice for the current situation without deciding that one value is unimportant.

Describe the actual choice

Name the decision and any real deadline. Separate it from bigger questions that do not need an answer today. Identify the value each option serves and the likely cost. Include constraints such as money, caregiving, health, safety, and other people's needs.

Look for a workable step

Consider a smaller version, a time limited trial, a delay with a clear review date, or a request for help. A good enough choice may protect one priority now while leaving room for another later. Decide what information would tell you it is time to reconsider.

The decision I need to make now and its deadline are

Option one serves; option two serves; each has these costs

A smaller option or support that could help is

My choice for now and the date or signal for reviewing it are

Values Can Guide Small Actions

Identity values and self compassion | Adults | 5 to 10 minutes

Describe how values can support flexible action during difficult thoughts or feelings.

Values describe qualities you want to bring to your actions. They can guide a small choice even when a feeling is uncomfortable or circumstances are limited. You choose the words and meanings; another person cannot decide your values for you.

Directions and goals work together

A direction such as caring for health can be expressed through many goals. A goal might be arranging an appointment or making time to eat. If one goal becomes impossible, the direction can remain meaningful while you find another action that fits.

Feelings do not have to disappear first

You may notice worry, doubt, or self criticism while taking a valued step. Acknowledge what is present and return attention to the action you choose. This does not mean ignoring danger, denying injustice, or pushing beyond your limits. Protection, rest, and asking for help can also express values.

Use a flexible review

After trying an action, ask whether it expressed the quality you intended and what made it easier or harder. Adjust the size or timing of the next step. A missed plan offers information; it does not establish that you lack values or commitment.

A value I choose and one action that could express it today are

Responding to a Harsh Inner Voice

Identity values and self compassion | Clinicians | 10 to 15 minutes

Explore self criticism without debating the client or prescribing positive thinking.

Use a recent, manageable example and ask permission before changing the language. The goal is a more workable response that the client can believe. Neutral accuracy may be more accessible than warmth or compassion at first.

Understand its role

Client: I am useless. Clinician: That is a painful way to be spoken to, even from inside. Would you be willing to look at what happened just before that thought? If the client agrees: What is this voice trying to prevent or make you do? Reflect the answer without declaring the voice helpful or harmful in every situation.

Move toward a fair account

Clinician: Could we describe the event as a camera might record it, then add what a fair person would need to understand? Client: You want me to make excuses. Clinician: Responsibility still matters. I am asking whether a global insult helps you repair this specific event. What wording would feel both honest and fair?

Choose a response

Clinician: When the thought returns, what would you like to do next? Offer VAL03 if useful. Possible next steps include a repair, a practical support, a pause, or a valued action. Close with: Does this language fit you, or should we change it?

Language the client found believable and the action they selected

A Session for Values in Action

Identity values and self compassion | Clinicians | 50 minutes

Guide a 50 minute session from a personally meaningful direction to a feasible action.

Intended outcome: the client names a chosen value, identifies a small expression of it, and plans for one barrier with a fair response to setbacks. Values exploration is optional; the client may prefer a practical problem or another focus.

Minutes 0 to 15

0 to 5: Check wellbeing and safety, then agree on the focus and permission to pause. 5 to 15: Use VAL01 to choose a life area and value in the client's own language. Ask how cultural, family, or community meanings influence the choice without assuming those influences are unwanted.

Minutes 15 to 40

15 to 25: Translate the value into a small observable action and explore real constraints. 25 to 35: Use VAL06 if priorities compete, or VAL04 if a boundary is needed. 35 to 40: Rehearse the first action or request. Make the step smaller or add support if it is not feasible.

Minutes 40 to 50

40 to 45: Use one prompt from VAL03 to prepare a fair response if the plan does not happen. 45 to 50: Ask the client to state their action, timing, and review plan. Check whether the work felt useful and aligned with their priorities. Agree on what to revisit next time.

Chosen value, action, barrier support, and review plan

--

Writing About Who I Am Becoming

Identity values and self compassion | Adults | 10 minutes

Reflect on identity, values, and connection without requiring a fixed definition of yourself.

Choose one prompt that interests you. Write in ordinary language, draw, or speak your response. You can describe uncertainty and contradiction. Identity can include familiar parts and developing parts; this page does not ask you to settle every question.

Notice what matters in real moments

Recall a recent moment when you felt more like yourself, or when an important part of you felt hidden. What were you doing, who was present, and what made the situation easier or harder? Let the details guide the reflection rather than searching for a perfect label.

Choose what stays private

You decide which reflections to share and with whom. Finish by choosing one small way to honor a value or need. If a prompt raises conflict or risk in a relationship, discuss safe options with a trusted support before acting on it.

A moment when I felt able to be myself was

A message about who I should be that I want to examine is

A community or relationship where I want mutual respect looks like

One quality I want to bring into my next choice is

Noticing My Daily Sleep Pattern

Sleep stress and daily rhythms | Adults | 10 to 15 minutes

Observe sleep and daytime context without turning the night into a performance test.

Use this page to notice one day and night. Rough estimates are enough; you do not need to watch the clock or use a device. Looking for patterns can help you describe concerns and choose a manageable change with your clinician.

Record what is useful

Estimate when you tried to sleep, when you got up, and how rested or sleepy you felt the next day. Include naps, shift work, caregiving interruptions, pain, stress, caffeine, alcohol, or medications if relevant. Describe what happened without judging the night as a success or failure.

Look beyond habits

Sleep can be affected by health conditions, work, housing, safety, and responsibilities. Identify what is within your influence and what needs support or medical discussion. If sleep problems persist, affect daytime functioning, or include breathing concerns, share the pattern with a healthcare professional.

Date, approximate sleep attempt time, and getting up time

What I remember about the night and how I felt during the day

Relevant routines, substances, symptoms, or interruptions

A pattern or question I want to discuss is

Building a Realistic Wind Down

Sleep stress and daily rhythms | Adults | 10 to 15 minutes

Create a short transition toward rest that fits your environment and responsibilities.

A wind down routine is a cue to shift away from the day. It does not guarantee sleep. Choose a short, repeatable sequence that fits your work hours, household, accessibility needs, and preferences rather than an ideal evening you cannot maintain.

Select a few workable actions

Consider preparing one item for tomorrow, lowering stimulation if possible, doing a quiet activity, or changing into comfortable clothing. Pick actions you find settling; a practice that irritates or activates you is not required. Keep the sequence brief enough for a difficult day.

Plan for interruptions

Choose the earliest realistic starting cue, such as finishing a shift or completing caregiving tasks. Identify a shorter version for interrupted evenings. Notice whether the routine feels useful over several attempts. If sleep remains difficult, seek assessment rather than continually adding rules or blaming yourself.

My realistic starting cue and available time are

Two or three actions I want to try in order are

A shorter version for a difficult or interrupted day is

After trying it, I want to keep, change, or discuss

Setting Aside a Worry for Later

Sleep stress and daily rhythms | Adults | 10 to 15 minutes

Separate a solvable concern from nighttime problem solving and choose a return point.

Some worries arrive when you are trying to rest. This page gives a concern a place to be recorded and revisited. It is not a command to stop thinking. Use it briefly and stop if writing makes you more alert or distressed.

Name the concern and its next step

Write one sentence about what is on your mind. Ask whether there is a practical action you can take at an appropriate time. If there is, name the first step and when you will return to it. If not, name the uncertainty and the support you may need.

Return gently to the current moment

Try a simple reminder: I have recorded this, and I will revisit it at the time I chose. Then shift to a quiet activity or sensory cue you find comfortable. The worry may return; you do not need to fight it or complete every solution tonight.

The concern I want to record in one sentence is

A practical next step, or uncertainty I cannot solve now, is

The time and place I will revisit it are

A quiet next activity or supportive reminder I choose is

Choosing a Restorative Pause

Sleep stress and daily rhythms | Adults | 10 to 15 minutes

Match a brief pause to the kind of strain you are experiencing.

A useful break depends on what is wearing you down and what your setting allows. Choose one manageable pause during the day. You do not need to earn rest by finishing everything, and a brief break does not have to fix the whole situation.

Match the response to the need

If you are overstimulated, less sound or visual input may help. If you have been still for a long time, a comfortable change of position may fit. If you feel isolated, a brief connection may be useful. Choose according to your body, preferences, accessibility, and medical guidance.

Make the pause reachable

Decide where it could happen and what permission or coverage you need. A pause may be two minutes or a longer protected period. Afterward, notice whether you feel more able to continue, need another kind of support, or need to reduce the demand itself.

The strain or need I notice is

A pause that fits my body and setting is

When and where I can try it, and any support I need, are

Afterward I noticed; the next adjustment I need is

Planning Around My Available Energy

Sleep stress and daily rhythms | Adults | 10 to 15 minutes

Adjust daily demands to current capacity while protecting essential needs and support.

Energy can vary with sleep, health, stress, treatment, and responsibilities. Plan from the capacity you have today rather than the capacity you wish you had. This exercise helps you choose priorities and identify where help or a different expectation is needed.

Choose essentials and flexibility

List a few demands for the day. Identify what truly needs attention, what can be smaller, and what can wait or be shared. Include basic needs and recovery time in the plan. Do not assume that caring for yourself must happen after every other task.

Create a lower energy version

For an important task, choose a smaller useful step. A full cleanup might become clearing one safe walkway; a long phone call might become requesting an appointment online. If your energy changes, use the smaller plan and review what additional support is needed.

My current capacity and the demands that matter today are

What is essential, what can shrink, and what can wait or be shared?

A lower energy version of one important task is

A practical support or accommodation I could request is

Preparing for a Sleep Conversation

Sleep stress and daily rhythms | Adults | 10 to 15 minutes

Organize sleep concerns and questions for a healthcare or therapy appointment.

You do not have to diagnose your sleep problem before asking for help. Bring a short description of what is happening, how it affects your day, and what you have already tried. This page can help you use appointment time well.

Describe the pattern and impact

Note whether the difficulty involves falling asleep, waking, an irregular schedule, nightmares, or feeling unrefreshed. Estimate how often it happens and when it began. Include daytime sleepiness, concentration difficulties, or safety concerns. If you are too sleepy to drive safely, arrange another way to travel.

Bring useful questions

Mention snoring, gasping, pain, medications, supplements, substance use, and changing work schedules when relevant. Ask what assessment is appropriate and whether a specific sleep treatment or referral may help. Do not change prescribed medication or begin a sleep restriction plan based on this worksheet.

My sleep concern, approximate start, and frequency are

Its effect on my day and any safety concerns are

Symptoms, schedules, medicines, or substances to discuss are

What I have tried and the questions I want answered are

Sleep Support Beyond More Rules

Sleep stress and daily rhythms | Adults | 5 to 10 minutes

Distinguish supportive habits from individualized care for persistent sleep difficulties.

Sleep needs and schedules differ across age, health, work, and family responsibilities. A few workable habits may help, but ongoing sleep difficulty is not proof that you are doing something wrong. You can ask for assessment and support.

Start with feasible conditions

Where possible, protect enough time for sleep, use a comfortable sleep setting, and notice how caffeine, alcohol, late stimulation, and irregular schedules affect you. Choose one change at a time. Housing, noise, safety, shift work, and caregiving may require practical help or accommodations as well as personal changes.

Persistent insomnia needs specific care

Cognitive behavioral therapy for insomnia, often called CBT-I, is a structured treatment commonly recommended for long term insomnia. It is more than a list of sleep hygiene tips. Some components need individual tailoring, so do not create your own sleep restriction schedule from general advice.

Know what to bring to a clinician

Discuss persistent difficulty, impaired daytime functioning, loud snoring or gasping, major changes in sleep need, or medication and substance effects. If sleepiness makes driving or hazardous work unsafe, stop and arrange a safer option. Sleep diaries can help discussion, but rough observations are useful too.

One feasible support and one question for my provider are

Talking About Sleep Without Blame

Sleep stress and daily rhythms | Clinicians | 10 to 15 minutes

Explore sleep concerns while acknowledging constraints and identifying appropriate care.

Use these prompts to understand the client's actual conditions before suggesting a routine. The goal is a realistic next step, not a perfect evening. Ask about daytime impact and safety as well as what happens at night.

Understand the circumstances

Clinician: What does a typical rest period look like in your household or work schedule?

Client: Everyone tells me to go to bed earlier, but I work nights. Clinician: That advice does not fit your day. What time is available for sleep, and what interrupts it?

Separate support from self blame

Client: I must be doing something wrong. Clinician: We can look at habits, health, and circumstances together. Persistent sleep difficulty can need specific treatment. What have you tried, and what happened? Ask about symptoms such as snoring or gasping, medications, substance use, and daytime sleepiness without diagnosing from a brief conversation.

Choose one next step

Clinician: Would it be more useful to plan one manageable routine, request practical support, or prepare for a medical or sleep consultation? Offer SLP02 or SLP06 accordingly. If the client is too sleepy to drive safely, address transportation before ending. Close with: How well does this plan fit the life you actually have?

Relevant constraints, selected next step, and any referral or safety action

A Session for Rest and Rhythm

Sleep stress and daily rhythms | Clinicians | 50 minutes

Use 50 minutes to understand daily demands and choose one feasible rest or sleep support.

Intended outcome: the client describes a relevant pattern, selects one practical change or referral step, and knows how to review its usefulness. The session offers education and planning; it is not a complete insomnia treatment protocol.

Minutes 0 to 15

0 to 5: Check current wellbeing, daytime safety, and the client's preferred focus. Offer permission to skip or change an exercise. 5 to 15: Use SLP01 to review a typical day and night with approximate observations. Include work, housing, caregiving, health, and medication or substance factors.

Minutes 15 to 40

15 to 25: Distinguish what the client can influence from what needs outside support or assessment. Use SLP07 for brief education if welcome. 25 to 40: Choose SLP02 for a feasible routine, SLP04 for a restorative pause, or SLP06 for a provider conversation. Rehearse the first action and address one likely barrier.

Minutes 40 to 50

40 to 45: Make a smaller backup version and identify any help or accommodation needed. 45 to 50: Ask the client to summarize the plan and how they will judge its usefulness. Agree on follow up and arrange referral or safety actions where indicated. Avoid adding multiple new sleep rules.

Selected action or referral, necessary support, and review plan

Writing About Rest and Expectations

Sleep stress and daily rhythms | Adults | 10 minutes

Explore beliefs, barriers, and needs that shape your relationship with rest.

Choose a prompt and write briefly at a time that does not interfere with sleep. Rest can be affected by expectations, responsibilities, safety, and resources. This reflection makes room for those realities without requiring you to solve them all today.

Notice the messages you carry

Think about what you learned about being busy, being useful, or needing help. Some messages may support you; others may make it difficult to pause. Consider where the messages came from and whether they fit your current health, responsibilities, and values.

Choose one realistic adjustment

After writing, name a small change, a request, or a topic for professional support. If there is no immediate change available, acknowledge the constraint and identify what kind of help would matter. Do not use the exercise to create another standard you must meet perfectly.

A message I learned about rest or productivity is

A real barrier to rest that deserves recognition is

What my body, attention, or daily functioning has been telling me is

One expectation I could soften or one support I could request is

Build a Shared Session Agenda

Clinical practice and supervision | Clinicians | 5 to 10 minutes

Agree on a session priority while leaving room for emerging clinical needs.

Use this page with the client at the beginning of a session. An agenda can organize attention, but it remains flexible. Safety, urgent needs, or new information may change what the meeting requires.

Invite the client first

Ask what would make today's meeting useful. Include practical concerns, relationships, symptom changes, and questions about therapy. Offer your clinical priority transparently instead of treating the planned worksheet as the session's purpose.

Choose a workable focus

Name one primary goal and, if useful, a second topic. Discuss what can fit in the available time. A broad concern such as "my relationship" may become "practice asking for a pause during difficult conversations."

Agree on how to review

Ask what the client hopes to understand or do differently by the end. Reserve time for feedback and a next step. Revisit the agenda if the chosen activity feels irrelevant, too intense, or inaccessible.

The client's priorities in their own words

Clinical needs or follow-up that require attention

The agreed focus and intended session outcome

Topics deferred and how we will revisit them

Track a Meaningful Treatment Goal

Clinical practice and supervision | Clinicians | 10 to 15 minutes

Translate a client-defined goal into observable indicators and a review plan.

A useful goal connects to a change the client values in daily life. This page supports collaborative planning and review. Its ratings or observations are informal indicators, not validated measures, diagnostic thresholds, or proof of treatment effectiveness.

Start with the life change

Ask what would become possible if therapy helped. Example: "I want to speak during meetings instead of avoiding them." Describe the current pattern using the client's report and relevant observations without inventing a baseline.

Choose a fair indicator

Select a behavior, frequency, duration, or client-defined marker. Include context: attending one meeting may depend on whether meetings were offered. Use an appropriate validated measure separately when clinically indicated and permitted.

Review the meaning of change

Set a date to revisit the goal. Ask whether the indicator still reflects what matters and whether progress came with unwanted costs. Modify the goal, intervention, or supports when evidence suggests a poor fit.

The valued life change in the client's words

Current pattern and the source of that information

Observable indicator and relevant context

Review date and criteria for revising the plan

Separate Facts From Clinical Hypotheses

Clinical practice and supervision | Clinicians | 10 to 15 minutes

Organize available information while making uncertainty and alternative explanations visible.

A formulation is a working explanation that guides inquiry and care. Use this page to distinguish what the client reports, what you directly observed, and what you are considering. Revise the explanation as new information becomes available.

Name the information source

Write "client reports," "partner reports with consent," or "observed in session" where appropriate. Describe behavior before assigning meaning. Silence, for example, could reflect uncertainty, processing time, fear, fatigue, or several other experiences.

Consider context and alternatives

Include strengths, supports, cultural meaning, health, environment, and current demands. Identify what supports each hypothesis and what would challenge it. Do not present a compelling story as established history.

Use the formulation collaboratively

Ask whether the explanation fits the client's experience and what it misses. Choose a question, assessment, consultation, or intervention that could clarify the picture. Note the limits of the information available today.

Reported information and its source

Direct observations without interpretation

Working hypotheses and plausible alternatives

Missing information and the next step to clarify it

Plan Practice Between Sessions

Clinical practice and supervision | Clinicians | 10 to 15 minutes

Create a small, client-chosen practice task with a realistic review plan.

Between-session practice should serve an agreed treatment goal and fit the client's actual life. Use this page to define the activity together. Declining or changing a task is information about fit, not automatic evidence of resistance.

Connect the practice to purpose

Explain how the activity relates to the client's goal and ask whether the connection makes sense. Choose a brief action, such as trying one request, noting one trigger, or practicing one settling option.

Check feasibility before agreement

Ask about time, privacy, energy, language, resources, and emotional impact. Have the client explain or demonstrate the first step. If the plan feels too large, reduce it or choose an alternative rather than securing reluctant agreement.

Plan a useful review

Decide what to notice, how much to record, and when to revisit it. Include what to do if the exercise increases distress or feels unsafe: stop and use the agreed support plan. Review barriers without blame at the next meeting.

Agreed goal and the practice chosen by the client

When, where, and the first step

Likely barrier and a smaller alternative

What to notice and when we will review

Notice Activation Before You Respond

Clinical practice and supervision | Clinicians | 10 to 15 minutes

Reflect on a clinician reaction and identify a deliberate response or consultation need.

Use this page after a challenging clinical or supervisory moment. Personal activation is a cue for reflection, not a diagnosis or proof of wrongdoing. Keep identifying client information out of materials used outside approved clinical systems.

Describe the moment

Record the event, your body or emotional response, and the action you felt pulled to take. Separate your experience from assumptions about the other person. Example: noticing urgency does not establish that the client was manipulating the session.

Ask what may be influencing you

Consider personal resonance, workload, organizational pressure, cultural assumptions, power, or an unmet professional need. You do not need to disclose personal trauma to examine how your response might affect care.

Choose the professional next step

Identify a pause, repair, boundary, consultation, workload discussion, or further assessment. Ask what the client or supervisee needs from you now. Bring uncertainty to an appropriate supervisor rather than relying only on private reflection.

The event and my immediate internal response

The action I felt pulled toward and its possible impact

Context or assumptions I need to examine

My deliberate response and consultation plan

Ask About Context and Meaning

Clinical practice and supervision | Clinicians | 10 to 15 minutes

Explore the client's interpretation of a concern and relevant social context.

Invite the client to define what matters in their experience. Identity, relationships, community, faith, disability, work, and systems can shape a problem and possible support. Ask with curiosity without requiring the client to educate you about an entire group.

Begin with the client's explanation

Ask: "What do you call this concern? What do you think contributes to it? What do people important to you understand differently?" Leave room for uncertainty and for more than one explanation.

Explore resources and barriers

Ask about belonging, responsibilities, discrimination, financial pressure, access, and support when relevant. Notice both individual coping and changes needed in the environment. Do not turn structural harm into a personal thinking error.

Check your own interpretation

Offer a tentative summary and invite correction: "What have I missed or assumed?" Discuss whether the proposed intervention fits the client's values and circumstances. Identify knowledge you need to seek independently or through consultation.

The client's language and explanation of the concern

Relevant relationships, identities, resources, and pressures

My assumptions or gaps in understanding

How the treatment plan will respond to this context

Write a Clinically Useful Note

Clinical practice and supervision | Clinicians | 10 to 15 minutes

Support accurate notes that connect the session to care without inventing observations.

A useful clinical note explains what occurred, why the work was relevant, and what happens next. Follow the actual documentation requirements of your setting and payer where applicable. This handout is a writing aid, not a legal or billing standard.

Distinguish information types

Attribute client and collateral reports. Describe relevant observations precisely. Mark clinical interpretations as interpretations, and state important uncertainty. Do not convert an unasked question into a denial or a copied template phrase into an observed fact.

Connect intervention and response

Identify what you actually did and its connection to the treatment goal. Describe the client's response using meaningful behavior or their account. "Practiced one request and revised it after feedback" is more informative than a list of modalities without a documented activity.

Document decisions and follow-up

Record significant changes, indicated assessment, consultation, referrals, and the agreed plan. If risk was assessed, document the relevant findings and actions through your clinical process; a single generic phrase is not a substitute.

Use only necessary detail

Include information needed for continuity and accountability. Avoid unnecessary intimate narrative, speculation, stigmatizing labels, or claims of progress unsupported by the session. Review the note for internal consistency before signing.

One documentation habit I will change

Respond When Therapy Misses the Mark

Clinical practice and supervision | Clinicians | 10 to 15 minutes

Invite feedback and respond to a therapy rupture with accountability and choice.

Use when a client says the work felt unhelpful, invalidating, or misattuned, or when you notice a possible change in engagement. Ask about the client's experience without requiring them to reassure you or accept your explanation.

Open the conversation

Clinician: "I noticed I moved quickly into problem solving. I wonder how that landed for you." If the client says, "You did not listen," respond: "Thank you for telling me. What did I miss or move past?" Allow time for the answer.

Acknowledge your part

Clinician: "I interrupted before I understood what you needed. I can see how that made this feel less useful." Be specific about your action. Avoid adding a defensive explanation or asking the client to confirm that you meant well.

Negotiate the next step

Clinician: "Would it help to return to that moment, change the focus, or discuss a different approach?" If the client does not know: "We can slow down. You do not have to solve this for me." If they request a change of clinician, discuss options respectfully.

Check whether the repair fits

Clinician: "What should I do differently next time, and how can we notice if this happens again?" Ask again later rather than treating one conversation as proof that the rupture is resolved. Seek supervision when the pattern continues.

My specific contribution and the change to follow up

Structure a Collaborative Therapy Session

Clinical practice and supervision | Clinicians | 50 minutes

Organize a flexible session around the client's priorities, practice, and feedback.

Use this structure within an individualized treatment plan and your scope of competence. The sequence is a guide, not a protocol for every presentation. Urgent concerns, risk assessment, or a rupture may appropriately change the entire session.

Minutes 0 to 8

Check changes since the last meeting, current needs, and safety as clinically indicated. Use direct follow-up rather than assuming absence of risk from a general mood check.

Minutes 8 to 15

Use CLN01 to agree on a focus. Review the relevant goal with CLN02 and ask whether it still reflects the client's priorities. Discuss a needed change openly.

Minutes 15 to 25

Explore one recent example. Separate reported information, observation, and interpretation using CLN03. Ask about context and alternative explanations before selecting an intervention.

Minutes 25 to 40

Introduce and rehearse one suitable intervention with consent. Explain its purpose, invite modification, and observe the client's response. Stop or change course if it is unhelpful or overwhelming.

Minutes 40 to 46

Use CLN04 to choose optional practice or another next step. Check feasibility, privacy, access, and support needs. Ask the client to describe the plan in their own words.

Minutes 46 to 50

Invite feedback about what helped and what missed the mark. Clarify unresolved needs, follow-up, and relevant support pathways. Document the actual work and decisions.

Session outcome, client feedback, and agreed next step

Reflect Before the Next Session

Clinical practice and supervision | Clinicians | 10 to 15 minutes

Review a clinical encounter and identify one learning or consultation priority.

Choose one encounter and reflect without including unnecessary identifying information. The purpose is to improve your next clinical decision. This page supports supervision and learning; it is not a substitute for the clinical record, consultation, or required action.

Look at both the work and the context

Notice the client's goals, your intervention, their response, and the conditions around the session. Consider time pressure, access, organizational expectations, and your own assumptions. Avoid judging the entire encounter by whether the client agreed with you.

Make uncertainty useful

Identify one point you do not yet understand. Ask what information or perspective could change your interpretation. A question taken to consultation is often more useful than a confident explanation built from limited evidence.

Turn reflection into action

Choose a specific adjustment: ask a missed question, revisit consent, repair a moment, seek training, or consult about a decision. Set a time to follow through. Address urgent safety or ethical concerns promptly through the appropriate process.

Where did the client's priorities guide my choices?

What response or feedback challenges my assumptions?

What uncertainty belongs in consultation or supervision?

What will I do differently and when will I follow through?

Clinical notes

Anxiety and worry

ANX01 Worry or Workable Problem

Validate realistic threats, discrimination, financial pressure, and unmet needs before discussing worry. Help distinguish solvable barriers from uncertainty without implying that anxiety is caused by faulty thinking alone.

ANX02 Reviewing an Anxious Prediction

Do not debate the client into reassurance. Use collaborative questions and observable details. Where the feared event reflects an ongoing threat, prioritize practical protection and support instead of reframing.

ANX03 Taking One Small Approach Step

Use for collaborative, low risk approach practice. Do not apply to actual danger or substitute for individualized exposure treatment for OCD, panic, or PTSD. Check medical, cultural, and accessibility needs.

ANX04 Giving Worry a Defined Time

Explain that this is an optional attention strategy rather than thought control. Do not substitute it for urgent risk assessment, necessary problem solving, or individualized treatment when obsessive rituals are present. Review its actual effect next session.

ANX05 Finding an Attention Anchor

Offer external, movement based, or conversational anchors when body attention increases distress. Avoid requiring eye closure, deep breathing, or sustained stillness. Ask about sensory and mobility access needs before practicing.

ANX06 Making Room for Uncertainty

Differentiate ordinary uncertainty practice from OCD compulsions requiring individualized treatment. Do not remove health, workplace, or legal safety checks. Validate contexts where reliable information or protection is genuinely unavailable.

ANX07 Understanding the Anxiety Loop

Present this as a collaborative explanation, not a diagnosis. Map the person's context, strengths, protective actions, and barriers. Specialized presentations may need a more specific assessment and treatment plan.

ANX08 Asking About Avoidance Gently

Assess whether avoidance protects against actual danger, discrimination, overload, or inaccessible demands. Do not frame refusal as resistance. Obtain collaboration before any behavioral practice and review the client's experience afterwards.

ANX09 Choosing One Manageable Approach

The agenda is flexible when safety, access, or acute distress requires attention. This is a general session structure, not a complete disorder specific protocol or substitute for an individualized treatment plan.

ANX10 Writing Through Uncertain Moments

Use briefly and review whether journaling promotes flexibility or extends rumination. Offer an oral or visual alternative. Avoid assigning repeated reassurance writing when obsessive checking or compulsions are suspected.

Clinical notes

Mood and motivation

MOO01 Mapping Activity and Energy

Use descriptive observations rather than interpreting the page as a depression measure. Explore structural barriers, disability, medical factors, and cultural meanings of activity. Scale the task to current capacity.

MOO02 Taking a Small Meaningful Step

Do not equate activity completion with worth or recovery. Assess significant deterioration and safety concerns directly. Accommodate fatigue, pain, poverty, caregiving, and other barriers instead of prescribing increased activity indiscriminately.

MOO03 Comparing Expectations With Experience

These descriptions are informal tracking, not validated symptom scores. Reinforce observation and flexibility. Explore whether a mismatch reflects inaccessible demands, mood related expectations, or other contextual factors before drawing conclusions.

MOO04 Asking for Support on Low Days

Explore whether identified contacts are safe and available. Avoid assuming family support or easy service access. Distinguish a social support plan from individualized safety planning when there are suicide or self harm concerns.

MOO05 Responding to Self Criticism Fairly

Avoid insisting on positive affirmations that feel false. Explore shame, discrimination, perfectionism, and relationship context. If self criticism is linked to significant risk, address safety directly rather than continuing a worksheet alone.

MOO06 Planning for a Difficult Morning

Tailor to disability, work schedules, caregiving, and available resources. Avoid implying that a routine treats severe depression on its own. Consider medical assessment and direct safety assessment when clinically indicated.

MOO07 Understanding Mood and Action

Explain behavioral activation as one approach within an individualized plan. Do not use this handout to diagnose depression or overlook bipolar presentations, medical causes, substance effects, or urgent support needs.

MOO08 Exploring Motivation Without Pressure

Assess worsening functioning and safety needs directly when indicated. Avoid treating low energy as unwillingness. Practical obstacles and health factors may require coordinated support beyond a motivation conversation.

MOO09 Building a Meaningful Activity Plan

Use adult depression guidance within competence and an individualized plan. Adapt for severe symptoms, health conditions, and contextual constraints. This single session is not a complete course of behavioral activation treatment.

MOO10 Noticing What Still Matters

Avoid gratitude pressure or interpreting limited responses as lack of engagement. Offer dictation, drawing, or discussion. Watch for rumination and shift toward support, assessment, or action when writing deepens distress.

Clinical notes

Emotion regulation

EMO01 Naming a Feeling and a Need

Do not require precise emotion vocabulary or assume a single meaning for an emotion. Use pictures, body descriptions, or culturally familiar words. Check context before interpreting a need or selecting an action.

EMO02 Pausing Before a Difficult Reply

Adapt the pause to communication access and sensory needs. In coercive or unsafe relationships, focus on individualized safety rather than requiring a return conversation. Do not frame all silence as avoidance.

EMO03 Checking Emotion and Evidence

Validate experience before reviewing interpretations. Avoid using evidence checking to minimize discrimination, abuse, or other real threats. Acknowledge that some situations remain ambiguous and focus on workable choices.

EMO04 Caring for the Conditions Around Emotion

Include material hardship, discrimination, disability, and workload in the discussion. Avoid attributing distress solely to lifestyle. Refer medical concerns appropriately and use specific substance safety assessment when indicated.

EMO05 Choosing an Alternative to an Urge

Use with ordinary emotional urges and individualized judgment. For self harm, suicide, aggression, or dangerous substance use urges, complete appropriate risk assessment and planning rather than relying on this page.

EMO06 Repairing After a Strong Emotion

Do not use mutual repair language to equalize responsibility for abuse or coercion. Assess safety and consent to contact. Support accountability without pressuring forgiveness, reconciliation, or disclosure.

EMO07 Understanding Emotions as Information

Avoid assigning universal meanings to emotions or presenting regulation as compliance. Include cultural expression, neurodivergence, systemic stressors, and the person's own interpretation when selecting skills.

EMO08 Meeting Intense Feelings With Choice

Use observation and curiosity rather than labeling activation. Check the clinician's contribution to distress. Do not make calmness a condition of being heard; accommodate communication differences and reassess safety when necessary.

EMO09 Practicing a Deliberate Pause

Practice should support agency rather than polished performance. Attend to culture, sensory access, and communication preferences. Use an individualized risk response if the discussion reveals self harm, violence, or other urgent concerns.

EMO10 Listening to an Emotion With Curiosity

Do not assume every emotion hides one unmet need or a clear message. Invite uncertainty and multiple interpretations. Keep writing brief if it becomes rumination, self criticism, or escalating distress.

Clinical notes

Trauma and stabilization

TRA01 Noticing Present Day Cues

Check orientation and current danger before practicing. Offer external rather than body focused anchors if needed. Stop or adjust when dissociation, sensory overload, or distress increases and use the individualized care plan.

TRA02 Making a Choice and Permission Plan

Explain actual limits, including safety procedures and confidentiality, without promising unlimited control. Avoid requiring trauma disclosure to honor a reasonable preference. Review consent throughout the work rather than once at intake.

TRA03 Mapping Stress Signals and Supports

Avoid presenting informal stress zones as validated neurophysiology. Consider medical conditions, sensory needs, and dissociation. If symptoms are severe or unfamiliar, assess appropriately instead of assuming they are trauma reactions.

TRA04 Choosing From a Grounding Menu

Grounding is optional support, not trauma processing or a guaranteed calming technique. Monitor for increased dissociation or distress. Use established assessment and escalation procedures when orientation or safety is compromised.

TRA05 Mapping Support and Boundaries

Ask about coercion, retaliation, and privacy risks before encouraging contact. Avoid assuming family is safe. Support culturally meaningful community connections while preserving consent and the client's control over disclosure.

TRA06 Planning After a Difficult Reminder

This is a coping plan, not a suicide safety plan or a trauma treatment protocol. Tailor escalation steps to the client's assessment and local services. Avoid forced recounting or immediate debriefing.

TRA07 Understanding Trauma Related Reactions

Do not imply that stabilization worksheets are a mandatory prolonged stage before evidence based PTSD treatment. Match support and referral to the person's presentation, preferences, readiness, and safety needs.

TRA08 Restoring Choice During Activation

Assess dissociation, current danger, and medical concerns within competence. Significant disorientation requires appropriate clinical response. Do not label every pause as a trauma reaction or promise safety that has not been established.

TRA09 Building a Present Focused Support Plan

This session supports coping and engagement; it is not PTSD treatment or a prerequisite that must be completed before trauma focused care. Use individualized assessment, shared decisions, and appropriate specialist consultation.

TRA10 Reconnecting With Everyday Choice

Keep reflection present focused and voluntary. Acknowledge structural constraints and current coercion. Do not frame empowerment as something the client must accomplish alone or require disclosure to validate a boundary.

Clinical notes

Addiction and recovery

REC01 What Substance Use Does for Me

Use reflective listening before suggesting alternatives. Do not assume every episode has the same function. Assess intoxication, withdrawal, overdose risk, and immediate needs separately; this exercise is not a risk assessment.

REC02 Choosing My Next Recovery Goal

Support autonomy while providing accurate safety information. Avoid treating a lower readiness rating as resistance. If the goal is too large or medically unsafe, collaborate on a safer, achievable action and appropriate referral.

REC03 My Plan for a Strong Urge

Rehearse the sequence in session and check practical access. This is not an overdose or withdrawal response plan. When acute medical danger is suspected, prioritize emergency evaluation over coping exercises.

REC04 Changing a High Risk Routine

Avoid directing clients to confront unsafe people or abandon necessary supports without alternatives. Include structural barriers and substance availability. Coordinate with the broader treatment plan and any medical recommendations.

REC05 After Use Choosing the Next Step

Assess intoxication, overdose exposure, withdrawal, suicidality, and level of care before reflective work. Avoid using this exercise as a confession or punishment. Review tolerance changes and evidence based treatment options within scope.

REC06 Building My Recovery Support Team

Check for coercive, exploitative, or substance linked relationships before suggesting contact. Offer multiple recovery pathways, including secular and culturally relevant options. Verify referral availability rather than promising access.

REC07 Recovery Can Include Different Supports

Review substance specific risks and local emergency procedures. Give current naloxone education and referral resources where indicated. Do not use general information to substitute for individualized medical assessment or level of care decisions.

REC08 When Change Feels Complicated

Maintain a collaborative stance while directly addressing medical danger. Do not bargain away required safety actions or promise confidentiality beyond its limits. Avoid using reflections as a technique to steer the client toward a predetermined answer.

REC09 A Session for Recovery Choice

A worksheet sequence is not a substitute for assessment. Consider withdrawal risk, overdose prevention, cooccurring conditions, and treatment intensity. Document individualized reasoning and obtain coordination consent when needed.

REC10 Writing About My Recovery Direction

Use the client's language in discussion and avoid extracting a commitment they have not made. Journaling is optional; offer spoken, visual, or brief responses. Attend to activation and cravings during reflective work.

Clinical notes

Couples communication and boundaries

REL01 Map Our Conversation Cycle

Complete private screening for coercion, fear, and violence before conjoint use. Do not frame abuse as a shared communication cycle. Offer individual reflection when partners cannot participate freely.

REL02 Ask for What You Need

Assess relationship safety privately first. Coach specificity without requiring the harmed person to communicate perfectly. Adapt the exercise for communication disabilities, interpreters, or written exchanges when preferred.

REL03 Listen and Check Understanding

Use only after private safety screening supports conjoint work. Do not require eye contact, matching emotion, or touch. Validate different communication styles and check whether the exercise increases pressure.

REL04 Plan a Respectful Pause

Assess safety privately before negotiating a joint plan. Do not recommend separation within the home when it could increase danger. Repeated refusal to return may need a separate conversation about willingness and treatment goals.

REL05 Repair After a Difficult Moment

Do not use apology exercises to substitute for assessment of coercion or violence. Avoid pressuring forgiveness, reconciliation, or equal admissions. Consider whether the affected person wants individual support instead.

REL06 Set a Clear Boundary

Explore cultural expectations, financial dependence, disability, caregiving, and realistic choices. Avoid treating direct confrontation as universally safe. When abuse is possible, prioritize individualized safety planning over assertiveness practice.

REL07 Recognize Safer Relationship Conversations

Screen separately before conjoint work and revisit safety as needed. Explain record and confidentiality practices accurately. A shared handout can be discovered by a controlling partner; ask about safe access.

REL08 Invite a Difficult Conversation

Avoid using conjoint scripts when abuse or coercive control makes participation unsafe. Do not interpret silence as consent. Provide accessible options such as writing, assistive communication, or slower pacing.

REL09 Practice One Conversation Together

The timing is a flexible clinical outline. Prioritize risk, consent, accessibility, and individual needs over completion. Refer for specialized support when conjoint work is unsuitable.

REL10 Reflect on Connection and Choice

Ask about safe storage before recommending journaling. Avoid assuming that disclosure or confrontation is the preferred next step. Attend to community, cultural expectations, and the client's definitions of connection and autonomy.

Clinical notes

Grief and life transitions

GRF01 Naming What Has Changed

Include death and nondeath losses while avoiding assumptions that they are identical. Use the client's preferred words and cultural context. Do not require a detailed account of traumatic circumstances to complete the exercise.

GRF02 A Plan for Grief Waves

Distinguish tolerable grief intensity from acute safety concerns or severe dissociation. Offer grounding and choice without framing emotion as a problem to eliminate. Adapt for workplace, school, caregiving, and cultural mourning practices.

GRF03 Remembering in My Own Way

Offer memory work only with consent. Be attentive to abuse, estrangement, traumatic bereavement, and cultural or religious restrictions. Avoid implying that connection, forgiveness, or a memorial ritual is necessary for healing.

GRF04 Preparing for a Difficult Date

Do not assume anniversaries are uniformly distressing. Ask about family, faith, financial, and cultural expectations. Check whether boundary setting could create interpersonal danger and adapt to available safety and support.

GRF05 Sharing the Practical Load

Help prioritize without taking over. Consider executive functioning, language access, disability, and available resources. Refer legal and financial questions appropriately rather than giving specialized advice outside your role.

GRF06 Words I Have Not Said

Offer this as an optional reflective activity, not trauma processing. Screen for overwhelm and respect a refusal. Do not encourage sending a letter to an unsafe person or assume reconciliation is desired.

GRF07 Making Room for Different Grief

Avoid normalizing away significant impairment or risk. Assess duration, functioning, cultural expectations, depression, traumatic stress, and prolonged grief when indicated. Individualized evaluation is needed; no single emotional pattern establishes a diagnosis.

GRF08 Listening Without Rushing Grief

Use cultural humility and avoid imposing beliefs about death, forgiveness, or continuing bonds. Assess safety and impairment directly when indicated. Silence can be supportive when chosen collaboratively rather than used to avoid difficult questions.

GRF09 A Session for Grief Support

Do not force emotional expression or equate completing a task with grief progress. Assess severe impairment and risk. Seek appropriate consultation or referral for traumatic bereavement, prolonged grief, or concerns beyond competence.

GRF10 Writing Through a Life Change

Allow mixed or absent emotions without interpretation. Offer alternatives for literacy, disability, or cultural fit. Reflection should not replace assessment when grief is accompanied by significant impairment, suicidality, or escalating substance use.

Clinical notes

Teens and supportive adults

TEN01 Choose Your Support Team

Do not assume a caregiver is safe or available. Review confidentiality limits in developmentally appropriate language. When risk is present, complete clinical assessment and a collaborative response instead of relying on this worksheet.

TEN02 Make a School Stress Plan

Explore learning needs, disability access, housing, caregiving demands, and discrimination. Coordinate with school or caregivers with appropriate consent and confidentiality protections. This page does not determine eligibility for formal accommodations.

TEN03 Practice Asking for Support

Rehearse in the teen's own language without rewarding adult-sounding compliance. Consider communication access and cultural norms. If the concern involves abuse or danger, explain required actions accurately and preserve choice wherever possible.

TEN04 Notice Your Digital Choices

Treat this as a collaborative habit experiment, not a diagnostic screen for addiction. Explore cyberbullying, surveillance, access needs, and online identity support. Avoid blanket device removal when it would isolate the teen.

TEN05 Notice When You Need Help

Do not use responses to assign a risk level. Ask direct, developmentally appropriate follow-up questions when safety concerns arise. Complete indicated assessment and involve supports according to clinical need and applicable confidentiality requirements.

TEN06 Make a Repair After Mistakes

Avoid using accountability exercises to make a teen accept blame for abuse, bullying, or adult misconduct. Separate responsibility from shame. Match repair expectations to developmental capacity and actual control.

TEN07 Support a Teen Who Opens Up

Give this to an adult the teen identifies as appropriate when feasible. Consider whether joint discussion could expose the teen to retaliation. This handout does not replace a safety assessment or jurisdiction-specific confidentiality guidance.

TEN08 Explain Privacy and Invite Choice

Verify consent and record-access rules before using this script. Do not imply that choice removes mandatory duties. Offer accessible language, interpreters when appropriate, and repeated opportunities to ask questions privately.

TEN09 Build One Support Request

Do not require the teen to approach an unsafe adult or disclose identity information involuntarily. Assess risk as indicated and coordinate care with appropriate consent and confidentiality protections.

TEN10 Write in Your Own Voice

Do not demand disclosure, identity labels, or a completed journal. Ask about safe storage, literacy, and communication preferences. Attend to discrimination, family expectations, disability, and belonging without imposing your own explanation.

Clinical notes

Attention planning and follow through

FOC01 Put the Plan Where You Look

Offer paper, audio, visual, or assistive options. Explore environmental barriers and access rather than assuming low motivation. These supports may help organization but do not diagnose or constitute comprehensive treatment for ADHD.

FOC02 Make the First Step Smaller

Assess whether avoidance reflects anxiety, depression, trauma, fatigue, pain, or unrealistic demands. Avoid framing task completion as proof of worth. Collaboratively select tasks that serve the client's goals.

FOC03 Learn How Long Tasks Take

Use timing collaboratively and avoid surveillance or punitive tracking. Consider disability, medication effects, caregiving, variable symptoms, and transportation. Time estimates should support accommodation and planning rather than rigid productivity demands.

FOC04 Shape a Workable Attention Space

Ask about sensory preferences, disability access, shared housing, and control over the environment. Avoid presenting a quiet desk as universally available or sufficient. Persistent impairment warrants appropriate assessment and support.

FOC05 Plan the Transition Before Leaving

Customize for mobility, medication routines, dependents, transport, and housing. Do not include sensitive details on exposed checklists. Encourage flexible supports rather than rigid routines that become another source of distress.

FOC06 Find the Barrier Before the Fix

Treat the barrier as a hypothesis, not a diagnosis. Explore structural constraints, literacy, fatigue, mood, anxiety, pain, and attention needs. Obtain appropriate assessment when difficulties are persistent or widespread.

FOC07 Understand Attention Support Options

Avoid diagnosing from disorganization, online checklists, or this collection. Invite developmental and cross-setting history through a proper assessment process when indicated. Include strengths without romanticizing impairment or minimizing support needs.

FOC08 Replace Blame With Useful Questions

Do not use this script to dismiss clinically significant impairment. Explore mental and physical health contributors and structural barriers. When indicated, offer assessment, accommodations, or referral instead of repeated productivity advice.

FOC09 Test One Practical Support System

Prioritize comprehensive evaluation when persistent impairment is unexplained. The sequence is flexible and should not delay risk assessment or needed care. Avoid interpreting difficulty during rehearsal as resistance.

FOC10 Review Progress Without Self Blame

Monitor whether reflection becomes rumination or another demanding assignment. Offer a verbal check-in instead. Reinforce concrete observations, self-advocacy, and appropriate clinical assessment rather than reassurance alone.

Clinical notes

Identity values and self compassion

VAL01 Choosing a Direction That Matters

Distinguish the client's values from family, cultural, institutional, or clinician expectations without treating collective values as less authentic. Avoid interpreting constrained choices as a lack of commitment or motivation.

VAL02 More Than One Part of Me

Respect self identification and avoid pressuring disclosure about marginalized identities. Consider discrimination, material constraints, family context, and actual safety when discussing expression or community involvement. Do not treat identity exploration as pathology.

VAL03 A Kinder and More Accurate Account

Avoid challenging a client into forced positivity. Self kindness may feel unfamiliar or threatening; use neutral fairness if needed. Keep accountability specific and do not use compassion language to minimize harm or ongoing danger.

VAL04 Belonging With Room for Boundaries

Treat Ubuntu as an optional values lens, not a universal cultural prescription. Assess coercion and interpersonal danger before practicing direct boundaries. Respect communal responsibilities without normalizing exploitation or self erasure.

VAL05 Asking for the Connection I Need

Explore isolation alongside actual exclusion, discrimination, accessibility, and social risk. Do not assume family is a safe support. Help identify alternatives without implying that connection is entirely the client's responsibility.

VAL06 Choosing Between Competing Priorities

Support decision ownership and distinguish values conflicts from coercion or unsafe choices. Do not imply that all constraints are solvable through mindset. Refer specialized medical, legal, or financial decisions appropriately.

VAL07 Values Can Guide Small Actions

Present this as an ACT informed conversation aid, not a complete ACT intervention. Attend to cultural meanings, systemic barriers, disability, and safety. Avoid using values language to pressure compliance with a clinician's preferred goal.

VAL08 Responding to a Harsh Inner Voice

Assess persistent worthlessness and safety concerns when indicated. Avoid implying all self criticism is protective or that compassion should feel immediately soothing. Adapt for trauma, shame, culture, and the client's preferred vocabulary.

VAL09 A Session for Values in Action

Avoid substituting therapist values for client goals. Document structural barriers and requested supports. Do not use values work to override needed safety assessment, advocacy, medical care, or a client's decision to decline an activity.

VAL10 Writing About Who I Am Becoming

Invite self definition without imposing an identity narrative. Respect privacy, cultural complexity, and the possibility that visibility carries risk. Use reflective writing as an option rather than evidence of readiness or therapeutic progress.

Clinical notes

Sleep stress and daily rhythms

SLP01 Noticing My Daily Sleep Pattern

Use estimates and avoid reinforcing excessive monitoring. This page is not a diagnostic sleep diary or a basis for self directed sleep restriction. Assess medical symptoms, circadian demands, medication effects, and daytime safety.

SLP02 Building a Realistic Wind Down

Adapt for shift work, disability, shared housing, caregiving, and trauma related concerns. Do not present sleep hygiene alone as treatment for chronic insomnia. Avoid rigid routines that increase performance anxiety.

SLP03 Setting Aside a Worry for Later

Use as a brief organizational strategy rather than a complete insomnia intervention. Do not defer urgent safety or medical concerns. Monitor whether writing increases rumination; offer another approach when it does.

SLP04 Choosing a Restorative Pause

Avoid using breaks to normalize unsafe workloads or unmet accommodations. Include organizational changes and advocacy when appropriate. Do not require breathing, movement, or body attention when these are inaccessible or activating.

SLP05 Planning Around My Available Energy

Persistent fatigue warrants appropriate clinical or medical assessment. Adapt pacing to the client's condition and avoid generic activity escalation, especially when exertion worsens symptoms. Address financial, caregiving, occupational, and disability related constraints.

SLP06 Preparing for a Sleep Conversation

Assess urgent symptoms and daytime safety rather than waiting for routine follow up when risk is present. Consider sleep apnea, medication effects, circadian issues, mood changes, and other medical causes within scope.

SLP07 Sleep Support Beyond More Rules

Offer general education within competence and refer for CBT-I or sleep medicine when indicated. Screen for apnea, bipolar spectrum activation, medications, substance use, and medical contributors. Avoid presenting habits as a guaranteed treatment.

SLP08 Talking About Sleep Without Blame

Assess sleep related safety and medical symptoms. Avoid blanket prescriptions about time in bed, supplements, or medication changes. Distinguish supportive counseling from formal CBT-I and practice within training and competence.

SLP09 A Session for Rest and Rhythm

Prioritize assessment for breathing concerns, unsafe sleepiness, major mood related sleep changes, and other medical symptoms. Do not begin sleep restriction from this guide. Consider referral for individualized CBT-I when persistent insomnia is suspected.

SLP10 Writing About Rest and Expectations

Do not interpret insufficient rest as a purely individual choice. Explore social conditions and symptoms that need assessment. Offer oral or visual responses and avoid assigning emotionally activating journaling immediately before the client's sleep period.

Clinical notes

Clinical practice and supervision

CLN01 Build a Shared Session Agenda

Do not use agenda setting to bypass assessment, client questions, or rupture repair. Document a changed focus when relevant. Adapt pace and format to language, literacy, neurodivergence, and the client's preferred participation style.

CLN02 Track a Meaningful Treatment Goal

Keep goals individualized and attainable within the client's circumstances. Do not use an informal number to determine risk, diagnosis, or medical necessity. Record client disagreement or uncertainty instead of implying shared endorsement.

CLN03 Separate Facts From Clinical Hypotheses

This reflection tool does not establish a diagnosis or replace a comprehensive assessment. Avoid speculative trauma explanations and unsupported causal claims. Use supervision or consultation when uncertainty materially affects care.

CLN04 Plan Practice Between Sessions

Do not assign disclosure, exposure, or confrontation without assessment and appropriate treatment planning. Avoid recording unnecessary identifying details in take-home materials. Provide accessible alternatives and confirm how urgent concerns should be handled.

CLN05 Notice Activation Before You Respond

This is an original reflection aid, not a validated activation inventory. Do not use it to assess fitness to practice or require personal trauma disclosure. Address impairment or urgent clinical concerns through appropriate professional processes.

CLN06 Ask About Context and Meaning

Ask permission before sensitive identity questions and explain their relevance. Avoid stereotypes or assuming within-group similarity. Use qualified language access where needed and include client corrections in the ongoing formulation.

CLN07 Write a Clinically Useful Note

Verify organizational, licensing, payer, and jurisdictional requirements separately. Never add services, observations, time, consent, or assessments that did not occur. Use approved systems and review any generated text before it enters a record.

CLN08 Respond When Therapy Misses the Mark

Do not make the client responsible for managing your feelings or professional development. Consider power, culture, access, and prior harm in treatment. Document relevant feedback and agreed changes accurately.

CLN09 Structure a Collaborative Therapy Session

Do not squeeze an incomplete safety assessment into the remaining minutes. Adjust treatment, consultation, referral, or level of support according to clinical findings. This timing does not establish a billing code or medical necessity.

CLN10 Reflect Before the Next Session

Protect confidentiality and follow your setting's rules for reflective notes. Avoid using reflection as a reason to delay required reporting, risk response, or consultation. No score or competency conclusion should be derived from this page.

Clinical foundations

These sources inform the general clinical concepts. The original resources in this collection are not validated instruments or publisher-endorsed protocols. Links checked October 26, 2026.

S01 Psychotherapies

National Institute of Mental Health | n.d.

General psychotherapy principles, collaborative goals, skills practice, and choosing care.

<https://www.nimh.nih.gov/health/topics/psychotherapies>

S02 Depression in adults treatment and management NG222

National Institute for Health and Care Excellence | 2022

Adult depression care, shared decisions, and behavioral and psychological treatment options.

<https://www.nice.org.uk/guidance/ng222>

S03 Generalised anxiety disorder and panic disorder in adults management CG113

National Institute for Health and Care Excellence | 2011 updated 2020

Adult anxiety assessment, stepped care, and cognitive behavioral approaches.

<https://www.nice.org.uk/guidance/cg113>

S04 Doing What Matters in Times of Stress An Illustrated Guide

World Health Organization | 2020

Stress coping, present moment awareness, values, and kindness. Original exercises in this library are separate from the WHO guide.

<https://www.who.int/publications/i/item/9789240003927>

Clinical foundations

These sources inform the general clinical concepts. The original resources in this collection are not validated instruments or publisher-endorsed protocols. Links checked October 26, 2026.

S05 TIP 57 Trauma Informed Care in Behavioral Health Services

Substance Abuse and Mental Health Services Administration | 2014

Trauma informed principles, cultural context, choice, collaboration, and prevention of retraumatization.

<https://library.samhsa.gov/product/tip-57-trauma-informed-care-behavioral-health-services/sma14-4816>

S06 Overview of Psychotherapy for PTSD

VA National Center for PTSD | n.d. discusses 2023 VA DoD guideline

Evidence supported PTSD treatment options and shared treatment decisions. Grounding sheets here do not replace PTSD treatment.

https://www.ptsd.va.gov/professional/treat/txessentials/overview_therapy.asp

S07 TIP 35 Enhancing Motivation for Change in Substance Use Disorder Treatment

Substance Abuse and Mental Health Services Administration | 2019

Motivational interviewing, autonomy, ambivalence, engagement, and collaborative change planning.

<https://library.samhsa.gov/product/tip-35-enhancing-motivation-change-substance-use-disorder-treatment/pep19-02-01-003>

S08 Treatment and Recovery

National Institute on Drug Abuse | 2020

Individualized addiction treatment, ongoing support, and responding to return to use.

<https://nida.nih.gov/publications/drugs-brains-behavior-science-addiction/treatment-recovery>

Clinical foundations

These sources inform the general clinical concepts. The original resources in this collection are not validated instruments or publisher-endorsed protocols. Links checked October 26, 2026.

S09 Coping With Grief and Loss

National Institute on Aging | n.d.

Individual grief experiences, practical support, and seeking additional care when needed. Transition exercises are original extensions for reflection.

<https://www.nia.nih.gov/health/grief-and-mourning/coping-grief-and-loss>

S10 About Sleep

Centers for Disease Control and Prevention | 2024

Sleep health, age related sleep needs, sleep habits, and seeking care for sleep problems.

<https://www.cdc.gov/sleep/about/index.html>

S11 Children and Mental Health Is This Just a Stage

National Institute of Mental Health | n.d.

Developmentally appropriate assessment and care, skills practice, and caregiver involvement when appropriate.

<https://www.nimh.nih.gov/health/publications/children-and-mental-health>

S12 Attention Deficit Hyperactivity Disorder What You Need to Know

National Institute of Mental Health | n.d.

Attention related difficulties, evaluation, treatment, and organizational supports. Planning pages are not ADHD tests.

<https://www.nimh.nih.gov/health/publications/attention-deficit-hyperactivity-disorder-what-you-need-to-know>

Clinical foundations

These sources inform the general clinical concepts. The original resources in this collection are not validated instruments or publisher-endorsed protocols. Links checked October 26, 2026.

S13 Should I Go To Couples Therapy With My Abusive Partner

National Domestic Violence Hotline | n.d.

Safety concerns with conjoint counseling where abuse or coercive control is present.

<https://www.thehotline.org/resources/should-i-go-to-couples-therapy-with-my-abusive-partner/>

S14 Overdose Prevention and Response Toolkit

Substance Abuse and Mental Health Services Administration | 2026 update

Overdose recognition and response, reversal medication education, and links to care. This library is not a substitute for overdose response training.

<https://library.samhsa.gov/sites/default/files/overdose-prevention-response-kit-pep23-03-00-001.pdf>

S15 Insomnia Treatment

National Heart Lung and Blood Institute | n.d.

Cognitive behavioral therapy for insomnia and the need for individualized treatment for persistent insomnia.

<https://www.nhlbi.nih.gov/health/insomnia/treatment>

S16 988 Crisis Support and Suicide Prevention

SAMHSA and the 988 Suicide and Crisis Lifeline | n.d.

U.S. crisis contact guidance and urgent help for immediate danger.

<https://www.samhsa.gov/mental-health/suicidal-behavior/prevention>

<https://988lifeline.org/get-help/>