

A starting point for every topic.

216 original fillable topic starters

A wide-ranging collection for reflection, communication, and collaborative care. Browse the alphabetical index, choose a relevant page, and adapt it to the person in front of you.

Choose the right audience

Each page names its intended audience. Children's pages invite an appropriate supportive adult; professional pages are for clinical reflection. A resource label does not establish suitability for a particular person.

Use with choice

Invite writing, drawing, discussion, or skipping a prompt. Read the clinical notes before use. Do not require trauma details, forced disclosure, or participation that could increase risk.

Understand the scope

These are original educational worksheets, not validated assessments or complete treatment protocols. Condition and therapy topics focus on support, care conversations, and preparation. The sources inform concepts and do not validate or endorse these pages.

Keep the wider library in view

The website also includes 6,000 focused worksheet editions and 120 core resources. Related resources may be listed under several topics. This PDF contains the 216 new topic starters only.

Complete and save

Use a PDF reader that supports forms and save a separate copy. Keep completed responses according to your practice's appropriate privacy and recordkeeping procedures. The website does not collect worksheet responses.

I am because we are.

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Abandonment concerns

Plan Support Around a Separation Worry

Adults | 10 to 15 minutes

A trip, delayed contact, or changing relationship can bring a fear of being left without support. Choose one upcoming or recent example. You do not need to prove the fear is rational before caring for yourself. Separate the emotional worry from any practical needs that require a plan.

Name the feared loss, identify what is known, and choose one support or question you can act on.

Identify what feels at stake

Ask whether you fear losing affection, practical care, housing, routine, or something else. Different needs call for different responses. A real risk to essential support deserves practical help rather than reassurance alone.

Build support beyond a promise

You might clarify an expected check-in, arrange alternative transport, or contact another trusted person. Avoid testing loyalty or requesting impossible certainty. If someone uses threats of leaving to control you, consider individual support for safety and choices.

1. What separation or change am I worried about?**2. What emotional or practical loss feels most important?****3. What is known, and what information or support is still missing?****4. What realistic check-in, backup support, or private help can I arrange?****Clinical use and adaptation**

Assess current loss, dependency, coercion, and practical vulnerability. Do not infer an attachment diagnosis or childhood event. Avoid repeated reassurance as the only response, but do not withhold needed care. Significant distress or safety concerns require individualized assessment and support.

Original educational resource. Adapt with a clinician; not a validated assessment or complete treatment protocol.

Conceptual references: S05, S01, S13. Full sources are in the online preview and collection appendix.

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Abuse and trauma

Choosing Support After Harm

Adults and teens 13+ | 10 to 15 minutes

After harm, people may need practical protection, privacy, connection, or time. You decide what to share. This page asks about the present and does not require a detailed history. If danger is ongoing, getting suitable live support takes priority over completing it.

Choose a recent, manageable example. Write, draw, or discuss your answers. Skip anything that does not fit; this page is not a diagnostic assessment.

Start with the present

Notice what would make today more manageable: somewhere private, transport, a meal, a pause, or a person who respects your choices. A coping exercise cannot resolve an unsafe environment.

Keep ownership of your story

You can say, "I want help with the effects, but I do not want to describe what happened today." Ask a professional about confidentiality and its limits before sharing identifying information.

1. What present need deserves attention first, without explaining the event?**2. What would you like a helper to ask permission for?****3. What information do you want to keep private today?****4. Who could offer the kind of support you choose, and how could you contact them safely?****Clinical use and adaptation**

Check ongoing danger and safeguarding needs before skill practice. Explain confidentiality and reporting limits; do not promise secrecy. Offer interpretation, disability access, and survivor-led support. Avoid requiring disclosure, reconciliation, or a trauma narrative to establish need.

Acceptance and commitment therapy (ACT)

Taking a Small Step Toward What Matters

Adults and teens 13+ | 10 to 15 minutes

Acceptance and commitment therapy explores psychological flexibility, values, and action in the presence of difficult experiences. Acceptance does not mean approving of harm or abandoning change. This page offers one brief values conversation, not a complete ACT protocol or a demand to tolerate unsafe conditions.

Choose a recent, manageable example. Write, draw, or discuss your answers. Skip anything that does not fit; this page is not a diagnostic assessment.

Choose a direction you own

A value describes how you want to act, such as being caring, curious, or fair. It differs from a rule imposed by someone else or a goal you can finish. Your choices can include advocacy, rest, and protection.

Make room for a small step

Notice a thought or feeling that may accompany action without needing to settle it first. Choose a step within your resources, such as asking one question or setting a limit. Adjust the size when capacity or circumstances require it.

1. What quality of action matters to you in this situation, in your own words?**2. What thought or feeling might show up while you move in that direction?****3. What small, safe action could express the value with your current resources?****4. What barrier or support need should shape the plan?****Clinical use and adaptation**

Keep values personally chosen and distinguish acceptance of internal experience from acquiescence to abuse, injustice, or untreated illness. Adapt for cognitive and communication needs. Do not use willingness language to override consent or justify forced exposure.

Addiction

Understanding the Pattern I Want Help With

Adults | 10 to 15 minutes

A pattern may offer relief, belonging, stimulation, or escape while also creating problems. Looking at both sides can help you explain what you need. You do not have to agree with someone else's label before asking for support.

Choose one recent episode. Keep the description factual and identify a goal you would be willing to discuss.

Look at function and impact

Describe what happened just before the episode, what you hoped it would change, and what followed. Include practical costs and any need that remained unmet.

Choose the next conversation

Identify the kind of help needed: medical assessment, a safer environment, treatment information, or practical support. For substances with withdrawal risk, discuss changes with a qualified clinician first.

1. What happened before the pattern started?**2. What did it offer me in the moment?****3. What consequence or unmet need matters to me now?****4. What help or change am I willing to explore?****Clinical use and adaptation**

Clarify the specific behavior or substance and relevant risks rather than assuming a single addiction model. Preserve autonomy. Do not advise abrupt alcohol or regular benzodiazepine cessation; urgent safety and medical needs take priority.

Adoption

My Adoption Questions and Choices

Teens 13+ | 10 to 15 minutes

You may have questions about adoption, family, culture, belonging, or none of these today. Feelings can be mixed or change over time. This page is yours to use selectively. You do not have to feel grateful, tell your story, seek contact, or explain yourself to other people.

Choose one question or feeling you want space for. Decide what to keep private and whether a safe person could help.

Choose your starting point

You might wonder about names, health information, traditions, family relationships, or how to answer other people's questions. Write what you know separately from what you have been told or are unsure about. You can leave blanks.

Choose support and privacy

Consider who listens without deciding your feelings for you. A request could be help finding reliable information or permission to stop an intrusive conversation. Any contact with family members needs attention to your wishes, safety, and actual circumstances.

1. What adoption-related question, feeling, or topic matters to me now?**2. What do I know, and what remains uncertain?****3. What information would I like to keep private or share by choice?****4. What support or question would I like to bring to a safe person?****Clinical use and adaptation**

Use adoption-competent, culturally responsive care. Do not assume trauma, attachment disorder, gratitude, or a wish for contact. Respect family complexity, racial and cultural identity, and the teen's language. Verify consent and privacy requirements; family contact decisions require individualized attention to safety and circumstances.

Aging and mental health

What I Want Supported as I Age

Adults | 10 to 15 minutes

Getting older can bring gains, losses, changing responsibilities, and new practical needs. Your experience does not have to match a stereotype about age. Focus on one part of daily life you want understood, while leaving health questions open for appropriate assessment.

Choose one recent situation involving connection, independence, mood, or participation. Describe the actual difficulty and a support that preserves your choices.

Keep the person visible

Name an interest or role that still matters. Distinguish your preference from another person's assumption about what someone your age should do.

Match support to the barrier

A transport problem may need a ride; hearing difficulty may need an accessible conversation; persistent mood or thinking changes deserve healthcare attention. Choose the relevant route rather than blaming age.

1. Which part of my life matters most to protect right now?**2. What concrete barrier affected me recently?****3. What support would preserve my involvement and choice?****4. What change in mood, memory, or functioning should I discuss with a clinician?****Clinical use and adaptation**

Adapt for sensory, language, literacy, mobility, and cognitive needs without infantilizing. Do not normalize persistent depression or sudden confusion as aging. Invite chosen supporters with consent and preserve the person's voice.

AI and digital wellbeing

Check the Role of an AI Conversation

Adults and teens 13+ | 10 to 15 minutes

An AI tool may help with an idea or a draft, but a convincing answer is not enough to establish accuracy or appropriate care. Choose one use of AI you want to reflect on. Consider the information you share, how you feel afterward, and whether a human source is needed.

Review one use without copying private conversation details. Choose what to verify, protect, limit, or take to a trusted person.

Identify the job and the data

Was the goal information, company, reassurance, creativity, or something else? Notice what personal information entered the tool. Check the service's actual privacy and age rules rather than assuming a private-looking chat is confidential clinical care.

Choose a suitable next step

Verify important factual or health claims with an appropriate source or professional. If the interaction increases distress, dependence, or isolation, consider a boundary and human support. Urgent safety needs require real-world help, not continued completion of this page.

1. What am I using AI for, and what need am I hoping it meets?

2. What personal information or privacy questions should I consider?

3. What claims or decisions need an authoritative source or qualified person?

4. What limit, verification step, or human connection will I choose next?

Clinical use and adaptation

For teens, use age-appropriate services and explain privacy and safety limits without requiring disclosure of chat content. Do not treat an AI conversation as diagnosis, crisis monitoring, or a therapeutic relationship. Assess distress and isolation when indicated; avoid both product endorsement and blanket assumptions about harm.

Original educational resource. Adapt with a clinician; not a validated assessment or complete treatment protocol.

Conceptual references: R19, S01. Full sources are in the online preview and collection appendix.

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Alcohol use disorder (AUD)

Preparing My Alcohol Care Conversation

Adults | 10 to 15 minutes

You may want to understand alcohol's place in your life, discuss a diagnosis, or revisit an existing plan. Start with your own concerns and goals. Medical safety matters when changing use, especially if you have experienced withdrawal or drink heavily or regularly.

Describe the pattern in broad terms and prepare questions. Do not use this worksheet to stop abruptly or design a taper.

Describe what matters

Identify a recent effect on health, sleep, relationships, work, or finances. Include what alcohol seems to help with so care can address that need too.

Ask about safe options

Tell a qualified clinician about your actual use, past withdrawal, and other substances or medicines. Ask about suitable medical, counseling, medication, and peer-support options without changing treatment yourself.

1. What alcohol-related concern would I like addressed?**2. What goal feels meaningful to me right now?****3. What withdrawal history or medication information should my clinician know?****4. What care question or access barrier should we discuss first?****Clinical use and adaptation**

Assess withdrawal and overdose risk, co-occurring conditions, and readiness without shaming. Do not provide tapering instructions. Suspected severe withdrawal, seizure, hallucinations, or confusion requires urgent medical care; preserve client choice within clinically appropriate options.

Anger management

An Anger Plan With Accountability

Adults and teens 13+ | 10 to 15 minutes

Anger can point toward unfairness, frustration, fear, or a crossed boundary. Feeling angry does not excuse threats or aggression. A useful plan protects safety first and returns to the issue when a respectful conversation or another suitable action is possible.

Choose a recent, manageable example. Write, draw, or discuss your answers. Skip anything that does not fit; this page is not a diagnostic assessment.

Notice the early turn

Identify a cue that appears before escalation, such as speaking faster or composing a hostile message. Choose an agreed pause that does not block exits, punish someone with silence, or leave a dependent person without care.

Plan the return

A later response might name the issue, request a change, seek advocacy, or repair harm. If you caused harm, describe it specifically and respect the other person's choice about further contact.

1. What situation brought anger, and what early cue could you notice next time?

2. What safe pause could you take without intimidating or abandoning responsibilities?

3. What boundary, request, or practical action addresses the underlying issue?

4. If harm occurred, what accountable repair is possible without demanding forgiveness?

Clinical use and adaptation

Assess violence, coercive control, access to weapons, and immediate danger directly when indicated. Generic anger management is not sufficient for abuse intervention. Validate anger about discrimination while maintaining clear responsibility for behavior.

Antisocial personality disorder

Discussing Choices Impact and Accountability

Adults | 10 to 15 minutes

Antisocial personality disorder is a clinical diagnosis requiring a careful history and assessment. It is not synonymous with being unsociable. This page focuses on specific actions, their effects, and motivation for change rather than assigning a label or treating harm as inevitable.

Choose a recent, manageable example. Write, draw, or discuss your answers. Skip anything that does not fit; this page is not a diagnostic assessment.

Describe behavior and consequences

Choose a manageable example involving a broken agreement, dishonesty, or disregard for another person's rights. Describe the action and its effects without minimizing them or speculating about a diagnosis from one event.

Identify a responsible alternative

Name what you want to preserve or build, such as stable work, trustworthy relationships, or fewer conflicts. Consider a lawful, respectful alternative and support that makes follow-through more likely. Accountability does not require demanding forgiveness from someone harmed.

1. What specific behavior caused a problem, and what were its effects on others and on you?

2. What immediate benefit were you seeking, and what longer-term cost followed?

3. What lawful and respectful alternative could support a goal you actually value?

4. What assessment question, support, or accountability arrangement could help you follow through?

Clinical use and adaptation

Assess violence, coercion, substance use, legal context, and immediate danger directly when indicated. Do not use diagnosis as an excuse or a moral judgment. Avoid making family members responsible for monitoring risk; consider specialist care and safeguarding.

Original educational resource. Adapt with a clinician; not a validated assessment or complete treatment protocol.

Conceptual references: E01, S01. Full sources are in the online preview and collection appendix.

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Anxiety

What This Anxious Moment Needs

Adults and teens 13+ | 10 to 15 minutes

Anxiety can signal a demand, an uncertain possibility, or a real threat. Begin with context rather than assuming your mind is mistaken. This page helps you identify one useful response while leaving room for feelings that may not settle immediately.

Choose a recent, manageable example. Write, draw, or discuss your answers. Skip anything that does not fit; this page is not a diagnostic assessment.

Name what is happening

Describe an observable situation, such as a delayed bus, separately from a prediction, such as "I will lose my job." Include real consequences and resources you have available.

Choose a useful response

If action is possible, name one bounded step. If no further action is useful now, choose a neutral task, a support request, or an optional attention anchor. The goal is a workable response, not perfect calm.

1. What happened, and what is your mind predicting?**2. What part needs practical action or protection now?****3. What can remain uncertain while you take one useful step?****4. What response will you try, and when will you review whether it helped?****Clinical use and adaptation**

Assess persistent impairment, panic, obsessive rituals, trauma reminders, and medical contributors when indicated. Do not treat discrimination or material insecurity as distorted thinking. Adapt the response to actual control and available support.

Anxiety disorders

Preparing to Discuss Anxiety Patterns

Adults and teens 13+ | 10 to 15 minutes

Anxiety disorders include different patterns of fear, worry, and avoidance. Ordinary stress alone does not establish a disorder. A professional conversation can explore what happens, how long it has affected you, and whether other health or environmental factors need attention.

Choose a recent, manageable example. Write, draw, or discuss your answers. Skip anything that does not fit; this page is not a diagnostic assessment.

Bring the pattern

Choose two situations that show the concern. Describe frequency, interference, and actions you take to manage it. Note what is easier in supportive settings; this can reveal useful accommodations.

Bring your priorities

You might want to travel more freely, sleep more consistently, or participate in school. Ask how assessment will distinguish anxiety patterns, consider medical or substance effects, and include your preferences in treatment choices.

1. Which two situations best show the anxiety pattern you want help with?**2. How does it affect daily activities, relationships, or participation?****3. What current pressures, substances, medicines, or health changes should the clinician know about?****4. What outcome and treatment questions matter most to you?****Clinical use and adaptation**

Assess differential explanations and safety before proposing generic approach practice. Do not use this page to screen or diagnose specific disorders. Include access barriers, actual threats, developmental context, and culturally meaningful expressions of distress.

Anxious attachment patterns

Find a Steadier Response to Uncertainty

Adults | 10 to 15 minutes

A delayed reply or changed plan may bring a strong fear about the relationship. Choose one manageable example. The aim is not to argue yourself out of needing connection. It is to notice what is known, what remains uncertain, and how to care for yourself without increasing pressure or monitoring.

Write the facts and your interpretation separately. Choose one request, self-support, or boundary that fits the actual situation.

Separate the message from the meaning

For example, no reply since lunch is an observation; they no longer care is an interpretation. Consider agreed expectations and patterns of reliability. Do not dismiss real broken agreements or threats as merely your anxiety.

Choose a respectful response

You might send one clear check-in, return to a planned activity, or discuss communication expectations later. Avoid password demands, repeated tracking, or tests of loyalty. If the relationship feels unsafe, seek private support rather than more reassurance from the person causing harm.

1. What event triggered my fear about connection?

2. What do I know, and what meaning am I adding?

3. What connection need or agreement deserves a clear conversation?

4. What response supports me while respecting privacy and choice?

Clinical use and adaptation

Do not assign a fixed attachment type or dismiss actual relational harm. Assess compulsive reassurance patterns, trauma, and safety when relevant, without imposing an exposure plan through the worksheet. Avoid framing partner surveillance as care or making another person responsible for all distress relief.

Art therapy and creative expression

Showing a Feeling in My Own Way

Adults | 10 to 15 minutes

A color, shape, line, or short phrase may help you describe an experience. Artistic skill is not required, and your work has no predetermined meaning. This is an optional creative reflection, not a diagnostic art test or a substitute for art therapy.

Choose ordinary materials or write a description. Make a simple representation of a manageable current experience and decide what, if anything, to share.

Create with choice

Use an abstract shape, a few words, or a familiar image. You can stop, change direction, or make something unrelated to distress.

Let your meaning lead

Describe what the work means to you, including uncertainty. A listener should ask rather than interpret symbols. Consider privacy and whether you want to keep, cover, or discard the work.

1. What experience would I like to express without explaining every detail?**2. What marks, words, colors, or shapes fit my meaning?****3. What would I want a listener to ask rather than assume?****4. What should happen to the work, and who may see it?****Clinical use and adaptation**

Do not interpret images as evidence of trauma, abuse, or diagnosis. Offer accessible alternatives and avoid graphic trauma prompts. Call the activity creative expression unless delivered within the professional scope of appropriately trained art therapy.

Assertiveness

Speak Up in a Way That Fits

Adults and teens 13+ | 10 to 15 minutes

Assertiveness can mean asking, declining, disagreeing, or requesting time to decide. It does not require sounding confident or speaking aloud. Choose one low-risk situation. A direct response is one option; written communication, support from another person, or a private next step may fit better.

Choose one message, a suitable format, and a response you can use if the answer is no.

Name the actual request

Keep the message specific: I need the instructions in writing, rather than You never explain anything. You can acknowledge the other person's needs without abandoning your own. Avoid promising more than you want or can provide.

Prepare for a different answer

The other person may disagree or have limited options. Decide whether you want clarification, time, another support route, or a boundary. If refusal could trigger retaliation, seek private help rather than treating directness as a test of courage.

1. What preference, request, or disagreement do I want to express?**2. What words or communication format fit me and the situation?****3. What answer or pressure might I encounter?****4. What safe next step will I take if my request is not met?****Clinical use and adaptation**

Consider hierarchy, culture, disability, age, and actual control over the situation. Do not prescribe confrontation in coercive relationships or reward a particular communication style. For teens, identify safe support and explain relevant privacy limits. Assertiveness cannot guarantee fair treatment or safety.

Attachment styles

Notice How I Seek Connection

Adults | 10 to 15 minutes

Attachment language may help some people discuss relationships, but a label cannot tell the whole story. Choose one recent moment of closeness or distance. Describe what you actually noticed, what you needed, and what choices were available without assigning yourself or another person a fixed type.

Use one current example. Separate observation, interpretation, and a response you would like to choose.

Describe the moment

Notice what happened before you moved closer, pulled away, or felt unsure. Include context such as tiredness, past promises, safety, or access. You do not need to identify a childhood cause to understand a present need.

Try a clearer request

Choose a request that respects both people's choices, such as asking when a conversation can resume. If the situation involves intimidation or control, focus on private support instead of making the relationship feel secure through your effort alone.

1. What happened before I wanted more closeness or distance?**2. What did I notice in my feelings, body, and actions?****3. What need or uncertainty might explain this moment without defining my identity?****4. What clear request or private support would fit now?****Clinical use and adaptation**

Do not score, diagnose, infer caregiver behavior, or equate adult attachment labels with childhood attachment disorders. Explore current safety and cultural meaning. Avoid using attachment language to excuse harmful conduct or make one partner responsible for the other's regulation.

Attention-deficit/hyperactivity disorder (ADHD)

Test One Attention Support

Adults and teens 13+ | 10 to 15 minutes

A difficult task can involve attention, memory, energy, emotions, or an inaccessible setting. Pick one task you want to make easier. Whether or not you have an ADHD diagnosis, this page can help you test a support without treating a missed step as a personal failure.

Choose one task, one barrier, and one support. Try it once and note what changed before adding more tools.

Find the bottleneck

Locate the specific stuck point: remembering, starting, continuing, switching, or finishing. For example, knowing an appointment time is different from remembering to leave. Describe the obstacle before choosing a solution.

Change one condition

Try a visible departure cue, a written first step, a quieter format, or another person's agreed reminder. Decide where the support will be and when you will check it. A useful result may be learning that a different barrier needs attention.

1. What task matters to me, and where does it become difficult?**2. What barrier best fits this example?****3. What single support will I try, where, and when?****4. What will show whether it helped or needs changing?****Clinical use and adaptation**

Do not diagnose ADHD from organization difficulties or worksheet performance. Consider developmental and cross-setting history through appropriate assessment, plus sleep, health, mood, anxiety, and access. Support use does not replace comprehensive care; medication questions belong with the treating prescriber.

Autism spectrum and affirming support

My Participation Preferences and Supports

Adults and teens 13+ | 10 to 15 minutes

You can identify useful supports whether you have an autism diagnosis, are exploring assessment, or are discussing access needs. Choose one setting where participating is tiring or difficult. Focus on the conditions that help you communicate and take part, not on appearing more like someone else.

Choose one setting. Use speech, writing, drawing, or a communication system to describe your preferences and a possible adjustment.

Describe access needs

Consider sound, light, predictability, processing time, breaks, and how information is presented. Include what is enjoyable or already works. For example, receiving questions in advance may make a meeting easier to join.

Keep control of the request

Decide what you want to share and with whom. Ask for one change and a way to review whether it helped. You do not need to offer eye contact, suppress harmless movement, or disclose more personal information to use this page.

1. Where would I like participation to feel more accessible?**2. What communication or sensory conditions help or hinder me?****3. What specific adjustment would I like to request?****4. What will I share, and how will I judge whether the change helps?****Clinical use and adaptation**

Individualize with the person and their chosen supports. Do not infer diagnosis, prescribe masking, force eye contact or speech, or remove communication tools. Consider qualified assessment when wanted or indicated. These pages are not autism treatment; younger children require developmentally tailored support.

Avoidant and dismissive attachment

Ask for Space Without Disappearing

Adults | 10 to 15 minutes

You may want distance when a conversation becomes intense, or you may simply need time to think. Choose one recent moment. You do not have to decide whether an attachment label fits. Explore what the distance did for you and whether a clearer message could protect both choice and understanding.

Reflect privately first. Choose a feasible message about space and, if wanted and safe, a time to check back.

Understand the function of space

Was the pause about overload, uncertainty, privacy, anger, or something else? Notice whether the other person respected your request. Needing space and using silence to punish someone are different actions; describe yours specifically.

Offer a workable signal

A possible message is: I need time to think; can we check in tomorrow? Only offer a return you intend and can safely make. If contact is threatening, seek private support instead of promising another conversation.

1. What happened before I wanted more distance?**2. What need was the distance serving, and what was its impact?****3. What words or signal could communicate my pace more clearly?****4. What return, boundary, or private support fits the situation?****Clinical use and adaptation**

Do not assign a stable attachment type or infer childhood causes. Explore cultural norms, disability, processing needs, and relationship safety. Do not require closeness or a return conversation when coercion or abuse is present; address deliberate harmful behavior without shaming a need for space.

Avoidant personality disorder

Discussing Connection and Fear of Rejection

Adults | 10 to 15 minutes

Avoidant personality disorder requires assessment of persistent patterns in context. Preferring solitude or avoiding an unsafe group does not establish a disorder. This page focuses on whether fear of rejection limits connection you actually want, and what support would respect your pace.

Choose a recent, manageable example. Write, draw, or discuss your answers. Skip anything that does not fit; this page is not a diagnostic assessment.

Separate preference from restriction

Describe a relationship or activity you would value if participation felt more manageable. Note what you fear, any real history of exclusion, and settings where you feel less judged.

Ask about the wider picture

Discuss how long the pattern has existed and how it overlaps with social anxiety, mood, trauma, or communication differences. The goal is an accurate understanding and a personally meaningful care plan, not becoming more sociable on demand.

1. What connection or participation do you want more choice about?**2. What feared judgment or real experience makes it difficult?****3. Where do you feel more accepted, and what is different there?****4. What assessment question and preferred pace would you like to discuss?****Clinical use and adaptation**

Consider social anxiety, depression, trauma, neurodivergence, cultural norms, and discrimination. Avoid diagnosing from withdrawal alone or treating extroversion as the goal. Establish collaboration without pushing disclosure or exposure outside an agreed treatment plan.

Behavioral activation

Planning One Meaningful Activity

Adults and teens 13+ | 10 to 15 minutes

Behavioral activation explores relationships between activity, avoidance, mood, and what matters in daily life. You do not need to feel motivated or expect instant enjoyment. This page offers one small planning step; a full treatment also considers patterns, barriers, and progress with a clinician.

Choose a recent, manageable example. Write, draw, or discuss your answers. Skip anything that does not fit; this page is not a diagnostic assessment.

Choose an activity with a reason

Pick something connected to care, connection, interest, or a practical need. Make it specific and modest, such as sending one message or preparing a simple snack. Include rest or pacing when these support health and functioning.

Review more than mood

Afterward, notice completion, effort, connection, or usefulness as well as enjoyment. An activity that feels flat can still provide information. Adjust the plan if pain, fatigue, resources, or circumstances made the original step unrealistic.

1. What activity would serve a chosen value or practical need today?**2. What is the smallest useful version, and when and where could it happen?****3. What barrier or support need should you plan for?****4. After trying it, what happened and what would you keep, reduce, or change?****Clinical use and adaptation**

Assess depression severity, suicidality, possible mania, medical limitations, pain, and fatigue. Avoid treating rest as automatically avoidant or prescribing activity beyond capacity. This starter supports collaborative planning rather than substituting for a full behavioral activation intervention.

Original educational resource. Adapt with a clinician; not a validated assessment or complete treatment protocol.

Conceptual references: S02, S01. Full sources are in the online preview and collection appendix.

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Bipolar and related disorders

Preparing to Discuss Possible Bipolar Patterns

Adults | 10 to 15 minutes

Bipolar and related disorders involve patterns that require assessment over time. A high-energy day or ordinary mood shift is not enough to identify one. Bring information about sleep, activity, mood, and impact, including both low periods and periods unlike your usual self.

Choose a recent, manageable example. Write, draw, or discuss your answers. Skip anything that does not fit; this page is not a diagnostic assessment.

Describe meaningful changes

Choose a period that stood out. Note changes in sleep need, energy, irritability, activity, or judgment and the effect on daily life. A trusted person's observations can be included with your permission.

Plan assessment and support

Discuss medicines, substances, health changes, and family history if known. Ask what warning signs should prompt urgent contact and how to reach the care team. Do not adjust medication based on this worksheet.

1. Which period was clearly different from your usual mood, energy, sleep, or activity?

2. What changed in responsibilities, relationships, or decision making during that period?

3. What medical, medicine, substance, or life context should the clinician consider?

4. What assessment question and urgent-contact plan would you like clarified?

Clinical use and adaptation

Assess potential mania, depression, psychosis, suicidality, and medical or substance contributors. Marked deterioration or unsafe behavior warrants prompt evaluation. Avoid using this page as a mood-disorder screen or automatically recommending increased activity during elevated states.

Original educational resource. Adapt with a clinician; not a validated assessment or complete treatment protocol.

Conceptual references: E02, E23. Full sources are in the online preview and collection appendix.

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Bipolar I disorder

Preparing a Bipolar I Care Conversation

Adults | 10 to 15 minutes

Bipolar I disorder includes manic episodes and requires professional assessment and ongoing care. This page does not determine whether a period was mania. It helps you bring a clear example and discuss how to recognize concerning changes with your care team.

Choose a recent, manageable example. Write, draw, or discuss your answers. Skip anything that does not fit; this page is not a diagnostic assessment.

Describe changes from baseline

Choose a period with unusual energy, activity, irritability, or reduced need for sleep. Note effects on judgment, relationships, work, or safety. Include information from a trusted person only with appropriate permission.

Agree on early contact

Ask which changes should prompt a call, who to contact outside office hours, and what support you want others to offer. Marked sleep loss, escalating activation, psychotic experiences, or unsafe behavior may need prompt professional evaluation.

1. What period seemed clearly different from your usual sleep, energy, activity, or judgment?**2. What consequences or concerns were noticed by you or an agreed support person?****3. What changes should trigger contact with your care team, according to your clinician?****4. What treatment, medication, or support question do you want answered before leaving the appointment?****Clinical use and adaptation**

Do not diagnose mania from productivity or a single sleep change. Assess acute risk, psychosis, substances, and medical causes. Avoid activation assignments during possible elevation and never suggest independent medication changes. Support collaborative follow-up and consent-based involvement.

Original educational resource. Adapt with a clinician; not a validated assessment or complete treatment protocol.

Conceptual references: E02, E23. Full sources are in the online preview and collection appendix.

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Bipolar II disorder

Preparing a Bipolar II Care Conversation

Adults | 10 to 15 minutes

Bipolar II disorder involves depressive and hypomanic episodes. It is not simply a milder version of bipolar I. Assessment needs a history across time, including periods that may have felt productive or welcome. This page helps prepare that conversation without identifying episodes for you.

Choose a recent, manageable example. Write, draw, or discuss your answers. Skip anything that does not fit; this page is not a diagnostic assessment.

Include both directions of change

Describe a low period and a separate period of unusually increased energy or activity, if present. Note sleep, functioning, and consequences compared with your usual pattern. Ordinary good days and changing moods alone do not establish hypomania.

Discuss the whole care plan

Ask how treatment will address depression while monitoring changes in activation. Include medicines, substances, health context, and what follow-up is available. A prescriber should guide medication decisions.

1. What low period most affected your functioning, and how was it different from your usual experience?

2. Was there a distinct period of increased energy, activity, or reduced sleep need worth discussing?

3. What impact and relevant medicine, substance, or health context accompanied these changes?

4. What would you like to ask about treatment, monitoring, and when to seek earlier help?

Clinical use and adaptation

Assess longitudinally and avoid minimizing bipolar II severity. Explore suicidality, mixed symptoms, substances, and medical causes. Do not use this page as a diagnostic checklist or recommend activity increases without considering current activation and clinical context.

Original educational resource. Adapt with a clinician; not a validated assessment or complete treatment protocol.

Conceptual references: E02, E23. Full sources are in the online preview and collection appendix.

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Body awareness

Choosing How to Notice Your Body

Adults and teens 13+ | 10 to 15 minutes

Body awareness can be helpful for some people and uncomfortable, unclear, or inaccessible for others. You do not have to complete a body scan or interpret every sensation. This page helps you decide how much attention, if any, feels useful today.

Choose a recent, manageable example. Write, draw, or discuss your answers. Skip anything that does not fit; this page is not a diagnostic assessment.

Choose the level of attention

You might notice clothing contact, a need to change position, or a practical cue such as thirst. You may instead look at the room or describe a task. Keep your eyes open if preferred.

Separate observation from explanation

A sensation is information, not proof of an emotion or diagnosis. Record it simply and include relevant health or access needs. New, severe, or concerning symptoms need appropriate medical attention.

1. Would internal attention, external attention, or no awareness exercise fit today?**2. What neutral observation can you make without searching for a hidden meaning?****3. What adjustment, such as a different position or less stimulation, might help?****4. What would tell you to pause, stop, or ask for medical or clinical guidance?****Clinical use and adaptation**

Offer external alternatives for trauma, dissociation, panic, pain, and interoceptive differences. Do not infer consent from compliance or attribute physical symptoms to stress without assessment. Avoid mandatory touch or eyes-closed practice.

Borderline personality disorder

Preparing a Collaborative BPD Care Conversation

Adults | 10 to 15 minutes

Borderline personality disorder can involve several different patterns of distress; people do not all have the same experiences. A diagnosis does not define character or make harm inevitable. This page helps you discuss goals and care preferences without trying to confirm a diagnosis.

Choose a recent, manageable example. Write, draw, or discuss your answers. Skip anything that does not fit; this page is not a diagnostic assessment.

Choose a priority

Describe one current difficulty, such as intense distress during conflict or uncertainty about your needs. Include what you want the clinician to understand and what has helped you remain connected to care.

Make support predictable

Ask how treatment goals, session boundaries, between-session contact, and urgent support will be discussed. If self-harm or suicide is a concern, make a separate, collaborative safety plan with a qualified professional.

1. Which current experience most needs help, and what does it interrupt?**2. What has helped you feel heard and stay engaged in care?****3. What would you like to ask about treatment options, boundaries, or between-session support?****4. What change would show that the care plan is helping you?****Clinical use and adaptation**

Assess suicide and self-harm directly when relevant without assuming risk from diagnosis alone. Avoid stigmatizing language or interpreting disagreement as manipulation. Offer evidence-informed treatment discussion and consistent, collaborative boundaries.

Boundaries

A Boundary I Can Act On

Adults | 10 to 15 minutes

A boundary describes what you will participate in or do. It does not guarantee another person will agree. Choose an everyday example, such as calls during rest time. If saying a limit could bring threats or retaliation, consider private support before planning a conversation.

Choose one limit. Separate your preference, your words, and an action you can realistically take.

Make the limit specific

Describe the behavior and situation without diagnosing the other person. For example: I can talk for ten minutes after dinner. Notice what access, money, culture, or caregiving responsibilities affect your choices.

Choose your response

Decide what you will do if the limit is missed, such as ending a routine call and offering another time. Avoid a consequence you cannot safely carry out. A private support request can be the next step.

1. What situation crosses a limit for me?**2. What limit fits my needs and real choices?****3. What words or nonverbal signal could communicate it safely?****4. What action or support will I use if the pattern continues?****Clinical use and adaptation**

Assess coercion, surveillance, dependence, and retaliation privately. Do not require confrontation or frame a harmed person as responsible for preventing abuse through better boundaries. Adapt for disability and cultural context. When safety is uncertain, prioritize individualized assessment and appropriate specialist support.

Breathing practices

Choosing Whether Breath Attention Fits

Adults and teens 13+ | 10 to 15 minutes

Attention to breathing is optional. Some people find it useful; others feel more anxious, dizzy, trapped, or uncomfortable. You do not need deep breaths, breath holding, a set rhythm, or closed eyes. This page helps you choose whether to try ordinary breath awareness or another focus.

Choose a recent, manageable example. Write, draw, or discuss your answers. Skip anything that does not fit; this page is not a diagnostic assessment.

Keep breathing ordinary

If you choose to try, briefly notice breathing without making it deeper, slower, or different. Keep a comfortable position and stop if attention increases discomfort. You can focus on an external object instead, or skip practice entirely.

Let the response guide you

No calming result is required. If breathing symptoms are new, severe, or concerning, seek appropriate medical attention rather than assuming stress. Ask a clinician about suitability when respiratory, cardiac, panic, or trauma-related concerns affect practice.

1. Would you prefer ordinary breath attention, an external focus, or no exercise today?

2. What position, setting, or stop signal would support your choice?

3. What did you notice, and did the practice become uncomfortable?

4. What alternative or professional question would be useful next time?

Clinical use and adaptation

Do not prescribe forced slow breathing, breath holds, hyperventilation, or a universal rhythm through this page. Consider panic, dissociation, respiratory and cardiac conditions, and medical red flags. Respect refusal and avoid equating breath control with successful regulation.

Building therapeutic rapport

Invite Choice in the First Conversation

Clinicians | 10 to 15 minutes

Rapport cannot be assumed because a session feels friendly to the clinician. Choose one early-session moment where the person could use more clarity or choice. Consider how you will explain your role, ask about participation preferences, and invite correction without making the client responsible for your comfort.

Use a deidentified example. Plan a brief invitation, an accessible response option, and how you will follow through.

Make the invitation usable

Ask a specific question such as: Would talking, writing, or starting with a practical concern work best today? Explain relevant privacy limits before sensitive disclosure. Include the option to pause or say that an activity does not fit.

Listen to the response

Notice verbal and nonverbal feedback without assuming silence means consent. Reflect the preference and make an observable adjustment where possible. If a request cannot be met, explain the reason and explore another option respectfully.

1. What early-session moment needs more clarity or choice?**2. What specific invitation and communication options will I offer?****3. What response might show that I should adjust or ask again?****4. How will I follow through and invite feedback about the adjustment?****Clinical use and adaptation**

Consider culture, power, prior treatment harm, disability, language, and coercion in referral. Do not equate engagement with eye contact or rapid disclosure. Explain actual limits on choice and confidentiality. Rapport work must not postpone urgent assessment or required professional responsibilities.

Bullying and harassment

Ask for Help With Bullying

Teens 13+ | 10 to 15 minutes

If someone repeatedly targets, threatens, humiliates, or excludes you, you deserve support. You do not have to confront them or prove you handled it perfectly. Choose what you want a safe adult to understand. If there is immediate danger, seek help now rather than finishing this page.

Use only details that are safe to record. Choose a trusted adult and ask about privacy and possible next steps.

Describe what matters for help

Note the behavior, setting, and how it affects safety or participation. You do not need to collect evidence if doing so puts you at risk. Save messages only when safe; a trusted adult can help consider the options.

Ask for a concrete response

You might request a safer route, a private check-in, help with online harassment, or a plan for class participation. Ask what the adult can do and what information they may need to share. Identify another support if the first response is inadequate.

1. What is happening, and how is it affecting my safety or day?**2. What details can I safely share or record?****3. Which adult or service could help, and what response do I need?****4. What follow-up or alternative support will I use if it continues?****Clinical use and adaptation**

Assess immediate danger, coercion, discrimination, and retaliation. Explain reporting and confidentiality limits accurately. Do not require confrontation, mediation, forgiveness, or evidence gathering. Adult and institutional responsibility remains central; use appropriate safeguarding and school procedures rather than placing safety management on the teen.

Burnout

What My Workload Requires and What Is Missing

Adults | 10 to 15 minutes

Persistent work strain may involve workload, limited control, unclear priorities, unfairness, or inadequate support. Individual coping is only part of the picture. Focus on a concrete workplace pattern and what an appropriate person or system could change.

Choose one recurring work demand. Separate actions within your control from changes requiring a manager, team, organization, or outside support.

Describe the mismatch

Record the task or demand, the resources it requires, and what is missing. Examples include staffing, time, training, reliable breaks, or a clear priority.

Request a measurable adjustment

Ask about a specific change such as a reduced competing demand, clarified responsibility, or protected handoff. Consider power and safety before making a request directly.

1. Which recurring work demand is hardest to sustain?**2. What resource, authority, or protection is missing?****3. Who can change the conditions, and what exactly could I ask?****4. What sign would show whether the change helps?****Clinical use and adaptation**

WHO uses burnout for an occupational phenomenon, not a medical diagnosis. Assess depression, trauma, sleep problems, and medical contributors when indicated. Avoid making staff responsible for fixing unsafe workloads through self-care alone.

Caregiver stress

Sharing One Part of the Caregiving Load

Adults | 10 to 15 minutes

Caregiving can involve love, commitment, strain, frustration, and limited choices at the same time. You may be managing visible tasks and constant anticipation. Choose one part of the load that could be made clearer or shared without compromising essential care.

List a specific caregiving task or interruption. Include the dependent person's needs and your own capacity when considering alternatives.

Describe the full task

Include preparation, travel, monitoring, coordination, and follow-up rather than only the visible action. Notice which part requires your involvement and which might be shared.

Plan a realistic handoff

Identify who could help, what information they need, and what to do if they cannot. A service inquiry or backup plan can be a useful step even before help is available.

1. Which caregiving task or responsibility is hardest to sustain?**2. What hidden work or uncertainty does it include?****3. What specific part could someone else cover or help arrange?****4. What request and backup will protect both essential care and my needs?****Clinical use and adaptation**

Do not imply that caregivers are selfish for needing support or that respite is always available. Consider finances, disability, cultural expectations, safeguarding, and consent. Assess risk of exhaustion, neglect, or harm without blaming the caregiver for structural gaps.

Change and adjustment

What Changed and What I Need to Learn

Adults | 10 to 15 minutes

A change can alter routines and expectations even when it is wanted. Some parts may feel familiar while others require new skills or support. Focus on the practical transition you are facing without deciding how quickly you should feel settled.

Choose one recent change. Separate what is new, what remains useful, and what you do not yet know.

Identify the new demand

Name a task, rule, relationship, or routine that is different. Describe the gap in information or support instead of judging your overall ability to adapt.

Keep an anchor

Choose one existing skill, connection, or routine that still fits. Pair it with a small step toward understanding the unfamiliar part, such as asking a specific question.

1. What has changed in my everyday life?**2. What new demand or uncertainty is hardest right now?****3. What familiar support or skill can I keep using?****4. What specific question or request would help me adjust?****Clinical use and adaptation**

Do not pathologize a normal response to change or assume adaptation means accepting harmful conditions. Explore losses, culture, safety, and functional impact. Persistent or severe difficulties may warrant further assessment.

Children

My Feeling and My Helper

Children ages 6 to 9 with a supportive adult | 10 to 15 minutes

Sometimes a feeling is hard to name. You can draw it, point to a word, or tell an adult. This page is about one small moment. You can skip a question. A safe grown-up can help you without choosing your answers.

Choose a small moment. Draw, point, or write. Ask a safe adult to read the words if you want.

Show the feeling

Think about a time today. Did you feel glad, worried, sad, angry, or something else? You can use a color or shape instead of a feeling word. There is no right picture.

Choose some help

Maybe you want company, a quieter place, help with a task, or a little space. Choose one thing to ask for. Your helper can check what you meant and help find another option if needed.

1. What happened in my small moment?**2. What feeling, color, or shape fits?****3. What might help me right now?****4. Which safe grown-up can help, and how can I tell them?****Clinical use and adaptation**

Use with assent and a safe adult; read aloud without leading answers. Do not interpret drawings as diagnostic evidence or require disclosure. Explain relevant privacy limits simply. If the child shares danger or abuse, respond through appropriate safeguarding and assessment procedures rather than continuing the worksheet.

Choosing a therapy approach

Questions Before I Choose a Therapy Approach

Adults | 10 to 15 minutes

Therapy approaches can differ in what sessions involve, what is practiced between sessions, and what training a provider needs. You can ask questions before deciding. Choose one approach or recommendation you are considering and identify the information that would help you make an informed choice.

Write your main goal and a few questions. Bring them to a qualified provider and ask for explanations you can understand.

Ask what the work involves

Ask what the approach is intended to help, what evidence supports it for your concern, and what sessions may involve. Discuss your preferences about structure, disclosure, culture, access, and between-session tasks. You can say when something feels unclear.

Plan a review

Ask about alternatives, costs, likely demands, possible difficulties, and how the provider checks progress. Find out how to raise a concern or discuss changing the plan. You do not have to promise improvement before you understand the options.

1. What would I like therapy to help me change or understand?**2. What do I need to know about this approach and the provider's training?****3. What preferences, access needs, costs, or demands affect its fit?****4. How will we review progress, concerns, and possible alternatives?****Clinical use and adaptation**

Support shared decision-making without implying every approach has equal evidence for every condition. Provide current condition-specific information and referral when needed. Clarify actual availability, competence, and consent. Do not use a worksheet or marketing claim as proof of treatment efficacy.

Christian counseling

Choosing How Faith Enters My Counseling

Adults | 10 to 15 minutes

Christian faith may offer comfort, raise difficult questions, or feel mixed. You decide whether prayer, scripture, church relationships, or other practices belong in counseling. This page helps you communicate preferences without requiring a particular interpretation or level of belief.

Choose one current counseling concern. Name helpful faith connections, unwanted assumptions, and one question for a prospective or current therapist.

Identify your preferences

Separate a practice you freely choose from something others expect. For example, you may welcome discussing hope while declining prayer during appointments. Uncertainty is a valid starting point.

Check care fit

Ask how the therapist handles disagreement, spiritual harm, confidentiality, and clinical care. A faith leader and a licensed clinician may offer different kinds of support; clarify roles before sharing.

1. Which Christian belief or practice, if any, would I like included?**2. What interpretation, pressure, or practice do I want excluded?****3. What question would help me assess a counselor's fit?****4. What would respectful care look like when my faith feels uncertain?****Clinical use and adaptation**

Follow the client's language and consent. Do not proselytize, frame illness as deficient faith, or require forgiveness or reconciliation. Assess spiritual coercion privately and clarify professional scope and confidentiality limits.

Chronic pain and illness

Explaining What Pain or Illness Changes

Adults | 10 to 15 minutes

Pain or illness may change the effort required for ordinary activities, even when others cannot see it. Start with a task that matters to you. Your description can include physical, emotional, and practical effects without deciding that any one factor explains everything.

Choose one recent task. Follow your existing healthcare guidance and describe what happened without pushing through symptoms to test yourself.

Describe the task accurately

Notice what the task required, where difficulty appeared, and what happened afterward. Include variability and assistance rather than comparing yourself with an ideal level of output.

Choose support or a question

A smaller task, accessible option, help from another person, or a healthcare review may be appropriate. Specify what is needed and who is qualified to help.

1. Which activity has become difficult or costly for me?**2. What effect does it have during or afterward?****3. What adaptation or practical help would make a difference?****4. What symptom change or treatment question should my healthcare team review?****Clinical use and adaptation**

Validate symptoms and avoid assuming a psychological cause. Do not prescribe medication, exercise progression, or forced activity. Assess new or worsening symptoms appropriately and adapt for post-exertional worsening, sensory needs, and accessibility.

Clinical supervision

Bring One Useful Question to Supervision

Clinicians and clinical supervisees | 10 to 15 minutes

Choose a deidentified moment where you felt unsure, stuck, or pulled toward a quick answer. You do not need to present a polished case narrative. Focus on the decision that affects care, what the client experienced, and what input would help you proceed responsibly.

Prepare the key facts, your uncertainty, and a specific request. Leave room to revise your view after feedback.

Name the learning edge

Separate the clinical question from fear of appearing inexperienced. State what you tried and what remains unclear. Include relevant cultural, access, and power dynamics without using identity labels as explanations for behavior.

Plan follow-through

Ask whether guidance is a recommendation, a required supervisory direction, or an issue needing further consultation. Clarify disagreement respectfully. After the meeting, identify an action, its owner, and how you will review the effect on care.

1. What clinical moment or decision do I want help understanding?**2. What facts, client feedback, and assumptions should the supervisor hear?****3. What specific question or disagreement do I want to raise?****4. What action and review point will follow the discussion?****Clinical use and adaptation**

Use approved confidential channels and clarify supervision boundaries. Do not delay urgent assessment, reporting, or consultation while preparing a worksheet. Explore power and evaluation concerns; this reflection should not require personal trauma disclosure or substitute for formal competency procedures.

Co-parenting

Plan One Child Centered Caregiving Handoff

Parents and caregivers | 10 to 15 minutes

Choose a practical arrangement such as a pickup, school item, or health-related message. Focus on what the child needs and which adult is responsible. The child should not have to carry adult conflict or messages. Direct conversation is optional only when it is safe and appropriate.

Choose one handoff. Identify necessary information, adult responsibilities, and a communication route consistent with safety needs and applicable arrangements.

Keep the task specific

Name what needs to happen, when, and who will do it. Share only information relevant to the child's care through an appropriate route. Distinguish a missed logistical detail from an invitation to revisit every relationship dispute.

Build a practical backup

Decide how changes will be communicated and what backup support is available. Respect the child's voice without asking them to choose sides or manage adults. Where contact is unsafe or restricted, use qualified support and the established communication arrangement.

1. What caregiving task or handoff needs a clear plan?**2. What information is necessary, and which adult is responsible for each step?****3. What safe communication route and backup plan fit the situation?****4. How will we check the child's needs without making them manage adult conflict?****Clinical use and adaptation**

Privately assess coercive control, violence, and child safety. Do not recommend joint negotiation or direct contact when unsafe, prohibited, or unsuitable. Follow applicable orders and obtain qualified legal or safeguarding guidance where needed. Avoid forced reconciliation, equal-blame assumptions, or using the child as messenger.

Codependency and over-responsibility

Care Without Carrying Everything

Adults | 10 to 15 minutes

Caring for someone can be meaningful and demanding. The term codependency does not explain every caring relationship. Choose one situation where you feel responsible for another adult's choices, feelings, or recovery. Separate what is yours to decide from what requires their choice or additional help.

Choose one responsibility. Identify your part, the other person's part, and a realistic source of support.

Look at the actual arrangement

Describe what you are doing, what was agreed, and what you fear would happen if you stopped. Consider disability, finances, caregiving duties, and cultural values. Interdependence can be chosen; a lack of alternatives also needs recognition.

Adjust one part

Try a specific change, such as offering transport without monitoring every decision. Decide what you can provide and what needs professional or community support. You can care about someone while declining an unsafe or unsustainable role.

1. What responsibility am I carrying, and how did I take it on?**2. Which parts are my choices, another adult's choices, or unmet support needs?****3. What limit or shared arrangement would be more workable?****4. What support and safety considerations affect my next step?****Clinical use and adaptation**

Avoid pathologizing cultural interdependence, disability support, or survival strategies. Assess coercion and realistic dependence privately. Do not recommend withdrawing essential care abruptly or making another person's safety a test of boundaries. Coordinate appropriate services when current responsibilities exceed available support.

Cognitive behavioral therapy (CBT)

A CBT Conversation About One Situation

Adults and teens 13+ | 10 to 15 minutes

Cognitive behavioral therapy explores connections among experiences, interpretations, feelings, and actions. This page is a starting conversation, not a complete CBT protocol. The aim is to understand what maintains a difficulty and what might help, while taking real constraints seriously.

Choose a recent, manageable example. Write, draw, or discuss your answers. Skip anything that does not fit; this page is not a diagnostic assessment.

Keep the parts separate

Choose a manageable situation. Record observable facts, what went through your mind, how you felt, and what you did. Include what happened next rather than treating the first thought as the whole explanation.

Consider an alternative response

Ask what information is missing and what action might support your goal. A balanced view can acknowledge both uncertainty and genuine unfairness. You do not need to replace every painful thought with a positive statement.

1. What happened, and what interpretation came to mind?**2. What feeling and action followed, and what was the immediate result?****3. What context or information would make the picture more complete?****4. What small response could you discuss or test safely with your clinician?****Clinical use and adaptation**

Use a collaborative formulation; do not label beliefs distorted before understanding context. Adapt language and cognitive demands. Specialized OCD, panic, trauma, psychosis, and other treatments require their own assessment and competent delivery.

Collaborative behavior change

Plan Change With the Person

Clinicians | 10 to 15 minutes

Choose one behavior the person wants to change for their own reasons. Consider the conditions that make the behavior useful, difficult, or necessary. The task is to design an experiment together, not to make the person meet an outside standard of compliance or productivity.

Use the person's goal and words. Agree on a small action, needed support, and what would justify changing or stopping it.

Understand before targeting

Ask what the behavior accomplishes and what alternative would meet the same need. Check pain, access, communication, fatigue, safety, and structural barriers. Do not select harmless movement, refusal, or cultural difference as a problem simply because it inconveniences others.

Review usefulness rather than obedience

Agree on an observable action and a personally meaningful outcome. Example: test written directions to reduce confusion during one task. Invite a report of burden or unwanted effects. Revise the environment or plan when it does not fit.

1. What change does the person want, and why does it matter to them?**2. What function, need, or barrier must the plan respect?****3. What small experiment and support are freely agreed?****4. What outcome, burden, or feedback will guide our review?****Clinical use and adaptation**

Obtain meaningful consent or assent and attend to power. Do not withhold basic needs, communication access, safety, or essential support to secure participation. Specialized behavioral interventions require appropriate competence and assessment. Distinguish agreed goals from caregiver or institutional priorities.

Original educational resource. Adapt with a clinician; not a validated assessment or complete treatment protocol.

Conceptual references: S01, S05, S17. Full sources are in the online preview and collection appendix.

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Coloring and reflective drawing

A Small Drawing for Today

Adults and teens 13+ | 10 to 15 minutes

You can use color, shapes, patterns, or simple marks to reflect on how today feels. No drawing ability is needed, and your image has no fixed psychological meaning. Use the response spaces or a blank sheet, and choose what you want to share afterward.

Choose a recent, manageable example. Write, draw, or discuss your answers. Skip anything that does not fit; this page is not a diagnostic assessment.

Choose a comfortable starting point

Try a few repeating lines, a shape for a need, or colors that appeal to you. Use pencil, digital marks, words, or tactile materials according to access and preference. You may stop without finishing.

Let your own meaning lead

If you want, describe what you notice or what the image means to you. "It is just a pattern" is a complete answer. You do not need to explain personal history or make the drawing represent a particular feeling.

1. What mark, color, word, or shape would you like to begin with?

2. What could represent a need or boundary you want to acknowledge today?

3. What meaning, if any, do you choose to give the drawing?

4. Would you like to keep it private, share part of it, or leave it without discussion?

Clinical use and adaptation

Use as optional reflection, not projective testing or certified art therapy. Provide alternatives for visual, motor, sensory, and literacy needs. Do not interpret colors or symbols diagnostically, demand disclosure, or assume the activity is calming.

Communication

Say One Thing Clearly

Adults | 10 to 15 minutes

A useful message can focus on one event instead of every past frustration. Choose a low-pressure conversation with someone who can respond freely. Your aim is to make your meaning understandable and learn how the other person heard it, not to force the same view.

Write a brief message, rehearse it in a preferred format, and choose one way to check understanding.

Separate event and interpretation

Describe what you noticed before adding its meaning. For example: When the meeting changed without a message, I could not arrange transport. Avoid turning one event into a claim about the other person's character.

Ask and check

Make one feasible request: Could you send changes by text? Then ask what they understood and invite a correction. Speaking, writing, signing, or assistive communication are equally usable ways to participate.

1. What happened that I could describe without guessing motives?**2. What impact or need do I want understood?****3. What specific request am I making?****4. How will I check understanding and allow a different answer?****Clinical use and adaptation**

Consider language, processing time, communication disability, and power differences. Do not require eye contact or a particular emotional style. Screen privately before using jointly in intimate relationships; coercion and abuse require an individual safety response rather than mutual communication practice.

Compassion fatigue

When Caring Work Exceeds My Current Capacity

Clinicians | 10 to 15 minutes

After sustained helping work, you may notice reduced patience, emotional depletion, or difficulty remaining available. These experiences deserve attention without becoming a verdict on your compassion. Examine the conditions of the work and what support is needed to practice responsibly.

Use a recent work period and omit identifying client details. Separate personal needs from changes requiring supervision or organizational action.

Make the demand visible

Describe the type, volume, or intensity of caring work and the effect on your functioning. Include limited recovery time, conflicting responsibilities, or unavailable consultation.

Prepare a responsible request

Identify supervision, protected breaks, workload review, leave, consultation, or personal care as appropriate. Be specific about what can change and how essential client care will be maintained.

1. What caring-work demand is currently hardest to sustain?**2. What change in my attention, patience, or functioning have I noticed?****3. What support or workload adjustment is needed, and who can authorize it?****4. What concrete request and review point will I arrange?****Clinical use and adaptation**

Distinguish occupational strain from secondary traumatic stress, depression, and other conditions requiring assessment. Avoid relying on self-care while unsafe workloads persist. Address competence, continuity, and confidentiality through supervision and relevant organizational processes.

Confidentiality

Explain Privacy Before Sensitive Sharing

Clinicians | 10 to 15 minutes

People may hesitate to speak because they do not know who can access information. Choose one real setting and verify its applicable requirements. This page helps plan the explanation before sensitive disclosure. It does not supply legal rules or authorize information sharing.

Verify the actual rules, write a plain-language explanation, and prepare a nonjudgmental way to check understanding.

Explain the specific setting

Describe who participates in care, how records are handled, and the relevant circumstances in which information may be shared. For a young person, verify consent authority and record-access arrangements rather than assuming all caregivers have the same rights.

Invite questions and correction

Try: Before you decide what to share, what questions do you have about privacy? Ask the person to explain their understanding in a comfortable format. Correct your explanation if unclear; do not turn this into a test or promise secrecy you cannot maintain.

1. What privacy practices and limits apply to this actual setting?**2. What plain-language explanation will I offer before sensitive disclosure?****3. What questions or misunderstandings should I invite?****4. What must I verify, document, or revisit as care changes?****Clinical use and adaptation**

Consult current law, professional standards, organizational policy, and qualified guidance. Avoid absolute guarantees, assumptions about minors' records, or blanket consent for sharing. Consider interpreters, portals, support people, and remote environments. Document the discussion actually held; urgent duties take precedence over completing the worksheet.

Original educational resource. Adapt with a clinician; not a validated assessment or complete treatment protocol.

Conceptual references: S17, S11, R18. Full sources are in the online preview and collection appendix.

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Conflict resolution

Work Through One Disagreement

Adults | 10 to 15 minutes

Choose a disagreement that both people can discuss freely. The goal is a clear understanding and a workable next step, not a winner or equal blame. Some differences need a limit or more time rather than compromise. If there is intimidation or fear, use individual support instead.

Choose one issue, agree on a way to pause, and consider options without requiring immediate agreement.

Understand the different needs

Describe the issue without adding every past conflict. Each person can name what matters and check the other's meaning. Separate needs from one preferred solution; transport reliability, for example, may have more than one workable arrangement.

Choose an honest outcome

Consider a trial agreement, a request for information, a boundary, or no agreement today. State who will do what and when to review it. Do not promise an action simply to end pressure, and do not demand compromise over safety or consent.

1. What single disagreement are we willing to discuss?**2. What does each person need understood, without assigning motives?****3. What feasible options respect both people's choices?****4. What agreement, boundary, pause, or next information will guide us?****Clinical use and adaptation**

Assess power, coercion, fear, and violence privately before conjoint use. Do not frame abuse as a shared conflict cycle or require compromise by a harmed person. Adapt communication and pacing. Refer for individualized safety or specialist support when a voluntary discussion is not appropriate.

Coping skills

Build a Coping Menu That Fits

Adults and teens 13+ | 10 to 15 minutes

Coping can include changing a situation, meeting a practical need, asking for support, or making space for a feeling. A strategy that helps one person may be uncomfortable or inaccessible for another. You can test fit without treating discomfort as failure.

Choose a recent, manageable example. Write, draw, or discuss your answers. Skip anything that does not fit; this page is not a diagnostic assessment.

Match the job

Choose the purpose first: reduce stimulation, get information, tolerate a wait, or recover after an argument. For example, moving to a quieter space addresses noise more directly than asking yourself to concentrate harder.

Plan for limits

Choose an option you can actually access. A backup might be a short message instead of a phone call or a seated activity instead of walking. Stop any exercise that increases distress and reconsider with support.

1. What situation do you want a coping option for, and what would help it become more manageable?

2. Which strategy fits that purpose and your preferences?

3. What access barrier could arise, and what is your backup?

4. What will tell you to continue, change the strategy, or seek additional help?

Clinical use and adaptation

Distinguish coping practice from urgent safety intervention. Check sensory, mobility, cultural, and privacy needs. Avoid prescribing breathing, exercise, or disclosure universally. Evaluate whether a strategy expands choice or becomes an inflexible avoidance ritual.

Covert emotional boundary violations

Put Adult Responsibilities Back in Context

Adults | 10 to 15 minutes

An adult may have expected you to manage their relationship distress or receive private information that did not fit your age or role. You can explore the effect without choosing a diagnostic label or writing intimate details. Focus on what you needed then and what would support your choices now.

Use general descriptions and stop if the exercise becomes overwhelming. Consider private professional support before sharing the page with anyone involved.

Name the boundary

Consider what role you were expected to fill and whether you could decline. You do not need to prove another person's intent. Notice the difference between ordinary family closeness and being made responsible for an adult's emotional or intimate needs.

Choose present support

A next step may be discussing the impact with a qualified therapist, limiting a current topic, or deciding not to respond to a particular request. You can keep connection, change it, or take time to decide without promising confrontation or reconciliation.

1. What adult role or information felt outside my age or relationship role?**2. What choice, privacy, or protection did I need?****3. How does this experience affect a current boundary or relationship?****4. What safe support or present-day limit would help me now?****Clinical use and adaptation**

Do not diagnose an emotional-incest syndrome, suggest memories, or infer sexual contact from emotional boundary concerns. Assess current abuse, coercion, and safeguarding needs when relevant. Avoid forced disclosure or confrontation. Offer pacing and stabilization; the person need not provide explicit details to receive support.

Crisis support and management

Getting Live Help During a Crisis

Adults and teens 13+ | 10 to 15 minutes

If you may act on suicidal thoughts or cannot stay safe, call or text 988 in the U.S. Call 911 for immediate danger or a medical emergency. Elsewhere, use local crisis or emergency services. Get live help before completing this page; it is optional during supported planning.

Get live help first. Complete only what is useful with a helper; leave this page blank if writing would delay safety or care.

Say what is needed now

You can tell a helper, "I need help staying safe right now," or "I am struggling to explain; please ask one question at a time." Share urgent medical concerns and your current location when necessary for help.

Make connection easier

Identify a safe person or accessible service and the communication method you can use. Mention language, sensory, mobility, privacy, or transport needs. Ask the helper to explain the next step and stay connected while support is arranged.

1. What do you need a live helper to know first about safety or urgent medical needs?**2. Which person or service can you contact now, and by what accessible method?****3. What communication or practical support would make getting help easier?****4. What next step has the helper agreed with you, and who will remain involved?****Clinical use and adaptation**

Use only within live, individualized support after urgent needs are addressed. Assess risk and medical concerns directly; never use completion, a score, or a promise of safety as clearance. Explain confidentiality, emergency procedures, and local care options.

Culturally responsive care

Ask About Meaning Before Assuming

Clinicians | 10 to 15 minutes

No group description tells you what an experience means to one person. Ask which aspects of culture, identity, language, community, or social conditions matter to them now. Then consider what needs to change in your explanation, communication, or service arrangements.

Use a deidentified encounter. Separate what the person actually said from your interpretation and prepare one respectful follow-up question.

Start with the person's meaning

Invite the person to describe the concern in their own words and preferred language. They may name an identity as central, irrelevant, or private. Avoid treating a presumed cultural norm as the explanation before asking.

Turn listening into a change

Consider qualified language support, different wording, a revised formulation, or action on a service barrier. Name gaps in your knowledge and obtain appropriate consultation without making the client responsible for teaching an entire community's experience.

1. What meaning or context did the person describe in their own words?**2. Which assumption in my interpretation needs to be checked, and how will I ask?****3. What change in communication, formulation, or service access follows from what I learned?****4. How will I invite correction and find out whether the change helped?****Clinical use and adaptation**

Attend to racism, discrimination, power, language, and material conditions when relevant to the person's account. Do not pathologize cultural difference or assume shared identity guarantees understanding. Arrange appropriate language access and consultation; verify the current requirements of the service and jurisdiction.

Original educational resource. Adapt with a clinician; not a validated assessment or complete treatment protocol.

Conceptual references: R24, S05, S17. Full sources are in the online preview and collection appendix.

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Cyclothymic disorder

Discussing Recurring Mood and Energy Shifts

Adults | 10 to 15 minutes

Cyclothymic disorder involves recurring patterns of mood symptoms that need assessment over time. Ordinary changes in energy or a brief mood log cannot establish it. This page helps you describe the larger pattern, what it disrupts, and questions about other possible explanations.

Choose a recent, manageable example. Write, draw, or discuss your answers. Skip anything that does not fit; this page is not a diagnostic assessment.

Look beyond isolated days

Choose a broad period and note repeated changes in mood, energy, sleep, and activity compared with your usual experience. Include intervals when things felt more settled. Approximate observations are enough; you do not need to reconstruct every day.

Ask for a longitudinal view

Discuss medicines, substances, health conditions, stressful circumstances, and any more severe mood episodes. Ask how the clinician will assess the history and monitor change without making your whole day revolve around symptom recording.

1. What recurring shifts in mood, energy, sleep, or activity have you noticed over time?**2. How have they affected relationships, responsibilities, or decisions?****3. What settled periods, health factors, or more severe episodes should be included in the history?****4. What assessment and monitoring questions would help you understand the pattern?****Clinical use and adaptation**

Assess longitudinally and distinguish ordinary variation, other bipolar patterns, substances, medical conditions, and environmental rhythms. Do not offer a self-diagnostic checklist or medication advice. Escalating activation, severe depression, or safety concerns need timely clinical evaluation.

Dating and relationships

My Dating Pace and Priorities

Adults | 10 to 15 minutes

Getting to know someone can bring excitement, uncertainty, or mixed feelings. You can choose a pace that fits your needs. Pick one decision about contact, plans, privacy, or physical closeness. Interest in a relationship does not require agreement to every request.

Choose one dating decision. Notice your preference, any pressure, and a next step that preserves your choice.

Notice freedom to choose

Consider whether a different answer is respected, whether your time and friendships remain yours, and whether you feel able to pause. Write observations rather than trying to prove someone's intentions.

Make one choice

Decide whether you want to accept, decline, delay, ask a question, or seek outside support. An example is choosing a public meeting place or saying you are not ready to share personal information. You can change your mind.

1. What dating decision am I considering?**2. What do I want, and what pressure or uncertainty do I notice?****3. What limit, question, or pace fits my priorities?****4. What next step and outside support would preserve my choice?****Clinical use and adaptation**

Explore coercion, stalking, financial dependence, and digital safety privately when relevant. Do not assign confrontation or use a checklist to label a partner safe. Support diverse relationship structures and identities without assuming disclosure or relationship continuation is the goal.

Delusional disorder

Discussing a Distressing Belief With a Clinician

Adults | 10 to 15 minutes

Delusional disorder requires careful professional assessment. A concern can feel very certain and still need a fuller evaluation of context, health, and alternative explanations. This page focuses on distress, functioning, and support; it does not establish whether a belief is true.

Choose a recent, manageable example. Write, draw, or discuss your answers. Skip anything that does not fit; this page is not a diagnostic assessment.

Describe the impact

Explain what is making daily life difficult, such as losing sleep or avoiding an activity. Separate what you directly observed from what you concluded. You do not need to investigate further or persuade someone through this worksheet.

Make care easier to use

Ask for clear explanations, respectful language, and information about confidentiality. Discuss changes in sleep, medicines, substances, or health, and what would help you attend an assessment. New or rapidly worsening experiences may need prompt evaluation.

1. What experience or concern would you like a clinician to hear about?**2. What have you directly observed, and what interpretation feels important to discuss?****3. How is the concern affecting sleep, relationships, or daily activities?****4. What support and communication preferences would make an assessment more manageable?****Clinical use and adaptation**

Do not affirm unverified beliefs, ridicule them, or demand agreement before offering help. Assess medical, mood, substance, and other psychosis-related explanations. Address immediate risk and urgent deterioration directly, using respectful, collaborative communication.

Demand avoidance and autonomy

Find More Choice in a Difficult Demand

Adults and teens 13+ | 10 to 15 minutes

A request can feel overwhelming because of its timing, uncertainty, pressure, effort, or loss of control. Choose one manageable example. Rather than deciding whether a label explains it, examine what the task asks of you and what options are available. Your need for support deserves consideration.

Choose one demand, identify the difficult feature, and consider changing the task, timing, format, support, or choice involved.

Locate the pressure point

Is the task unclear, painful, too large, unpredictable, or imposed without discussion? Is there a genuine safety requirement that needs explaining? Describe your experience without assuming that reluctance is deliberate opposition or proof of a condition.

Negotiate meaningful options

A useful option changes something real: starting later, receiving written steps, sharing the task, or declining a nonessential request. Avoid false choices that hide the same demand. When essential needs are involved, ask for support that makes participation possible without threats or deprivation.

1. What demand feels difficult, and what does it actually require?

2. Which feature creates pressure, overload, or loss of choice?

3. What meaningful adjustment or alternative could help?

4. How can I discuss it safely and review whether the plan fits?

Clinical use and adaptation

Do not diagnose PDA or interpret all refusal through one explanation. Consider anxiety, pain, fatigue, trauma, communication, disability, and environmental demands. Avoid coercive compliance, deceptive choices, withholding essentials, or forced exposure. Where safety requirements apply, explain them and seek individualized accessible support.

Original educational resource. Adapt with a clinician; not a validated assessment or complete treatment protocol.

Conceptual references: R28, R20, S05, S12. Full sources are in the online preview and collection appendix.

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Dependent personality disorder

Exploring Support Without Losing Your Choice

Adults | 10 to 15 minutes

Dependent personality disorder is a clinical diagnosis that requires assessment over time. Needing assistance because of disability, culture, resources, or circumstance does not establish a disorder. This page explores how decisions are made and what support you would choose for yourself.

Choose a recent, manageable example. Write, draw, or discuss your answers. Skip anything that does not fit; this page is not a diagnostic assessment.

Separate support from control

Consider a recent decision. Who provided information, who decided, and how free did you feel to disagree? Useful support can include advice or practical assistance while leaving the choice with you.

Choose a supported decision

Pick a low-stakes decision, such as a preferred appointment time. Identify information you need, assistance you want, and a way to express your preference. Do not withdraw essential support to prove independence.

1. Which recent decision was difficult, and what made it hard to express your preference?**2. What assistance was useful, and what felt pressuring or controlling?****3. What low-stakes choice could remain yours while you receive needed support?****4. What would you like a clinician to understand about relationships, safety, and access needs?****Clinical use and adaptation**

Distinguish coercion and access-related dependence from pervasive personality patterns. Do not encourage abrupt separation from essential care or an unsafe confrontation. Assess vulnerability to exploitation and use supported decision making where appropriate.

Depression

Preparing a Low Mood Care Conversation

Adults and teens 13+ | 10 to 15 minutes

Depression can affect interest, energy, concentration, sleep, and everyday tasks. These changes deserve attention without requiring you to prove that life is difficult enough. This page helps describe your experience; it cannot establish a diagnosis or replace a safety conversation.

Choose a recent, manageable example. Write, draw, or discuss your answers. Skip anything that does not fit; this page is not a diagnostic assessment.

Compare with your usual pattern

Use concrete examples: unopened messages, less interest in an activity, or difficulty preparing food. Include when the changes began, what helps, and pressures or health changes occurring at the same time.

Ask for a workable first step

A first step may be assessment, practical help, or adapting a task. Discuss treatment options and follow-up. If you have thoughts of suicide or cannot stay safe, contact live crisis support rather than waiting for a routine appointment.

1. What has changed in your mood, interest, or daily functioning compared with your usual pattern?

2. What makes essential tasks harder, and what support is currently available?

3. What change would make the next week more manageable?

4. What question, concern, or safety issue should your clinician hear first?

Clinical use and adaptation

Assess suicidality directly when indicated, and consider bipolar symptoms, grief, substance effects, disability, and medical contributors. Avoid assuming low energy is lack of effort. Keep action planning proportional to capacity and arrange appropriate follow-up.

Dialectical behavior therapy (DBT)

What I Want to Ask About DBT

Adults and teens 13+ | 10 to 15 minutes

Dialectical behavior therapy combines acceptance and change within structured treatment. Services differ in what they provide. This page helps you discuss a goal and ask about the service rather than treating one worksheet or a few skills as a complete DBT program.

Choose a recent, manageable example. Write, draw, or discuss your answers. Skip anything that does not fit; this page is not a diagnostic assessment.

Hold two truths

Describe something that deserves understanding and something you want to change. For example, "I was overwhelmed, and I want to respond without shouting." Acceptance of an experience does not remove responsibility for actions.

Clarify the service

Ask whether care includes individual therapy, skills work, between-session support, and coordinated clinical support. Discuss priorities, accessibility, attendance expectations, and what help is available in an urgent situation.

1. What experience needs validation, and what behavior would you like to change?**2. Which daily situation would you most like a useful skill for?****3. What would you like to ask about this service's components and support arrangements?****4. What access need or concern could affect participation, and how could it be addressed?****Clinical use and adaptation**

Do not present this page as comprehensive DBT, a certified tool, or a crisis intervention. Clarify the actual service offered and professional competencies. Address suicide and self-harm using appropriate assessment and treatment planning.

Disability and accessibility

Name the Barrier and the Access You Need

Adults and teens 13+ | 10 to 15 minutes

An inaccessible environment or process can make participation difficult. The problem is not always something you need to fix within yourself. Choose one activity that matters to you and consider what change in format, timing, setting, or support would help you take part.

Focus on one situation. Describe the barrier and the adjustment you prefer; share personal information only as needed through an appropriate process.

Describe what gets in the way

Notice the particular demand: small text, stairs, background noise, rapid speech, a long wait, an unfamiliar form, or something else. You can describe its effect without giving a full medical history.

Ask for a practical change

Name your preferred adjustment and ask who can arrange it. You may want information in another format, more processing time, physical access, or a chosen support person. If an option is unavailable, ask about alternatives and follow-up.

1. What activity or service do I want to participate in?**2. What specific feature of the environment or process creates a barrier?****3. What adjustment would I prefer, and what information do I want to keep private?****4. Who can respond to my request, and what will I ask about next steps?****Clinical use and adaptation**

Respect self-description and preferred communication. Do not infer capacity or motivation from speech, writing, diagnosis, or assistance needs. Offer accessible formats and supported participation with consent. Refer legal eligibility or rights questions to appropriate qualified guidance; avoid promising approval or requiring unnecessary disclosure.

Disorganized attachment patterns

When Closeness Feels Mixed

Adults | 10 to 15 minutes

You might want support while also wanting to pull away. Rather than deciding what label fits, choose one recent moment and make room for both experiences. Current safety, past experiences, needs, and the other person's behavior may all matter. You can reflect without sharing the page.

Choose a manageable example. Name each pull separately and consider what would make a next step safer or clearer.

Allow more than one feeling

Describe what drew you toward contact and what made distance appealing. Avoid forcing one side to cancel the other. You may want care and still need privacy, or want reassurance while noticing behavior that concerns you.

Choose a steady next step

A next step may be asking for a slower conversation, choosing a different support person, or postponing contact. Use present observations to guide the choice. You do not have to uncover memories or prove a theory about your relationships.

1. What happened when I wanted both connection and distance?**2. What did each part of me seem to need or protect?****3. What present facts make this contact feel more or less safe?****4. What pace, boundary, or support fits my next step?****Clinical use and adaptation**

Do not diagnose an attachment pattern, suggest recovered memories, or equate mixed feelings with trauma. Assess dissociation, current safety, and other clinical needs when indicated. Use individual work where coercion exists; avoid interpreting reluctance as resistance or prescribing closeness.

Disruptive and conduct-related concerns

Understand One Difficult Behavior Episode

Parents and caregivers of children and teens | 10 to 15 minutes

Use this page only after immediate safety needs are addressed and everyone has space to settle. Choose one episode rather than a label such as defiant. Consider what happened before, during, and after it, including the child's experience and the adult response. Understanding context does not erase harm.

Describe observable actions and relevant context. Plan one adult adjustment and one question for qualified support if concerns persist.

Describe without labeling

Record what was said or done, who was affected, and what happened beforehand. Consider sleep, pain, learning, communication, bullying, sensory demands, and unclear expectations. Do not assume the child's motive from the behavior alone.

Plan support and accountability

After calm returns, invite the young person's account without interrogation. Choose a clearer expectation, access support, or repair that fits their ability and control. Repeated or serious concerns deserve professional evaluation rather than stronger punishment or a worksheet diagnosis.

1. What happened, and what immediate safety needs were addressed?**2. What conditions or unmet supports may have contributed?****3. What did the young person communicate, and what harm needs a proportionate repair?****4. What adult adjustment and professional support question will I follow up?****Clinical use and adaptation**

Assess significant aggression, abuse, developmental concerns, and other urgent needs through established procedures. Avoid humiliation, physical punishment, deprivation, or forced confessions. Consider comprehensive evaluation and evidence-informed family care. This page does not diagnose oppositional or conduct disorders or replace a safety plan.

Dissociative disorders

Describing Changes in Awareness Safely

Adults | 10 to 15 minutes

Feeling distant, losing track of time, or experiencing memory gaps can have different explanations. Dissociative disorders require careful assessment. This page helps describe what you noticed and its practical effect; it does not ask you to recover memories or confirm a particular identity explanation.

Choose a recent, manageable example. Write, draw, or discuss your answers. Skip anything that does not fit; this page is not a diagnostic assessment.

Use observable information

Describe where you were, what you noticed afterward, and what another person observed if they have your permission to share. "I could not recall part of the conversation" is enough; do not fill gaps by guessing.

Focus on current support

Discuss safety during daily activities, health and medication context, sleep, and what helps you stay engaged. External orientation may be offered, but any exercise that increases discomfort can be stopped.

1. What change in awareness or memory did you notice, without trying to reconstruct missing details?**2. What practical activity or safety concern was affected?****3. What context, including sleep, health, medicines, or substances, should be assessed?****4. What support preference and assessment question do you want to share?****Clinical use and adaptation**

Consider medical, neurological, substance, sleep, and other psychiatric explanations. Do not use suggestive memory work, encourage identity elaboration, or treat this page as evidence of dissociative identity disorder. Assess urgent safety and functional impairment; offer choice-based grounding only if helpful.

Divorce and relationship loss

Finding My Next Step After Relationship Loss

Adults | 10 to 15 minutes

A relationship ending may affect routines, identity, money, community, and hopes for the future. Relief and grief can appear together. Choose one current concern without deciding whether you should forgive, reconnect, or feel a certain way.

Work privately if needed. Choose a manageable issue and avoid recording information that could make you unsafe if discovered.

Separate the needs

Sort the concern into emotional support, a practical task, or a decision requiring qualified advice. Different needs may call for different people.

Choose safe contact

Contact is not required to complete this page. A next step could be asking a trusted person to help organize paperwork or discussing communication boundaries with an appropriate professional.

1. What has changed most in my ordinary day?**2. Which need is emotional, practical, or a question for a qualified adviser?****3. What contact boundary would support my safety and stability?****4. Who could help with one specific next task?****Clinical use and adaptation**

Assess coercion, stalking, financial control, and child-related safety privately. Avoid shared assignments or mutual-blame framing when abuse is present. Clarify the limits of legal and custody guidance and refer appropriately.

Documentation and note taking

Check What My Note Can Support

Clinicians | 10 to 15 minutes

A useful note should reflect the encounter that occurred. Use a deidentified example to check the basis for each important statement. This page does not create a record for you. It helps you notice omissions, copied assumptions, and wording that says more than the available information supports.

Review one planned statement. Label its source, connect it to care, and remove unsupported or unnecessary detail.

Identify the information source

Distinguish what you observed, what the person reported, and what you inferred. A direct quote should be accurate and relevant. Do not convert an unasked question into a negative finding or a draft suggestion into a completed intervention.

Check relevance and accuracy

Connect the concern, work completed, response, and actual plan where appropriate. Review copied text and generated drafts line by line. Verify required documentation elements in your setting separately; never invent time, services, consent, or assessment.

1. Which statement needs a clearer source or more precise wording?**2. What was observed, reported, inferred, or not assessed?****3. How is this detail relevant to the care provided?****4. What will I correct or verify before the note enters the record?****Clinical use and adaptation**

Use deidentified examples outside approved records. Follow current organizational, professional, payer, and jurisdictional requirements. Do not store client information in an unapproved tool or treat generated wording as evidence. This page cannot establish billing eligibility, medical necessity, or legal compliance.

Domestic abuse and coercive control

Choosing a Safer Support Conversation

Adults | 10 to 15 minutes

Control, intimidation, and abuse can restrict access to money, communication, movement, or care. Your options depend on circumstances. If writing or browsing could be monitored, leave this page and use a safer contact method. Seek emergency help for immediate danger when it is safe to do so.

Use only if safe. You may discuss these prompts verbally and keep no written record. Do not disclose plans where someone could monitor them.

Ask about confidential support

A specialist advocate can help explore options without requiring you to leave or confront someone. In the U.S., the National Domestic Violence Hotline offers support. Ask about privacy and reporting limits before providing information that could affect safety.

Keep decisions situation-specific

Consider needs such as children, disability support, pets, transport, documents, or medication access with a qualified advocate. This page does not provide a universal leaving plan; actions that seem protective may increase danger in some circumstances.

1. What kind of support would be useful to discuss privately with an advocate?**2. What device, location, or contact method is safest for that conversation?****3. What practical responsibilities or access needs must any option take into account?****4. What confidentiality or safety question would you like answered before sharing more?****Clinical use and adaptation**

Assess immediate danger and safeguarding duties individually. Avoid couples counseling or communication practice that exposes a survivor to retaliation. Do not pressure leaving, confrontation, reporting, or written documentation. Explain confidentiality and connect to specialist advocacy.

Elimination disorders

Prepare a Bathroom Health Conversation

Parents and caregivers with a child or teen healthcare professional | 10 to 15 minutes

Bladder or bowel accidents can be upsetting and deserve a calm, private response. Choose one concern to bring to a healthcare professional, especially if it is new, ongoing, painful, or otherwise worrying. This page helps you prepare information and support; it does not explain the cause or prescribe treatment.

Record only useful, private observations. Invite the young person's preferences and prepare questions for appropriate healthcare.

Describe without blame

Note the concern, when it changed, discomfort, and how it affects daily activities. Do not assume an accident is deliberate. Avoid public charts, teasing, punishment, or detailed tracking that the care team has not requested.

Plan dignity and access

Ask what medical assessment or follow-up is needed. Discuss discreet bathroom access, spare clothing, or a trusted school contact if relevant. Let the young person help decide what is shared. Do not start fluid restriction, medication, or bowel routines from this worksheet.

1. What bladder or bowel concern do we want the healthcare professional to understand?**2. What changes, discomfort, or daily-life effects are important to mention?****3. What privacy and practical support would the young person prefer?****4. What assessment, care instructions, and follow-up questions should we ask?****Clinical use and adaptation**

Arrange appropriate medical assessment rather than assuming a behavioral cause. Significant pain or other acute concerns need timely clinical attention. Protect privacy and avoid shame, deprivation, or punitive tracking. Follow the treating professional's plan; this page does not prescribe fluids, medication, alarms, or toileting schedules.

Original educational resource. Adapt with a clinician; not a validated assessment or complete treatment protocol.

Conceptual references: R04, R05, S11. Full sources are in the online preview and collection appendix.

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Emotion regulation

Choose a Response Within a Strong Feeling

Adults and teens 13+ | 10 to 15 minutes

Emotion regulation does not require suppressing a feeling or reaching a calm state before doing anything. You can notice an emotion, consider the situation, and choose a workable response. The available choice may be small, especially when you are overloaded or under threat.

Choose a recent, manageable example. Write, draw, or discuss your answers. Skip anything that does not fit; this page is not a diagnostic assessment.

Find the sequence

Describe the event, the feeling, the urge, and what you did. These are related but different. For example, anger may accompany an urge to send a message; sending it remains an action with consequences.

Widen the available response

Consider a pause, a boundary, practical support, or a clear request. Include food, rest, pain, or sensory demands if relevant. A useful response should respect both your experience and other people's rights.

1. What happened just before the feeling became strong?**2. What emotion and urge can you identify, using your own words?****3. What need or responsibility should your response protect?****4. What action could you choose now, and how will you check its effect?****Clinical use and adaptation**

Assess crisis risk separately from ordinary emotion-regulation work. Offer communication supports when naming feelings is difficult. Avoid framing justified anger, disability-related overload, or trauma activation as a character problem.

Emotionally focused therapy (EFT)

Understanding My Part of an Emotional Interaction

Adults | 10 to 15 minutes

Emotionally Focused Therapy explores emotions and connection in relationships. This private starter looks at one manageable interaction from your perspective. You do not need to share it with the other person, enact a conversation, or explain an unsafe relationship as a mutual cycle.

Choose a low-intensity interaction that feels safe to consider. Skip the exercise if there is current coercion, threat, or fear of retaliation.

Slow down your own sequence

Notice the event, the meaning you gave it, a feeling, and your action. Keep the other person's thoughts unknown rather than deciding why they acted.

Name the need carefully

A wish for reassurance, respect, space, or responsiveness can be described without demanding a response. Consider discussing it first with a therapist who can assess safety and fit.

1. What happened, using observable details?**2. What meaning and emotion appeared for me?****3. How did I respond, and what need was underneath?****4. What would I want a therapist to help me understand or communicate safely?****Clinical use and adaptation**

Screen privately for coercion and violence before any shared work. Do not frame abuse as a jointly caused pattern or require vulnerability with an unsafe partner. This reflection does not authorize EFT enactments or replace model-specific training.

Empathy

Check My Understanding With Care

Adults and teens 13+ | 10 to 15 minutes

Empathy does not mean knowing someone's feelings by looking at them or agreeing with every choice. Choose a low-pressure conversation. Practice being curious about the person's experience, checking your understanding, and asking whether listening, practical help, or space would be useful.

Use a recent conversation or a neutral rehearsal. Keep interpretations tentative and allow the other person to correct you.

Listen for their meaning

Notice the person's words and preferred communication, not just facial expression or tone.
Try: It sounds like the change was frustrating; have I understood? Different people show emotion differently, and you can ask rather than guess.

Respond with boundaries

Ask what response would help before offering advice. You can acknowledge a feeling without accepting mistreatment or taking over the problem. If you lack capacity, explain what you can offer and suggest another support where appropriate.

1. What did the person communicate in their own words or format?**2. What do I think matters to them, and what might I be missing?****3. How can I check understanding without assuming I know?****4. What response can I offer while respecting both people's limits?****Clinical use and adaptation**

Avoid evaluating empathy through eye contact, facial imitation, or neurotypical communication norms. Do not assign emotional labor to someone experiencing abuse or require understanding an aggressor as a condition of support. Adapt language and communication access; preserve the option to decline the exercise.

Enmeshment

Keep Connection and Make My Own Choice

Adults | 10 to 15 minutes

Family closeness can be valued, and personal choice can matter too. Choose one decision where you feel pressure to share everything or get everyone's agreement. Look at the actual arrangement rather than applying a label to the whole family. Consider both your wishes and the practical consequences of change.

Choose one decision. Separate desired support, necessary coordination, and unwanted control before planning a response.

Identify the kind of involvement

Would you like advice, emotional support, shared planning, or privacy? Some decisions affect others and need coordination. That is different from needing permission for every feeling, friendship, or preference. Notice what is chosen and what happens when you disagree.

Choose one realistic adjustment

You might share a decision after making it, ask for advice without giving up the choice, or seek outside support. If reducing involvement could threaten housing, care, or safety, plan carefully with private help rather than using a confrontation script.

1. What decision or private space am I trying to understand?

2. What involvement do I want, and what coordination is genuinely needed?

3. What happens when my preference differs from the family's?

4. What small adjustment or outside support would preserve safety and choice?

Clinical use and adaptation

Explore cultural interdependence, disability, financial dependence, and caregiving before applying labels. Do not diagnose enmeshment, prescribe estrangement, or treat family connection as pathology. Assess coercion and retaliation privately; support realistic agency rather than abrupt withdrawal of essential relationships or care.

Estrangement

Choose What Contact Means for Me Now

Adults | 10 to 15 minutes

Being distant from family can bring relief, grief, pressure, or mixed feelings. You do not have to defend a permanent decision today. Choose one upcoming contact question, event, or message. Focus on what you want now, what is safe, and what practical consequences need support.

Consider one contact decision privately. Identify options, real constraints, and support before deciding whether to respond.

Make room for different options

Options may include no contact, limited contact, written contact, a mediated message, or more time. These are possibilities, not instructions. Notice whether outside pressure is making one option seem obligatory and what information you still need.

Prepare for the impact

Consider shared caregiving, housing, money, community ties, and emotional support. A boundary can be revised if you choose, but another person's demand does not set your timetable. If contact carries threats or stalking, seek appropriate individual safety support.

1. What contact question or event am I facing?

2. What do I want now, and what pressure or uncertainty is present?

3. What safety and practical consequences affect my options?

4. What boundary, support, or time to decide would help me?

Clinical use and adaptation

Do not prescribe estrangement or reconciliation, diagnose relatives, or infer a complete family history from one account. Attend to culture, dependency, grief, disability, and coercion. Assess stalking or violence concerns privately. Journaling or stored messages may require a safe-storage discussion.

Original educational resource. Adapt with a clinician; not a validated assessment or complete treatment protocol.

Conceptual references: S05, S13, S09. Full sources are in the online preview and collection appendix.

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Ethics in counseling

Prepare an Ethical Consultation Question

Clinicians | 10 to 15 minutes

Use a deidentified example where professional values, duties, or competing interests create uncertainty. First address urgent safety needs and time-sensitive responsibilities. This page helps organize what you know and what you need to verify; it cannot decide what the law or professional code requires.

Distinguish facts from assumptions, identify the applicable authorities, and plan consultation before relying on a preferred interpretation.

Locate the conflict

Name whose interests and rights may be affected. Separate what occurred from predictions and personal discomfort. Identify the actual jurisdiction, professional role, setting, consent arrangements, and relevant policy questions without writing unnecessary identifiers.

Make the question answerable

Ask a qualified consultant about a specific uncertainty. Record which current code, rule, or policy needs checking and how you will document the decision process. A worksheet is not permission to postpone an action that is already required.

1. What specific ethical question remains unresolved after urgent needs are addressed?**2. Which verified facts, affected interests, and assumptions matter?****3. What current authority or qualified consultation do I need?****4. What action, rationale, and follow-up must I document accurately?****Clinical use and adaptation**

Protect confidentiality and use approved consultation channels. Rules vary by role, jurisdiction, setting, and facts. Do not present this as a reporting algorithm or legal compliance checklist. Seek appropriate current professional or legal guidance and document only steps actually taken.

Original educational resource. Adapt with a clinician; not a validated assessment or complete treatment protocol.

Conceptual references: S17, S05. Full sources are in the online preview and collection appendix.

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Evidence-informed treatment choices

Connect Treatment Evidence With This Person

Clinicians | 10 to 15 minutes

A treatment choice needs more than a familiar label. Use a deidentified example and one proposed approach. Consider what evidence supports its use for the presenting concern, whether you can deliver it competently, and how the person's goals and circumstances affect fit.

Use current primary guidance for the actual concern. Record uncertainties and prepare questions for shared decision-making or consultation.

Check the claim

Identify the target problem and intended outcome. Separate evidence for the named treatment from assumptions about a technique or worksheet. Note where population, setting, delivery format, or comorbidity differs from the evidence you reviewed.

Discuss fit and alternatives

Explain expected work, likely burdens, available alternatives, and important uncertainties in accessible language. Ask what matters to the person. Choose a review point and clarify how a lack of benefit or an unwanted effect would change the plan.

1. What specific concern and person-defined outcome are we addressing?**2. What current evidence supports this option, and where is fit uncertain?****3. What preferences, access needs, burdens, or competence limits affect the choice?****4. What will we discuss, consult about, and review before continuing?****Clinical use and adaptation**

Use current condition-specific guidelines and qualified consultation. Do not infer treatment efficacy from this library or a citation list. Document actual discussion and uncertainty, including disagreement. Address urgent clinical needs first; verify scope, training, consent, and applicable requirements separately.

Original educational resource. Adapt with a clinician; not a validated assessment or complete treatment protocol.

Conceptual references: S01, S17. Full sources are in the online preview and collection appendix.

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Executive functioning skills

Make One Task Easier to Follow

Adults and teens 13+ | 10 to 15 minutes

A task can sound simple while hiding many steps. Choose something that matters to you, such as submitting a form or preparing for a meeting. Instead of judging your whole ability, make the sequence visible and identify the point where support would have the greatest effect.

Write or draw the sequence. Mark one stuck point and test one cue, simplification, or agreed support.

Show the hidden steps

Include preparation, materials, starting, switching, and finishing. For a form, finding an account number may come before writing answers. Mark decisions or information you do not yet have rather than treating every step as ready to do.

Place support at the point

Choose a support where the task happens: a checklist beside materials, a saved first sentence, or an agreed handoff. Plan how to restart after an interruption. Keep the system small enough that maintaining it does not become another difficult task.

1. What task do I choose, and what does finished mean?**2. What steps or missing information does it actually involve?****3. Where does it get stuck, and what support fits that point?****4. When will I try the support and review whether it helps?****Clinical use and adaptation**

Consider attention, mood, fatigue, learning needs, trauma, pain, and structural constraints without inferring diagnosis. Offer verbal, visual, or assistive formats. Avoid equating productivity with value or using the sheet for compliance monitoring. Persistent impairment may need appropriate evaluation and broader support.

Exposure and prolonged exposure therapy

Questions Before Exposure Based Treatment

Adults | 10 to 15 minutes

Exposure-based treatments are structured approaches for particular conditions. Prolonged exposure is a specific PTSD treatment. This page helps you discuss a proposed plan with a qualified clinician; it does not provide a fear hierarchy, trauma narrative, or instructions to deliberately provoke distress.

Choose a recent, manageable example. Write, draw, or discuss your answers. Skip anything that does not fit; this page is not a diagnostic assessment.

Understand the clinical purpose

Ask which condition or maintaining pattern the proposed treatment addresses, what assessment supports it, and what alternatives exist. Ordinary challenging situations, unsafe environments, and different disorders require different formulations rather than one generic exposure recipe.

Clarify collaboration and support

Discuss how activities would be chosen, consent reviewed, accessibility addressed, and responses monitored. Ask about session demands, between-session work, and what to do if distress or safety concerns increase. Questions and concerns belong in planning.

1. What problem is the proposed treatment intended to address, and why was it recommended?**2. What would you like to understand about the process and available alternatives?****3. What actual risks, access needs, or consent preferences must the plan account for?****4. What support and monitoring arrangements would help you make an informed decision?****Clinical use and adaptation**

Do not create exposure assignments from this page. Differentiate PE for PTSD from other exposure protocols. Assess actual danger, medical considerations, dissociation, readiness, and consent within competence; avoidance of real harm is not a treatment target.

Original educational resource. Adapt with a clinician; not a validated assessment or complete treatment protocol.

Conceptual references: E22, S06, E03, S03. Full sources are in the online preview and collection appendix.

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Eye movement desensitization and reprocessing (EMDR)

Questions Before Considering EMDR

Adults | 10 to 15 minutes

Eye movement desensitization and reprocessing is a structured treatment delivered by trained clinicians. This page helps you ask about assessment, preparation, and the treatment process. It does not instruct you to recall traumatic events or perform eye movements on your own.

Choose a recent, manageable example. Write, draw, or discuss your answers. Skip anything that does not fit; this page is not a diagnostic assessment.

Understand the proposed plan

Ask what concern EMDR would address, how readiness is assessed, what preparation is offered, and what alternatives are available. You can discuss goals without describing detailed memories on this page.

Discuss control and access

Ask how you can pause, what happens if distress increases, and how the approach can be adapted for disability or sensory needs. Clarify session length, cost, follow-up, and support after demanding appointments.

1. What present-day difficulty would you want treatment to address?**2. What would you like to know about the clinician's training and proposed treatment plan?****3. What pause signal, sensory adaptation, or consent preference should be discussed?****4. What support and follow-up questions would help you make an informed choice?****Clinical use and adaptation**

Use only for treatment discussion. Do not add bilateral-stimulation instructions, trauma targets, or memory-processing tasks. Assess current stability, dissociation, risks, and suitability within professional competence; discuss alternatives and ongoing informed consent.

Faith and spirituality

What Gives Meaning and What Needs Space

Adults | 10 to 15 minutes

Meaning may come through religion, spirituality, relationships, nature, creativity, service, or no fixed framework. Beliefs may comfort you and also raise questions. You can explore what matters without defending a position or reaching a final answer.

Choose a current source of meaning or uncertainty. Use your own language and leave out anything you do not want to disclose.

Notice meaning and pressure

Describe what feels sustaining, what feels imposed, and what remains unclear. These categories can include the same community or practice.

Choose a voluntary connection

A next step might be private reflection, a chosen ritual, or a conversation with a respectful spiritual or secular support. Keep the option to pause or decline.

1. What currently gives me meaning or connection?**2. What belief or question needs room without an immediate answer?****3. What pressure or assumption would I like others to avoid?****4. What voluntary practice or conversation would fit now?****Clinical use and adaptation**

Respect belief, nonbelief, and changing beliefs. Do not impose religious interpretations or assume a faith community is safe. Discuss the client's wishes before involving spiritual leaders or community members.

Family dynamics

Map One Family Expectation

Adults | 10 to 15 minutes

Families develop patterns about who helps, who decides, and what can be discussed. Choose one expectation that affects you now. You can value family connection and question a particular role. This page does not require naming every relative or deciding whether your family is good or bad.

Use roles or initials if privacy matters. Describe one expectation and its effects before planning any response.

Name the pattern

Consider who is expected to organize, care, keep peace, or provide money. Identify whether the role was agreed, inherited, or assumed. Notice cultural and practical reasons without treating them as proof that the arrangement must continue unchanged.

Find a realistic choice

A choice may be a smaller commitment, a shared task, more information, or outside support. If direct discussion could bring retaliation, do not use the page as a confrontation script. Private reflection can be a useful first step.

1. What family expectation am I examining?**2. How did it develop, and what effects does it have now?****3. Which parts do I choose, question, or need help with?****4. What boundary, conversation, or outside support is realistic and safe?****Clinical use and adaptation**

Attend to culture, disability, migration, financial dependence, and family definitions. Avoid imposing individualistic norms or diagnosing relatives from a single account. Assess coercion and safe storage. Do not prescribe contact or estrangement; support agency and appropriate individual safety planning.

Feeding and eating disorders

Preparing to Discuss Eating or Feeding Concerns

Adults | 10 to 15 minutes

Difficulty with eating or feeding deserves attention even when it is hard to explain or invisible to others. This page helps organize a care conversation. It does not ask you to count calories, record weight, change meals, or decide which diagnosis applies.

Use broad descriptions rather than detailed quantities. Choose what feels possible to share with a qualified healthcare professional.

Describe the impact

Consider fear, distress, avoidance, loss of control, sensory difficulty, or physical symptoms affecting meals and daily life. No particular appearance is required for a concern to deserve assessment.

Make contact easier

Identify a barrier such as cost, shame, transport, or fear of being dismissed. Prepare a request for medical evaluation and appropriately qualified eating-disorder or feeding support.

1. What eating or feeding experience concerns me?**2. How does it affect my body, relationships, or daily activities?****3. What makes seeking care difficult, and what help could reduce that barrier?****4. What would I like a healthcare professional to understand first?****Clinical use and adaptation**

Do not infer severity from body size or prescribe food, exercise, weighing, or compensatory-behavior changes. Coordinate specialist and medical assessment. Acute physical deterioration, fainting, chest pain, or inability to maintain fluids requires urgent medical attention.

Financial stress

One Financial Concern and Its Next Information Step

Adults | 10 to 15 minutes

Financial strain may reflect inadequate income, unpredictable costs, debt, caregiving, or barriers outside your control. Worry can make every problem feel urgent at once. Choose one concern and clarify what is known, what needs checking, and who may help.

Use broad categories; avoid account numbers or sensitive financial details. Choose an information or support step before making a consequential decision.

Separate facts from unknowns

Record the actual issue, any known date, and what information is missing. Do not assume a feared outcome is confirmed or that reassurance changes a real shortfall.

Find appropriate practical help

Consider a qualified financial counselor, benefits adviser, service provider, or trusted support. Prepare a specific question about options, documents, or timing without assuming eligibility or a favorable answer.

1. What single financial issue needs attention now?**2. What facts or dates do I know, and what must I verify?****3. What barrier makes addressing it difficult?****4. Who can help, and what exact question or practical request will I make?****Clinical use and adaptation**

Do not give financial or legal advice outside competence or imply budgeting fixes poverty. Address food, housing, coercive financial control, and urgent safety needs. Preserve privacy and refer to appropriate qualified assistance.

Finding purpose

A Direction Worth Exploring

Adults | 10 to 15 minutes

Purpose can be local, changing, and shared across several parts of life. It may involve caring for someone, learning, making, participating, or simply protecting what matters during a difficult period. You do not need a grand mission to take a meaningful step.

Look at moments that felt worthwhile rather than impressive. Choose one thread to explore without committing to a permanent role.

Notice the thread

Recall a moment of interest, connection, contribution, or personal integrity. What part mattered to you, separate from praise or success?

Try a modest expression

Choose a small, reversible action: ask about an activity, reconnect with an interest, or protect time for a meaningful relationship. Include rest and receiving care when those are needed.

1. When has something felt worthwhile to me, even briefly?**2. What value or connection runs through that moment?****3. What current limit or need should my direction respect?****4. What small exploration could help me learn what fits?****Clinical use and adaptation**

Do not frame lack of purpose as failure or assign caregiving, religion, work, or activism as the answer. Attend to depression, grief, disability, and material constraints. Meaning-making should remain optional and client-led.

First-generation identity

Being First Without Carrying Every Expectation

Adults | 10 to 15 minutes

Being first in your family to enter college, a profession, or another setting can involve pride, pressure, and missing information. You may be learning rules others take for granted while staying connected with home. Your experience does not need to match a success story.

Choose one setting where being first matters to you. Separate an information gap from a judgment about belonging or ability.

Name the hidden rule

Identify one process or expectation that has not been explained. Examples include office hours, application steps, workplace language, or how to request help.

Keep several loyalties possible

Consider your own goals alongside family connection and practical responsibilities. Ask a knowledgeable person for specific guidance without assuming you must abandon where you come from.

1. Where does being first matter in my current life?**2. What unfamiliar rule or process do I need explained?****3. What personal or family expectation creates pressure?****4. Who could answer a specific question or help me navigate this setting?****Clinical use and adaptation**

Do not assume immigration history, poverty, family opposition, or a single meaning of first-generation. Recognize institutional barriers and hidden curricula. Preserve family and cultural connections when chosen and avoid framing help-seeking as deficient preparation.

Food insecurity

Making a Food Access Need Clear

Adults | 10 to 15 minutes

Food access can be affected by cost, transport, storage, cooking facilities, work schedules, disability, and household demands. Difficulty obtaining enough suitable food is not a personal failure. Focus on the barrier and a realistic request rather than judging food choices.

Describe practical needs without recording weight, calories, or a detailed diet. Choose one barrier that support could help address.

Identify the access problem

Distinguish obtaining food from storing, preparing, or safely using it. Consider allergies, health requirements, cultural needs, and the equipment actually available without prescribing a diet.

Ask about available help

Prepare a question for a local food service, social worker, benefits adviser, or trusted support. Ask about access, hours, transport, and suitability rather than assuming a service can meet every need.

1. What makes reliable food access difficult right now?**2. What storage, preparation, health, or cultural requirement should be understood?****3. What practical support would address the main barrier?****4. Who can I ask, and what information do I need about their service?****Clinical use and adaptation**

Prioritize material assistance and appropriate medical attention for concerning symptoms. Do not prescribe dietary restriction, imply food insecurity reflects poor planning, or guarantee benefits. Distinguish access barriers from feeding or eating disorders while allowing both to coexist.

Forgiveness

Choosing What Forgiveness Means for Me

Adults | 10 to 15 minutes

Forgiveness can mean different things to different people, and you may not want it as a goal. You can explore hurt, responsibility, and the future without contacting the person or changing a boundary. Your safety and choice remain central.

Use a manageable example without recounting details. Begin with your own definition, including uncertainty or a decision not to use the word.

Separate the meanings

Distinguish forgiveness from forgetting, excusing, reconciliation, trust, or contact. None automatically follows from another, and you can reject definitions that erase what happened.

Choose what you need

Consider protection, acknowledgment, grief support, practical repair, or space. Identify a step that serves your needs without making another person's apology or agreement a condition.

1. What does forgiveness mean to me, if anything?**2. What pressure or expectation am I experiencing?****3. What boundary or accountability must remain clear?****4. What next step would serve my needs whether or not I forgive?****Clinical use and adaptation**

Never assign forgiveness after abuse or imply that healing requires it. Assess coercion and current safety privately. Avoid contact exercises, equal-blame framing, or spiritual pressure; support client-defined goals and appropriate protection.

Friendship

Choose One Friendship Step

Adults and teens 13+ | 10 to 15 minutes

Friendships can change with schedules, distance, interests, and misunderstandings. Choose one friendship you want to think about. You can appreciate someone and still want a different pattern. This page helps you choose a next step without assuming closeness, forgiveness, or constant contact must be earned.

Choose a current friendship moment. Identify whether an invitation, repair, question, or boundary best fits.

Name what you value

Consider shared interests, listening, humor, reliability, or room to be yourself. Describe a specific moment that felt connecting or difficult. Avoid deciding the whole friendship from one unanswered message, while still noticing repeated harmful patterns.

Make a small move

You could invite a short catch-up, acknowledge a hurtful remark, or explain that you cannot message late at night. Give the other person room to answer or decline. If contact is bullying or threatening, choose support rather than a repair task.

1. What do I value or miss in this friendship?**2. What specific moment or pattern do I want to address?****3. Would an invitation, repair, question, or boundary help most?****4. What small step respects both people's choices?****Clinical use and adaptation**

Adapt to age, culture, disability, and communication preferences. Do not assign repair for bullying or make the person accept blame to preserve belonging. For teens, assess safety and explain privacy limits. Avoid treating friendship quantity or social conformity as the measure of success.

Gambling concerns

Looking at a Gambling Pattern and Getting Support

Adults | 10 to 15 minutes

Gambling concerns can involve money, time, secrecy, distress, relationships, or a feeling that it is difficult to stop. You do not need to reach a particular level of loss before seeking help. Use one episode to identify what support would be useful.

Describe the situation without listing betting strategies or detailed losses. Choose a support step rather than trying to recover money through gambling.

Trace the episode

Notice the setting, trigger, hoped-for outcome, and what followed. Consider excitement, escape, pressure, or the urge to recover losses without treating those urges as instructions.

Explore practical protection

Ask a qualified gambling-support service about suitable treatment and voluntary access limits or self-exclusion options. Consider financial advice and trusted help while preserving consent and safety around money.

1. What cue or situation led toward gambling?**2. What did I hope gambling would change, and what followed?****3. What access limit or practical support would I like to discuss?****4. Who can help, and what question will I ask about next steps?****Clinical use and adaptation**

Assess suicide risk, financial crisis, coercion, and immediate safety directly when indicated. Do not suggest betting systems, chasing losses, or informal control of another person's finances. Use appropriate gambling-specific referral and verify local options.

Gaming and digital habits

Make Digital Time Work for Your Day

Adults and teens 13+ | 10 to 15 minutes

Gaming and digital activities can provide enjoyment, connection, and rest. Sometimes they also compete with sleep, relationships, or responsibilities. Start with the effect on your life rather than judging an activity by time alone. You can value it and still want a change.

Choose one recent situation involving a game, app, or device. Identify what you want to keep and one change you are willing to try.

Keep the benefits in view

Name what the activity provides, such as friendship, challenge, belonging, or a break. Then notice a specific cost or conflict. Both can be true; the aim is a useful choice rather than a verdict about your character.

Choose one workable adjustment

Consider a planned stopping point, one notification change, or an agreement before joining a game. Protect essential communication and access needs. Review what happened instead of treating an imperfect trial as failure.

1. What does this digital activity give me that I want to preserve?**2. What specific need or responsibility is being crowded out, if any?****3. What small change could I try while keeping important connection and access?****4. What will I notice afterward to decide whether to keep or adjust that change?****Clinical use and adaptation**

Do not diagnose a disorder from gaming hours or family disagreement alone. Explore sustained impairment, mood, sleep, neurodevelopmental needs, and context through appropriate assessment. For young people, negotiate expectations with safe caregivers without punitive blanket disconnection. Persistent difficulty controlling use and significant impact warrant qualified support.

Original educational resource. Adapt with a clinician; not a validated assessment or complete treatment protocol.

Conceptual references: R22, S11. Full sources are in the online preview and collection appendix.

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Gender dysphoria and affirming support

What Gender Affirmation Means for Me Now

Adults | 10 to 15 minutes

Your gender identity does not need to be proved through distress, a label, appearance, or a particular transition path. You may want support with discomfort, expression, recognition, or safety. This page leaves the direction and pace with you.

Use your chosen words. You may focus on one setting, name, pronoun, or support need and keep other information private.

Notice comfort and difficulty

Describe a situation that felt affirming or uncomfortable without deciding that it defines your whole identity. Include how others treated you and the setting's safety.

Choose a support request

A request could concern language, privacy, access to an affirming clinician, or room to explore without pressure. Ask about confidentiality before sharing information in an unfamiliar service.

1. What language or recognition feels right for me now?**2. What situation brings comfort or distress that I want understood?****3. What information should remain private, and with whom?****4. What affirming support or care question would I like to pursue?****Clinical use and adaptation**

Affirm self-definition and distinguish identity from clinically significant distress. Do not steer identity outcomes, require disclosure, or make medical recommendations. Assess discrimination, safety, and support access; clinical assessment should not reproduce stereotypes or treat identity as pathology.

Generalized anxiety disorder (GAD)

Making a Map of Recurring Worry

Adults and teens 13+ | 10 to 15 minutes

When worry shifts from one area to another, it can be hard to explain what is most difficult. Generalized anxiety disorder requires professional assessment. This page records the pattern and its effect without asking you to settle every uncertainty or prove that worries are unreasonable.

Choose a recent, manageable example. Write, draw, or discuss your answers. Skip anything that does not fit; this page is not a diagnostic assessment.

Look across the week

List broad areas, such as work, health, or family. Notice when worry spreads, how much attention it takes, and what happens to rest or concentration. Include realistic responsibilities and resources.

Choose one useful distinction

Identify one concern with an actionable next step and one question that cannot be answered today. Ask a clinician how treatment could address the recurring pattern while supporting practical problem solving.

1. Which life areas has worry repeatedly moved between this week?**2. When worry starts, what happens to your attention, rest, or activities?****3. Which concern has one practical next step, and which remains uncertain today?****4. What would you like a clinician to help you understand or change about the pattern?****Clinical use and adaptation**

Use alongside assessment of duration, impairment, medical causes, and other anxiety patterns. Repetitive reassurance or compulsions require an appropriate OCD formulation. Do not ask clients facing poverty or danger to recast realistic concerns as irrational.

Gestalt therapy

Noticing What Is Happening Here

Adults | 10 to 15 minutes

Gestalt therapy pays attention to present experience and the person's situation. This brief reflection helps you notice what is happening now without requiring an intense exercise, closed eyes, bodily focus, or a story about the past.

Choose a manageable moment in a conversation. Notice only what feels tolerable; you can use external observations instead of bodily sensations.

Describe before interpreting

Separate what you can observe from the meaning you add. For example, 'I looked away' is an observation; 'I must be failing' is an interpretation.

Bring curiosity to contact

Notice what you want to say, ask, or pause. You can share one observation with a therapist and check whether their response fits your experience.

1. What do I notice in the situation right now?**2. What feeling or thought is present, if I want to name it?****3. Which part is an observation and which is my interpretation?****4. What would I like to say, ask, or pause in this conversation?****Clinical use and adaptation**

This is an orientation exercise, not a Gestalt protocol. Seek consent for experiential work and adapt attention practices for trauma, dissociation, sensory needs, and accessibility. Do not infer hidden meaning or require enactments.

Gratitude

Noticing Appreciation Without Erasing Difficulty

Adults | 10 to 15 minutes

Appreciation can be small and optional. You may notice a kind action, a useful object, a moment of ease, or nothing today. This exercise leaves room for what is difficult and does not require gratitude toward someone who harmed you.

Choose one recent detail you genuinely appreciate, if any. Pair it with an honest statement about what still needs attention.

Be specific

Describe what occurred and why it mattered to you. 'Someone waited while I found my words' can be more informative than a broad instruction to feel thankful.

Keep choice and complexity

Appreciation does not create a debt or cancel a boundary. Decide whether to keep the reflection private, express thanks voluntarily, or use it to understand a need.

1. What small experience, if any, do I appreciate?**2. What need or value did it connect with?****3. What difficulty or unmet need remains true alongside it?****4. Would I like to express thanks, protect this support, or simply notice it?****Clinical use and adaptation**

Do not use gratitude to minimize injustice, grief, abuse, or material need. Permit no answer and avoid claims of symptom relief. Any expression of thanks should be voluntary and safe.

Grief

What My Grief Needs Today

Adults | 10 to 15 minutes

Grief may change across moments and situations. You may want company, practical help, remembrance, distraction, or privacy, and those wishes can coexist. Choose today's needs without deciding how your whole grieving process should unfold.

Use one recent moment, not the entire story of the loss. You may leave names and event details unwritten.

Notice the moment

Describe what was happening when grief became noticeable, including an ordinary reminder or a quiet period. Name what you needed then rather than judging the size of the reaction.

Choose a fitting response

Consider a specific request: help with a meal, company during paperwork, space from advice, or a chosen way to remember. A request can be revised if it does not fit.

1. What moment brought my grief into focus?**2. What did I need then, even if I could not ask?****3. Which expectation from others does not fit my experience?****4. What small request or choice would support me today?****Clinical use and adaptation**

Do not enforce stages, closure, positive meaning, or a timeline. Explore cultural and relationship context. Assess persistent impairment, trauma, depression, and safety when indicated, while allowing ordinary variation in grief.

Grounding

Choosing a Grounding Option That Fits

Adults and teens 13+ | 10 to 15 minutes

Grounding usually means redirecting attention toward the present. It may help some people and feel unpleasant or ineffective for others. You do not need to count senses, close your eyes, focus on breathing, or finish an exercise to participate in care.

Choose a recent, manageable example. Write, draw, or discuss your answers. Skip anything that does not fit; this page is not a diagnostic assessment.

Choose one ordinary cue

You might notice the date on a calendar, read a sign, describe an object, or ask a trusted person to speak slowly. Choose something accessible and neutral. If the environment is unsafe, practical protection takes priority.

Evaluate fit rather than performance

Notice whether the option helps you orient, makes no difference, or increases discomfort. You can shorten it, change focus, ask for company, or stop. A clinician should welcome information about what does not help.

1. What present-oriented cue, if any, would you choose today?

2. What adaptation would make it more accessible or comfortable?

3. What happened when you tried it, or what led you to decline?

4. What should a helper do next time if this option does not help?

Clinical use and adaptation

Obtain permission and avoid mandatory sensory sequences, body attention, or breath focus. Assess medical and dissociative concerns when indicated. Grounding is an optional support, not proof of safety or a substitute for treatment and safeguarding.

Group work

Plan Participation in One Group Activity

Clinicians and group facilitators | 10 to 15 minutes

Choose one planned group activity and the people it is intended to serve. Consider what members need to understand before participating and how the format could create pressure or exclusion. An invitation should make the purpose clear while allowing a person to pass or use another response format where feasible.

Review the activity's purpose, member fit, privacy limits, and alternatives before using it with the group.

Make expectations explicit

Explain the activity, time, roles, and how sharing works. Discuss group confidentiality expectations and their limits; a facilitator cannot guarantee what another member will repeat. Avoid activities that require public disclosure of trauma, diagnosis, or personal identity.

Plan access and response

Offer writing, speaking, drawing, or observing when suitable. Consider language, sensory needs, power differences, and how to respond if someone becomes distressed or a boundary is crossed. Plan a check-out that does not require everyone to report improvement.

1. What purpose does this activity serve for these members?**2. What choices, access supports, and privacy limits need explaining?****3. How will I respond to distress, exclusion, or a boundary concern?****4. What feedback will tell me whether to adapt or stop the activity?****Clinical use and adaptation**

Use appropriate group competence, member screening, consent, and setting procedures. Do not promise confidentiality beyond your control or use public participation as proof of engagement. Urgent risk and safeguarding needs require established responses. The worksheet does not establish suitability for a particular group or treatment.

Harm reduction

A Safer Step I Want Support With

Adults | 10 to 15 minutes

You can seek help with health and safety whether or not you are ready to stop substance use. Start with a concern that matters to you. A useful next step may involve medical care, overdose-prevention information, a safer setting, or practical support.

Choose one current concern and a qualified support to discuss it with. Do not change prescribed medication or attempt withdrawal using this page.

Name the immediate concern

Describe the health or safety issue without self-blame. Include barriers such as unstable housing, stigma, cost, or difficulty accessing care.

Ask for a concrete resource

Ask a qualified service about appropriate prevention resources, including naloxone education when opioid exposure is possible, and how to access treatment if desired. Follow local emergency guidance for suspected overdose.

1. What harm or health concern matters most to me now?**2. What goal am I willing to work toward?****3. What resource, information, or practical support would help?****4. Who can I contact, and what barrier needs an adaptation?****Clinical use and adaptation**

Respect goals without minimizing risk. Use current local harm-reduction and emergency information; this page is not overdose-response training. Do not advise abrupt alcohol or regular benzodiazepine cessation, medication changes, or behaviors presented as risk-free.

Histrionic personality disorder

Exploring Expression and Being Understood

Adults | 10 to 15 minutes

Histrionic personality disorder is a clinical diagnosis, not a judgment about being expressive, stylish, or dramatic. Emotional expression differs across cultures and people. This page focuses on situations where your way of seeking understanding causes difficulties that you want help addressing.

Choose a recent, manageable example. Write, draw, or discuss your answers. Skip anything that does not fit; this page is not a diagnostic assessment.

Describe an interaction concretely

Choose a moment when you wanted attention, reassurance, or connection. Record what you hoped another person would understand, what you communicated, and what happened. Avoid judging appearance, gender expression, or personality style.

Try a clearer request

Consider whether a direct request could communicate the need more accurately, such as asking for uninterrupted listening. Bring patterns across settings, strengths, and questions to a clinician rather than treating one example as diagnostic evidence.

1. What did you want another person to understand in the interaction?**2. How did you communicate it, and what response actually occurred?****3. What direct and respectful request might express the need more clearly?****4. What broader pattern or assessment question would you like to discuss with a clinician?****Clinical use and adaptation**

Avoid gendered, sexualized, or culturally biased judgments. Assess enduring impairment and alternative explanations rather than expressive style alone. Address specific harmful behavior if present without using a diagnosis as a moral label.

Original educational resource. Adapt with a clinician; not a validated assessment or complete treatment protocol.

Conceptual references: E01, S01. Full sources are in the online preview and collection appendix.

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Housing insecurity

What I Need While Housing Is Uncertain

Adults | 10 to 15 minutes

Uncertain housing can make rest, storage, appointments, communication, and ordinary planning difficult. These are real conditions, not failures of motivation. Begin with the need that affects you most immediately and identify what information or assistance is available.

Use a safe format and omit exact locations if privacy matters. Choose one immediate need rather than solving the entire housing situation.

Name the immediate need

Consider a safe place to stay, transport, access to documents, a charging point, storage, accessibility, or continuity of healthcare. Priorities depend on your actual circumstances.

Prepare a service question

Ask an appropriate local service what help is available, what information is required, and how to follow up. Plan for phone, internet, transport, language, or documentation barriers without assuming access.

1. What immediate housing-related need most affects my safety or daily life?**2. What resource or document do I have access to, and what is missing?****3. Which service or trusted person could help me clarify options?****4. What exact question will I ask, and how could I follow up safely?****Clinical use and adaptation**

Address immediate danger and safeguarding through appropriate local pathways. Do not promise shelter availability, tenancy rights, or benefits eligibility. Avoid collecting unnecessary identifying details and coordinate practical assistance rather than assigning coping as the main solution.

Human trafficking and sexual violence

Choosing Safe Support After Exploitation or Sexual Violence

Adults | 10 to 15 minutes

You deserve support without being required to describe what happened here. If danger or urgent injury is present, seek appropriate live help. In the U.S., RAINN and the National Human Trafficking Hotline offer support options. Use a safer device or contact method if someone monitors access.

Leave no written record if that could increase risk. Discuss prompts verbally with a safe helper, or skip them and contact support directly.

Begin with your priorities

You may want medical care, shelter, information, emotional support, legal advice, or time to consider options. Ask services about confidentiality, eligibility, costs, and reporting limits before sharing details that could affect safety.

Protect choice and privacy

Do not record names, locations, or plans if doing so could expose you. A helper can discuss options without pressuring you to confront someone, leave immediately, or report to police. Your safest available next step depends on your circumstances.

1. What kind of help would you choose first, without describing the event?**2. What contact method or device is safest and accessible to you?****3. What confidentiality, reporting, or service-access question do you want answered before sharing details?****4. What support option would you like a qualified helper to explore with you?****Clinical use and adaptation**

Prioritize survivor autonomy, urgent medical needs, ongoing danger, and safeguarding obligations. Avoid requiring disclosure or making reporting, rescue, or leaving a condition of support. Explain limits and coordinate culturally responsive, disability-accessible specialist services.

Original educational resource. Adapt with a clinician; not a validated assessment or complete treatment protocol.

Conceptual references: E19, E20, S05. Full sources are in the online preview and collection appendix.

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Identifying emotions

Finding Your Words for a Feeling

Adults and teens 13+ | 10 to 15 minutes

You may know something feels difficult without knowing its name. Feelings can be mixed, muted, or hard to describe. A word, color, image, or "I do not know yet" can be a useful starting point. There is no correct emotional answer.

Choose a recent, manageable example. Write, draw, or discuss your answers. Skip anything that does not fit; this page is not a diagnostic assessment.

Begin with what you know

Try the event or the direction of the experience: pleasant, unpleasant, mixed, intense, or distant. Body sensations are optional. You can also notice an urge, such as wanting space or wanting someone nearby.

Try language provisionally

Choose a few possible words and check whether they fit: disappointed, lonely, irritated, relieved, or uncertain. "Both sad and relieved" is allowed. A label can change as you understand the experience better.

1. What happened, or what moment are you trying to describe?**2. Which words, image, or comparison comes closest to the feeling?****3. Are there two feelings together, or something that remains unclear?****4. What would you like another person to understand or offer in response?****Clinical use and adaptation**

Adapt for language, literacy, neurodivergence, and cultural differences. Do not infer absent emotion from limited vocabulary or require interoception. Ask permission before offering labels and leave room for the person to reject them.

Identity formation

Making Room for More Than One Part of Me

Adults | 10 to 15 minutes

A role, expectation, or difficult event can become the main way you describe yourself. Other parts may still matter, even if they are quiet or changing. This page offers room for complexity, uncertainty, and privacy.

Choose words that feel like yours. You can describe interests or relationships instead of using identity labels.

Widen the description

Name a role, an interest, a connection, and a possibility. Notice which parts you chose and which were assigned by other people.

Protect exploration

Select one part you want to understand better. A private activity, conversation with a trusted person, or request for respectful language may be enough; public disclosure is optional.

1. Which description of me has taken up the most space?**2. What other parts of me remain important?****3. Which expectation feels chosen, and which feels imposed?****4. What safe step would give an overlooked part more room?****Clinical use and adaptation**

Invite client-defined language and cultural context. Do not prescribe a coherent identity story or pressure disclosure. Consider dependence, discrimination, and actual safety when discussing exploration or changes in expression.

Immigration and acculturation

Belonging Across Places and Cultures

Adults | 10 to 15 minutes

Moving between countries or cultural settings can change language, relationships, roles, and what feels familiar. You may want to keep some practices, adapt others, or belong in more than one way. There is no single correct level of assimilation.

Choose one current situation. You do not need to record immigration status, documents, or details that could create risk.

Keep several connections visible

Name what you want to preserve and what you are still learning. Notice pressures from different communities without assuming you must choose one identity.

Make access needs explicit

Consider interpretation, information in a preferred language, culturally responsive care, transport, or connection across distance. Ask appropriate professionals about legal questions rather than relying on a reflection exercise.

1. What connection, practice, or language do I want to preserve?**2. What current situation creates adjustment pressure or uncertainty?****3. What practical or cultural support would help me participate?****4. What request can I make without disclosing more than I choose?****Clinical use and adaptation**

Do not assume voluntary migration, trauma, legal status, or family structure. Protect privacy and use qualified interpreters when appropriate. Attend to discrimination and structural barriers; immigration advice requires relevant qualified expertise.

Impulse control

Make Space Before an Everyday Impulse

Adults and teens 13+ | 10 to 15 minutes

An urge can feel immediate without requiring immediate action. This page is for everyday impulses, such as interrupting or sending a regrettable message. It is not a plan for self-harm, violence, dangerous substance use, or other urgent risks that need appropriate live support.

Choose a recent, manageable example. Write, draw, or discuss your answers. Skip anything that does not fit; this page is not a diagnostic assessment.

Find the decision point

Describe what happens just before the action: a notification, frustration, excitement, or fatigue. Identify a place where changing the environment could help, such as drafting a message without opening the recipient field.

Prepare a realistic alternative

Choose an action that serves the underlying need without creating the same problem. A pause might include requesting time, writing a reminder, or asking someone to repeat a question. Plan for access needs rather than relying only on willpower.

1. What everyday impulse do you want more choice about, and what tends to trigger it?**2. Where is the earliest practical point to insert a pause?****3. What environmental change or alternative action could meet the need more safely?****4. How will you review the outcome without turning a lapse into a character judgment?****Clinical use and adaptation**

Assess severity, mania, substance effects, ADHD, and immediate harm separately. Do not apply this generic exercise to self-harm or dangerous compulsive behavior without appropriate treatment. Adapt for executive-function and environmental constraints.

Inner child reflection

A Kind Response to an Earlier Learned Rule

Adults | 10 to 15 minutes

"Inner child" can be a metaphor for needs or reactions linked to earlier learning. You do not have to use this language. This page stays with a current situation and a compassionate response; it does not establish forgotten events or ask you to relive childhood.

Choose a recent, manageable example. Write, draw, or discuss your answers. Skip anything that does not fit; this page is not a diagnostic assessment.

Notice a present rule

A current rule might sound like "I must not need help." Describe where it appeared today and what it asked you to do. You can use an ordinary self-compassion frame instead of imagining a younger self.

Offer care with choice

Ask what a respectful, responsible response would be now: rest, a boundary, guidance, or practical help. Compassion can acknowledge the origin of a habit without requiring certainty about the past or excusing current harm.

1. What current situation brought up a harsh rule or unmet need?**2. What does that rule demand, and how does it affect your choices today?****3. What caring and realistic response would you offer someone in this situation?****4. What small present-day action could express that care while respecting others?****Clinical use and adaptation**

Present this as optional reflection, not a validated inner-child treatment or memory-recovery method. Avoid suggestive questioning, regression, or treating imagery as historical evidence. Use external orientation and qualified assessment if dissociation or distress increases.

Insomnia

Preparing for Help With Ongoing Sleep Difficulty

Adults | 10 to 15 minutes

Ongoing difficulty falling asleep, staying asleep, or returning to sleep can become a source of pressure. More effort or stricter rules may not answer the problem. Use this page to describe your experience and prepare questions for qualified care.

Use rough observations from a recent period. Avoid repeated clock checking or changing medication, sleep opportunity, or prescribed care on your own.

Describe the pattern and impact

Note what the difficulty is like, available sleep opportunity, and daytime effects. Include pain, breathing concerns, schedule changes, or medication questions that may be relevant.

Ask about individualized care

Ask what evaluation is appropriate and whether a structured treatment such as CBT-I fits your situation. Clarify how the plan accounts for work, caregiving, health conditions, and access.

1. What sleep difficulty has been recurring?**2. What daytime effect or safety issue matters most?****3. What circumstances or health questions should my clinician consider?****4. What would I like to understand about treatment options and follow-up?****Clinical use and adaptation**

Do not diagnose insomnia from this sheet or prescribe sleep restriction, stimulus-control rules, medication, or light therapy. Consider other sleep and health conditions. Significant daytime sleepiness or alarming symptoms require appropriate safety planning and assessment.

Internal family systems (IFS)

Questions Before Using Parts Language in Therapy

Adults | 10 to 15 minutes

Internal family systems uses "parts" language to explore different internal experiences and protective responses. You may treat this as a metaphor or prefer other language. This page does not establish separate identities, recover memories, or ask you to conduct IFS treatment on your own.

Choose a recent, manageable example. Write, draw, or discuss your answers. Skip anything that does not fit; this page is not a diagnostic assessment.

Begin with a current tension

Describe two understandable wishes, such as wanting connection and wanting privacy. You can write "one concern is" instead of naming a part. Notice what each response is trying to protect without assuming a hidden history.

Ask how the model is used

Discuss the clinician's training, the proposed goals, alternatives, and how you can pause or decline an exercise. Ask how distress, dissociation, and uncertainty about memories would be handled without suggestive questioning.

1. What two needs or responses seem to pull you in different directions today?**2. What might each response be trying to protect in the present?****3. Does parts language fit your experience, or what wording would you prefer?****4. What questions about training, consent, memories, or alternatives would you bring to the clinician?****Clinical use and adaptation**

Present the model as optional and avoid treating metaphorical parts as factual identities. Do not encourage memory recovery, suggest trauma causes, or use this page as an IFS protocol. Assess dissociation and maintain clear consent, scope, and clinical competence.

Interpersonal therapy (IPT)

A Relationship Event and What I Need Now

Adults | 10 to 15 minutes

Interpersonal therapy considers how current relationships and life events relate to mood. This introductory map focuses on a loss, role change, disagreement, or difficulty connecting. It does not assume that relationships are the sole cause of distress.

Choose one current interpersonal situation. Describe the event, its effect, and a support need without reconstructing every past relationship.

Link the event and daily impact

Notice what changed in contact, expectations, or role and how the period has affected your mood or functioning. A timeline can be rough and brief.

Choose a focused question

Identify what you want help with: expressing a need, clarifying expectations, finding support, or adjusting to a changed role. Use a clinician's guidance for a treatment plan.

1. What relationship event or role change is most relevant now?**2. What changed in expectations, contact, or support?****3. How has this period affected my mood or daily functioning?****4. What specific interpersonal question would I like to work on in therapy?****Clinical use and adaptation**

Do not diagnose depression or assign an IPT problem area from this page alone. Use appropriate assessment and model-specific training. Consider safety before communication tasks and avoid implying that the client causes another person's abuse.

Intimacy

Choose the Closeness I Want

Adults | 10 to 15 minutes

Intimacy can include conversation, shared time, touch, sexual contact, or other forms of connection. What feels welcome can change. Choose one kind of closeness to reflect on today. You do not owe contact, an explanation, or a particular response because of your relationship status.

Consider what is wanted, what is uncertain, and what is not wanted. Plan only a freely chosen next step.

Describe the conditions

Notice pace, privacy, comfort, physical symptoms, trust, and how a no is received. Separate your preference from what you think you should want. A wish for emotional closeness does not automatically imply consent to touch or sex.

Offer a clear invitation or limit

You might say: I would like company, but not touch tonight. Invite the other person's preference without negotiation pressure. If a response includes threats, repeated pushing, or retaliation, focus on individual support rather than practicing intimacy together.

1. What kind of closeness, if any, do I want today?

2. What conditions would help it feel comfortable and freely chosen?

3. What limit or uncertainty do I want respected?

4. What invitation, pause, or private support is my next step?

Clinical use and adaptation

Privately assess coercion and relationship safety before conjoint use. Respect diverse identities, asexuality, disability, culture, and changing desire. New pain or sexual-health concerns warrant appropriate healthcare. Never prescribe touch, exposure, disclosure, or sexual activity through this worksheet.

Jealousy

Respond to Jealousy Without Taking Control

Adults | 10 to 15 minutes

Jealousy can point to uncertainty, comparison, a broken agreement, or fear of losing connection. A feeling does not prove what another person has done. Choose one recent moment and examine the facts, the meaning you added, and the action you can choose without restricting someone else's autonomy.

Reflect privately before acting. Separate observations from assumptions and identify one response that does not involve monitoring or threats.

Identify the concern

What did you actually see or hear? What agreement, if any, was relevant? Notice whether the concern is about a real breach, an unclear expectation, or comparison. Avoid searching devices or recruiting others to investigate as part of this exercise.

Choose a respectful next step

You might ask about an agreement, discuss your own limit, or seek support for uncertainty. The other person can decline a request. A relationship decision is different from demanding passwords, restricting friendships, or threatening consequences to control them.

1. What event brought up jealousy?**2. What facts, assumptions, and agreements are relevant?****3. What need, fear, or boundary deserves my attention?****4. What response respects privacy, safety, and each person's choices?****Clinical use and adaptation**

Assess stalking, threats, coercive control, and violence risk when indicated. Do not normalize surveillance or frame controlling acts as proof of love. Avoid treating actual betrayal as merely distorted thinking. Use individual assessment rather than conjoint negotiation when participation is unsafe.

Original educational resource. Adapt with a clinician; not a validated assessment or complete treatment protocol.

Conceptual references: S13, S05. Full sources are in the online preview and collection appendix.

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Language and communication disorders

Help My Message Get Through

Children ages 8 to 12 with a supportive adult or speech-language professional | 10 to 15 minutes

You may know what you want someone to understand and need a different way to share it. You can talk, draw, point, write, sign, or use a communication tool. Pick one message for this page. A helper can give you time without taking over your words.

Choose a message and the way you want to share it. Tell your helper what makes listening easier for you.

Choose your message

Maybe you want help with a task, want to tell a story, or need a break. Your message does not have to be long. You can show just the most important part and add more if you want.

Tell the listener what helps

You might want one question at a time, a picture, extra time, or someone to check what they understood. The listener can ask: Did I get that right? You can correct them without being asked to repeat until you are exhausted.

1. What do I want someone to understand?

2. What way of sharing works for me today?

3. What can my listener do to help?

4. How can I show that they understood or need to try again?

Clinical use and adaptation

Preserve access to communication systems and do not force speech or eye contact. Consult qualified speech-language and hearing professionals as indicated. Do not confuse language difference, multilingual development, or dialect with disorder. Adapt for literacy, movement, hearing, and vision without judging intelligence from response format.

Learning and growth

Learn From One Practice Attempt

Adults and teens 13+ | 10 to 15 minutes

Learning can involve uncertainty, mistakes, and different amounts of time. Pick a skill you want for your own reasons, such as using a tool or explaining an idea. Choose an attempt small enough to learn from. You do not need to prove that difficulty is enjoyable or that effort solves every barrier.

Name a small practice target, plan useful feedback, and decide how you will adjust after one attempt.

Make the target observable

Choose a piece of the skill that can be tried once. Instead of become better at writing, try making the main point clear in one paragraph. Identify needed instruction, examples, accessible formats, or materials before practicing.

Use feedback selectively

Ask what worked and what one change would help. Separate feedback about the task from judgments about your worth. If repeated practice is not helping, consider different instruction, support, or assessment rather than simply increasing pressure.

1. What skill matters to me, and why do I want it?**2. What small piece can I practice with the resources I have?****3. What specific feedback or observation would help me learn?****4. What will I keep, change, or seek support for afterward?****Clinical use and adaptation**

Consider learning disability, language, sensory access, financial barriers, and prior educational harm. Do not promise that a growth mindset overcomes structural constraints. Avoid fixed learning-style labels or interpreting slow progress as low motivation. Refer for appropriate assessment or specialized instruction when indicated.

LGBTQIA+ affirming care

What Affirming Care Looks Like for Me

Adults | 10 to 15 minutes

Affirming care begins with your own words, goals, and choices. You may want to discuss identity, relationships, discrimination, health, or a concern unrelated to identity. This page helps specify what respectful support would look like for you.

Choose what a professional needs to know now. You can specify language and privacy without telling your full identity or medical history.

State what matters

Name the language, relationship recognition, accessibility, or privacy that helps you participate. It is also valid to say that identity is not the focus of this appointment.

Assess the care relationship

Prepare a question about experience, confidentiality, and how the provider responds to mistakes or discrimination. Ask before involving family, partners, or other services.

1. What name, pronouns, or other language would I like used, if relevant?**2. What concern do I want this appointment to focus on?****3. What information should remain private or require my permission to share?****4. What question or request would help me assess whether care is affirming?****Clinical use and adaptation**

Avoid pathologizing orientation, gender, intersex variations, or consensual diversity. Do not steer identity outcomes or require coming out. Attend to minority stress, intersectionality, safety, and actual confidentiality limits; obtain consent before involving others.

Life skills

Build One Everyday Routine That Fits

Adults and teens 13+ | 10 to 15 minutes

Everyday tasks can involve planning, money, energy, and materials that are easy to overlook. Choose one task you want help with, such as packing a bag, doing laundry, or preparing a feasible meal. Success can include using support; it does not require doing everything alone.

Choose one task and define a workable result. Identify the materials, first step, and support needed to try it.

Start with real conditions

Consider what space, money, equipment, energy, and time are available. Write a version that fits those conditions. If a necessary resource is missing, finding help with that resource may be the first step rather than practicing the task.

Build a short sequence

Use a few steps in words, pictures, or audio. Put the cue where the task happens and choose a clear finish point. Plan who can help if you get stuck, with their agreement and without unnecessary monitoring.

1. What everyday task would I like to make easier?**2. What resources or access supports does it require?****3. What short sequence and first step fit my situation?****4. What help and review will make the routine sustainable?****Clinical use and adaptation**

Respect disability, interdependence, cultural preferences, poverty, and shared housing. Avoid judging adult competence or child readiness from completion. Use age-appropriate examples for teens and do not prescribe food, medication, financial, or other specialized regimens outside the person's care needs.

Life transitions

Carrying What Matters Into a New Chapter

Adults | 10 to 15 minutes

A transition can include several changes at once: roles, routines, relationships, location, income, or expectations. Something can be welcome and still involve loss. Map what is shifting before choosing which practical or emotional need to address first.

Use one current transition. List only the changes that matter to you and allow mixed feelings without resolving them.

Map three kinds of change

Name something ending, something continuing, and something beginning. If one category does not fit, leave it open rather than forcing a hopeful story.

Share the transition load

Choose one task or need that should not sit entirely with you. Identify a person, service, or source of information and a specific request.

1. What is ending or becoming less available?**2. What connection, skill, or value can continue?****3. What new demand or possibility is emerging?****4. What part of the transition needs help, and what will I ask?****Clinical use and adaptation**

Recognize involuntary transitions, loss, displacement, and unequal resources. Do not require growth or closure. Adapt for culture, disability, safety, and literacy; assess severe distress or functional disruption when indicated.

Loneliness and belonging

The Kind of Connection I Am Missing

Adults | 10 to 15 minutes

Loneliness can occur with or without people around you. You may miss being understood, regular company, shared interests, practical support, or a place where you do not need to pretend. Begin with the quality of connection rather than a required number of contacts.

Choose one unmet connection need. Include access, energy, culture, safety, and the other person's freedom to decline.

Name what is missing

Distinguish companionship, emotional understanding, shared activity, community belonging, or help with a task. Different needs may call for different relationships or settings.

Make a low-pressure invitation

Consider a brief call, shared activity, accessible group inquiry, or specific request. Plan a kind response to no answer and an alternative that does not treat rejection as proof of unworthiness.

1. What kind of connection do I miss most?**2. Where or with whom might that connection be possible?****3. What barrier or safety concern needs to be considered?****4. What specific invitation or request could I make, and what is my alternative?****Clinical use and adaptation**

Respect solitude and avoid prescribing socializing without assessing access, safety, and preference. Consider bereavement, depression, discrimination, disability, and exclusion. Build practical supports and do not interpret a declined invitation as a clinical failure.

Lyme disease and mental health

Making My Lyme Concerns and Daily Needs Clear

Adults | 10 to 15 minutes

Illness and uncertainty can affect daily life and emotional wellbeing. If you have Lyme disease or concerns about ongoing symptoms, describe what has happened without assuming every symptom has one cause. Medical evaluation and support for distress can proceed together.

Use information you actually know from your care. Separate confirmed history, current observations, and questions; do not change treatment based on this page.

Prepare a brief timeline

Note the relevant diagnosis or evaluation, treatment discussed with your clinician, and symptoms that remain or have changed. Avoid turning the page into continuous symptom surveillance.

Ask for coordinated support

Identify the daily effect that matters most and ask what assessment, symptom support, or referral is appropriate. Emotional care should not require dismissing physical symptoms.

1. What confirmed health history or prior care is relevant?**2. What current symptom or change most affects my daily life?****3. What uncertainty would I like my clinician to address?****4. What practical or emotional support would help while care continues?****Clinical use and adaptation**

Do not confirm Lyme disease, infer persistent infection, recommend testing, or advise antibiotics. Validate symptoms and support evaluation of alternative or co-occurring causes. Avoid attributing all distress to either infection or psychology; assess urgent changes appropriately.

Marriage

Revisit One Marriage Agreement

Couples | 10 to 15 minutes

An agreement that once worked may no longer fit work, health, caregiving, or personal priorities. Choose one everyday arrangement, such as evening tasks or time to rest. The goal is to understand what has changed and consider a new agreement, not to decide who is the better partner.

Reflect separately first if helpful. Share by choice and consider one arrangement that both people can freely accept.

Describe the old arrangement

Name what was explicitly agreed and what was only assumed. Notice whose planning, time, or access needs are less visible. Include what still works so the discussion does not require starting everything over.

Try a specific revision

Describe who will do what, what support is needed, and when to revisit the arrangement. Avoid promises that depend on unavailable resources. A trial agreement can be revised; either person can say it does not feel workable.

1. What agreement or assumption are we reviewing?

2. What has changed, and what impact does each person notice?

3. What revised arrangement could we freely try?

4. What support and review date would make the agreement realistic?

Clinical use and adaptation

Screen privately for fear, coercion, and violence before joint work. Do not apply mutual responsibility language to abuse or require compromise of autonomy. Respect relationship diversity and the choice not to continue a marriage. This is not legal, financial, or custody advice.

Medical trauma

Preparing for Medical Care With More Choice

Adults and teens 13+ | 10 to 15 minutes

Past medical experiences can affect how manageable an examination, procedure, or waiting room feels. You do not have to recount them to request clearer explanations or consent. This page helps prepare a care conversation; urgent medical needs should receive timely attention.

Choose a recent, manageable example. Write, draw, or discuss your answers. Skip anything that does not fit; this page is not a diagnostic assessment.

Identify the difficult part

Consider uncertainty, touch, pain, clothing, positioning, noise, or being unable to communicate. Name the current challenge and any practical accommodations. A preference may need discussion alongside clinical requirements rather than an assumption that it can always be met.

Agree on communication

Ask staff to explain steps before proceeding, request permission when possible, and agree on a pause signal and its limits. Consider a support person, interpreter, written plan, or alternative positioning, according to your needs and the setting.

1. Which part of the upcoming care feels difficult, without describing past events?**2. What explanation, positioning, privacy, or sensory accommodation would help?****3. What permission and pause arrangements do you want to discuss, including any medical limits?****4. Who can help communicate these preferences or clarify the care plan?****Clinical use and adaptation**

Coordinate with medical staff and avoid advice to delay essential care or stop treatment. Ask permission before touch and explain urgent-care constraints honestly. Consider pain control, disability access, discrimination, interpreter needs, and ongoing informed consent.

Menopause

Making My Menopause Questions Clear

Adults | 10 to 15 minutes

Menopause and the transition around it can be experienced in different ways. You may have questions about sleep, mood, concentration, physical comfort, or changing expectations. Describe your experience without assuming every new symptom has the same cause.

Choose two or three concerns for a healthcare visit. Use rough timing and daily impact rather than trying to diagnose yourself.

Describe changes and context

Note what has changed, when you noticed it, and how it affects work, relationships, or rest. Include relevant health or medication changes for your clinician to review.

Ask about individualized options

Prepare questions about evaluation, benefits and risks of suitable options, and follow-up. A practical support request may also concern temperature, scheduling, privacy, or help with tasks.

1. What changes or symptoms would I like to discuss?**2. How do they affect my daily life or wellbeing?****3. What evaluation or treatment questions do I want answered?****4. What practical adjustment or support could help while care is arranged?****Clinical use and adaptation**

Do not assume symptoms are menopausal or prescribe hormones, supplements, or medication changes. Use inclusive language and avoid age stereotypes. New, severe, unusual, or concerning symptoms need appropriate medical assessment, not attribution to a life stage alone.

Metaphor activities

Finding an Image That Fits My Experience

Adults | 10 to 15 minutes

Sometimes a comparison makes an experience easier to discuss: too many open tabs, a crowded doorway, or a road with missing signs. You choose whether an image helps. It can be changed, rejected, or replaced with plain words.

Choose a manageable concern and invent a comparison in your own language. Notice both what fits and what the image leaves out.

Test the fit

Describe which parts of the image match the situation. Name one important difference so the metaphor does not become a rigid story about you.

Return to ordinary actions

Translate one part into a practical need. If the image is 'too many open tabs,' a next step might be choosing one task or asking who can share it.

1. What image or comparison fits part of my experience?**2. Which details fit, and which do not?****3. What ordinary need does the image help me name?****4. What concrete action or request follows from that need?****Clinical use and adaptation**

Use client-generated language and check cultural, sensory, and literacy fit. Never impose symbolic interpretations or use metaphors to bypass consent. Switch to literal description if imagery increases confusion, distress, or dissociation.

Midlife transitions

Reconsidering Priorities in This Part of Life

Adults | 10 to 15 minutes

Midlife may involve work, relationships, health, caregiving, new freedom, disappointment, or possibilities that do not fit a familiar script. You do not need a crisis to reconsider your direction. Choose one area where your current life and priorities are no longer aligned.

Focus on one decision rather than evaluating your entire life. Include constraints and people affected without erasing your own needs.

Review without comparison

Name what still matters and what has changed. Avoid judging your life against an age-based deadline or someone else's milestones.

Test a small adjustment

Consider an information-gathering step, a shared-responsibility conversation, or a modest return to an interest. Major decisions can wait for appropriate practical and professional advice.

1. Which role or priority feels different in this period?**2. What do I want to keep, and what do I want to reconsider?****3. What real constraint or responsibility needs to be included?****4. What small exploratory step would help before a larger decision?****Clinical use and adaptation**

Avoid stereotypes about age, gender, partnership, or parenting. Consider bereavement, discrimination, finances, health changes, and mood symptoms without reducing them to a midlife crisis. Do not encourage impulsive consequential decisions.

Mindfulness

Trying Mindful Attention With Choice

Adults and teens 13+ | 10 to 15 minutes

Mindfulness involves intentionally noticing present experience. It does not require an empty mind, a particular posture, or feeling calm. Some practices are uncomfortable or unhelpful for some people. You can choose an external focus, keep your eyes open, shorten the practice, or stop.

Choose a recent, manageable example. Write, draw, or discuss your answers. Skip anything that does not fit; this page is not a diagnostic assessment.

Choose a neutral focus

For a few moments, notice one feature of an object, a sound, or contact with a chosen surface. Breathing is optional. If attention wanders, you can return gently without treating wandering as a mistake.

Check whether it fits

Afterward, ask whether you felt more able to engage, unchanged, or less comfortable. No outcome is required. Try another kind of support if inward attention, stillness, or the setting does not suit you.

1. What focus, posture, and length would feel manageable to try?**2. What did you notice without needing to change or explain it?****3. How did the practice affect your comfort and ability to engage?****4. Would you repeat, adapt, or stop it, and what alternative would you choose?****Clinical use and adaptation**

Ask permission and assess responses rather than assuming benefit. Offer movement or external attention for trauma, dissociation, pain, and sensory needs. Mindfulness is not a substitute for assessment or urgent care, and adverse reactions should guide adaptation.

Mood disorders

Preparing a Mood Pattern Overview

Adults | 10 to 15 minutes

Mood difficulties can involve low periods, elevated or irritable periods, and changes in sleep, energy, or activity. Several conditions and life circumstances can contribute. A simple overview can help a clinician understand the pattern without turning everyday variation into a diagnosis.

Choose a recent, manageable example. Write, draw, or discuss your answers. Skip anything that does not fit; this page is not a diagnostic assessment.

Look across time

Choose a few meaningful changes rather than tracking every hour. Note your usual pattern, what changed, and effects on responsibilities or relationships. Include any periods of unusually little sleep with increased energy.

Bring relevant context

List medicines, substances, health changes, major stressors, and available support for discussion. Do not stop or adjust prescribed treatment based on this page. Ask what assessment and follow-up are appropriate.

1. What changes in mood, energy, sleep, or activity stand out over time?**2. How were these periods different from your usual pattern, and what was their impact?****3. What health, medicine, substance, or life changes occurred around the same time?****4. What concern and assessment question would you like addressed first?****Clinical use and adaptation**

Assess suicidality, possible mania, psychosis, medical contributors, and substance effects when indicated. Do not interpret a mood log as a diagnostic test. Urgent deterioration requires timely live assessment rather than continued monitoring alone.

Moral injury

Understanding a Moral Conflict Without Forcing Forgiveness

Adults | 10 to 15 minutes

Moral injury describes distress that can follow experiences conflicting with deeply held values; it is not itself a diagnosis. It can involve what someone did, witnessed, could not prevent, or experienced as betrayal. You can explore current meaning without recounting details or deciding on forgiveness.

Choose a recent, manageable example. Write, draw, or discuss your answers. Skip anything that does not fit; this page is not a diagnostic assessment.

Separate values and responsibility

Name the value that feels affected and what was within or outside your control. Responsibility may be personal, shared, institutional, or uncertain. Understanding constraints does not require denying harm or accepting blame that is not yours.

Choose a value-consistent response

A next step could be support, advocacy, acknowledgment, a boundary, or a carefully considered repair. No one is required to confess publicly, reconcile, forgive, or contact a person who harmed them.

1. What value feels affected, using only the detail you choose to share?**2. What responsibility or constraint needs careful examination rather than a quick judgment?****3. What support could help you hold grief, anger, guilt, or betrayal without isolation?****4. What chosen action could honor the value while respecting safety, limits, and others' rights?****Clinical use and adaptation**

Distinguish moral distress from a diagnosis and assess PTSD, depression, and suicidality as indicated. Avoid imposing moral, religious, military, or cultural interpretations. Do not pressure forgiveness, confession, reconciliation, or premature repair; clarify actual responsibility collaboratively.

Original educational resource. Adapt with a clinician; not a validated assessment or complete treatment protocol.

Conceptual references: E18, S05. Full sources are in the online preview and collection appendix.

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Motivation

Finding a Reason and a Manageable First Step

Adults and teens 13+ | 10 to 15 minutes

Motivation changes with energy, meaning, resources, emotion, and circumstances. Difficulty starting is not proof of laziness. This page helps distinguish a goal you choose from a demand you do not endorse, then makes room for a practical step or a needed adjustment.

Choose a recent, manageable example. Write, draw, or discuss your answers. Skip anything that does not fit; this page is not a diagnostic assessment.

Check whose goal it is

Ask what the action would serve and whether you want that outcome. If the task is unavoidable, name the practical reason without pretending to enjoy it. A goal may need negotiation rather than more pressure.

Reduce the starting burden

Choose the first visible action, such as locating a document rather than completing the whole application. Consider help, rest, information, accessibility, or a different deadline. The smallest useful step depends on your situation.

1. What task or change are you considering, and why might it matter to you?

2. What is making starting difficult: meaning, energy, information, emotion, or access?

3. What adjustment or support would address that barrier?

4. What first action fits your capacity, and when will you reconsider the plan?

Clinical use and adaptation

Assess depression, pain, fatigue, neurodevelopmental needs, and material barriers when relevant. Avoid moralizing inactivity or prescribing activation during possible mania. Support autonomy; declining or revising a goal can be a reasonable outcome.

Motivational interviewing (MI)

Planning a Conversation That Leaves Choice With the Client

Clinicians | 10 to 15 minutes

Motivational interviewing involves a collaborative approach to exploring change. This planning page helps you listen for the person's perspective and avoid turning uncertainty into a contest. Use the client's words, including reasons to maintain the current situation.

Choose one upcoming conversation. Draft a permission question, a balanced reflection, and a way to ask what the client wants next.

Ask and reflect

Try: 'Would it be useful to talk about this today?'
Reflect both sides without adding a verdict: 'It offers relief, and you are concerned about what follows.'
Invite correction.

Elicit the next choice

Ask what matters to the person and what, if anything, they want to explore. Offer information with permission, then ask how it fits. A decision to revisit later can be meaningful.

1. What permission question will I use?**2. What reasons for and against change have I heard in the client's words?****3. What reflection could communicate understanding without persuasion?****4. How will I ask the client to choose the next step or pause?****Clinical use and adaptation**

Avoid using MI language to secure compliance with a predetermined outcome. Clarify genuine external requirements separately from personal choice. Medical risk and urgent safety assessment remain necessary; this worksheet is not a fidelity or competence assessment.

Original educational resource. Adapt with a clinician; not a validated assessment or complete treatment protocol.

Conceptual references: S07. Full sources are in the online preview and collection appendix.

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Movement and exercise

Movement That Respects My Body and Circumstances

Adults | 10 to 15 minutes

Movement can have different meanings: getting somewhere, participating with others, enjoying an activity, or completing daily tasks. Your preferences, disability, pain, health guidance, and access all matter. This page supports a conversation rather than setting a required amount or intensity.

Choose an activity that interests you or a daily task you want support with. Do not test your limits or override existing advice.

Start with meaning and access

Name why the activity matters and what makes participation easier or harder, including cost, transport, environment, equipment, fatigue, or safety.

Prepare an appropriate question

If health concerns affect participation, ask a qualified professional what adaptations fit your situation. A next step may be obtaining information or assistance rather than increasing activity.

1. What movement or daily activity would I like to explore, and why?**2. What health guidance, symptoms, or limitations need to be considered?****3. What access barrier or adaptation matters most?****4. What question or practical request would help me choose an appropriate next step?****Clinical use and adaptation**

Do not prescribe intensity, progression, calorie targets, or movement as compensation for eating. Consider eating-disorder concerns, pain, disability, pregnancy, and post-exertional worsening. New or alarming symptoms require appropriate assessment; rest remains a legitimate need.

Narcissistic personality disorder (NPD)

Discussing Self Worth and Relationship Impact

Adults | 10 to 15 minutes

Narcissistic personality disorder is a clinical diagnosis, not a label for any selfish or hurtful behavior. A useful conversation describes patterns, their context, and their effects. You can explore needs for recognition while also taking responsibility for how you treat other people.

Choose a recent, manageable example. Write, draw, or discuss your answers. Skip anything that does not fit; this page is not a diagnostic assessment.

Describe one interaction

Choose an example involving criticism, disappointment, or recognition. Separate what was said, your interpretation, your response, and the effect on the other person. You do not need to explain away harm to understand what contributed.

Ask for a fuller assessment

Discuss whether this pattern occurs across settings, when it changes, and what you want to do differently. A clinician should consider history, culture, other conditions, and current pressures rather than infer a diagnosis from this page.

1. What specific interaction raised a concern about recognition, criticism, or self-worth?**2. What did you do, and what impact can you acknowledge without guessing the other person's thoughts?****3. What would a more respectful response look like in a similar situation?****4. What assessment question or treatment goal do you want to bring to a clinician?****Clinical use and adaptation**

Use non-stigmatizing functional language and assess pervasive patterns over time. Do not diagnose an absent partner or equate a diagnosis with abuse. Assess coercive behavior or danger directly and address accountability without shaming.

Narrative and expressive therapy

Telling a Current Story With More Choice

Adults and teens 13+ | 10 to 15 minutes

Narrative approaches explore meanings and stories in context. Expressive activities can offer another way to communicate, but they are not all the same therapy. This page offers optional reflection on a present concern; you decide what to express, keep private, or leave unfinished.

Choose a recent, manageable example. Write, draw, or discuss your answers. Skip anything that does not fit; this page is not a diagnostic assessment.

Separate the person from the problem

Give a current difficulty a plain name if helpful, such as "the pressure to please." Describe how it influences a day without turning it into your entire identity. You can choose different wording if externalizing language does not fit.

Notice a preferred direction

Recall a small moment when the problem had less influence, or imagine what you would prefer now. Use words, a simple drawing, or discussion. No artistic quality, complete life story, or disclosure of traumatic events is required.

1. What name or description fits the current problem without defining your whole identity?**2. How does it influence one part of your day or relationships?****3. When has another value, strength, or response also been present?****4. What preferred next chapter could one small action begin, and what will remain private?****Clinical use and adaptation**

Offer language and expression as choices, not demands. Do not infer hidden trauma from artwork or treat creative expression as a diagnostic test. Formal expressive arts therapies require relevant competence; avoid inviting uncontained trauma narratives.

Neglect

Recognizing Needs That Deserve Care

Adults and teens 13+ | 10 to 15 minutes

Experiences of unmet care can affect how safe it feels to ask for help. You do not need to decide on a label or provide a detailed childhood account to explore a current need. This page focuses on what deserves attention now.

Choose a recent, manageable example. Write, draw, or discuss your answers. Skip anything that does not fit; this page is not a diagnostic assessment.

Name a concrete need

Consider food, medical access, rest, protection, emotional attention, or reliable practical help. Identify what is missing and any structural barriers. Having a need is not evidence of being demanding or incapable.

Choose a dependable next step

Look for a person or service with the role and capacity to help. Make a specific request and consider a backup if the response is unavailable or unsafe. Current concerns about a child's care need appropriate professional attention.

1. What current need has been difficult to recognize or take seriously?**2. What makes meeting it harder, including practical or access barriers?****3. Who has an appropriate role in helping, and what specific request could you make?****4. What boundary or backup would help if the first request is not met?****Clinical use and adaptation**

Assess current neglect, safeguarding concerns, and unmet material needs; follow applicable duties. Do not infer a specific childhood event from present symptoms or require gratitude toward caregivers. Offer concrete service support rather than only reframing.

Neurocognitive disorders

What I Want My Care Team to Know

Adults with optional chosen support | 10 to 15 minutes

If memory or thinking changes concern you, a healthcare professional can help explore what is happening. Choose one everyday example and what you want to keep doing. You may ask a person you trust to help write, while keeping your own views at the center. This page is not a memory test.

Use a short example and your preferred communication format. Bring the page to an appropriate healthcare discussion if you choose.

Describe what changed

Name what is different, when you first noticed it, and how it affects an activity. Include sleep, stress, health changes, or other information you want the clinician to consider. Do not test yourself repeatedly or assume one cause.

Keep your priorities visible

Identify an activity or choice that matters to you. Ask about assessment, useful supports, and next steps. A chosen supporter can add observations with your agreement, but their view should be distinguished from your own.

1. What memory or thinking change would I like to discuss?**2. What daily activity or choice matters most to me?****3. What support helps, and whose involvement do I want?****4. What question and follow-up do I want from the care team?****Clinical use and adaptation**

New or progressive concerns warrant appropriate medical assessment. Sudden confusion or an abrupt unexplained mental-status change requires urgent medical attention. Do not infer diagnosis or decision-making capacity from worksheet performance. Adapt for language, vision, hearing, literacy, and fatigue while preserving dignity, consent, and supported participation.

Original educational resource. Adapt with a clinician; not a validated assessment or complete treatment protocol.

Conceptual references: R10, R27, R11. Full sources are in the online preview and collection appendix.

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Neurodevelopmental differences and disorders

Prepare a Developmental Support Conversation

Parents and caregivers of children ages 6 to 12 | 10 to 15 minutes

A child may need different supports across communication, learning, movement, attention, or daily activities. Choose one participation concern and prepare examples for a qualified professional. Include what the child enjoys and how they express preferences. This page does not compare the child with a fixed idea of normal.

Gather one or two specific examples without testing the child. Invite their input in a comfortable communication format.

Describe participation

Name a task, setting, and the point where access becomes difficult. Record supports that already help and what the child communicates about the experience. Separate what you observed from what you think it means.

Ask about useful next steps

Prepare a question about evaluation, communication access, school support, or another service. Ask how options would address the child's own participation needs. Do not wait for a worksheet result before raising a significant developmental concern.

1. What activity matters to my child, and what makes participation difficult?

2. What strengths, interests, and communication preferences should the team know?

3. What concrete examples and helpful supports can I describe?

4. What question, referral, or follow-up do I want to discuss?

Clinical use and adaptation

Use appropriate developmental assessment and interdisciplinary referral when indicated. Do not assign an age equivalent, diagnosis, or prognosis from this page. Include the child's assent, language, culture, disability access, and preferred communication. Avoid targeting harmless differences or compliance as the primary outcome.

Neurotransmitters and the brain

Questions About Brain Chemistry and Mental Health

Adults | 10 to 15 minutes

Neurotransmitters help nerve cells communicate. Mental health experiences arise within complex biological, psychological, and social contexts. A feeling, diagnosis, or online quiz cannot tell you a personal neurotransmitter level. This page helps examine a claim without directing supplements or medication changes.

Choose a recent, manageable example. Write, draw, or discuss your answers. Skip anything that does not fit; this page is not a diagnostic assessment.

Identify the actual claim

Write a statement you encountered, such as a claim that one chemical explains your mood. Ask whether it describes established evidence, an incomplete model, or a marketing promise. Notice whether a product is being sold.

Turn uncertainty into a question

Bring the claim to a qualified professional. Ask what is known, what cannot be inferred, and whether any assessment is indicated. Your experience can be real and deserving of care even when its biological explanation remains complex.

1. What claim about neurotransmitters or brain chemistry would you like clarified?

2. Where did it come from, and what evidence or commercial interest was provided?

3. What can you directly observe about your experience, separate from the proposed explanation?

4. What question will you ask before making any treatment or supplement decision?

Clinical use and adaptation

Avoid endorsing simple chemical-imbalance explanations, personalized neurotransmitter quizzes, or unsupported testing. Explain uncertainty without dismissing symptoms or appropriate medication. Refer medication and supplement questions to qualified prescribers or pharmacists; do not advise independent changes.

Original educational resource. Adapt with a clinician; not a validated assessment or complete treatment protocol.

Conceptual references: E17, E23. Full sources are in the online preview and collection appendix.

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Nonsuicidal self-injury (NSSI)

Asking for Support Around Self Injury

Adults and teens 13+ | 10 to 15 minutes

If an injury needs medical attention, seek care now. If suicidal intent is present or you cannot stay safe, call or text 988 in the U.S.; call 911 for a medical emergency or immediate danger. Elsewhere, use local services. This page must not delay live help.

Seek live help first when needed. Use only questions that support care; no descriptions of methods, injuries, or concealment are needed.

Begin with care and dignity

You can say, "I have been hurting myself and need support," without describing methods here. Nonsuicidal self-injury and suicidal behavior are different, but intentions and risks can change. A professional should ask about both without making assumptions.

Discuss what support should do

When immediate needs have been addressed, explore the situations and functions linked to self-injury with a qualified clinician. Ask for a collaborative care plan, follow-up, and accessible help during difficult moments. You deserve treatment without punishment or shame.

1. What immediate medical or safety concern needs a live helper's attention?**2. What would make talking about self-injury feel more respectful and manageable?****3. What situations or needs would you like a clinician to help you understand, without method details?****4. What follow-up contact or ongoing support do you want help arranging?****Clinical use and adaptation**

Assess injuries, suicidal intent, safeguarding, and changing risk directly. Do not rely on scores, promises, or a stated nonsuicidal intent to rule out danger. Avoid punitive responses, graphic detail, and pain-based substitute behaviors. Arrange individualized assessment and follow-up.

Original educational resource. Adapt with a clinician; not a validated assessment or complete treatment protocol.

Conceptual references: E09, S16. Full sources are in the online preview and collection appendix.

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Obsessive-compulsive and related disorders

Preparing to Discuss Repetitive Thoughts and Behaviors

Adults | 10 to 15 minutes

Obsessive-compulsive and related disorders include different difficulties that need individual assessment. Repeated thoughts or behaviors do not automatically indicate OCD. This page is for one brief preparation conversation; it is not a checklist, reassurance exercise, or instruction to resist symptoms without support.

Choose a recent, manageable example. Write, draw, or discuss your answers. Skip anything that does not fit; this page is not a diagnostic assessment.

Describe the effect once

Use a broad example without graphic detail. Note what interrupts daily life, how much time or attention it takes, and any physical harm. You do not need to prove what a thought means about you.

Ask about the right care

Explain what you have tried and whether it became another rule or repeated checking routine. Ask how the clinician will distinguish related conditions and choose an appropriate treatment with you.

1. What repetitive thought or behavior pattern is interfering with daily life?**2. What does it interrupt, and is there any injury or other urgent concern?****3. Which attempts to cope have become repetitive or hard to stop?****4. What would you like to ask about assessment, treatment choices, and support?****Clinical use and adaptation**

Avoid generic reassurance, thought records used as neutralization, or blanket response-prevention advice. Assess the specific condition and differential explanations. Do not treat all body-focused repetitive behaviors, appearance concerns, or hoarding patterns as interchangeable with OCD.

Obsessive-compulsive disorder (OCD)

A Brief Preparation Page for OCD Care

Adults | 10 to 15 minutes

Obsessive-compulsive disorder can involve unwanted thoughts and repetitive actions or mental routines. A thought's presence does not by itself establish a diagnosis or its meaning. Complete this page briefly if useful, then bring it to a qualified clinician rather than revising it until it feels certain.

Use one brief pass if helpful. Broad descriptions are enough. Leave uncertainty in your answers and discuss concerns with an OCD-qualified clinician.

Describe the loop broadly

Name the situation, the urge to obtain certainty or reduce distress, and what you repeatedly do. Graphic thought details are unnecessary. Describe what the pattern costs in time, participation, or relationships.

Ask about specialized treatment

Ask about assessment and evidence-informed options, including exposure and response prevention when appropriate. A clinician should explain the rationale, collaboration, and adaptation. This page contains no instructions to conduct exposure or abruptly stop rituals alone.

1. What broad obsession or compulsion pattern do you want help with?**2. What do you repeatedly do, mentally or physically, and what does it interrupt?****3. How might completing or revising worksheets itself become part of the loop?****4. What question about assessment or OCD-specific treatment will you bring to a clinician?****Clinical use and adaptation**

Avoid reassuring the feared outcome away, evaluating moral character, or using repeated evidence checks as neutralization. Use limited completion rather than perfection. Assess actual risk and differential diagnosis separately; unwanted intrusive thoughts should not automatically be equated with intent.

Original educational resource. Adapt with a clinician; not a validated assessment or complete treatment protocol.

Conceptual references: E03, S01. Full sources are in the online preview and collection appendix.

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Obsessive-compulsive personality disorder (OCPD)

Discussing Standards Flexibility and Their Cost

Adults | 10 to 15 minutes

Obsessive-compulsive personality disorder is different from obsessive-compulsive disorder. It involves patterns that require assessment over time, not simply being organized or careful. This page focuses on whether standards or control create difficulties and what flexibility might serve a chosen goal.

Choose a recent, manageable example. Write, draw, or discuss your answers. Skip anything that does not fit; this page is not a diagnostic assessment.

Examine one standard in context

Choose a rule about work, order, delegation, or how something must be done. Note its useful purpose and any cost in time, relationships, or completion. Required safety and professional procedures should remain part of the picture.

Consider a proportionate alternative

Ask whether another acceptable method could meet the task's real requirements. Discuss the concern with a clinician rather than treating one experiment as a diagnosis or forcing flexibility in a high-stakes situation.

1. What rule or standard causes difficulty while also serving a purpose?**2. What does following it cost in time, relationships, or task completion?****3. What other acceptable approach could meet the actual requirements?****4. What would you like a clinician to help you understand about this pattern across settings?****Clinical use and adaptation**

Differentiate OCPD from OCD, conscientiousness, cultural practices, and genuinely demanding environments. Do not recommend relaxing necessary safety procedures. Assess enduring impairment and collaboration rather than labeling a preference for order as a disorder.

Opioid use disorder

Questions for My Opioid Care Team

Adults | 10 to 15 minutes

If opioid use or an existing opioid-use diagnosis is part of your care, you may have questions about treatment, stigma, overdose prevention, or access. Medication can be part of appropriate treatment. This page helps prepare a conversation with a qualified clinician.

Use your actual care situation. Do not start, stop, combine, or adjust medication or attempt withdrawal based on this worksheet.

Identify the care question

Name what you want explained about treatment options, how prescribed care fits your goals, or a concern that makes participation difficult. Include other medicines and substances in the clinical conversation.

Plan access and prevention support

Ask about follow-up, transport, cost, pharmacy or service access, and appropriate naloxone education. If you have a current plan, clarify who to contact when a problem arises.

1. What opioid-related health or treatment question matters most?**2. What would I like explained about medication or other care options?****3. What practical barrier could interrupt my care?****4. Who should I contact for treatment problems or overdose-prevention information?****Clinical use and adaptation**

Support evidence-based medication treatment without suggesting that it invalidates recovery. Assess overdose risk, polysubstance use, withdrawal concerns, and current safety. Do not provide induction, tapering, dosing, or substitution instructions; suspected overdose requires emergency action.

Original educational resource. Adapt with a clinician; not a validated assessment or complete treatment protocol.

Conceptual references: W09, S14, S08. Full sources are in the online preview and collection appendix.

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Overthinking

When More Thinking Stops Helping

Adults and teens 13+ | 10 to 15 minutes

Thinking carefully can be useful. Sometimes the same question returns without new information or a clearer action. This page helps identify whether more analysis serves a purpose now. It does not ask you to ignore real consequences or reach perfect certainty.

Choose a recent, manageable example. Write, draw, or discuss your answers. Skip anything that does not fit; this page is not a diagnostic assessment.

Define the thinking task

Write the specific decision or problem. Identify what information would genuinely change your choice, where you can obtain it, and any deadline. Re-reading identical information may not add what you need.

Choose a bounded next step

You might ask one relevant question, make a reversible choice, or return to another task until new information arrives. For significant legal, medical, or financial decisions, suitable expert input may be part of the plan.

1. What exact question are you trying to answer?**2. What new information could change the decision, and is it available now?****3. What would count as enough information for this particular choice?****4. What bounded next step will you take if the same analysis restarts?****Clinical use and adaptation**

Assess obsessive rituals, reassurance seeking, depressive rumination, and actual decision complexity. Do not use a stopping rule as a new ritual or require arbitrary certainty ratings. Accommodate processing time and executive-function needs.

Panic disorder

Preparing to Talk About Panic Episodes

Adults and teens 13+ | 10 to 15 minutes

Panic-like episodes can be frightening, and physical symptoms may have different causes. New, severe, or concerning symptoms need medical assessment rather than an assumption of anxiety. Once urgent needs are addressed, this page can help you discuss patterns, avoidance, and care options.

Choose a recent, manageable example. Write, draw, or discuss your answers. Skip anything that does not fit; this page is not a diagnostic assessment.

Describe the episode broadly

Note what you were doing, what you noticed, approximate timing, and what happened afterward. You do not need to deliberately recreate sensations, hold your breath, or test your tolerance.

Describe the effect between episodes

Explain whether worry about another episode changes travel, activity, or appointments. Ask a clinician about assessment, treatment rationale, and any planned practice. Exercises involving bodily sensations belong within appropriate individualized care.

1. What happened around an episode, and which symptoms or changes need medical discussion?**2. What did you do during or after it, and what help was available?****3. How has fear of another episode changed your daily choices?****4. What would you like to ask about assessment and a collaboratively planned treatment?****Clinical use and adaptation**

Rule out urgent medical concerns and assess substance or medication effects as appropriate. Do not offer generic reassurance that symptoms are harmless. This page excludes interoceptive exposure and breathing retraining; specialized treatment requires assessment and competent delivery.

Paranoid personality disorder

Discussing Mistrust and What Helps You Feel Heard

Adults | 10 to 15 minutes

Paranoid personality disorder is a clinical diagnosis, not a label for every concern about trust. Past harm, discrimination, and current risks deserve attention. This page helps describe a pattern and its effects while leaving interpretation open for a careful, respectful assessment.

Choose a recent, manageable example. Write, draw, or discuss your answers. Skip anything that does not fit; this page is not a diagnostic assessment.

Separate observations and uncertainty

Record what you directly observed and what remains uncertain. You do not need to argue yourself out of a concern or collect more evidence for this worksheet. Focus on what the concern interrupts and what support you need.

Make assessment more transparent

Ask the clinician to explain confidentiality, the purpose of questions, and how decisions will be made. Identify a communication preference, such as written explanations or time to consider recommendations.

1. What concern about trust would you like a clinician to understand?**2. What did you directly observe, and what interpretation remains uncertain?****3. How is the concern affecting relationships, daily activities, or your sense of safety?****4. What explanation or communication preference would help you participate in assessment?****Clinical use and adaptation**

Assess real threat, trauma, discrimination, psychosis, mood, substances, and medical contributors. Do not validate unverified persecutory beliefs or confront them aggressively. Use transparent boundaries and collaborative inquiry; assess immediate risk when indicated.

Paraphilic disorders and specialized care

Preparing for Specialized Sexual Health Care

Adults | 10 to 15 minutes

Unusual consensual sexual interests do not automatically constitute a disorder. Distress, impairment, consent, and risk require careful specialist assessment. You do not need to record explicit details here. If there is an immediate risk of harming anyone, seek urgent professional help and immediate safety support.

Use broad, non-explicit language. Do not record identifying details about others. Seek live help first for any immediate risk of harm.

Clarify the reason for seeking care

You might want help with distress, interference in daily life, unwanted behavior, or concern about consent or harm. A qualified clinician should distinguish the person's concern from shame based solely on social disapproval.

Ask about safe specialist care

Before disclosing details, ask about relevant expertise, confidentiality and its limits, legal responsibilities, and treatment options. Care should protect others' rights and safety while treating you respectfully. Do not use this page to plan or rationalize harmful behavior.

1. What broad concern brings you to seek help: distress, interference, consent, or possible harm?**2. What immediate safety concern needs live professional attention rather than worksheet reflection?****3. What would you like to know about expertise, confidentiality, and reporting limits?****4. What responsible treatment goal or support request would you like to discuss?****Clinical use and adaptation**

Use qualified specialist assessment and applicable safeguarding procedures. Do not pathologize consensual interests, sexual orientation, or gender identity. Assess risk and nonconsent directly without graphic worksheet content. Avoid diagnostic inference from fantasies alone or assurances that confidentiality has no limits.

Parentification

Review Responsibilities I Learned Too Early

Adults | 10 to 15 minutes

You may have carried responsibilities as a young person that felt too large, private, or unsupported. You do not need to decide whether a label fits. Choose one role and its present effect. Family survival, culture, and limited services may be part of the context without erasing your experience.

Choose a manageable role to reflect on. Keep details general if needed and focus on what support you want now.

Describe the role and its cost

Examples include organizing adult care, translating sensitive information, or managing a parent's emotions. Distinguish chosen family contribution from responsibility that exceeded your capacity or left little room for your own needs. You can recognize both pride and loss.

Reconsider the present arrangement

Notice whether the old role appears in current relationships. Ask what belongs to you now and what needs another adult, a service, or shared support. A gradual adjustment may be safer and more feasible than suddenly withdrawing every form of help.

1. What early responsibility still affects how I relate to others?**2. What did it ask of me, and what did I need at the time?****3. Where does this role appear now, and which parts do I choose?****4. What support, limit, or gradual change would fit my present life?****Clinical use and adaptation**

Do not infer abuse or trauma from family responsibility alone. Attend to culture, poverty, migration, disability, and service gaps while validating burden. Avoid recovered-memory work or abrupt withdrawal of essential care. If a child is currently unsafe or overwhelmed, assess safeguarding and practical support needs.

Original educational resource. Adapt with a clinician; not a validated assessment or complete treatment protocol.

Conceptual references: S05, S11. Full sources are in the online preview and collection appendix.

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Parenting

Plan a Kinder Difficult Routine

Parents and caregivers of children ages 6 to 12 | 10 to 15 minutes

Choose a routine such as getting ready or stopping play. Look at what makes the moment difficult for both of you. The goal is not perfect obedience. It is a predictable adult response that protects safety, makes the task clearer, and leaves room for the child's needs.

Review one recent routine after everyone is settled. Plan a small adjustment and a calm response to try next time.

Look before correcting

Consider tiredness, hunger, pain, confusing instructions, sensory discomfort, and a sudden transition. Ask the child what was difficult in words or another preferred format. Treat your explanation as a possibility, not a conclusion.

Hold a limit with support

State the necessary limit simply, then offer feasible help or choice. For example: We need to leave; would you like help finding shoes or carrying your bag? If you became harsh, plan an adult repair without blaming the child.

1. Which part of the routine was hardest for my child and me?**2. What need or barrier should I understand better?****3. What clear limit and genuine choice can I offer?****4. What will I change, repair, and notice next time?****Clinical use and adaptation**

Match expectations to development and disability. Avoid deprivation, humiliation, forced affection, and treating distress as deliberate manipulation. Persistent or dangerous behavior warrants appropriate evaluation and family support. Assess caregiver stress and child safety; this page is not a parenting treatment program or behavior-disorder assessment.

Perfectionism

Setting a Workable Standard for One Task

Adults and teens 13+ | 10 to 15 minutes

Care and high standards can serve important goals. Problems arise when a task expands beyond its purpose or mistakes feel unacceptable at any cost. This page helps you define one task's actual requirements without asking you to neglect safety, accessibility, or professional responsibilities.

Choose a recent, manageable example. Write, draw, or discuss your answers. Skip anything that does not fit; this page is not a diagnostic assessment.

Identify the real requirements

Name the audience, purpose, deadline, and consequences of errors. Separate necessary quality checks from changes that only briefly reduce discomfort. A medical or safety-critical task may require established procedures rather than a personal stopping rule.

Plan completion and review

Choose a reasonable time or completion boundary, and ask for clarification if expectations are unclear. Afterward, evaluate whether the work met its purpose rather than using your discomfort as the only measure.

1. What is the task's purpose, and which requirements genuinely matter?**2. What extra checking or polishing adds little useful value?****3. What completion boundary or clarification request fits the actual stakes?****4. How will you judge whether the task served its purpose after you finish?****Clinical use and adaptation**

Assess OCD, eating-disorder concerns, workplace demands, and punitive environments when relevant. Do not recommend dropping required safety checks. Avoid turning a "good enough" rule into another rigid standard or dismissing legitimate access and quality needs.

Person-centered therapy

What I Want My Therapist to Understand

Adults | 10 to 15 minutes

Person-centered therapy emphasizes understanding the person's experience and supporting their own direction. You may know what you want to discuss or only what feels difficult about seeking help. This page offers a way to begin without providing the right answers.

Choose what you want to communicate now. You may describe a preference, uncertainty, or concern about the therapy relationship itself.

Start with your agenda

Name what matters to you, even if it differs from a referral reason or another person's expectations. It is acceptable to say that you are not ready to discuss something.

Check whether understanding fits

Describe how you would like the therapist to respond when they misunderstand. A helpful conversation leaves room for correction, disagreement, and explanation of professional limits.

1. What matters most for me to bring to counseling?**2. What would help me feel heard rather than directed?****3. What do I want to approach slowly or leave private for now?****4. How could I tell my therapist when their understanding does not fit?****Clinical use and adaptation**

This orientation does not replace clinical assessment or model-specific competence. Respect client direction while clearly explaining confidentiality, safeguarding, and professional responsibilities. Do not promise unconditional agreement or exemption from necessary safety actions.

Personality and self-understanding

Understanding a Familiar Response With More Context

Adults | 10 to 15 minutes

You may hear a description of yourself so often that it begins to feel complete. A fuller account can include context, history, needs, and moments when you respond differently. Use curiosity rather than a verdict about the kind of person you are.

Choose a repeated response or a piece of feedback. Consider what fits, what does not, and what you would like to understand.

Separate description from explanation

Name the behavior others notice, then identify what they may not see. For example, quietness could reflect preference, uncertainty, fatigue, safety, or several factors.

Choose useful feedback

Consider asking a trusted person for one specific example and listening for information you can use. You may reject labels that are inaccurate, hostile, or culturally biased.

1. What recurring response or description am I trying to understand?**2. What context or need may be invisible to others?****3. When do I respond differently, and what changes?****4. What specific feedback or reflection would help without defining my whole self?****Clinical use and adaptation**

Avoid diagnosing personality disorders or interpreting motives from ordinary behavior. Consider culture, neurodivergence, discrimination, illness, and trauma. Do not solicit feedback from coercive or abusive people or treat criticism as objective fact.

Personality disorders

Discussing Patterns Without Reducing Yourself to a Label

Adults | 10 to 15 minutes

A personality disorder diagnosis concerns enduring patterns and difficulties, assessed in context. It is not a description of a person's worth or a way to label someone after a conflict. This page supports a thoughtful conversation about patterns you want help understanding.

Choose a recent, manageable example. Write, draw, or discuss your answers. Skip anything that does not fit; this page is not a diagnostic assessment.

Look for context and variation

Describe a recurring difficulty and a setting where it is less intense. Include relationships, stress, culture, and experiences that shape it. One incident or an online checklist cannot establish a diagnosis.

Choose useful goals

Focus on an outcome that matters: handling disagreement, keeping a boundary, understanding reactions, or building trust. Ask how a clinician will consider alternative explanations and involve you in the assessment.

1. What recurring pattern is causing difficulty, and where have you noticed it?**2. When is the pattern less intense, and what strengths or supports are present?****3. What would you like to understand before accepting a diagnostic explanation?****4. What practical change would make treatment worthwhile to you?****Clinical use and adaptation**

Use longitudinal, contextual assessment and avoid pejorative labels. Consider trauma, mood, neurodevelopmental differences, substances, and cultural norms. This page is neither a personality test nor a tool for diagnosing another person.

Personality traits

A Personal Tendency in Two Different Settings

Adults | 10 to 15 minutes

Words such as cautious, outgoing, persistent, or flexible may describe tendencies, but they do not capture every situation. Explore one word you use for yourself and look for variation. The aim is useful self-description rather than fitting a fixed category.

Choose one ordinary tendency and compare two real settings. Include exceptions and the conditions surrounding each example.

Look for context

Describe a setting where the tendency helped and another where it was difficult or less visible. Consider familiarity, safety, energy, expectations, and available support.

Keep room for choice

A tendency is not a command. Identify one response you would like to keep, adapt, or practice in a particular situation without needing to change your whole personality.

1. What tendency do I often notice in myself?**2. Where has it been useful, and what conditions supported it?****3. Where does it create difficulty or show up differently?****4. What context-specific response would I like to experiment with?****Clinical use and adaptation**

Do not infer personality traits from one episode or turn descriptive words into diagnoses. Avoid cultural stereotypes, proprietary test items, and fixed-type claims. Consider state effects such as stress, illness, trauma, and neurodivergence.

Play therapy

Questions Before Starting Play Therapy

Adults | 10 to 15 minutes

Play therapy is a professional therapeutic approach, not simply giving a child a particular toy or interpreting a drawing. A caregiver can help by describing everyday concerns and asking how the therapist will work with the child and family.

Write observable examples without identifying a cause. Prepare questions for a qualified child clinician and include the child's preferences when developmentally appropriate.

Bring ordinary observations

Describe changes at home, school, or with peers, including strengths and situations where the child is comfortable. Avoid treating themes in play as proof of an event or diagnosis.

Clarify the process

Ask about the clinician's training, caregiver involvement, privacy limits, safeguarding duties, and how the child's assent and distress are handled. Clarify how progress and concerns will be discussed.

1. What everyday change or concern do I want the clinician to understand?**2. What strengths, interests, or comfort needs should be included?****3. What questions do I have about training, privacy, and caregiver involvement?****4. How will the child's preferences, distress, or wish to pause be respected?****Clinical use and adaptation**

Do not interpret play or drawings as diagnostic or forensic evidence. Obtain age- and setting-appropriate consent and assent and explain confidentiality limits. Specialized play therapy requires competence; avoid trauma reenactment or investigative questioning by caregivers.

Posttraumatic stress disorder (PTSD)

Preparing a PTSD Care Conversation

Adults and teens 13+ | 10 to 15 minutes

Posttraumatic stress disorder requires a qualified assessment; having distress after trauma does not by itself establish PTSD. You can begin care by discussing effects on present life and what you need to participate. Detailed recounting is not required on this page.

Choose a recent, manageable example. Write, draw, or discuss your answers. Skip anything that does not fit; this page is not a diagnostic assessment.

Describe current impact

Choose effects such as reminders, sleep disruption, avoidance, or feeling on guard. Note what these interrupt and any ongoing danger. The aim is to help a clinician understand your current needs.

Ask about options

Discuss recommended therapies, the reasons for them, possible demands, alternatives, and adaptations. Ask how consent, pacing, privacy, and support between sessions will be handled. Choosing support today does not commit you to a specific treatment.

1. Which present-day effect of the experience most disrupts your life?**2. What safety, privacy, or access need should care address first?****3. What would you like to understand about treatment choices and their demands?****4. What would help you participate while retaining choice about disclosure and pacing?****Clinical use and adaptation**

Assess ongoing threat, dissociation, suicidality, substance use, and other needs. Stabilization pages are supportive resources, not full PTSD treatment. Discuss recommended trauma-focused options through shared decision making without imposing recollection exercises here.

Original educational resource. Adapt with a clinician; not a validated assessment or complete treatment protocol.

Conceptual references: S06, S05, E21, E22. Full sources are in the online preview and collection appendix.

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Pregnancy and postpartum

What Support I Need During This Perinatal Period

Adults | 10 to 15 minutes

Pregnancy and the period after birth can bring physical changes, new demands, and many kinds of feelings. You do not have to feel grateful or bonded on a schedule. Use this page to make one concern visible to a qualified care professional or trusted support.

Choose one current difficulty. Include your own wellbeing and practical needs rather than focusing only on what others expect.

Describe the impact

Notice mood, worry, sleep opportunity, concentration, daily functioning, or a change that feels unlike your usual experience. You do not need to decide whether it is a diagnosis.

Arrange specific help

Prepare a request such as accompaniment to an appointment, help contacting a clinician, or coverage for a care task. Discuss persistent or severe symptoms promptly with the perinatal healthcare team.

1. What concern would I like my care team to understand?**2. How is it affecting me or my ability to manage daily needs?****3. What practical task could someone else help with?****4. Who can I contact for assessment, and what might make contact easier?****Clinical use and adaptation**

Use inclusive parent and family language. Assess depression, anxiety, mania, psychosis, and safety as indicated. Hallucinations, severe confusion, or immediate danger to parent or baby requires emergency assessment. Do not attribute all symptoms to normal adjustment or advise medication changes.

Premarital counseling

Compare Our Expectations Before Marriage

Couples | 10 to 15 minutes

People can use the same word, such as fairness or family, and picture different arrangements. Choose one topic before marriage: money, household work, children, faith, or time alone. This page helps reveal expectations and questions. It does not decide whether you should marry.

Complete your answers separately if preferred. Share only by choice, then choose one topic for further discussion.

Describe the everyday version

Move from a broad hope to a practical example. What would a normal week look like? Notice expectations learned from family, culture, finances, or earlier relationships without treating them as rules your partner must accept.

Leave room for uncertainty

Separate an agreement from an unanswered question. For a difference, name what each person needs to understand before deciding. A next step may be gathering information, consulting a professional, or taking more time.

1. What expectation do I bring to one part of married life?**2. What everyday arrangement would reflect it?****3. Where do our preferences, limits, or unanswered questions differ?****4. What freely chosen conversation or information do we need next?****Clinical use and adaptation**

Privately assess safety and coercion before conjoint use. Do not use completion as evidence of readiness, consent, or compatibility. Include cultural and legal context without giving legal advice. Avoid pressuring disclosure, pregnancy plans, sex, financial access, reconciliation, or marriage.

Processing differences and supports

Make Information Easier to Use

Adults and teens 13+ | 10 to 15 minutes

Information can be difficult to use when it arrives too quickly, in a noisy place, or in a format that does not fit. Choose one recent example. The aim is to identify useful access support. This page cannot determine whether a processing, hearing, language, or attention condition is present.

Describe one task and where information was lost. Choose a different format or pace to request and review.

Locate the difficult step

Was it hearing the words, understanding unfamiliar language, remembering several steps, or organizing a response? Notice whether written information, demonstration, quieter space, or extra time changes the experience. Keep explanations tentative.

Ask for a usable format

A request could be: Please give one step at a time and let me check it back. Ask for the form that works for you rather than assuming everyone needs the same support. Persistent concerns can be discussed with an appropriately qualified professional.

1. What information or task was hard to follow?**2. At which point did it become difficult, and under what conditions?****3. What format, pace, or environmental change could help?****4. Who can I ask, and what will I notice after trying it?****Clinical use and adaptation**

Do not infer a unitary processing disorder or use the page as a hearing or cognitive screen. Consider language, literacy, sensory conditions, attention, and access. Refer to audiology, speech-language, medical, or other qualified assessment when indicated. Preserve communication choice and avoid fixed learning-style labels.

Psychodynamic therapy

Exploring an Expectation That Keeps Returning

Adults | 10 to 15 minutes

A response in the present may feel familiar from other relationships, but familiarity does not prove a single cause. This page invites curiosity about a repeated expectation. You can stay with a recent example and discuss possible connections only if you choose.

Use a manageable interaction. Write what you expected, what actually occurred, and a question rather than a conclusion about your history.

Observe the present first

Describe the other person's observable action and what you anticipated. Notice your response without treating the expectation as either foolish or automatically accurate.

Hold connections lightly

If a similar situation comes to mind, note the resemblance and the differences. A therapist can help explore patterns without requiring memories or deciding hidden meanings for you.

1. What did I expect another person would do?**2. What actually happened, and how did I respond?****3. Where, if anywhere, does this feel familiar, and what is different now?****4. What tentative question would I like to explore with my therapist?****Clinical use and adaptation**

Avoid suggestion, recovered-memory techniques, certainty about unconscious motives, or causal conclusions from one event. Keep exploration consensual and adapt for dissociation, trauma, psychosis, and current safety. This is not a substitute for clinical formulation.

Psychosis and schizophrenia spectrum

Preparing to Seek Help for Unfamiliar Experiences

Adults | 10 to 15 minutes

Psychosis can involve changes in perception, beliefs, or thinking and can have different causes. It is not the same as a personality trait. New or rapidly worsening experiences deserve prompt professional assessment. This page helps communicate concerns without confirming explanations or replacing live care.

Choose a recent, manageable example. Write, draw, or discuss your answers. Skip anything that does not fit; this page is not a diagnostic assessment.

Describe experience and impact

Use your own words for what is happening, such as hearing something others do not appear to hear or struggling to organize thoughts. Include distress, sleep, and daily functioning. You do not need to argue about what the experience means.

Ask for coordinated support

Discuss medicines, substances, medical changes, and available help. Ask what assessment involves and what follow-up is offered. A trusted person may support communication with your permission; your preferences and privacy still matter.

1. What unfamiliar experience or thinking change do you want a professional to understand?**2. What has changed in sleep, daily functioning, or your ability to feel settled?****3. What health, medicine, substance, or recent life context should be assessed?****4. What support person, communication preference, or assessment question would help you access care?****Clinical use and adaptation**

Assess urgent risk, medical causes, substance effects, mood symptoms, and functional decline. Respond to distress without affirming unverified beliefs or confronting experiences harshly. Promote timely specialist care and consent-based support; do not assume dangerousness from psychosis alone.

Original educational resource. Adapt with a clinician; not a validated assessment or complete treatment protocol.

Conceptual references: E05, E06. Full sources are in the online preview and collection appendix.

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Racial stress and discrimination

Responding to Racial Stress With Support

Adults | 10 to 15 minutes

Racial stress or discrimination can affect safety, belonging, opportunities, and wellbeing. You do not have to prove your experience to use this page. Focus on what you need now, including support, rest, documentation if safe, or advice about available options.

Choose one event or ongoing pattern. Share only the detail you want and consider privacy before recording identifying information.

Keep context visible

Describe the conduct or condition and its effect on you. Separate responsibility for the harmful behavior from the burden of deciding how to respond.

Choose support without obligation

Consider a trusted person, culturally responsive clinician, advocate, or appropriate adviser. Reporting or confrontation is not required; discuss possible consequences and resources before choosing a route.

1. What happened or continues to happen, in the terms I choose?**2. What effect does it have on my safety, access, or wellbeing?****3. What support or practical information would help me decide?****4. What response or boundary fits my priorities and current safety?****Clinical use and adaptation**

Validate context and avoid demanding proof or reframing racism as cognitive distortion. Explore structural barriers and intersectional identities. Do not prescribe confrontation, guarantee reporting outcomes, or provide legal conclusions; offer appropriate support and referral.

Reactive attachment disorder (RAD)

Prepare Questions About Attachment Care

Parents and caregivers with a qualified child clinician | 10 to 15 minutes

Concerns about a child's connection with caregivers can have different explanations. A qualified professional needs a careful assessment rather than a worksheet label. Use this page to describe observations, share what helps the child feel comfortable, and ask how a proposed care plan protects their safety and dignity.

Use specific observations, avoid testing attachment, and bring questions to a qualified child mental-health professional.

Describe without proving a label

Record a recent interaction and the child's response without assigning motives. Include comfort preferences, communication needs, changes in caregiving, and supports that helped. Adoption, foster care, or reluctance to hug does not by itself establish an attachment disorder.

Ask about the care approach

Ask how the clinician will assess alternative explanations and involve caregivers appropriately. A care plan should not require forced holding, forced affection, deprivation, or rebirthing. Ask what choices the child has and how distress or unwanted effects will be addressed.

1. What specific interaction or concern do I want the clinician to understand?**2. What helps the child feel comfortable, and what do they resist or avoid?****3. What assessment and alternative explanations should we discuss?****4. How will the proposed support protect safety, choice, and caregiver follow-through?****Clinical use and adaptation**

RAD requires specialist assessment and individualized care; do not diagnose from adoption history or a single behavior. Avoid coercive attachment interventions, forced eye contact or affection, and speculative trauma narratives. Address safeguarding needs first. This sheet is caregiver preparation, not child treatment or an attachment test.

Recovery support networks

A Recovery Network With Clear Roles

Adults | 10 to 15 minutes

Recovery support may include healthcare, medication care, peers, practical help, trusted relationships, or community connection. Different people can offer different things, and no one has to be available all the time. Build a network around your goals and actual preferences.

Choose three kinds of support you need. Ask before assigning someone a role and keep clinical or emergency needs with appropriate services.

Match the role

Separate listening, practical assistance, treatment questions, peer connection, and urgent care. Consider whether a service respects your beliefs, identity, culture, access needs, and prescribed treatment.

Prepare requests and alternatives

Ask for something specific, such as a ride, a brief check-in, or information about appointment access. Clarify limits and choose an alternative when the first person or service cannot help.

1. What different kinds of recovery support do I need?**2. Which person or service fits each need, and what must I ask first?****3. What specific request respects both my needs and their limits?****4. What backup will I use if support is unavailable or the situation is urgent?****Clinical use and adaptation**

Protect privacy and obtain consent before involving supporters. Do not make peers responsible for medical care or crisis response beyond their competence. Respect medication and nonmedication pathways, assess safety, and verify the availability of proposed services.

Relapse prevention

A Recovery Plan for a Difficult Situation

Adults | 10 to 15 minutes

A difficult situation can be easier to respond to when practical choices are prepared in advance. Choose one context relevant to your own goal, including reduced harm or abstinence as discussed in care. A plan can be revised without treating recurrence as moral failure.

Use a foreseeable situation rather than your most overwhelming example. Keep the plan compatible with medical guidance and actual resources.

Prepare before the peak

Identify an early cue, such as a message, payday, argument, or transition home. Choose a feasible change to the setting or routine and a person or service to contact.

Include a repair route

Write what you would do if the plan did not hold: attend to medical safety, contact care, and review what was missing. Avoid punishment or waiting until you feel deserving of help.

1. What situation and early cue should my plan address?**2. What practical response fits my goal and available options?****3. Who can help, and what specific request will I make?****4. If use recurs, how will I seek appropriate care and review the plan?****Clinical use and adaptation**

Assess current withdrawal, overdose, and other medical risks. Avoid implying that planning eliminates risk or that recurrence proves treatment failure. Support medically appropriate medication care and chosen goals; emergency needs take priority over reflection.

Religious and spiritual harm

Protecting Choice After Spiritual Harm

Adults | 10 to 15 minutes

Harm in a religious or spiritual setting may affect trust, belonging, identity, or access to community. You may want to keep your beliefs, change them, or leave questions open. Support does not require returning, forgiving, defending the group, or abandoning faith.

Focus on present needs rather than recounting events. Consider who could access this page and use a private format if needed.

Name the impact

Identify a current effect such as fear of disagreement, pressure to disclose, loss of community, or uncertainty about whom to trust. You do not have to settle a theological question first.

Choose independent support

Consider a clinician, advocate, trusted person, or spiritual support you freely choose. Clarify their relationship to the harmful setting before sharing details or agreeing to contact.

1. What current effect of the experience needs attention?**2. What boundary or choice has been pressured or ignored?****3. Who could support me without directing my beliefs or reporting back to the group?****4. What safe next step would protect my autonomy or practical needs?****Clinical use and adaptation**

Assess coercive control, abuse, threats, housing dependence, and current safety. Do not contact religious leaders without informed consent or assign reconciliation. Avoid pathologizing belief or nonbelief and use appropriate trauma care when indicated.

Rumination

When Replaying a Moment Stops Helping

Adults and teens 13+ | 10 to 15 minutes

Reviewing an event can help you learn or repair a mistake. Rumination often revisits the same questions without adding a useful answer. This page asks what is still actionable and what you may need instead, without requiring you to dismiss feelings or settle every interpretation.

Choose a recent, manageable example. Write, draw, or discuss your answers. Skip anything that does not fit; this page is not a diagnostic assessment.

Look for the useful remainder

Name the event broadly and the recurring question. Ask whether a lesson, apology, practical correction, or information request remains. Keep that step specific rather than continuing a global judgment about yourself.

Return to a chosen activity

If there is no further action now, choose an available task or source of support. Returning attention does not mean the event was unimportant. You can acknowledge unfinished feelings while giving another part of life some space.

1. What event and repeated question keep returning?**2. Is there a specific lesson, repair, or information request still available?****3. What part cannot be resolved through another mental replay today?****4. What chosen activity or support will you return to when replay begins again?****Clinical use and adaptation**

Differentiate depressive rumination, trauma intrusions, obsessive mental rituals, and realistic unresolved harm. Avoid forcing thought suppression or repeated evidence analysis. Assess mood and safety where indicated, and use condition-specific care when needed.

Schema therapy

Questions About a Recurring Pattern in Schema Therapy

Adults | 10 to 15 minutes

Schema therapy uses a model of recurring beliefs, emotional patterns, and coping responses. This page supports a conversation about that model; it does not identify your schemas or ask you to revisit painful memories. You may use ordinary language instead of model-specific labels.

Choose a recent, manageable example. Write, draw, or discuss your answers. Skip anything that does not fit; this page is not a diagnostic assessment.

Start with a current example

Describe a situation where a familiar expectation appears, such as expecting your needs to be dismissed. Note what you do next and whether the response helps in the short term while creating a later cost.

Clarify the proposed work

Ask how the clinician would develop a formulation with you, what methods may be offered, and how consent and pacing work. Experiential methods, imagery, or chair work should be discussed before participation rather than assumed to be required.

1. What current situation brings up a familiar expectation about yourself or others?**2. What response follows, and what are its immediate benefit and later cost?****3. What need or more flexible response would you like help understanding?****4. What questions do you have about the clinician's approach, training, consent, and pacing?****Clinical use and adaptation**

Use this as model-informed preparation, not a schema inventory or full therapy protocol. Avoid suggestive memory questions and assigning modes or schemas as facts. Assess suitability for experiential work and respect cultural meanings and opt-out preferences.

Schizoid personality disorder

Discussing Solitude Connection and Daily Needs

Adults | 10 to 15 minutes

Schizoid personality disorder is a clinical diagnosis; enjoying solitude or having few relationships does not establish it. The useful questions concern persistent patterns, distress, functioning, and your own goals. This page does not require you to become more social or express emotion in a particular way.

Choose a recent, manageable example. Write, draw, or discuss your answers. Skip anything that does not fit; this page is not a diagnostic assessment.

Start with chosen preferences

Describe the amount and kind of contact you prefer. Separate satisfying solitude from isolation you did not choose. Consider whether daily needs, work, or access to help are affected and whether any change is desired.

Ask for context-sensitive assessment

Discuss whether patterns are longstanding or have changed with mood, health, stress, or life circumstances. Ask how the clinician will consider culture, neurodevelopmental differences, and other explanations without imposing a standard level of sociability.

1. What amount and kind of contact feels appropriate to you?**2. Where does solitude work well, and where does it create an unwanted practical difficulty?****3. Has this pattern changed over time or with health, mood, or circumstances?****4. What assessment question or personally chosen support goal would you like to discuss?****Clinical use and adaptation**

Distinguish chosen solitude from depression, psychosis, autism, trauma, and environmental isolation. Avoid interpreting limited expression as lack of feeling or pressuring intimacy. Assess impairment and preferences rather than using social norms as the sole benchmark.

Original educational resource. Adapt with a clinician; not a validated assessment or complete treatment protocol.

Conceptual references: E01, E05, S01. Full sources are in the online preview and collection appendix.

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Schizophrenia

My Priorities for Schizophrenia Care

Adults | 10 to 15 minutes

Schizophrenia can affect perception, thinking, motivation, and functioning in different ways. A diagnosis does not erase strengths, preferences, or the possibility of a meaningful life. This page supports a conversation about care and practical goals; it is not a diagnostic test or medication plan.

Choose a recent, manageable example. Write, draw, or discuss your answers. Skip anything that does not fit; this page is not a diagnostic assessment.

Choose a life priority

A goal might involve education, work, stable housing, relationships, or feeling more able to manage a day. Describe what gets in the way and which supports already help. Small practical changes can matter alongside clinical treatment.

Make care easier to coordinate

Ask who handles medication questions, therapy, physical health, practical services, and urgent concerns. Discuss side effects or barriers with the responsible clinician rather than changing treatment independently. A support person can participate with your permission.

1. What personally meaningful part of life would you like care to support?**2. What symptoms, practical barriers, or treatment burdens interfere with that goal?****3. What question should your care team address about treatment, side effects, or physical health?****4. Who can help coordinate the next step, and what involvement do you consent to?****Clinical use and adaptation**

Use recovery-oriented language and assess cognition, communication, medical needs, and access barriers. Do not equate schizophrenia with violence or multiple personalities. Address urgent psychosis or safety concerns through appropriate care, and involve supports with informed consent and applicable duties.

Original educational resource. Adapt with a clinician; not a validated assessment or complete treatment protocol.

Conceptual references: E06, E05, E23. Full sources are in the online preview and collection appendix.

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Schizotypal personality disorder

Discussing Unusual Experiences With Respect

Adults | 10 to 15 minutes

Schizotypal personality disorder requires a careful professional assessment of enduring patterns. Unusual beliefs, spiritual practices, or social differences are not diagnostic on their own. This page helps you describe what concerns you, what is meaningful in your context, and whether any experience causes distress or impairment.

Choose a recent, manageable example. Write, draw, or discuss your answers. Skip anything that does not fit; this page is not a diagnostic assessment.

Describe without deciding the cause

Use your own words for an unusual perception, interpretation, or interpersonal difficulty. Note when it happens and what effect it has. You do not need to prove an explanation or accept one before being heard.

Bring context and preferences

Discuss cultural or spiritual meaning, health changes, sleep, medicines, substances, and the history of the pattern. Ask how the clinician will distinguish different explanations and support the goals you choose.

1. What experience or relationship difficulty would you like help understanding?**2. When does it occur, and how does it affect daily activities or connection?****3. What cultural, spiritual, health, or personal context should the clinician understand?****4. What assessment question or support preference would make the conversation useful to you?****Clinical use and adaptation**

Avoid pathologizing culturally shared beliefs or unusual style. Assess psychosis, mood, substances, medical contributors, and longitudinal impairment. Do not affirm unverified explanations or demand confrontation; urgent deterioration or safety concerns require timely assessment.

School counseling

One School Moment I Want Help With

Children ages 9 to 12 with a supportive adult | 10 to 15 minutes

A school day has many parts. Pick one moment that feels hard, such as joining a group, hearing directions, or finding a quiet place. You do not have to solve the whole day. A school adult can help you think of one change.

Draw or write about one moment. Choose an adult who listens and practice asking for one kind of help.

Find the hard part

Name the place, task, and what gets in the way. You might understand the work but need clearer directions. You might want company but feel unsafe with a classmate. These need different kinds of help.

Make a help plan

Try a request such as: Can you show me the first step? Decide where and how to ask. If someone is hurting or threatening you, tell a safe adult; it is not your job to fix that alone.

1. Which part of my school day feels hard?**2. What gets in the way, and what is already helping?****3. Which safe school adult could help me?****4. What could I ask for, and when will we check back?****Clinical use and adaptation**

Offer read-aloud, drawing, and communication access. Explain school privacy limits accurately and avoid guarantees about accommodations or reporting outcomes. Assess bullying, discrimination, disability, health, and family barriers. Do not make the student responsible for resolving danger or inaccessible school conditions.

School-related concerns

Find the Barrier in One School Problem

Teens 13+ | 10 to 15 minutes

A school problem can have more than one cause. Missing work might involve unclear instructions, health, transport, bullying, or too much responsibility outside school. Choose one recent example. This page helps you explain what is getting in the way and what kind of help would fit.

Use one example, separate the task from its barriers, and prepare a practical support request.

Trace the difficult point

Describe where the problem begins. Was the instruction unclear, the room overwhelming, the task too large, or attendance unsafe? Include what has already been tried. You do not need to prove that you deserve support.

Ask the right question

Match the request to the barrier: a worked example, an access discussion, transport help, or protection from mistreatment. Choose a safe staff member. If the first response does not help, consider another appropriate adult rather than assuming the problem is your fault.

1. What school task or situation is difficult right now?**2. At what point does it become hard, and what might explain that?****3. What change or help would address the actual barrier?****4. Who can I ask, and when will we review the response?****Clinical use and adaptation**

Explore health, learning, disability, discrimination, housing, caregiving, and safety. Explain school confidentiality limits and obtain appropriate consent for coordination. Avoid punitive attendance or productivity framing. This page does not establish eligibility for school services; persistent impairment needs appropriate evaluation.

Seasonal affective disorder (SAD)

Preparing to Discuss a Seasonal Mood Pattern

Adults | 10 to 15 minutes

Seasonal affective disorder is a form of depression with a recurring seasonal pattern; it can occur in different seasons. A difficult winter alone does not establish the diagnosis. This page helps organize your observations and questions without prescribing light therapy, supplements, or medication.

Choose a recent, manageable example. Write, draw, or discuss your answers. Skip anything that does not fit; this page is not a diagnostic assessment.

Look for a repeated pattern

Describe approximate seasons, mood and energy changes, sleep, appetite, and daily impact across years if you recall them. Note work schedules, holidays, illness, losses, and other explanations rather than assuming daylight is the sole cause.

Discuss appropriate options

Ask a qualified clinician about assessment and treatment choices, including risks and suitability for your history. Mention any past periods of unusually increased energy or reduced sleep need before considering treatments for depressive symptoms.

1. What seasonal timing have you noticed, and has it repeated across more than one year?**2. What changes in mood, energy, sleep, or functioning accompany it?****3. What other seasonal or health circumstances might contribute?****4. What assessment or treatment question will you discuss, including any history of unusual activation?****Clinical use and adaptation**

Assess depression, suicidality, bipolar history, sleep schedules, and medical contributors. Do not infer SAD from climate or prescribe light intensity, timing, supplements, or medication here. Treatment suitability and monitoring require individualized professional guidance.

Secondary traumatic stress

Responding to the Impact of Trauma-Exposed Work

Clinicians | 10 to 15 minutes

Hearing about or working around other people's trauma may affect attention, sleep, emotions, or a sense of safety. You do not need to retell the material to acknowledge its impact. Focus on your functioning and the support available within and beyond the workplace.

Use broad descriptions without client identifiers or event details. Stop if the exercise increases distress and seek appropriate support.

Notice changes in functioning

Describe a recent change and when it appears, such as after particular duties or exposure patterns. Do not infer a diagnosis from one reaction.

Choose more than individual coping

Consider confidential supervision, exposure or caseload review, peer support with privacy boundaries, and personal clinical care. Organizational conditions and access to support deserve attention alongside individual needs.

1. What broad work exposure or duty is relevant without describing a client's trauma?**2. What change in my functioning or sense of safety have I noticed?****3. What workplace condition or support needs review?****4. Who can provide confidential consultation or care, and how will I contact them?****Clinical use and adaptation**

Avoid compulsory retelling or group debriefing. Distinguish secondary exposure from personal trauma and broader workload strain. Assess significant symptoms, impairment, and safety through appropriate care; protect client information and do not use this as a screening scale.

Secure attachment

Practice One Reliable Connection Habit

Adults | 10 to 15 minutes

Rather than deciding whether a relationship earns a secure label, consider what happens in everyday moments. Choose one relationship where participation feels safe. Notice a behavior that supports trust, such as following through or respecting a pause, and identify one action you can choose yourself.

Choose a specific interaction. Describe what reliability or respect would look like and plan one realistic action.

Look for observable behaviors

Examples include checking a promise before making it, listening to a correction, and accepting a no. These actions can be noticed without assuming you know someone's inner state. No single habit proves that a relationship is safe in every situation.

Make a realistic commitment

Choose something within your control, such as sending an update when plans change. If you miss it, identify an honest repair. Leave space for the other person's preferences and do not make their availability or affection a reward for your effort.

1. What everyday behavior helps me experience reliability or respect?**2. When have I noticed it, and what context matters?****3. What specific habit can I choose and sustain?****4. How will I invite feedback or repair a missed commitment?****Clinical use and adaptation**

Do not assign attachment types or imply that security eliminates conflict or uncertainty. Privately assess coercion and current safety before joint use. Avoid prescribing affection, disclosure, or dependence. A person's efforts cannot make an abusive relationship safe through better attachment habits.

Selective mutism

My Ways to Be Heard

Children ages 6 to 12 with a clinician or supportive adult | 10 to 15 minutes

You can have things to say when speaking feels hard. You can point, draw, write, type, or use a communication tool on this page. You do not have to speak to finish it. Choose a helper who will give you time and listen to the way you communicate.

Choose one place. Show which ways of communicating feel possible there and what help you would like.

Choose a way to answer

Think about class, a club, or another place. You might point to a choice, write a note, or use a picture. Your helper can offer options and wait. You can also choose to pause.

Tell the helper what helps

Maybe fewer people, less attention, more time, or an agreed way to ask for a break would help. Your helper can share the plan with the right adults, following privacy rules. Nobody should surprise you with a demand to speak for this activity.

1. Where would I like it to be easier to communicate?**2. How can I show an answer or a need there?****3. What makes that place easier or harder for me?****4. What would I like my helper to understand or change?****Clinical use and adaptation**

Coordinate with an appropriately qualified mental-health and speech-language team. Do not interpret silence as defiance or require speech, public praise, or surprise performance. This page offers access while individualized treatment is planned; it does not prescribe exposure or diagnose selective mutism. Check language, hearing, development, and context.

Self-care

One Need I Can Make More Visible

Adults | 10 to 15 minutes

Care for yourself can involve ordinary needs such as food access, rest, medical attention, privacy, or connection. It does not have to be elaborate or earned. Start with a need that has been repeatedly postponed and the circumstances making it difficult.

Choose one need for the next day or two. Include help from others and changes to demands among the possible responses.

Name the actual need

Replace a vague instruction such as 'be better at self-care' with a concrete description: 'I need someone to cover this task so I can attend my appointment.'

Make the step accessible

Consider cost, transport, time, safety, disability, and caregiving. If the usual suggestion is inaccessible, identify an alternative or a person who can help address the barrier.

1. What need has been repeatedly pushed aside?**2. What makes meeting it difficult in my circumstances?****3. What practical support or adjustment would help?****4. What is the smallest useful next step, and when can I revisit it?****Clinical use and adaptation**

Avoid assigning more labor to an overburdened person. Check for unmet material needs, coercion, and clinically significant symptoms. Self-care does not replace organizational change, medical assessment, or necessary treatment.

Self-compassion

A Compassionate Response I Can Act On

Adults | 10 to 15 minutes

Self-compassion does not require liking everything about yourself or denying a mistake. It can begin with acknowledging that something is difficult and choosing a helpful response. If kind language feels uncomfortable, focus on a neutral, respectful action instead.

Choose an ordinary recent difficulty. Describe context, identify any responsibility, and select one action that supports repair or care.

Offer a fuller account

Name the difficulty and what contributed, including limits, pressure, missing information, or harm from others. Context can clarify responsibility without excusing harmful conduct.

Make care concrete

Consider rest, asking for help, correcting an error, setting a boundary, or seeking appropriate support. Choose an action that does not depend on immediately feeling kind toward yourself.

1. What was difficult in this moment?**2. What context matters for understanding my response?****3. What responsibility or boundary should remain clear?****4. What concrete act of care or repair could I take next?****Clinical use and adaptation**

Avoid forced warmth, self-touch, or affirmations. Adapt for trauma, shame, and cultural meaning. Do not use self-compassion to bypass accountability or imply that the client should accept blame for abuse.

Self-talk

Words That Help With the Next Step

Adults | 10 to 15 minutes

Inner language can be harsh, worried, encouraging, or practical. Rather than forcing a positive belief, explore what one sentence leads you to do. A useful alternative may simply describe the situation and the next manageable action.

Choose an ordinary difficult task or mistake. Write the exact sentence you noticed and test a more specific version.

Notice the effect

Ask whether the sentence helps you begin, repair, ask, pause, or learn. A statement can feel familiar without being useful or complete.

Use credible language

Try a task-sized sentence such as, 'I missed one part; I can check it,' or 'I need clarification before continuing.' Choose words you can honestly use.

1. What sentence did I say to myself?**2. What did that sentence lead me to do or avoid?****3. What more specific and credible instruction could I try?****4. What action will show whether the new wording is useful?****Clinical use and adaptation**

Do not debate or shame a client for negative thoughts. Adapt for trauma and entrenched shame. Distinguish ordinary self-talk from distressing voices or other experiences requiring assessment; do not imply the same exercise fits both.

Self-worth and self-esteem

Separating My Worth From One Outcome

Adults | 10 to 15 minutes

A result, rejection, or comparison may feel like a verdict on who you are. Start with a specific moment rather than trying to convince yourself that everything is positive. The aim is a fuller account that leaves room for learning and basic respect.

Choose an ordinary recent setback or comparison. Keep the event separate from global labels about your value.

Identify the hidden rule

Complete a sentence such as, 'I only count when...'
Notice whose expectations the rule reflects and what it overlooks.

Build a fuller account

Add context, effort, support, limits, and what remains possible. A fair description can recognize disappointment without making one outcome the measure of your whole person.

1. What event triggered a judgment about my worth?**2. What rule about achievement or approval appeared?****3. What relevant context does that rule leave out?****4. What respectful next action fits the situation?****Clinical use and adaptation**

Avoid forced affirmations or debating entrenched shame. Explore interpersonal and structural sources of devaluation. Assess depression, trauma, or self-harm concerns when indicated; this exercise does not replace risk assessment.

Sensory tools and accommodations

Try One Sensory Access Adjustment

Adults and teens 13+ | 10 to 15 minutes

Noise, light, movement, temperature, clothing, or seating can affect how a setting feels. Choose one activity you want to make more accessible. Different people need different conditions. This page helps you choose an adjustment; it does not require tolerating distress or buying a specific sensory product.

Choose one setting and one change you want to try. Decide how to pause and what result would matter to you.

Describe the sensory fit

Name what feels uncomfortable or helps you stay engaged. Consider whether you need less input, more input, a different kind, or greater control. Include what can actually be changed in the setting and whether asking for help is safe.

Review the whole effect

A change might involve seating, lighting, a quiet break, or a preferred movement option. Notice comfort, effort, and participation, including unwanted effects. Stop or revise a change that hurts, increases distress, or interferes with important communication or safety information.

1. What activity and sensory conditions am I considering?

2. What input or level of control would fit my needs better?

3. What one adjustment can I try or request?

4. How will I notice benefit, unwanted effects, or a need to stop?

Clinical use and adaptation

Individualize rather than prescribe a sensory diet or universal calming tool. Consider hearing, vision, pain, mobility, and environmental safety. Seek qualified occupational, medical, or other assessment when needed. Do not require exposure, suppress harmless movement, or make access conditional on diagnosis disclosure.

Original educational resource. Adapt with a clinician; not a validated assessment or complete treatment protocol.

Conceptual references: R07, R20, R28, R11. Full sources are in the online preview and collection appendix.

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Separation anxiety disorder

Discussing Fear Around Separation

Adults and teens 13+ | 10 to 15 minutes

Separation anxiety can occur at different ages, but needing closeness or practical care does not establish a disorder. A professional assessment considers developmental, cultural, health, and relationship context. This page helps explain what separation means for you and what participation you would like more choice about.

Choose a recent, manageable example. Write, draw, or discuss your answers. Skip anything that does not fit; this page is not a diagnostic assessment.

Describe the particular separation

Identify who or what place is involved, what you fear, and what you do before or during separation. Include actual caregiving, communication, or accessibility needs rather than assuming all contact is unnecessary.

Ask for a collaborative plan

Discuss a goal such as attending an appointment while retaining appropriate support. Ask how treatment would address fear without abruptly withdrawing connection or essential assistance. Any practice should be jointly planned and suited to the situation.

1. Which separation situation is difficult, and what outcome do you fear?**2. What contact or preparation do you seek, and how does it affect daily life?****3. What support is genuinely needed for care, access, or safety?****4. What participation goal and treatment question would you like to discuss?****Clinical use and adaptation**

Assess age, culture, attachment context, loss, trauma, actual threats, and disability-related needs. Do not prescribe abrupt separation or treat supportive relationships as pathology. For adolescents, clarify confidentiality and involve caregivers appropriately with attention to safety.

Original educational resource. Adapt with a clinician; not a validated assessment or complete treatment protocol.

Conceptual references: E04, S01. Full sources are in the online preview and collection appendix.

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Sexual functioning concerns

Discussing a Sexual Concern on My Terms

Adults | 10 to 15 minutes

A sexual concern may involve comfort, desire, function, medication effects, health, relationships, or expectations. You choose whether it is a problem for you and what you want help with. No particular frequency, activity, or performance is required.

Write only the detail you want to share. Prepare for a qualified healthcare conversation rather than testing yourself or changing medication.

Describe your concern

Name the experience in your own words, when it occurs, and what makes it distressing. Separate your wishes from pressure to satisfy someone else's expectations.

Protect choice during care

Ask about privacy, examination consent, relevant health factors, and suitable support. You can ask questions, decline an activity, or request an explanation before agreeing to an examination.

1. What concern, if any, would I like help understanding?**2. What context or health change seems relevant to discuss?****3. What would a comfortable and respectful care conversation include?****4. What boundary, question, or support request should I communicate?****Clinical use and adaptation**

Use inclusive anatomy and relationship language. Do not pathologize asexuality, low desire without distress, orientation, or consensual variation. Assess pain, medication effects, coercion, and medical factors appropriately; no sexual performance assignments or prescribed treatment changes.

Shame

Making a Shame Story More Specific

Adults | 10 to 15 minutes

Shame may urge you to hide, attack yourself, or assume that one event defines you. Begin with a manageable example and leave out details that feel too exposing. You can recognize responsibility while also noticing context, unfair judgment, and support needs.

Choose an ordinary recent moment. Separate the event from a global label and keep any disclosure voluntary.

Name facts and labels

Write what occurred using observable details. Then notice the label added to it. 'I forgot a commitment' describes an event; 'I am worthless' is a broader judgment.

Choose a proportionate response

Consider whether the situation calls for repair, clarification, a boundary, protection from mistreatment, or kindness. Do not accept blame that belongs to someone else.

1. What happened, described without a judgment about my whole self?**2. What shame label or feared judgment appeared?****3. What responsibility is mine, and what context or unfairness also matters?****4. What proportionate action or support would help now?****Clinical use and adaptation**

Avoid demanding disclosure or reassurance that dismisses the client's experience. Assess abuse, discrimination, trauma, depression, and safety when relevant. Distinguish accountable repair from coerced apology or responsibility for victimization.

Sharing and taking turns

Make a Turn Plan Together

Children ages 5 to 8 with a supportive adult | 10 to 15 minutes

Sometimes two people want the same thing. A grown-up can help make a plan. Choose a game or item that is okay to share. You do not have to share your body, food, special comfort item, or communication tool. You can draw your ideas or point.

Choose a shared activity. Ask what each person wants, then pick a turn plan with a grown-up's help.

Ask before taking

You can say or show: Can I have a turn? The other person may not be ready. A grown-up can help tell whether it is a shared item or a personal one. Grabbing and hurtful words need help, not a bigger argument.

Choose a plan

You might take turns after one short round, use two similar items, or choose another activity. A timer is optional if it helps both people. Decide how to ask for a break or help if waiting feels too hard.

1. What shared game or item are we choosing?**2. What does each person want?****3. What turn plan could we try?****4. How can I ask for help or a break?****Clinical use and adaptation**

Use assent and simple language. Do not force surrender of comfort, food, disability, or communication items, or require physical affection. Adjust for development, sensory needs, and capacity to wait. Adults retain responsibility for safety and fair access; the page is not a behavior score.

Sleep

One Sleep Support That Fits My Life

Adults | 10 to 15 minutes

Sleep happens within a life that may include work, caregiving, noise, discomfort, or uncertainty. A useful plan starts with those conditions. You do not need perfect tracking or a perfect evening to identify one support worth considering.

Recall one recent night and the following day. Use rough descriptions rather than repeated clock checking.

Look at the whole setting

Note sleep opportunity, interruptions, environment, and daytime demands. Distinguish what you can change from a constraint that requires help or accommodation.

Choose the right kind of step

Consider a modest comfort adjustment, a short wind-down activity, or a healthcare question. Persistent difficulties, breathing concerns, or major daytime sleepiness deserve assessment rather than more rules.

1. What most affected my opportunity or comfort for sleep?**2. How did the following day feel and function?****3. Which factor is adjustable, and which needs support?****4. What single change or care question will I review next?****Clinical use and adaptation**

Do not prescribe sleep restriction, medications, supplements, or light therapy. Account for shifts, caregiving, disability, and housing. Avoid hazardous activity when dangerously sleepy and refer persistent or concerning symptoms appropriately.

Sleep-wake disorders

Describing Sleep Concerns for My Healthcare Visit

Adults | 10 to 15 minutes

Different sleep concerns can look similar from the outside. Difficulty sleeping, unusual nighttime experiences, breathing concerns, or strong daytime sleepiness may need different kinds of assessment. Use observations to prepare a conversation instead of deciding the cause yourself.

Choose the main concern and note rough timing and impact. Include existing diagnoses or prescribed equipment only if relevant.

Organize observations

Separate what you experience from what someone else has observed. Include medications or schedule changes to discuss without stopping or adjusting them yourself.

Ask about next steps

Prepare questions about evaluation, safe daily activities, treatment options, and follow-up. If you are too sleepy to drive or do hazardous work safely, arrange a safer option.

1. What happens during sleep or attempts to sleep?**2. What daytime effect or safety concern does it create?****3. What relevant observations or care-plan details should I bring?****4. What assessment and follow-up questions do I want answered?****Clinical use and adaptation**

This is not a diagnostic inventory. Do not prescribe sleep restriction, light therapy, medication changes, or device settings. Acute breathing difficulty, severe confusion, or other emergency symptoms require urgent care; address dangerous sleepiness promptly.

Social anxiety disorder

What Makes Social Participation Difficult

Adults and teens 13+ | 10 to 15 minutes

Social anxiety disorder involves more than preferring quiet or feeling shy occasionally. A clinician can help assess fear, avoidance, and impact. This page explores one situation without requiring you to perform, expose yourself to hostility, or stop coping habits on your own.

Choose a recent, manageable example. Write, draw, or discuss your answers. Skip anything that does not fit; this page is not a diagnostic assessment.

Describe the social demand

Choose a setting such as speaking in a meeting or meeting new people. Note feared judgment, what you do to manage it, and what participation you miss. Include real discrimination, communication differences, or access barriers.

Define a worthwhile goal

The goal may be asking a needed question rather than becoming outgoing. Ask what treatment and accommodations could help, and how any planned practice would be collaborative and appropriately paced.

1. Which social situation is difficult, and what judgment do you fear?**2. What do you do before, during, or after it to manage that fear?****3. What meaningful participation would you like more choice about?****4. What treatment question, access need, or real social risk should your clinician consider?****Clinical use and adaptation**

Assess social anxiety rather than equating introversion, autistic communication, or minority stress with disorder. Do not use generic exposure in genuinely hostile settings. Collaboratively assess post-event rumination and safety behaviors within appropriate treatment.

Social comparison

What This Comparison Is Asking of Me

Adults | 10 to 15 minutes

A comparison may highlight a wish, an unfair expectation, a real barrier, or a misleading snapshot. You do not have to stop all comparing to learn from one moment. Focus on the effect of a specific comparison and what you need next.

Choose one comparison from online life, work, family, or another setting. Keep the other person's motives and full circumstances unknown.

Expand the picture

Notice the narrow feature being compared and the context you cannot see. Include differences in resources, health, timing, responsibilities, and opportunity.

Translate the signal

Ask whether the comparison points to an interest, need, boundary, or pressure you do not want to follow. Choose an action that serves your life rather than catching up.

1. What did I compare, and what conclusion did I draw?**2. What important context is missing from that comparison?****3. What wish, value, barrier, or pressure does it reveal?****4. What next action would fit my priorities rather than someone else's timeline?****Clinical use and adaptation**

Do not dismiss comparisons that reveal real inequity. Avoid reassurance through unfavorable comparison with others. Explore the role of discrimination, scarcity, perfectionism, and mood when relevant.

Social media and technology

Choose What My Screen Time Gives Me

Adults and teens 13+ | 10 to 15 minutes

Online activity can offer friendship, creativity, information, and support, as well as strain. Choose one habit such as checking a feed during homework or scrolling before sleep. Look at what it gives you and what it interrupts. A useful change should protect important connection and access.

Observe one habit without judging total screen time. Choose one adjustment and a brief review point.

Identify the purpose

Notice whether you seek connection, stimulation, escape, information, or something else. Include the situation and how you feel afterward. A habit that looks excessive from outside may also meet a real access or belonging need.

Change one condition

You could mute one notification, move a checking window, or choose a different way to contact an important friend. Keep emergency and access needs in view. Decide what improvement would matter, such as finishing a chosen task or feeling less compared with others.

1. What digital habit am I choosing to understand?**2. What useful need does it meet, and what cost do I notice?****3. What small adjustment could preserve the benefit and reduce the cost?****4. When will I review connection, attention, mood, or rest after the change?****Clinical use and adaptation**

Assess cyberbullying, surveillance, exploitation, and serious impairment when indicated. Avoid diagnosing addiction from hours alone or removing a teen's essential support network. Consider disability access and privacy. Keep any tracking voluntary and proportionate rather than turning reflection into monitoring by others.

Original educational resource. Adapt with a clinician; not a validated assessment or complete treatment protocol.

Conceptual references: S11, S12, R19. Full sources are in the online preview and collection appendix.

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Social psychology in everyday life

My Choice Within a Group

Adults | 10 to 15 minutes

What other people seem to expect can affect decisions, especially when belonging matters. A group norm may be spoken, implied, or guessed. Explore one ordinary interaction and leave room for uncertainty about what others actually think.

Choose a low-risk group situation. Separate observable words or actions from your interpretation before considering a response.

Check the expectation

Record what someone actually said or did. Then identify the rule you inferred, such as 'everyone must agree.' Consider whether there is evidence of exceptions.

Protect a chosen response

Name a value or need you want to preserve. A question, delayed answer, quiet boundary, or chosen agreement may fit; direct disagreement is not always safe or necessary.

1. What group situation influenced my choice?**2. What expectation was explicit, and what did I assume?****3. What value, need, or relationship matters in my response?****4. What safe question or action would help me choose more deliberately?****Clinical use and adaptation**

Avoid reading motives or stereotyping cultural groups. Consider power, dependence, discrimination, and realistic consequences of dissent. This is an observation exercise, not a measure of conformity or social cognition.

Social skills

Plan a Social Moment My Way

Adults and teens 13+ | 10 to 15 minutes

Social participation can look different for different people. Choose an interaction you actually want, such as asking about a shared interest or joining part of an activity. You do not have to use eye contact, hide harmless movement, or stay longer than you want to make the attempt count.

Choose a meaningful interaction, a preferred way to communicate, and a way to pause if needed.

Clarify the situation

Find out who will be there, what the activity involves, and how long you want to stay. You can ask direct questions rather than guessing unwritten rules. Consider sensory access, transport, and whether the setting is welcoming.

Choose an opening and exit

Prepare a sentence, message, gesture, or communication-device option. For example: Is there room for one more person? The other person can decline. Plan a simple exit or break request and decide what you want to learn from the attempt.

1. What social interaction do I choose, and why does it matter to me?**2. What information or access support would make it easier?****3. How could I begin in my preferred communication style?****4. How will I pause or leave, and what will I notice afterward?****Clinical use and adaptation**

Avoid compliance, masking, forced eye contact, and normative judgments about sociability. Assess bullying, discrimination, and actual access barriers. Individualize for communication needs and culture. Success is the person's meaningful participation and agency, not a prescribed social performance.

Social-emotional learning for children

Notice Ask and Choose

Children ages 6 to 9 with a supportive adult | 10 to 15 minutes

People can feel different things in the same moment. You cannot always tell a feeling from a face. Pick a small moment from play or class. You can draw, point, or use words. A safe grown-up can help read the page and listen to your ideas.

Think of a small moment. Show your feeling, wonder about the other person, and choose one kind action.

Notice your feeling

Maybe a game changed or someone wanted a turn. What did you feel? Your feeling is allowed, even when an action needs to change. If you are too upset, get help and come back later.

Ask before helping

You could ask: Do you want help, company, or space? The other person might want something different from you. You can also ask a grown-up for help. Being kind does not mean giving away every turn or accepting hurtful behavior.

1. What happened in our small moment?**2. What did I feel or need?****3. What could I ask to understand the other person?****4. What kind action or grown-up help could I choose?****Clinical use and adaptation**

Read aloud and accept drawings, gestures, or communication devices. Do not score maturity, infer emotions from facial matching, or require sharing private experiences. Keep responsibility for safety with adults. Adapt examples to development and culture, and avoid using empathy practice to excuse bullying.

Solution-focused brief therapy (SFBT)

Finding One Sign of a Better Day

Adults | 10 to 15 minutes

A solution-focused conversation can ask what you want life to look like and when a difficulty has been less dominant. This exercise does not require a miracle, a positive mood, or proof that you can solve the situation alone.

Choose one manageable concern. Describe a small visible difference and look for an exception, existing resource, or person who could help.

Make the outcome concrete

Instead of 'everything is better,' describe what you would do or notice: ask one question, share one task, or have a clearer plan. Keep outside constraints visible.

Look for useful details

Recall a moment when some part was easier. What was different in the setting, support, or your action? If no exception comes to mind, identify a resource you would like access to.

1. What small difference would tell me this conversation had been useful?**2. When has even part of that difference happened, if ever?****3. What person, condition, or action helped or could help?****4. What feasible next step could build on that detail?****Clinical use and adaptation**

Do not force exception finding or use optimism to bypass danger, loss, or material barriers. Offer a resource question when no exception exists. This starter does not replace model-specific training, assessment, or individualized care.

Somatic experiencing (SE)

Questions Before Considering Somatic Experiencing

Adults | 10 to 15 minutes

Somatic Experiencing is a named body-oriented approach used by some practitioners. This page supports questions about the practitioner's qualifications, proposed methods, and evidence relevant to your concern. It does not provide an SE session or claim that bodily sensations prove stored trauma.

Choose a recent, manageable example. Write, draw, or discuss your answers. Skip anything that does not fit; this page is not a diagnostic assessment.

Ask what will actually happen

Request plain descriptions of proposed activities, the goal of each, and available alternatives. Ask what claims are supported and where uncertainty remains. You do not need to accept a biological explanation to ask informed questions.

Make consent specific

Discuss whether attention to sensations, movement, or touch would be proposed. You can decline any element, keep your eyes open, or stop. Ask how pain, disability, panic, dissociation, and medical symptoms will be considered.

1. What present concern would you want the practitioner to address?**2. What activities, qualifications, and evidence would you like explained before deciding?****3. What body-attention, movement, or touch preferences should be respected?****4. What alternatives and stop procedures would help you retain choice throughout care?****Clinical use and adaptation**

Use only as preparation for informed discussion. Do not claim autonomic resetting, discharge of stored trauma, or superiority to established treatments. Assess medical and dissociative concerns, maintain scope, and make any touch explicitly optional with ongoing consent.

Somatic symptom and related disorders

Bringing Symptoms and Their Impact to Care

Adults | 10 to 15 minutes

Physical symptoms are real experiences, whether their cause is clear, uncertain, or involves several factors. Worry and disrupted routines may also need support. This page helps communicate both the symptoms and their impact without concluding that they are imagined or purely psychological.

Choose one symptom or concern already discussed or needing discussion with a clinician. Use a brief account rather than repeated checking.

Describe without deciding the cause

Note the symptom, relevant timing, and effect on ordinary activities. Include changes or new concerns that the healthcare team needs to assess.

Clarify the care plan

Ask what follow-up is appropriate, which changes require prompt contact, and how to address distress alongside physical care. A shared plan can be discussed without assuming certainty.

1. What physical experience do I want accurately understood?**2. What effect does it have on my activities or attention?****3. What uncertainty or worry needs support alongside medical care?****4. What follow-up and urgent-contact guidance should I clarify with my clinician?****Clinical use and adaptation**

Do not diagnose SSD from unexplained symptoms, high healthcare use, or distress. Continue appropriate evaluation for new or worsening symptoms. Avoid unnecessary reassurance cycles while following an individualized medical plan; psychological support must not invalidate physical illness.

Specific learning disorders

Tell My Learning Team What Helps

Children ages 10 to 12 with a supportive adult | 10 to 15 minutes

A reading, writing, or math task can be hard for different reasons. Being stuck does not tell us how smart you are. Pick one school task. You can draw, speak, type, or ask someone to write your words. This page helps adults understand what you need.

Choose one task. Show where it gets hard and what helps. Ask a safe adult to plan the next conversation with you.

Show the hard part

Maybe reading the directions takes a long time, writing ideas is difficult, or numbers are hard to keep track of. Use one example. Include what you understand or enjoy, so the whole picture is not just about difficulty.

Choose a question for help

You might ask for a worked example, a different way to respond, or a discussion about learning support. The adults can explain what evaluation or teaching help may be available. You do not have to diagnose yourself to ask a question.

1. What reading, writing, or math task do I want help with?**2. Where does it get hard, and what can I already do?****3. What support or different format has helped me?****4. What would I like my teacher or learning team to explain or try?****Clinical use and adaptation**

Use developmentally appropriate language and accessible responses. Coordinate with qualified educational or clinical professionals for evaluation and specialized instruction. Do not diagnose from a single task, promise school eligibility, or equate difficulty with effort or intelligence. Preserve the student's voice and privacy.

Specific phobias

Preparing to Discuss a Specific Fear

Adults and teens 13+ | 10 to 15 minutes

A specific phobia involves more than disliking something. A clinician considers fear, avoidance, impairment, and the actual situation. This page helps prepare an assessment; it does not ask you to approach a feared object, watch distressing material, or create your own exposure plan.

Choose a recent, manageable example. Write, draw, or discuss your answers. Skip anything that does not fit; this page is not a diagnostic assessment.

Describe the fear and its cost

Name the situation broadly, what you fear will happen, and what it prevents or complicates. Include real hazards, cultural context, and practical access needs. You do not need to encounter the feared situation while writing.

Ask about an appropriate plan

Choose a meaningful goal, such as accessing necessary care or traveling when needed. Ask about treatment options, how suitability is assessed, and how any practice would be collaborative, safe, and adapted to your circumstances.

1. What specific situation or object brings fear, and what outcome concerns you?**2. How does avoiding it affect activities or care you want to access?****3. What real hazards, health considerations, or accommodations must be included?****4. What goal and treatment question would you like to discuss with a clinician?****Clinical use and adaptation**

Distinguish actual danger from phobic avoidance and assess medical considerations, trauma, OCD, and sensory differences. Do not provide generic exposure instructions, particularly for blood, injury, or medical procedures. Treatment practice requires appropriate assessment and collaboration.

Stimulant use disorder

Preparing for Support Around Stimulant Use

Adults | 10 to 15 minutes

Stimulant use may intersect with sleep, energy, mood, work, relationships, or health concerns. You may want to reduce harm, discuss treatment, or understand changes after use. Start with your current experience and seek qualified assessment rather than guessing the cause.

Describe broad patterns and current impact. This is a care-conversation page, not a plan for changing doses or managing withdrawal alone.

Make current concerns clear

Note a recent change in sleep, energy, mood, thinking, or functioning that you want assessed. Keep any immediate safety concern separate from longer-term goals.

Ask about appropriate support

Prepare questions about treatment options, what participation involves, and support for transport, cost, or daily demands. Ask how the service handles urgent concerns and follow-up.

1. What stimulant-related concern do I want assessed?**2. What effect on sleep, mood, thinking, or daily life should I describe?****3. What treatment or support question do I want answered?****4. What practical barrier or urgent concern needs attention first?****Clinical use and adaptation**

Assess chest pain, severe agitation, confusion, psychosis, suicidality, and other urgent symptoms promptly. Do not provide withdrawal schedules or medication advice. Discuss appropriate evidence-based treatment within competence and avoid moralizing fatigue or difficulty attending care.

Stress

Understanding the Load I Am Carrying

Adults | 10 to 15 minutes

Stress may reflect immediate pressure, ongoing uncertainty, competing demands, or conditions outside your control. Begin by describing the load rather than judging how well you tolerate it. A clearer picture can help distinguish what needs support, action, or assessment.

Choose one current source of strain. Use plain descriptions of effects rather than scores or labels.

Name the demand

Describe what the situation asks of your time, attention, money, body, or relationships. Note whether the demand is temporary, repeated, or unpredictable.

Map the response

Notice changes in attention, mood, physical comfort, or behavior. Include what supports are present and what is missing; symptoms alone do not establish a cause.

1. What is the specific demand or uncertainty?**2. How is it affecting my day and functioning?****3. What support or resource is currently missing?****4. What needs attention first: a practical problem, support, or a health concern?****Clinical use and adaptation**

Validate structural and interpersonal stressors. Do not label all physical symptoms as stress; assess new or concerning symptoms appropriately. Distinguish immediate danger from ordinary strain before using reflective exercises.

Stress management

Testing One Response to a Specific Stressor

Adults | 10 to 15 minutes

Different stressors call for different responses. A brief pause may help with overload, while an unclear task may need clarification and an excessive workload may need organizational change. Choose a response because it fits the situation, not because you should cope better.

Use one stressor from today or this week. Select a feasible action and decide what to observe afterward.

Match the response

Ask whether the need is information, practical help, a boundary, connection, rest, or professional care. Avoid using relaxation to postpone a necessary safety or medical response.

Review without grading yourself

Notice whether the response changed the task, access to support, or your ability to continue. If it did not help, adjust the plan or address a different part of the problem.

1. What particular strain am I responding to?**2. What kind of support does it call for?****3. What action can I try, and what barrier needs an adaptation?****4. What will I observe to decide whether to keep or change the response?****Clinical use and adaptation**

Offer options rather than a universal technique. Account for trauma, accessibility, work conditions, and basic needs. Do not frame a failed strategy as poor motivation or substitute coping practice for addressing ongoing harm.

Substance use disorders

What I Need From Substance Use Care

Adults | 10 to 15 minutes

A treatment plan is more useful when its purpose, expectations, and practical demands are clear. You may be starting care, returning after a gap, or questioning its fit. Use this page to identify what you want understood and what makes participation difficult.

Choose a current or possible service. List one goal, one access concern, and one question about how care would work.

Clarify the fit

Ask how care addresses your substance concerns, physical health, emotional needs, culture, and preferences. Include medication and nonmedication support questions without assuming one pathway suits everyone.

Make barriers discussable

Name cost, transport, scheduling, language, privacy, or past experiences of judgment. Request a concrete adaptation or referral rather than treating difficulty attending as a character flaw.

1. What goal or need would I want treatment to address?**2. What would respectful and useful care look like for me?****3. What barrier could interfere with participation?****4. What question or requested adaptation should I raise at the next contact?****Clinical use and adaptation**

Use appropriate substance-specific assessment, including withdrawal and overdose risk, and support continuity of existing treatment. Do not guarantee access or confidentiality. Avoid presenting a preference worksheet as a diagnostic or treatment-matching instrument.

Substance- or medication-induced anxiety

Describing Anxiety Around Medicines or Substances

Adults | 10 to 15 minutes

Anxiety can occur around medicine changes, substance use, withdrawal, or other health factors, but timing alone does not prove the cause. A qualified professional should assess the pattern. Do not stop prescribed treatment or abruptly change substance use based on this page; withdrawal can require medical care.

Choose a recent, manageable example. Write, draw, or discuss your answers. Skip anything that does not fit; this page is not a diagnostic assessment.

Bring a brief timeline

Note the anxiety change and relevant prescribed medicines, nonprescription products, supplements, caffeine, alcohol, or other substances. Include approximate timing and recent changes if known. You do not need to calculate a cause or adjust a dose.

Ask for a safe plan

Contact the prescriber, pharmacist, or suitable clinician to discuss symptoms and next steps. Seek urgent medical help for severe or rapidly worsening symptoms. Ask how to manage concerns safely while the cause is assessed.

1. What anxiety or physical changes have you noticed, and approximately when did they begin?**2. What medicine, supplement, or substance changes should the clinician know about?****3. What symptoms or circumstances might need urgent medical attention?****4. Who will you contact, and what safe next-step question will you ask?****Clinical use and adaptation**

Assess medication effects, intoxication, withdrawal, medical causes, and independent anxiety conditions. Do not infer causation from association or advise abrupt cessation, tapering, or dose changes. Severe symptoms or possible withdrawal require appropriate medical triage.

Substance-related and addictive disorders

Sorting Overlapping Concerns for a Care Conversation

Adults | 10 to 15 minutes

More than one substance, behavior, health issue, or life pressure may be involved in a difficult pattern. You do not need to solve everything at once. Use this page to explain what overlaps and what most needs attention.

Name concerns in your own words. Avoid changing substances or prescribed care based on this worksheet.

Map what overlaps

List each concern briefly, then note where their timing, consequences, or purposes connect. For example, work stress and a disrupted sleep routine may complicate a substance goal.

Prioritize appropriate care

Separate urgent safety or medical questions from longer-term goals and access barriers. Ask a qualified service how it can coordinate relevant care rather than expecting one generic strategy to cover everything.

1. Which substances or behaviors do I want to discuss?**2. What health, sleep, or daily-life concerns overlap with them?****3. Which issue needs prompt assessment or practical help?****4. What information would help a service coordinate my next step?****Clinical use and adaptation**

Use individualized assessment and avoid assigning a diagnosis from this map. Consider interactions, withdrawal risk, overdose risk, and co-occurring conditions. A broad topic label does not justify using substance worksheets as gambling or other behavioral-addiction treatment.

Suicide prevention and support

Reaching Someone When Suicide Is a Concern

Adults and teens 13+ | 10 to 15 minutes

If you may act on suicidal thoughts or cannot stay safe, call or text 988 in the U.S. Call 911 for immediate danger or a medical emergency. Elsewhere, use local crisis or emergency services. Contact live help now; completing a worksheet is never a requirement for support.

Reach live help first. Use these prompts only if they support that contact; do not delay emergency assistance to write answers.

Use direct words

You can say, "I am having thoughts of suicide and need help staying safe." If speaking is difficult, show this page or ask someone to help communicate. A helper should take your concern seriously and ask about immediate needs.

Build the next connection

With a qualified helper, discuss accessible support, a safer setting, and how to reduce access to things you could use to harm yourself. Agree on follow-up and what to do if the situation changes. This page is not a complete safety plan.

1. What do you need a live helper to know about your immediate safety?**2. Who can you contact now, and what communication support would help?****3. What safer setting or practical assistance can you discuss with the helper?****4. What follow-up contact has been agreed, and what should happen if safety changes?****Clinical use and adaptation**

Assess suicidal thoughts, intent, access to means, recent behavior, protective factors, and immediate needs directly. Do not use scores or safety promises to determine disposition. Develop an individualized, collaborative safety plan and appropriate follow-up; involve supports with consent and applicable safeguarding duties.

Teens

My Priority for This Week

Teens 13+ | 10 to 15 minutes

People may have many ideas about what you should work on. This page starts with what matters to you. Choose one part of your week you want to be easier or more meaningful. You can skip questions and decide what you want to share.

Pick one priority, name a realistic next step, and decide whether a safe person could help.

Make room for your view

Consider school, friendships, rest, home responsibilities, interests, or something else. Your priority does not have to match an adult's first suggestion. Notice what you can influence and what needs help from someone with more power or resources.

Choose support without losing choice

A request might be clearer instructions, transport, a quieter space, or someone listening before offering advice. Ask how information will be handled before sharing sensitive details. If there is danger, seek a safe adult or appropriate urgent help.

1. What would I like to be different or better this week?**2. What part is within my control, and what needs help?****3. What is one small step that fits my real week?****4. Who could support me safely, and what would I ask for?****Clinical use and adaptation**

Honor the teen's wording and explain relevant confidentiality limits. Do not reward adult-sounding compliance or assume caregivers are safe. Explore disability, discrimination, housing, caregiving, and access. Safety concerns require appropriate assessment and support rather than reliance on a weekly planning sheet.

Telehealth

Planning a Usable Telehealth Visit

Clinicians | 10 to 15 minutes

A remote visit needs more preparation than a working video link. Consider whether the person can communicate privately, use the technology, and get help locally if needed. Use a deidentified example here; store identifying contact and location information only in the appropriate clinical record.

Choose one upcoming visit. Identify arrangements to confirm with the client and any issue that needs resolution before proceeding.

Agree on privacy and access

Ask about communication preferences, interpretation, sensory access, and who may be present. Discuss a way to signal that privacy has changed. Do not require someone to reveal their surroundings on camera when that could increase risk.

Prepare for interruptions

Agree on a connection backup and a response to disconnection. Confirm the person's current location and suitable local emergency arrangements through your clinical process. A generic crisis number alone is not a complete remote-session emergency plan.

1. What privacy or communication adjustment needs to be agreed before this visit?**2. How will we confirm that the person can use the chosen technology and backup contact method?****3. Which local emergency and disconnection arrangements still need confirmation?****4. What would require changing the visit format, and how will I explain that choice?****Clinical use and adaptation**

Verify current consent, jurisdiction, privacy, documentation, and professional requirements for the actual setting. Confirm location and emergency arrangements through approved procedures. Do not put client identifiers, access codes, or emergency contact details in a shared planning copy. Reassess suitability when privacy or clinical circumstances change.

Original educational resource. Adapt with a clinician; not a validated assessment or complete treatment protocol.

Conceptual references: R18, R25, R26. Full sources are in the online preview and collection appendix.

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The nervous system

Noticing Responses Without Guessing a Nervous System State

Adults and teens 13+ | 10 to 15 minutes

The nervous system helps coordinate sensation, movement, attention, and many other functions. Stress responses vary and are influenced by health and context. A feeling or behavior cannot, by itself, prove that you are in a specific nervous-system state or reveal its exact cause.

Choose a recent, manageable example. Write, draw, or discuss your answers. Skip anything that does not fit; this page is not a diagnostic assessment.

Use everyday observations

You might notice a startle, muscle tension, difficulty concentrating, or a wish for distance. Describe the situation and observation without assigning a neurological explanation. "My attention narrowed during the argument" is enough.

Choose practical support

Consider reducing noise, asking for a pause, changing position, or obtaining medical advice for concerning symptoms. You do not need a theory about your nervous system to request an accommodation or choose what feels manageable.

1. What did you notice in your attention, movement, sensation, or behavior?**2. What was happening around you, including health, sensory, or practical factors?****3. What support or adjustment might help in that situation?****4. What question about the response would you like a qualified professional to clarify?****Clinical use and adaptation**

Avoid unsupported claims about vagal states, stored trauma, or "resetting" the nervous system. Do not interpret all symptoms as stress. Offer external attention when body focus worsens panic, dissociation, pain, or distress.

Original educational resource. Adapt with a clinician; not a validated assessment or complete treatment protocol.

Conceptual references: E17, S05, S04. Full sources are in the online preview and collection appendix.

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Therapeutic techniques

Match the Technique to the Goal

Clinicians | 10 to 15 minutes

A technique should serve an agreed care goal. Before introducing an activity, be able to explain what it is intended to help, why it fits this person, and what alternatives exist. A familiar worksheet or appealing method is not sufficient evidence of fit.

Use one deidentified example. Review the proposed activity before offering it; seek consultation when evidence, scope, or suitability is uncertain.

State the intended change

Name a specific goal in the person's own terms. Describe how the technique might contribute and what relevant evidence supports that choice. Distinguish established findings from your clinical hypothesis.

Plan consent and feedback

Explain the activity, its demands, relevant limits, and the option to decline. Agree on what useful change would look like and when to review it. Adapt or stop when feedback indicates that the activity is not helping.

1. What shared goal is this technique intended to address?**2. What evidence, competence, and contextual information support its use here?****3. What choices, access needs, or concerns will I discuss before starting?****4. What feedback or observation will guide continuing, adapting, stopping, or seeking consultation?****Clinical use and adaptation**

Use interventions within competence and an appropriate care plan. Consider contraindications, relevant evidence, culture, developmental needs, and current safety. Do not substitute worksheet completion for clinical outcome or informed participation. Specialized methods require their own training, assessment, and procedures.

Original educational resource. Adapt with a clinician; not a validated assessment or complete treatment protocol.

Conceptual references: S01, S17. Full sources are in the online preview and collection appendix.

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Therapy office tools

Make One Office Tool Easier to Use

Clinicians | 10 to 15 minutes

An office tool can be a worksheet, visual agenda, reminder card, or communication aid. Its usefulness depends on the person and task. Review one tool with attention to what it asks the person to see, read, hear, remember, write, or disclose.

Choose one existing tool and one intended use. Use deidentified feedback to identify a practical adaptation and a way to check it.

Look beyond appearance

Check the wording, reading demand, visual contrast, physical handling, and communication format. Ask the person which barrier matters rather than assuming that one version works for everyone. Offer an alternative when the tool is unnecessary or inaccessible.

Try it with permission

Explain the purpose and invite a brief trial, discussion, or refusal. Check what the person understood and whether the tool supported the actual task. Remove unnecessary identifying details and clarify how any completed material will be handled.

1. Which tool am I reviewing, and what specific task should it support?**2. What demand or barrier could make this tool difficult for the intended person?****3. What adaptation or alternative will I offer, and how will the person choose?****4. What feedback will tell us whether to keep, revise, or stop using it?****Clinical use and adaptation**

Distinguish educational aids from validated measures. Changing a standardized instrument may affect interpretation and permission requirements. Follow appropriate privacy and recordkeeping procedures. Do not treat refusal or difficulty completing a form as evidence of poor motivation, literacy, insight, or decision-making capacity.

Original educational resource. Adapt with a clinician; not a validated assessment or complete treatment protocol.

Conceptual references: S17, R23. Full sources are in the online preview and collection appendix.

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Tic disorders

Support Me When Tics Show Up

Adults and teens 13+ | 10 to 15 minutes

Tics can draw attention that you may not want. Choose one situation where a practical adjustment or a clearer response from others could help. This page focuses on comfort, access, and your preferences. It does not ask you to count, stop, or hide tics to complete an activity.

Choose one setting. Describe its impact and what you would like others to do or understand.

Describe the participation barrier

Consider whether the difficult part is pain, interruption, other people's reactions, rules, or lack of privacy. Use a brief example. You can decide how much personal information to share and ask a clinician about new or concerning changes.

Choose a useful response

You might request flexible breaks, an agreed response from staff, or help addressing teasing. Ask people not to treat a tic as misbehavior. Choose a review point based on your comfort and access rather than whether others notice fewer tics.

1. Where do tics or other people's reactions make participation harder?**2. What impact or concern do I want understood?****3. What practical adjustment or response would I prefer?****4. Who can help, and how will I review whether the support fits?****Clinical use and adaptation**

Use qualified assessment for new, painful, changing, or impairing symptoms. Do not diagnose, require suppression, punish tics, or present this as CBIT or habit-reversal treatment. Protect privacy, address bullying, and coordinate school or workplace support with appropriate consent. Specialized treatment requires appropriate training and individual planning.

Time management

Build Time for the Whole Task

Adults and teens 13+ | 10 to 15 minutes

A task often includes hidden time for finding materials, getting ready, waiting, and switching activities. Choose one task you repeat. The goal is to learn from an observation, not to catch yourself being slow. Timing is optional if it creates pressure; a rough sequence can also help.

Estimate once, observe one attempt if useful, and revise the plan to include preparation, interruptions, and a buffer.

Include the hidden parts

Write the steps before and after the main activity. For an appointment, transport and leaving home are part of the plan. Note factors outside your control, such as a bus delay, symptoms, or caregiving interruptions.

Make the next estimate usable

Use what you learned to add a reminder, earlier preparation, a buffer, or a different commitment. If the available time cannot fit the task, consider reducing scope or requesting support rather than relying on panic to close the gap.

1. What task am I planning, and what is my current estimate?**2. What preparation, waiting, or transitions does it include?****3. What did one attempt reveal about time and barriers?****4. What estimate, buffer, or support will I use next time?****Clinical use and adaptation**

Keep observation voluntary and nonpunitive. Consider disability, medication effects, pain, fatigue, caregiving, transport, and control over schedules. Do not assign a productivity standard or diagnose from inaccurate estimates. If tracking worsens distress, use a verbal review or a simpler planning approach.

Trauma- and stressor-related disorders

Describing Current Effects of a Stressful Experience

Adults and teens 13+ | 10 to 15 minutes

Different stress-related conditions can share some features while needing different care. A clinician considers the event, timing, symptoms, context, and functional impact. This page stays with current needs; you can discuss the effects before deciding how much event information to share.

Choose a recent, manageable example. Write, draw, or discuss your answers. Skip anything that does not fit; this page is not a diagnostic assessment.

Describe changes and timing

Note what changed in sleep, attention, mood, relationships, or daily activities, and approximately when. Include whether the situation is ongoing and what resources or protections are available now.

Clarify the assessment process

Ask why particular information is needed, what can wait, and how diagnosis would guide care. An assessment should consider other explanations and avoid treating every difficult response as a disorder.

1. What changes have you noticed since the stressful experience, without describing the event itself?

2. Approximately when did these changes begin, and how do they affect daily life?

3. Is the stress ongoing, and what present support or protection is needed?

4. What assessment question or disclosure boundary would you like to communicate?

Clinical use and adaptation

Differentiate trauma-related conditions, adjustment responses, grief, medical effects, and ordinary stress within competence. Assess ongoing threat and safeguarding. Avoid implying that symptom matching establishes PTSD or requiring detailed narratives for this worksheet.

Trauma-informed care

My Preferences for Trauma Informed Care

Adults and teens 13+ | 10 to 15 minutes

Trauma-informed care aims to support safety, trust, collaboration, choice, and attention to cultural and historical context. You do not need to disclose trauma to request respectful care. This page helps turn broad principles into specific preferences a provider can discuss with you.

Choose a recent, manageable example. Write, draw, or discuss your answers. Skip anything that does not fit; this page is not a diagnostic assessment.

Make choices explicit

Consider permission before touch, explanations before questions, seating, written information, support-person involvement, and a pause signal. Some service limits may remain; ask staff to explain them and explore alternatives rather than assume your agreement.

Include access and identity

Language, disability access, privacy, racism, gender, and previous care experiences can shape what participation requires. Name what the service can change and how you would like concerns or misunderstandings addressed.

1. What should a provider explain or ask permission for before proceeding?**2. What pause signal or choice would help you retain control during care?****3. What access, cultural, identity, or privacy need should the service address?****4. How would you like a concern or misunderstanding to be acknowledged and repaired?****Clinical use and adaptation**

Use preferences collaboratively and state actual confidentiality, reporting, and service limits. Trauma-informed practice is not a substitute for trauma-specific treatment or safeguarding. Do not require disclosure, label all reactions as trauma, or promise a setting is universally safe.

Original educational resource. Adapt with a clinician; not a validated assessment or complete treatment protocol.

Conceptual references: S05. Full sources are in the online preview and collection appendix.

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Traumatic brain injury (TBI)

Bring One Brain Injury Recovery Question

Adults with a treating clinician or chosen support person | 10 to 15 minutes

After a brain injury, a familiar task may feel different. Use this page alongside your treating team's advice to describe one concern, such as following instructions or managing a busy setting. You do not need to push through symptoms to complete it. Ask someone you choose to help record your words.

Choose one daily activity. Note a concrete example and prepare a question; follow the treating team's existing safety and activity guidance.

Describe a manageable example

Record the task, what felt different, and any support that helped. Avoid repeatedly testing your limits. A short note about the setting and impact can be more useful than a long account that becomes tiring.

Ask for a tailored plan

Ask the team what adjustments, rehabilitation services, or follow-up may fit this concern. Clarify instructions you do not understand and who to contact if things change. This worksheet cannot decide readiness for driving, work, school, exercise, or sport.

1. What daily activity has become difficult or different?**2. What did I notice, and what support already helped?****3. What specific question do I want my treating team to answer?****4. How will I remember the agreed advice and arrange follow-up?****Clinical use and adaptation**

Use only after appropriate medical assessment and within the treating plan. New or worsening symptoms need prompt medical guidance; emergencies take priority over the worksheet. Adapt for fatigue, memory, language, vision, and motor access. Do not prescribe exertion, diagnose injury severity, or authorize return to activity.

Trust and betrayal

Choose What Matters After Broken Trust

Adults | 10 to 15 minutes

A broken agreement can change what feels possible in a relationship. You can take time to decide what you need. Choose one concern and describe its impact without trying to resolve the whole relationship today. This page does not require forgiveness, mutual blame, or sharing with the person involved.

Reflect privately first. Separate known facts, unanswered questions, and the conditions you would need for any next step.

Name the breach and impact

Identify the agreement you understood and what happened. Notice practical consequences as well as feelings. Distinguish information you need for a decision from details that may increase distress without helping you choose.

Look for accountable action

Consider what meaningful repair would involve, including honesty, follow-through, changed behavior, or respect for distance. An apology alone does not obligate renewed trust. You can choose a boundary, outside support, more time, or a relationship decision.

1. What agreement or expectation was broken, and what do I know?

2. What emotional or practical impact needs attention?

3. What information, boundary, or accountable action would matter to me?

4. What next step preserves my safety and freedom to choose?

Clinical use and adaptation

Assess coercion, violence, sexual-health concerns, and financial or practical vulnerability when relevant. Do not require forgiveness, equal admissions, confrontation, or couples work. Avoid using reassurance or access to devices as proof of repaired trust. Offer individual or specialist support according to need.

Twens

More Choice and the Help I Need

Children ages 10 to 12 with optional supportive adult help | 10 to 15 minutes

Growing up can bring more choices and more questions. You might want privacy, a new activity, or help with a friendship. Pick one thing that matters to you. You can write, draw, or talk with a safe adult. You do not have to share everything on this page.

Choose one change you want to discuss. Describe your idea and what help or information you need.

Name your own view

What would you like to try, change, or understand? Think about what feels exciting and what feels tricky. Your view matters even if an adult has a different idea. You can ask them to explain a limit in words you understand.

Build a supported next step

Choose a small step and a safe person to help. Maybe you want to practice a route together, ask about a club, or agree on quiet time. If an adult does not listen or feels unsafe, another trusted adult may help.

1. What choice or growing-up change matters to me?**2. What feels exciting, difficult, or unclear about it?****3. What help or explanation would make the next step easier?****4. Which safe adult could listen, and what would I like to ask?****Clinical use and adaptation**

Use simple language and accessible responses without infantilizing the tween. Explain relevant confidentiality limits and real safety constraints; do not promise unrestricted choice or secrecy. Avoid forced caregiver involvement or identity disclosure. Assess risks and seek appropriate safeguarding support when indicated.

Ubuntu and community care

Mutual Care That Includes Me

Adults | 10 to 15 minutes

Ubuntu can offer a way to reflect on humanity and connection through relationship. You may use this lens if it fits your understanding, or choose different language. Caring with others can include receiving help, sharing responsibility, and preserving dignity and limits.

Choose one community or relationship responsibility. Consider contribution, reciprocity, consent, and who may be carrying too much.

Name the shared need

Describe what the group or relationship needs without assuming one person must provide it. Include invisible work and people whose needs are easily overlooked.

Share responsibility voluntarily

Identify a contribution you can freely offer and a request you can make. A sustainable arrangement leaves room to decline, revise, or receive support without losing belonging.

1. What shared need or relationship matters to me?**2. What can I freely contribute within my capacity?****3. What support or redistribution of responsibility do I need?****4. What boundary would preserve dignity and voluntary participation?****Clinical use and adaptation**

Do not assign Ubuntu based on race or nationality or present one interpretation as universal. Invite the client's cultural understanding. Avoid using community obligation to excuse exploitation, gendered burden, coercion, or unsafe contact.

Values exploration

A Value I Can Put Into Practice

Adults | 10 to 15 minutes

A value describes a way you want to act, such as being curious, caring, honest, or fair. Your words may differ, and values can conflict. Choose a direction that matters to you rather than one you think will earn approval.

Begin with one ordinary situation. Name the value in your own words and choose an action small enough to revise.

Describe the direction

Ask how you would like to show up in the situation. Separate that direction from an outcome you cannot fully control, such as being liked or always succeeding.

Include limits and other values

A caring action can include a boundary or asking for help. If two values conflict, identify a workable next step that acknowledges both rather than demanding perfect consistency.

1. What situation would I like to approach more deliberately?**2. What personally chosen value matters here?****3. What competing need, value, or constraint should I include?****4. What small action would express the value within those limits?****Clinical use and adaptation**

Do not assign values based on culture, faith, family role, or clinician preference. Distinguish chosen action from compliance and account for safety and material constraints. Values work does not require emotional comfort.

Veterans and military experiences

What I Want Understood About My Service

Adults | 10 to 15 minutes

Military experiences vary across roles, eras, identities, and circumstances. Service may bring pride, connection, difficulty, mixed feelings, or experiences you do not wish to discuss. Focus on what matters now rather than explaining or defending your whole service history.

Choose one current concern connected with service or transition. Details about deployment or traumatic events are optional.

Translate what matters

Name a skill, value, relationship, or routine from service that you want to keep, change, or understand differently in current life.

Match support to the need

Consider peer connection, employment support, healthcare, family communication, or help navigating services. Ask about actual eligibility and privacy rather than assuming a program applies.

1. What part of my service experience matters to my current life?**2. What strength or connection would I like to carry forward?****3. What transition or practical need requires support?****4. What would help a professional approach my experience respectfully?****Clinical use and adaptation**

Do not equate military service with PTSD, violence, or combat. Use culturally informed questions and client-chosen detail. Assess trauma, moral injury, substance use, and safety only as indicated; verify services and benefits separately.

Work-life balance

Where Work Meets the Rest of My Life

Adults | 10 to 15 minutes

Balance does not always mean equal hours. Work may collide with care, health, relationships, study, or rest, especially when choice is limited. Focus on one repeated conflict and distinguish a personal adjustment from a change that requires someone else's cooperation.

Choose an ordinary week. Map one work demand against one personal need instead of redesigning your whole schedule.

Identify the collision

Specify when work extends beyond its intended place and what gets displaced. Include unpaid work and unpredictable schedules rather than counting only formal job hours.

Make a concrete request

Ask for something observable, such as a clear response window, task priority, or shared handoff. If requesting is unsafe, consider confidential support and options before direct negotiation.

1. Which work demand repeatedly displaces an important need?**2. What part of the demand is fixed or outside my control?****3. What specific adjustment or support could help?****4. How will I notice whether the arrangement improves anything?****Clinical use and adaptation**

Attend to precarious employment, power, discrimination, disability, and caregiving. Do not imply that better boundaries solve excessive workload or guarantee accommodations. Help identify appropriate organizational or professional support.

Conceptual references

These sources inform general concepts and care conversations. They do not validate or endorse the original worksheets. References on each page identify the relevant entries below.

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>

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>

Conceptual references

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>

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>

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>

Conceptual references

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>

S17 | Counseling Ethics and ACA Code of Ethics Resources

American Counseling Association | n.d.

Professional ethics resources for consent, confidentiality, collaboration, documentation, supervision, and consultation. Check the current applicable code, licensing board rules, law, and organizational requirements.

<https://www.counseling.org/resources/ethics>

E01 | What are Personality Disorders

American Psychiatric Association | n.d.

Overview of named personality disorders and need for individualized assessment; original prompts are not diagnostic criteria.

<https://www.psychiatry.org/patients-families/personality-disorders/what-are-personality-disorders>

E02 | Bipolar Disorder

National Institute of Mental Health | n.d.

Differences among bipolar I, bipolar II, and cyclothymia; assessment and coordinated treatment, not a self-diagnosis tool.

<https://www.nimh.nih.gov/health/publications/bipolar-disorder>

E03 | Obsessive Compulsive Disorder When Unwanted Thoughts or Repetitive Behaviors Take Over

National Institute of Mental Health | n.d.

OCD experiences, impairment, and qualified treatment; does not endorse repeated worksheet checking or reassurance.

<https://www.nimh.nih.gov/health/publications/obsessive-compulsive-disorder-when-unwanted-thoughts-or-repetitive-behaviors-take-over>

E04 | What are Anxiety Disorders

American Psychiatric Association | n.d.

Anxiety disorder categories including panic, social anxiety, separation anxiety, and specific phobias; supports assessment discussion.

<https://www.psychiatry.org/patients-families/anxiety-disorders/what-are-anxiety-disorders>

Conceptual references

E05 | Understanding Psychosis

National Institute of Mental Health | n.d.

Recognition, possible contributors, and prompt professional support; no validation or debate of delusional content.

<https://www.nimh.nih.gov/health/publications/understanding-psychosis>

E06 | Schizophrenia

National Institute of Mental Health | n.d.

Schizophrenia symptoms, functioning, and treatment support; original page is not an assessment or treatment plan.

<https://www.nimh.nih.gov/health/publications/schizophrenia>

E07 | Borderline Personality Disorder

National Institute of Mental Health | n.d.

Person centered assessment and treatment including DBT; not a complete DBT program or diagnosis checklist.

<https://www.nimh.nih.gov/health/publications/borderline-personality-disorder>

E08 | What Are Dissociative Disorders

American Psychiatric Association | n.d.

Dissociative experiences and clinical assessment; no memory recovery exercise or inferred trauma history.

<https://www.psychiatry.org/patients-families/dissociative-disorders/what-are-dissociative-disorders>

E09 | Self harm assessment management and preventing recurrence NG225

National Institute for Health and Care Excellence | 2022

Care following self harm, psychosocial assessment, and individualized support; no prediction from worksheet scores.

<https://www.nice.org.uk/guidance/ng225>

E10 | Seasonal Affective Disorder

National Institute of Mental Health | n.d.

Recurrent seasonal depression and clinical care; no diagnosis or light treatment instructions.

<https://www.nimh.nih.gov/health/publications/seasonal-affective-disorder>

E11 | Paraphilic Disorders DSM 5 Fact Sheet

American Psychiatric Association | 2013

Distinguishes atypical interests from disorders and emphasizes distress and harm concerns; not a risk assessment or diagnostic checklist.

https://www.psychiatry.org/File%20Library/Psychiatrists/Practice/DSM/APA_DSM-5-Paraphilic-Disorders.pdf

Conceptual references

E12 | Schema Therapy Central Concepts

International Society of Schema Therapy | n.d.

First-party description of schema therapy concepts; supports treatment questions, not an efficacy claim or self-administered protocol.

<https://www.schematherapysociety.org/Schema-Therapy>

E13 | What is Internal Family Systems

IFS Institute | n.d.

First-party description of the IFS model; source is not independent evidence of efficacy or validation of literal separate identities.

<https://ifs-institute.com/>

E14 | SE 101

Somatic Experiencing International | n.d.

First-party description of the approach; does not substantiate promotional biological explanations or validate this worksheet as SE treatment.

<https://traumahealing.org/se-101/>

E15 | Acceptance and Commitment Therapy

Association for Contextual Behavioral Science | n.d.

ACT orientation to psychological flexibility, values, and action; original exercise is not a full treatment protocol.

<https://contextualscience.org/act>

E16 | What is Narrative Therapy

Dulwich Centre | n.d.

First-party introduction to narrative ideas; supports optional expression without claiming that drawing is formal art therapy.

<https://dulwichcentre.com.au/what-is-narrative-therapy/>

E17 | Brain Basics Know Your Brain

National Institute of Neurological Disorders and Stroke | n.d.

Basic neural structure and signaling; no inference of neurotransmitter levels or autonomic states from feelings or worksheets.

<https://www.ninds.nih.gov/health-information/public-education/brain-basics/brain-basics-know-your-brain>

E18 | Moral Injury and PTSD

VA National Center for PTSD | n.d.

Distress related to moral violations and its distinction from PTSD; no requirement to confess, forgive, or make unsafe contact.

https://www.ptsd.va.gov/understand/related/moral_injury_ptsd.asp

Conceptual references

E19 | Get Help

National Human Trafficking Hotline | n.d.

Direct support routes and safety-oriented help for trafficking concerns; does not establish safety of any device or disclosure.

<https://humantraffickinghotline.org/en/get-help>

E20 | National Sexual Assault Hotline

RAINN | n.d.

Support routes following sexual violence; no pressure to report, disclose details, or preserve a written worksheet.

<https://rainn.org/help-and-healing/hotline/>

E21 | Eye Movement Desensitization and Reprocessing for PTSD

VA National Center for PTSD | n.d.

Patient information about clinician-delivered EMDR; worksheet contains no bilateral stimulation or memory processing instructions.

https://www.ptsd.va.gov/understand_tx/emdr.asp

E22 | Prolonged Exposure for PTSD

VA National Center for PTSD | n.d.

Patient information about clinician-delivered PE; worksheet contains no exposure hierarchy, trauma narration, or homework protocol.

https://www.ptsd.va.gov/understand_tx/prolonged_exposure.asp

E23 | Mental Health Medications

National Institute of Mental Health | n.d.

Medication discussion and qualified prescribing guidance; no starting, stopping, or dose changes are directed by worksheets.

<https://www.nimh.nih.gov/health/topics/mental-health-medications>

E24 | Meditation and Mindfulness Effectiveness and Safety

National Center for Complementary and Integrative Health | n.d.

Evidence and safety qualifications for mindfulness; practice remains voluntary and may be stopped or adapted.

<https://www.nccih.nih.gov/health/meditation-and-mindfulness-effectiveness-and-safety>

E25 | Child maltreatment

World Health Organization | n.d.

Child maltreatment including neglect; present support pages do not replace current safeguarding or jurisdiction-specific duties.

<https://www.who.int/news-room/fact-sheets/detail/child-maltreatment>

Conceptual references

E26 | Get Help

National Domestic Violence Hotline | n.d.

Safe contact considerations and support options; no universal instruction to leave, confront, or undertake couples work.

<https://www.thehotline.org/get-help/>

R01 | Selective Mutism

American Speech-Language-Hearing Association | n.d.

Communication access, coordinated assessment, and reducing speaking pressure; the original worksheet is not a selective mutism treatment protocol.

<https://www.asha.org/Practice-Portal/Clinical-Topics/Selective-Mutism/>

R02 | Attachment Disorders

American Academy of Child and Adolescent Psychiatry | n.d.

Specialist evaluation and individualized care for childhood attachment disorders; not adult attachment-style classification.

https://aacap.org/AACAP/AACAP/Families_and_Youth/Facts_for_Families/FFF-Guide/Attachment-Disorders-085.aspx

R03 | Policy Statement on Coercive Interventions for Attachment Disorders

American Academy of Child and Adolescent Psychiatry | 2022

Opposition to dangerous coercive attachment interventions and the need for expert assessment and individualized care.

https://www.aacap.org/AACAP/aacap/Policy_Statements/2022/Policy_Statement_Coercive_Interventions_Attachment_Disorders.aspx

R04 | Symptoms and Causes of Bladder Control Problems and Bedwetting in Children

National Institute of Diabetes and Digestive and Kidney Diseases | n.d.

Medical evaluation of childhood bladder concerns; the worksheet supports dignity and preparation for care rather than prescribing a regimen.

<https://www.niddk.nih.gov/health-information/urologic-diseases/bladder-control-problems-bedwetting-children/symptoms-causes>

R05 | Symptoms and Causes of Constipation in Children

National Institute of Diabetes and Digestive and Kidney Diseases | n.d.

Symptoms, soiling, and reasons to seek medical care; no medication, fluid restriction, or bowel program is prescribed by the worksheet.

<https://www.niddk.nih.gov/health-information/digestive-diseases/constipation-children/symptoms-causes>

R06 | Learning Disabilities

Eunice Kennedy Shriver National Institute of Child Health and Human Development | 2018

Learning difficulties, appropriate evaluation, and individualized supports; worksheets do not diagnose or remediate a specific learning disorder.

<https://www.nichd.nih.gov/health/topics/learningdisabilities>

Conceptual references

R07 | Autism Spectrum Disorder

National Institute of Mental Health | n.d.

Individual differences, assessment, strengths, sensory needs, and support planning; the original page is not a diagnostic or treatment protocol.

<https://www.nimh.nih.gov/health/publications/autism-spectrum-disorder>

R08 | Traumatic Brain Injury

National Institute of Neurological Disorders and Stroke | 2025

Medical assessment, recovery, and rehabilitation context; the worksheet helps prepare a care conversation and does not authorize activity or return to sport.

https://www.ninds.nih.gov/sites/default/files/2025-07/NINDS_TBI_Booklet_Digital_508c.pdf

R09 | About Tourette Syndrome

Centers for Disease Control and Prevention | 2026

Tics, professional diagnosis, and available care; the worksheet supports access and communication rather than tic suppression.

<https://www.cdc.gov/tourette-syndrome/about/index.html>

R10 | Memory Problems, Forgetfulness, and Aging

National Institute on Aging | 2023

Memory changes, potentially treatable contributors, and seeking assessment; no diagnostic score or capacity decision is provided.

<https://www.nia.nih.gov/health/memory-loss-and-forgetfulness/memory-problems-forgetfulness-and-aging>

R11 | Augmentative and Alternative Communication

American Speech-Language-Hearing Association | n.d.

Communication access across the lifespan, individual preferences, and multiple forms of expression.

<https://www.asha.org/Practice-Portal/Professional-Issues/Augmentative-and-Alternative-Communication/>

R12 | Spoken Language Disorders

American Speech-Language-Hearing Association | n.d.

Language assessment and support for ages 3 to 21; companion AAC material informs accessible response options.

<https://www.asha.org/Practice-Portal/Clinical-Topics/Spoken-Language-Disorders/>

R13 | Audiology Information Series Central Auditory Processing Disorder

American Speech-Language-Hearing Association | 2025

Professional assessment and individualized listening supports; not a worksheet-based diagnosis or a unitary processing-disorder explanation.

<https://www.asha.org/siteassets/ais/ais-central-auditory-processing-disorder.pdf>

Conceptual references

R14 | Behavior or Conduct Problems in Children

Centers for Disease Control and Prevention | 2026

Developmental context, comprehensive evaluation, and individualized child and family treatment; the worksheet is not a conduct-disorder screen.

<https://www.cdc.gov/children-mental-health/about/about-behavior-or-conduct-problems-in-children.html>

R15 | Parenting Your Adopted Teenager

Child Welfare Information Gateway | 2020

Adoption-related identity, communication, independence, loss, and support; no presumed trauma history or required family contact.

<https://www.childwelfare.gov/resources/parenting-your-adopted-teenager/>

R16 | Positive Parenting Tips for Healthy Child Development Middle Childhood 6 to 8 Years

Centers for Disease Control and Prevention | 2015

Supportive adult attention, relationships, responsibility, and developmentally appropriate guidance; worksheets are original educational activities.

<https://stacks.cdc.gov/view/cdc/155268>

R17 | What Kids Can Do

U.S. Department of Health and Human Services | 2021

Safe help seeking and adult support for bullying; children are not made responsible for stopping mistreatment.

<https://www.stopbullying.gov/kids/what-you-can-do>

R18 | Preparing Patients for Telebehavioral Health

U.S. Department of Health and Human Services | n.d.

Consent, privacy, and emergency planning; verify current local rules and service procedures separately.

<https://telehealth.hhs.gov/providers/best-practice-guides/telehealth-for-behavioral-health/preparing-patients-for-telebehavioral-health>

R19 | Guidance on AI and Children

UNICEF | n.d.

Child-centered privacy, safety, inclusion, and informed participation; worksheet examples are original and do not certify any product.

<https://www.unicef.org/innocenti/reports/policy-guidance-ai-children>

R20 | Autism Spectrum Disorder in Under 19s Support and Management CG170

National Institute for Health and Care Excellence | 2013 updated 2021

Individualized communication, environmental adjustments, collaborative care, and support for autistic young people; no worksheet is presented as a treatment protocol.

<https://www.nice.org.uk/guidance/cg170>

Conceptual references

R21 | Developmental Disability Basics

Centers for Disease Control and Prevention | 2026

Developmental differences, participation, evaluation, and support; no diagnostic checklist or age-equivalence assignment is provided.

<https://www.cdc.gov/child-development/about/developmental-disability-basics.html>

R22 | Addictive Behaviours: Gaming Disorder

World Health Organization | 2020

Distinguishing gaming activity from clinically significant impairment; the starter is not a screen or diagnostic instrument.

<https://www.who.int/news-room/questions-and-answers/item/addictive-behaviours-gaming-disorder>

R23 | Disability Inclusion

Centers for Disease Control and Prevention | 2025

Participation, environmental barriers, and access; not a determination of legal rights or eligibility.

<https://www.cdc.gov/disability-inclusion/about/index.html>

R24 | Culturally and Linguistically Appropriate Services

U.S. Department of Health and Human Services, Office of Minority Health | n.d.

Respectful, responsive care and attention to cultural and language needs; the worksheet is not a compliance assessment.

<https://thinkculturalhealth.hhs.gov/clas>

R25 | Creating an Emergency Plan for Telebehavioral Health

U.S. Department of Health and Human Services | 2024

Location, local support, emergency arrangements, and disconnection planning; adapt through an individualized clinical process.

<https://telehealth.hhs.gov/providers/best-practice-guides/telehealth-for-behavioral-health/preparing-patients-for-telebehavioral-health/creating-a-telehealth-emergency-plan>

R26 | Protecting Patients' Privacy

U.S. Department of Health and Human Services | 2025

Privacy and communication considerations for remote behavioral care; not a platform certification or legal compliance checklist.

<https://telehealth.hhs.gov/providers/best-practice-guides/telehealth-for-behavioral-health/preparing-patients-for-telebehavioral-health/protecting-patients-privacy>

R27 | Recognizing Medical Emergencies

MedlinePlus, U.S. National Library of Medicine | n.d.

Recognizing urgent medical concerns, including changes in mental status; the worksheet is not a triage or emergency response tool.

<https://medlineplus.gov/ency/article/001927.htm>

Conceptual references

R28 | Autism Spectrum Disorder in Adults Diagnosis and Management CG142

National Institute for Health and Care Excellence | 2012 updated 2021

Autonomy, individualized communication, environmental access, and collaborative support for autistic adults; not diagnosis of demand avoidance or a worksheet treatment protocol.

<https://www.nice.org.uk/guidance/cg142/chapter/Recommendations>

W01 | Eating Disorders: What You Need to Know

National Institute of Mental Health | 2024

General eating-disorder recognition and coordinated care; not a meal plan or a validation of this worksheet.

<https://www.nimh.nih.gov/health/publications/eating-disorders>

W02 | Perinatal Depression

National Institute of Mental Health | n.d.

Pregnancy and postpartum mental-health care and help-seeking; not a screening instrument or diagnosis.

<https://www.nimh.nih.gov/health/publications/perinatal-depression>

W03 | Chronic Symptoms and Lyme Disease

Centers for Disease Control and Prevention | 2026

Persistent symptoms require appropriate evaluation; emotional support does not establish a cause or direct antibiotic care.

<https://www.cdc.gov/lyme/signs-symptoms/chronic-symptoms-and-lyme-disease.html>

W04 | Symptoms of menopause and perimenopause

National Health Service | 2026

General symptom context and help-seeking; no hormonal, medication, or supplement recommendations.

<https://www.nhs.uk/conditions/menopause-and-perimenopause/symptoms/>

W05 | Treatment for Alcohol Problems: Finding and Getting Help

National Institute on Alcohol Abuse and Alcoholism | n.d.

Treatment choices and support for finding professional alcohol care; no self-detoxification instructions.

<https://www.niaaa.nih.gov/publications/brochures-and-fact-sheets/treatment-alcohol-problems-finding-and-getting-help>

W06 | Somatic symptom disorder

National Library of Medicine MedlinePlus | 2025

Symptoms are real and care should be coordinated; the worksheet cannot determine a somatic symptom diagnosis.

<https://medlineplus.gov/ency/article/000955.htm>

W07 | Sexual Health

National Library of Medicine MedlinePlus | n.d.

General sexual-health context and professional care questions; not sexual-function treatment or performance advice.

<https://medlineplus.gov/sexualhealth.html>

Conceptual references

W08 | Gambling-related harms: identification, assessment and management

National Institute for Health and Care Excellence | 2025

Nonjudgmental assessment and support for gambling-related harm; no reproduction of instruments or treatment protocol.

<https://www.nice.org.uk/guidance/ng248>

W09 | Medications for Opioid Use Disorder

National Institute on Drug Abuse | n.d.

Supports informed conversations about evidence-based medication care; no medicine selection or dosing.

<https://nida.nih.gov/research-topics/medications-opioid-use-disorder>

W10 | Treatment of Stimulant Use Disorders

Substance Abuse and Mental Health Services Administration | 2020

Specialist treatment context and appropriate referral; the starter is not the Matrix model or a contingency-management protocol.

<https://library.samhsa.gov/product/treatment-stimulant-use-disorders/pep20-06-01-001>

W11 | What is Gender Dysphoria?

American Psychiatric Association | n.d.

Affirming exploration and distinction between identity and distress; no diagnostic checklist or medical transition advice.

<https://www.psychiatry.org/patients-families/gender-dysphoria/what-is-gender-dysphoria>

W12 | Social Determinants of Health

Office of Disease Prevention and Health Promotion | n.d.

Material and social conditions, discrimination, housing and food access; no promises of service eligibility or legal outcomes.

<https://odphp.health.gov/healthypeople/priority-areas/social-determinants-health>

W13 | Types of counselling and psychotherapy

British Association for Counselling and Psychotherapy | n.d.

High-level orientation to therapy approaches; not training, a treatment manual, or evidence that these original exercises are validated.

<https://www.bacp.co.uk/about-therapy/types-of-therapy/>

W14 | About Art Therapy

American Art Therapy Association | n.d.

Distinguishes a trained art-therapy profession from general creative expression; no interpretation of art as diagnostic evidence.

<https://arttherapy.org/about-art-therapy/>

W15 | Play Therapy Makes a Difference

Association for Play Therapy | n.d.

Professional play therapy and caregiver involvement; the worksheet prepares a consultation and does not direct child treatment.

<https://www.a4pt.org/page/PTMakesADifference>

Conceptual references

W16 | What is EFT?

International Centre for Excellence in Emotionally Focused Therapy | n.d.

Attachment-oriented emotional and interaction patterns; a reflection worksheet does not deliver a complete EFT protocol.

<https://iceeft.com/what-is-eft/>

W17 | Overview of IPT

International Society of Interpersonal Psychotherapy | n.d.

Relationship and life-event focus of structured IPT; no claim that a conversation map constitutes IPT treatment.

<https://interpersonalpsychotherapy.org/ippt-basics/overview-of-ippt/>

W18 | Burn-out an occupational phenomenon

World Health Organization | n.d.

Occupational scope of burnout; not a medical diagnosis or a reason to dismiss other health conditions.

<https://www.who.int/standards/classifications/frequently-asked-questions/burn-out-an-occupational-phenomenon>

W19 | Secondary Traumatic Stress: A Fact Sheet for Child-Serving Professionals

National Child Traumatic Stress Network | 2011

Workplace exposure, support, supervision and organizational response; no symptom score or compulsory trauma recounting.

<https://www.nctsn.org/resources/secondary-traumatic-stress-fact-sheet-child-serving-professionals>

W20 | Impact Wellbeing Campaign Releases Hospital-Tested Guide to Improve Healthcare Worker Burnout

Centers for Disease Control and Prevention National Institute for Occupational Safety and Health | 2024

Organizational responsibilities and work conditions in healthcare wellbeing; individual rest is not a substitute for systems change.

<https://www.cdc.gov/media/releases/2024/p0318-Worker-Burnout.html>

W21 | WHO guidelines on physical activity and sedentary behaviour

World Health Organization | 2020

Inclusive physical-activity context; starter makes no individualized exercise prescription and respects health limitations.

<https://www.who.int/publications/b/55518>

W22 | Veterans Transitioning From Service

U.S. Department of Veterans Affairs | n.d.

Transition supports for veterans; not all military experiences involve trauma and benefit eligibility is not assumed.

<https://www.mentalhealth.va.gov/transitioning-service/index.asp>

W23 | APA Dictionary of Psychology: personality trait

American Psychological Association | n.d.

Descriptive trait concepts only; no personality test, typology score, or disorder diagnosis.

<https://dictionary.apa.org/personality-trait>

Conceptual references

W24 | APA Dictionary of Psychology: social norm

American Psychological Association | n.d.

Conceptual context for noticing group expectations; not a causal assessment of another person's motives.

<https://dictionary.apa.org/social-norm>

W25 | The People's Arch: The Interfaith heart and spirit of Archbishop Desmond Tutu

Desmond and Leah Tutu Legacy Foundation | n.d.

Cultural context for Ubuntu and shared humanity; offered as an optional values lens, not a universal cultural prescription.

<https://tutu.org.za/news/the-peoples-arch-the-interfaith-heart-and-spirit-of-archbishop-desmond-tutu>

W26 | Understanding Loneliness and Social Isolation: How to Stay Connected

National Institute on Aging | 2024

Social connection and access considerations, particularly for older adults; no guarantee that contact resolves loneliness.

<https://order.nia.nih.gov/publication/understanding-loneliness-and-social-isolation-how-to-stay-connected>

W27 | Pain

National Institute of Neurological Disorders and Stroke | n.d.

Pain and multidisciplinary support; no medication, exercise, or symptom-cause prescription.

<https://www.ninds.nih.gov/health-information/disorders/pain>

W28 | What is Solution-Focused Therapy?

Institute for Solution-Focused Therapy | n.d.

Preferred outcomes, exceptions, and resources as conversation themes; no proprietary manual reproduction or claim of completed therapy.

<https://solutionfocused.net/solution-focused-therapy/>

W29 | Guidelines for Psychological Practice with Sexual Minority Persons

American Psychological Association | 2021

Affirmative practice, diversity, privacy and minority stress; no reproduction of assessment tools or identity-change intervention.

<https://www.apa.org/about/policy/psychological-sexual-minority-persons.pdf>