



SELF CARE

PERSONAL LIFE VISION & MISSION

VISION

MISSION

GOALS

-
-
-
-
-

Vision board

WEALTH GOAL		HEALTH GOAL	
LOVE	FAMILY	CAREER	
SPIRITUALITY		KNOWLEDGE	
NOTES			

STEPS TRACKER

DAYS	STEPS	DATE	STEPS
01		16	
02		17	
03		18	
04		19	
05		20	
06		21	
07		22	
08		23	
09		24	
10		25	
11		26	
12		27	
13		28	
14		29	
15		30	

GROCERY LIST

PRODUCE	FROZEN	DELI

MEAT & FISH	DAIRY	BEVERAGES

PANTRY	BAKERY	OTHER

NOTES

SKIN CARE LOG

BEAUTY IDEAS

JOURNAL

Skin Improvement

Reaction/Allergic

SKIN HEALTH	
To Avoid	What Helps

WHAT CAN YOU ACHIEVE?

Start Date:

Build Momentum:

Category	30 Days	60 Days	90 Days
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Health

Family
































































































Finance

Career

Social

Lifestyle

LIST YOUR WELLNESS ACTIVITIES

MOOD TRACKER

[illegible]

MANTRA OF THE YEAR

KEYS

- ☐ AMAZING
- ☐ GOOD
- ☐ PRODUCTIVE
- ☐ AVERAGE
- ☐ RELAXED
- ☐ EXHAUSTED
- ☐ DEPRESSED
- ☐ BORED
- ☐ SICK

NOTES

This image shows a single sheet of white paper with horizontal blue or grey ruling lines, typical of notebook paper. The lines are evenly spaced and run across the width of the page. There is no handwriting or other markings on the paper.

VITAMIN/SUPPLEMENT

DATE:	STEP - 1	STEP - 2	STEP - 3	STEP - 4	STEP - 5
-------	----------	----------	----------	----------	----------

JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC
-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----

VITAMINS	ITEM	DOSAGE	TIME	M	T	W	T	F	S	S

SUPPLEMENT	ITEM	DOSAGE	TIME	M	T	W	T	F	S	S

OTHERS	ITEM	DOSAGE	TIME	M	T	W	T	F	S	S

NOTES										
•										
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WEEKLY MEAL GOAL

MONTH OF :

	BREAKFAST	LUNCH	DINNER	OTHER	NOTES
MONDAY					
TUESDAY					
WEDNESDAY					
THURSDAY					
FRIDAY					
SATURDAY					
SUNDAY					

PERIOD TRACKER

	MON	TUE	WED	THU	FRI	SAT	SUN
1							
2							
3							
4							
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31							

DATE	YEAR
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KEY			
SPOTTING			
LIGHT			
MEDIOUM			
HEAVY			
HEADACHE			
CRAMPS			
ACNE			

CYCLE LENGTH	
JAN	
FEB	
MAR	
APR	
MAY	
JUN	
JUL	
AUG	
SEP	
OCT	
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NOTES	
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CLEANING SCHEDULE

Bedrooms

M	
O	
N	

Extras

W	<input type="checkbox"/>	
K	<input type="checkbox"/>	
E	<input type="checkbox"/>	
D	<input type="checkbox"/>	
	<input type="checkbox"/>	
	<input type="checkbox"/>	

Bathrooms

[illegible]

Everyday

[illegible][illegible][illegible][illegible]

Kitchen

W	<input type="checkbox"/>
E	<input type="checkbox"/>
D	<input type="checkbox"/>
	<input type="checkbox"/>
	<input type="checkbox"/>
	<input type="checkbox"/>

Living Room

THU	

Outside

F	<input type="checkbox"/>	
R	<input type="checkbox"/>	
I	<input type="checkbox"/>	
	<input type="checkbox"/>	
	<input type="checkbox"/>	
	<input type="checkbox"/>	

Monthly

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CLEANING CHECKLIST

		DAILY	✓		WEEKLY	✓		MONTHLY	✓
KITCHEN	1			1			1		
	2			2			2		
	3			3			3		
	4			4			4		
	5			5			5		
	6			6			6		
LIVING ROOM	1			1			1		
	2			2			2		
	3			3			3		
	4			4			4		
	5			5			5		
	6			6			6		
BEDROOM	7			7			7		
	2			2			2		
	3			3			3		
	✓			✓			✓		
BATHROOM	1			1			1		
	2			2			2		
	3			3			3		
	✓			✓			✓		
MUDROOM	1			1			1		
	2			2			2		
	3			3			3		
	✓			✓			✓		
PORCH	1			1			1		
	2			2			2		
	3			3			3		
	4			4			4		

HABIT																						
1																						
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YEAR IN PIXELS

	J	F	M	A	M	J	J	A	S	O	N	D
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31												

ACTIVITY

GOALS

COLOR CODE

NOTES

12 WEEK CHALLENGE

WEEK 01	ABS	CARDIO	ARMS	FLEXIBILITY	LEGS	M	T	W	T	F	S	S
WEEK 02	ABS	CARDIO	ARMS	FLEXIBILITY	LEGS	M	T	W	T	F	S	S
WEEK 03	ABS	CARDIO	ARMS	FLEXIBILITY	LEGS	M	T	W	T	F	S	S
WEEK 04	ABS	CARDIO	ARMS	FLEXIBILITY	LEGS	M	T	W	T	F	S	S
WEEK 05	ABS	CARDIO	ARMS	FLEXIBILITY	LEGS	M	T	W	T	F	S	S
WEEK 06	ABS	CARDIO	ARMS	FLEXIBILITY	LEGS	M	T	W	T	F	S	S
WEEK 07	ABS	CARDIO	ARMS	FLEXIBILITY	LEGS	M	T	W	T	F	S	S
WEEK 08	ABS	CARDIO	ARMS	FLEXIBILITY	LEGS	M	T	W	T	F	S	S
WEEK 09	ABS	CARDIO	ARMS	FLEXIBILITY	LEGS	M	T	W	T	F	S	S
WEEK 10	ABS	CARDIO	ARMS	FLEXIBILITY	LEGS	M	T	W	T	F	S	S
WEEK 11	ABS	CARDIO	ARMS	FLEXIBILITY	LEGS	M	T	W	T	F	S	S
WEEK 12	ABS	CARDIO	ARMS	FLEXIBILITY	LEGS	M	T	W	T	F	S	S

GRATITUDE

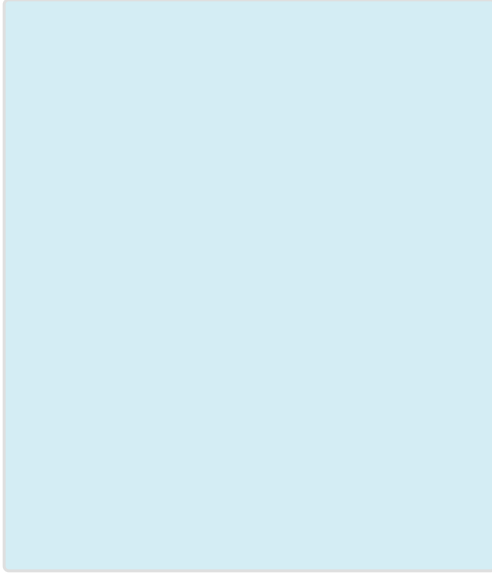
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TODAY I'M GRATEFUL FOR

Self Care Rituals

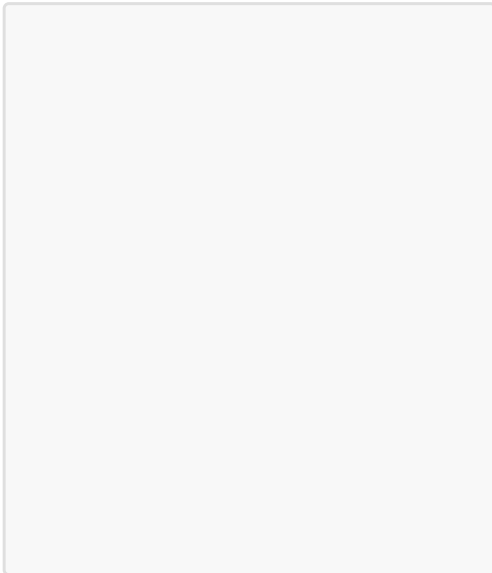
MORNING RITUALS

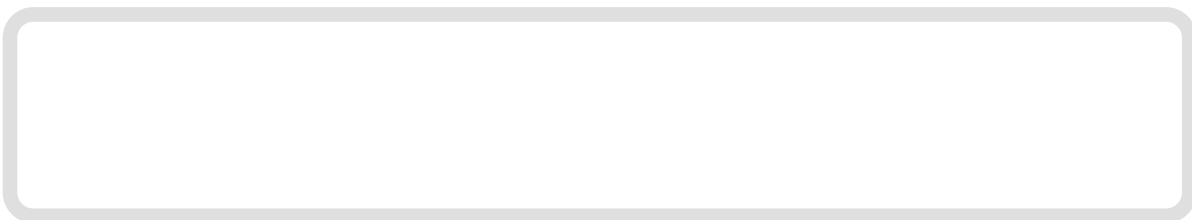
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NIGHT RITUALS

s m t w t f s



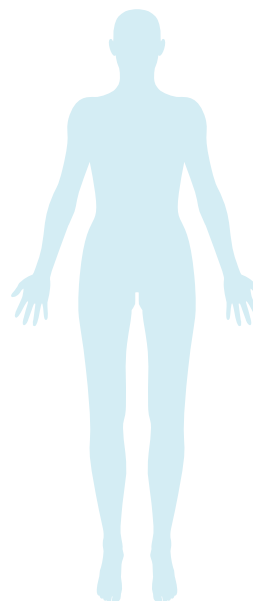


Soul BUCKET LIST

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BIOLOGICAL RISK FACTORS INFLUENCING MENTAL HEALTH WELLNESS

BREATHING/RESPIRATORY FUNCTIONING _____	ENVIRONMENTAL TOXINS_____
SLEEP_____	HIGH POLLUTION_____
MALNUTRITION_____	AIR QUALITY_____
HORMONE IMBALANCE_____	CLIMATE_____
MEDICATION(S)_____	TEMPERATURE_____
THYROID FUNCTIONING_____	LIGHTING_____
VITAMIN DEFICIENCIES_____	MOLD EXPOSURE_____
NUEROCHEMISTRY_____	TIME OUTDOORS _____
EXERCISE LEVEL_____	UNHYGIENIC ENVIRONMENT_____
FAMILY MEDICAL HISTORY_____	FINANCIAL HARDSHIP_____
CHRONIC PAIN_____	POVERTY_____
INFLAMMATION_____	SAFETY_____
STRESS LEVEL_____	EDUCATION_____
STRESS RESPONSE_____	SLEEP APNEA_____
RECREATIONAL SUBSTANCE USE_____	FREQUENT INFECTIONS_____
ILLEGAL DRUGUSE_____	HISTORY OF PHYSICAL TRAUMA:_____
BRAIN TRAUMA_____	_____
DEVELOPMENTAL TRAUMA_____	_____
DIGESTIVE ISSUES_____	_____
WATER INTAKE_____	_____
COGNITIVE FUNCTIONING_____	_____
IMMUNE SYSTEM_____	_____
SEXUAL DYSFUNCTION_____	_____
DIABETES _____	_____
CARDIOVASCULAR ISSUES_____	_____
VIRAL INFECTIONS_____	_____
POOR NUTRITION CONSUMPTION_____	
METABOLIC FUNCTIONING_____	
UNHEALTHY ITEM CONSUMPTION (CIGARETTE, VAPING, ETC) _____	
OBESITY_____	
CHRONIC MEDICAL CONDITION_____	
ACUTE MEDICAL CONDITION_____	
NEUROLOGICAL FUNCTIONING_____	
HYGIENE DYSFUNCTION_____	
SENSORY PROCESSING ABILITY _____	
RELAXATION _____	
POOR ORAL HYGIENE_____	
MISC. SOMATIC EXPERIENCES_____	
GUT-BRAIN CONNECTION_____	
HUMAN CONNECTION_____	



VITAMIN LEVELS THAT IMPACT MENTAL HEALTH

_____VITAMIN B9 (FOLATE)

_____ZINC

_____IODINE

_____IRON

_____SELENIUM

_____SULFUR

_____SODIUM

_____POTASSIUM

_____PHOSPHORUS

_____MOLYBDENUM

_____MANGANESE

_____VITAMIN C

_____VITAMIN E

_____MAGNESIUM

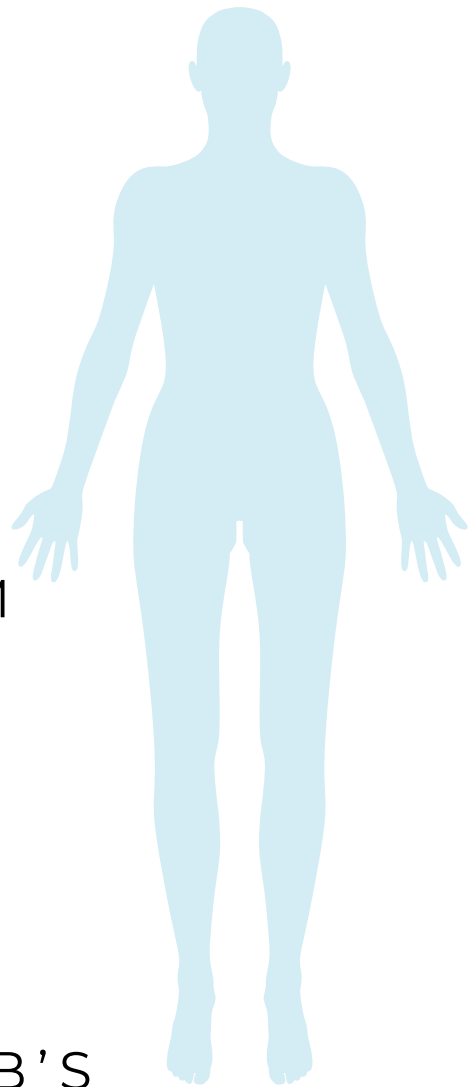
_____ZINC

_____ALL VITAMIN B'S

_____VITAMIN A

_____VITAMIN D

_____OMEGA-3 FATTY ACIDS



WRITE 7 SELF COMPASSIONATE STATEMENTS

CIRCLE YOUR STRENGTHS		LIST OTHER CHARACTER STRENGTHS
BRAVERY	PERSEVERANCE	
JUDGMENT	GRATITUDE	
CURIOSITY	KINDESS	
HONESTY	ZEST	
HUMILITY	LOVE	
PRUDENCE	LOVE OF LEARNING	
HUMOR	CREATIVITY	
LEADERSHIP	FAIRNESS	
SOCIAL INTELLIGENCE	TEAMWORK	
SELF-REGULATION	FORGIVENESS	
APPRECIATION	HOPE	
OF BEAUTY	SPIRITUALITY	
	PERSPECTIVE	

Motivation MINDSET PLANNER

WHAT WILL YOU GAIN BY ACHIEVING
YOUR GOALS?

WHAT INSPIRES YOU?

MEDICATION LOG EXAMPLE

Month of october 2021

antibiotic

MEDICATION (DOSE # 1)

M	T	W	T	F	S	S
				X	X	3
4	5	6	7	8	9	10
11	12	13	14	15	16	17
18	19	20	21	22	23	24
25	26	27	28	29	30	31

MEDICATION (DOSE # 2)

M	T	W	T	F	S	S
				X	X	3
4	5	6	7	8	9	10
11	12	13	14	15	16	17
18	19	20	21	22	23	24
25	26	27	28	29	30	31

prebiotic

MEDICATION (DOSE # 1)

M	T	W	T	F	S	S
				X	X	X
X	5	6	7	8	9	10
11	12	13	14	15	16	17
18	19	20	21	22	23	24
25	26	27	28	29	30	31

SSRI

MEDICATION (DOSE # 1)

M	T	W	T	F	S	S
				X	X	X
X	X	X	7	8	9	10
11	12	13	14	15	16	17
18	19	20	21	22	23	24
25	26	27	28	29	30	31

NOTES:

FAMILY ORGANIZER

Month:

Week Of:

EACH FAMILY MEMBER GETS A BLOCK

						TO DO
M O N						
T U E						
W E D						DINNER
T H U						
F R I						
S A T						
S U N						SHOPPING

GROCERY LIST

PRODUCE	FROZEN	DELI

MEAT & FISH	DAIRY	BEVERAGES

PANTRY	BAKERY	OTHER

NOTES

FOOD DAIRY

MONDAY	TIME	BREAKFAST	LUNCH	DINNER	SNACK	NOTES

TUESDAY	TIME	BREAKFAST	LUNCH	DINNER	SNACK	NOTES

WEDNESDAY	TIME	BREAKFAST	LUNCH	DINNER	SNACK	NOTES

THURSDAY	TIME	BREAKFAST	LUNCH	DINNER	SNACK	NOTES

FRIDAY	TIME	BREAKFAST	LUNCH	DINNER	SNACK	NOTES

SATURDAY	TIME	BREAKFAST	LUNCH	DINNER	SNACK	NOTES

SUNDAY	TIME	BREAKFAST	LUNCH	DINNER	SNACK	NOTES








12 WEEK CHALLENGE

WEEK 01	ABS	CARDIO	ARMS	FLEXIBILITY	LEGS	M	T	W	T	F	S	S
WEEK 02	ABS	CARDIO	ARMS	FLEXIBILITY	LEGS	M	T	W	T	F	S	S
WEEK 03	ABS	CARDIO	ARMS	FLEXIBILITY	LEGS	M	T	W	T	F	S	S
WEEK 04	ABS	CARDIO	ARMS	FLEXIBILITY	LEGS	M	T	W	T	F	S	S
WEEK 05	ABS	CARDIO	ARMS	FLEXIBILITY	LEGS	M	T	W	T	F	S	S
WEEK 06	ABS	CARDIO	ARMS	FLEXIBILITY	LEGS	M	T	W	T	F	S	S
WEEK 07	ABS	CARDIO	ARMS	FLEXIBILITY	LEGS	M	T	W	T	F	S	S
WEEK 08	ABS	CARDIO	ARMS	FLEXIBILITY	LEGS	M	T	W	T	F	S	S
WEEK 09	ABS	CARDIO	ARMS	FLEXIBILITY	LEGS	M	T	W	T	F	S	S
WEEK 10	ABS	CARDIO	ARMS	FLEXIBILITY	LEGS	M	T	W	T	F	S	S
WEEK 11	ABS	CARDIO	ARMS	FLEXIBILITY	LEGS	M	T	W	T	F	S	S
WEEK 12	ABS	CARDIO	ARMS	FLEXIBILITY	LEGS	M	T	W	T	F	S	S



































































































WEEKLY FITNESS

MONTH OF :

CURRENT WEIGHT :

MONDAY	DAILY STEPS	TOTAL CALORIES	WATER : 
WORKOUT :		BREAKFAST : LUNCH : DINNER : SNACK :	
TUESDAY	DAILY STEPS	TOTAL CALORIES	WATER : 
WORKOUT :		BREAKFAST : LUNCH : DINNER : SNACK :	
WEDNESDAY	DAILY STEPS	TOTAL CALORIES	WATER : 
WORKOUT :		BREAKFAST : LUNCH : DINNER : SNACK :	
THURSDAY	DAILY STEPS	TOTAL CALORIES	WATER : 
WORKOUT :		BREAKFAST : LUNCH : DINNER : SNACK :	
FRIDAY	DAILY STEPS	TOTAL CALORIES	WATER : 
WORKOUT :		BREAKFAST : LUNCH : DINNER : SNACK :	
SATURDAY	DAILY STEPS	TOTAL CALORIES	WATER : 
WORKOUT :		BREAKFAST : LUNCH : DINNER : SNACK :	
SUNDAY	DAILY STEPS	TOTAL CALORIES	WATER : 
WORKOUT :		BREAKFAST : LUNCH : DINNER : SNACK :	

WATER CHALLENGE

DAY 1	    	DAY 11	    	DAY 21	    
DAY 2	    	DAY 12	    	DAY 22	    
DAY 3	    	DAY 13	    	DAY 23	    
DAY 4	    	DAY 14	    	DAY 24	    
DAY 5	    	DAY 15	    	DAY 25	    
DAY 6	    	DAY 16	    	DAY 26	    
DAY 7	    	DAY 17	    	DAY 27	    
DAY 8	    	DAY 18	    	DAY 28	    
DAY 9	    	DAY 19	    	DAY 29	    
DAY 10	    	DAY 20	    	DAY 30	    

DATE	DRINK	NOTES
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Growth

HABITS TO CHANGE



SKILLS TO LEARN

VALUES TO ENHANCE

STRESS MANAGEMENT

UNHEALTHY COPING HABITS	HEALTHY HABITS FOR STRESS MANAGEMENT	NEW HABITS TO IMPLEMENT

MEDICATION & VITAMIN LOG

Month of _____

MEDICATION (DOSE #__)

DAYS:

							1	2	3
4	5	6	7	8	9	10			
11	12	13	14	15	16	17			
18	19	20	21	22	23	24			
25	26	27	28	29	30	31			

MEDICATION (DOSE #__)

DAYS:

							1	2	3
4	5	6	7	8	9	10			
11	12	13	14	15	16	17			
18	19	20	21	22	23	24			
25	26	27	28	29	30	31			

MEDICATION (DOSE #__)

DAYS:

							1	2	3
4	5	6	7	8	9	10			
11	12	13	14	15	16	17			
18	19	20	21	22	23	24			
25	26	27	28	29	30	31			

MEDICATION (DOSE #__)

DAYS:

							1	2	3
4	5	6	7	8	9	10			
11	12	13	14	15	16	17			
18	19	20	21	22	23	24			
25	26	27	28	29	30	31			

NOTES:

SELF CARE ROUTINE

self-care planner

Date: _____

Week: 1 2 3 4

Basic self-care

s m t w t f s

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	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

physical self-care

s m t w t f s

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emotional self-care

s m t w t f s

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	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Medical Appointments

[illegible]

Boost Your Strengths

WRITE DOWN YOUR PERSONAL STRENGTHS BELOW. FOR EACH STRENGTH: ASK YOURSELF THESE QUESTIONS:

- WHAT OPPORTUNITIES ARE OUT THERE FOR ME?
- HOW COULD I USE THIS STRENGTH MORE IN LIFE OR WORK?
- WHAT IS UNDERNEATH THIS STRENGTH?
- HOW COULD I TURN THIS STRENGTH INTO AN OPPORTUNITY?
- WHAT IDEAS HAVE I HAD THAT I'VE BEEN PUTTING OFF?
- WHERE COULD I USE THIS STRENGTH TO MAKE A DIFFERENCE IN MY LIFE?

MY PERSONAL STRENGTHS ARE:	I COULD BOOST THEM BY:
WHAT PERSONAL QUALITIES DO YOU LIKE THE MOST ABOUT YOURSELF?	1. 2. 3. 4. 5.
DO YOUR STRENGTHS MAKE YOU STAND OUT FROM OTHERS?	1. 2. 3. 4. 5.
WHAT ARE YOUR GREATEST STRENGTHS?	1. 2. 3. 4. 5.

30 DAYS CHALLENGE

Journal

Pay it forward

Go for a journey

Text an old friend

Try a DIY Project

Watch film

Try a new cuisine

Listen to classical music

Plan a holiday

Practice yoga

Stretch

Read a book

Go outside your comfort zone

Make moodboard

Go to bed earlier

Start a new hobby

Make time for exercise

Read a newspaper

Watch the sunset

Visit a museum

Create your ideal future

Do nothing

Go outside

Tidy your workspace

Take a different route

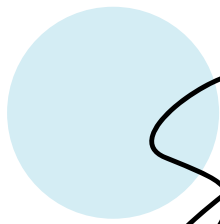
Read a nonfiction book

Start a dream journal

Go to bed earlier

Watch the sunrise

No phone day

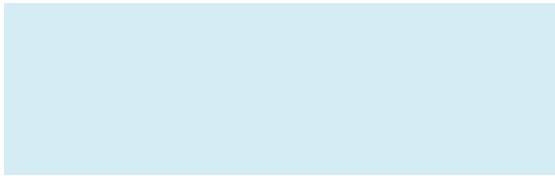


SWOT Exercise

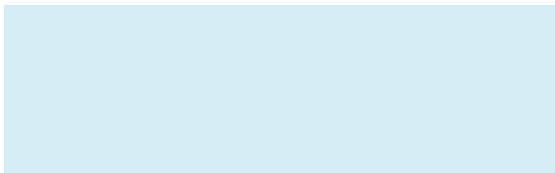
DO YOUR PERSONAL SWOT ANALYSIS. USE THE RESULTS TO RECOGNIZE YOUR UNIQUE SKILLS, STRENGTH, AND TALENTS. PLAN STRATEGIES TO MANAGE YOUR WEAKNESSES AND TAKE ADVANTAGE OF ANY OPPORTUNITIES!

STRENGTHS

- WHAT DO YOU DO WELL?

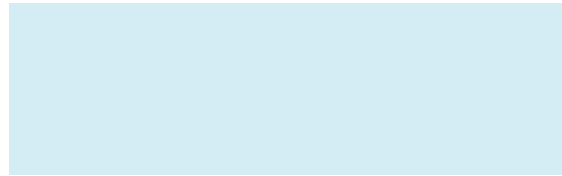


- WHAT DO OTHERS SEE AS YOUR STRENGTHS?

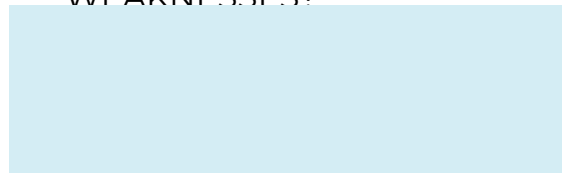


WEAKNESSES

- WHAT COULD YOU DO BETTER?

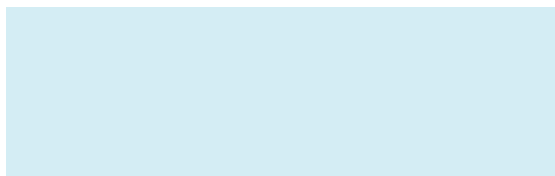


- WHAT DO OTHERS LIKELY SEE AS YOUR WEAKNESSES?

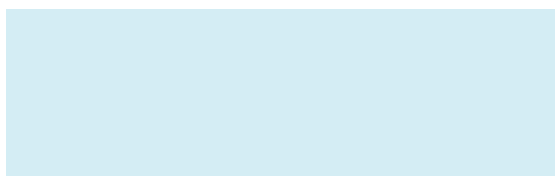


OPPORTUNITIES

- WHAT ARE THE OPPORTUNITIES?

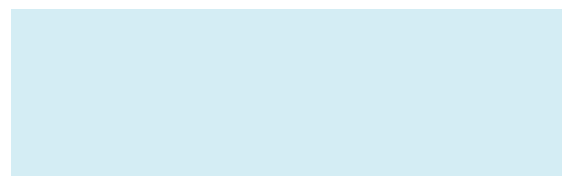
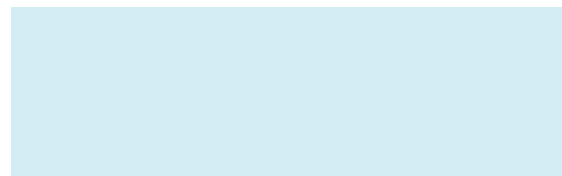


- WHICH STRENGTHS COULD YOU TURN INTO OPPORTUNITIES?



THREATS

- WHAT OBSTACLES DO YOU HAVE?



Thought Reflection

WHAT KEEPS ME GROUNDED?

WHO GIVES ME COMFORT?

WHERE DO I FEEL SAFEST?

WHEN AM I AT MY BEST?

Achieving Goals

WHAT ARE MY SHORT-TERM GOALS?

WHY DO I WANT TO ACHIEVE THEM?

WHAT HABITS DO I NEED TO KEEP IN ORDER TO ACHIEVE THEM?

WHAT HABITS MIGHT SLOW ME DOWN IN ACHIEVING THEM?

EMPOWER YOURSELF AT WORK

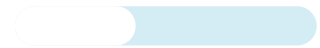
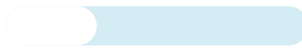
IN ORDER TO MANAGE YOUR CAREER EFFECTIVELY, YOU NEED TO UNDERSTAND WHAT YOU ENJOY AND WHAT YOU DON'T ENJOY. THEN, YOU CAN PONDER AND TAKE ACTION ON ALTERNATIVE CAREERS OR NEW DIRECTIONS.

WHAT % OF YOUR TIME AT WORK ARE YOU FEELING:

ENJOYMENT%

IN BETWEEN%

MISERY%



WHAT WOULD YOU SAY MOST CONTRIBUTE TO YOUR ENJOYMENT AT WORK?

WHAT WOULD YOU SAY MOST CONTRIBUTE TO YOUR STRUGGLES AT WORK?

WHAT WILL YOU DO TO EMPOWER YOURSELF AT WORK?

1ST ACTION _____ BY WHEN _____

2ND ACTION _____ BY WHEN _____

3RD ACTION _____ BY WHEN _____

NOTES

WEEKLY AFFIRMATIONS

“POSITIVE AFFIRMATIONS WILL LEAD YOU TO A PROSPEROUS PATH.”

CONSCIOUSLY PRACTICE BELOW!

WEEK:

MONDAY	TUESDAY

WEDNESDAY	THURSDAY	FRIDAY

SATURDAY	SUNDAY

Weekly Review

WHAT HAVE YOU BEEN
FOCUSING ON THIS WEEK?

WHAT ACTIONS HAVE YOU
TAKEN THIS WEEK?

WHAT ACCOMPLISHMENTS
HAVE YOU HAD?

WHAT CHALLENGES DID
YOU FACE?

WHAT LIMITING BELIEFS
HAVE YOU LET GO OF?

WHAT HAVE YOU LEARNED
THIS WEEK?

Therapy Process

REFLECTION

WHAT I CAN DO TO GROW:

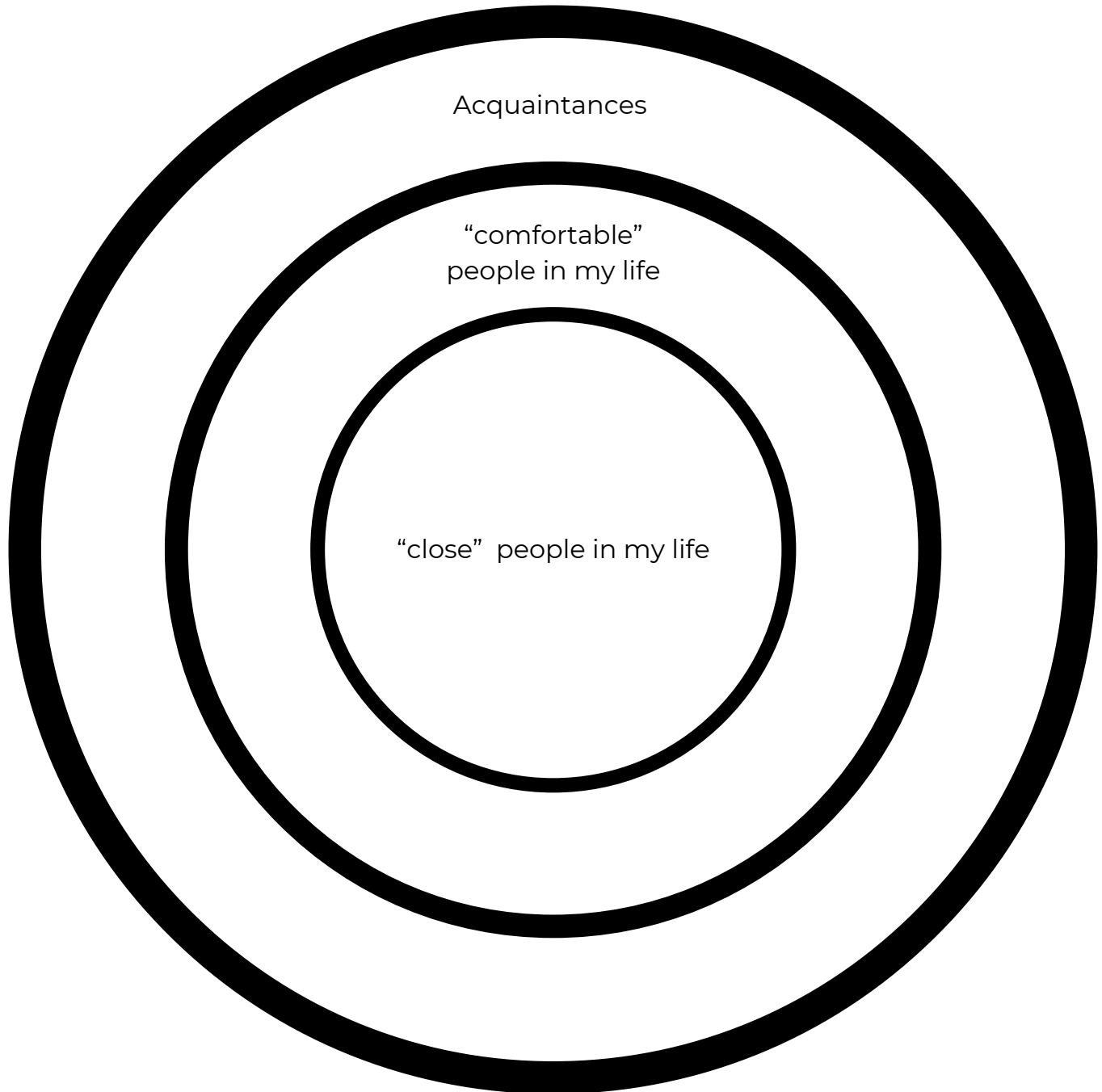
- ☐
- ☐
- ☐
- ☐
- ☐
- ☐

WHAT BEHAVIORS DO I WANT TO REPLACE?

- ☐
- ☐
- ☐
- ☐
- ☐
- ☐

My Social CIRCLE

WRITE THE NAMES OF PEOPLE IN EACH LAYER OF YOUR PEEPS.



Ultimate Coping Playlist

LET'S GET EXPRESSIVE. WRITE DOWN A COPING PLAYLIST FOR YOURSELF BY GIVING THIS CHALLENGE A TRY

CREATE YOUR OWN			
ENTERTAINMENT	A SONG THAT STAYS STUCK IN YOUR HEAD WHEN YOU HEAR IT.	A SONG YOU KNOW ALL THE WORDS TO.	YOUR FAVORITE SONG FROM A MOVIE.
REVIVAL	A SONG THAT REPRESENTS FREEDOM	A SONG THAT YOU'D LISTEN TO FALL ASLEEP.	A SONG THAT MAKES YOU FEEL PUMPED UP.
STRONG SENSATION	A SONG THAT REMINDS YOU OF A GOOD MEMORY.	A SONG THAT REMINDS YOU OF SOMEONE YOU CARE ABOUT	A SONG THAT REMINDS YOU OF SOMEONE WHO CARES ABOUT YOU
DIVERSION	A SONG THAT MAKES YOU FEEL SAFE.	A SONG YOU FIND INSPIRATIONAL.	YOUR GO TO POSITIVITY SONG.
DISCHARGE	A SONG THAT MATCHES YOUR VIBE YOU GET WHEN YOU FEEL ANXIOUS OR WORRIED.	A SONG THAT MATCHES YOUR VIBE WHEN YOU FEEL ANNOYED OR ANGRY.	A SONG THAT MATCHES YOUR VIBE WHEN YOU FEEL SAD OR AFRAID.

GRATITUDE

LIST ALL THE THINGS YOU ARE GRATEFUL FOR

WHAT PARTS OF YOUR
JOB ARE YOU GRATEFUL FOR?

WHAT ASPECTS OF WHO YOU
ARE, ARE YOU PROUD OF?

WHO MAKES THE BIGGEST
IMPACT IN YOUR LIFE IN A
POSITIVE WAY?

WHY DO THESE THINGS ENHANCE YOUR LIFE?

HANG THIS UP OR KEEP IT IN YOUR PLANNER FOR YOU TO SEE EVERY DAY*

Gratitude Meditation Exercise

RESOURCE CIRCLE *Worksheet*

Completing a resource circle gives you a rough idea of what proportion of your personal resources come from the different areas of your life.

LIST THE RESOURCES YOU CAN GET FROM EACH AREA

Home

Values

Relaxation

Relationship

IDENTIFICATION WORKSHEET

[illegible][illegible]

HEALTH AND WEALTH

	MON	TUE	WED	THU	FRI	SAT	SUN
WEIGHT							
HOUSE OF SLEEP							
WATER INTAKE							
EXERCISE							
ENERGY							
MEALS							
OTHERS							

FEELINGS

MINDFUL MOOD: WHAT FEELINGS DO YOU WANT TO FEEL MORE OF?

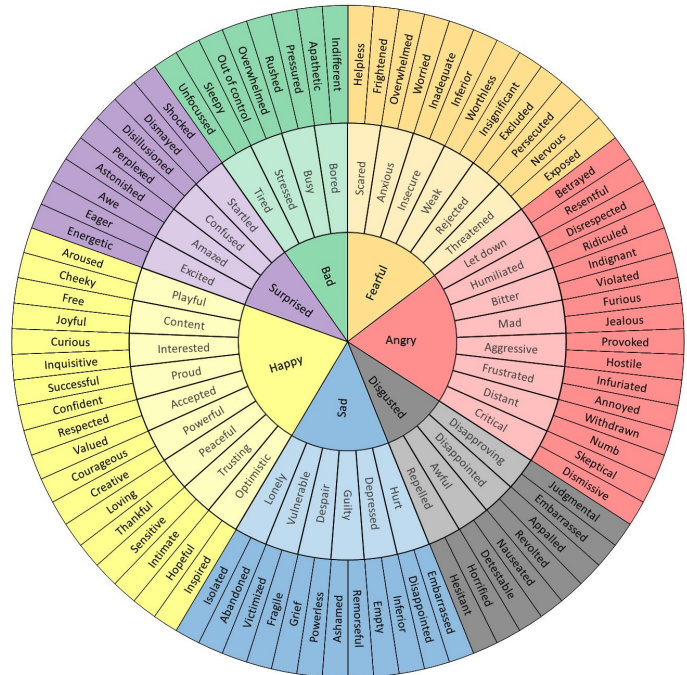
Day	Number of People
S	1
M	2
T	3
W	4
T	5
F	6
S	7

Day	Number of People
S	1
M	2
T	2
W	2
T	2
F	2
S	2

S M T W T F S

S M T W T F S

S M T W T F S



Achieving Goals

WHAT ARE MY SHORT-TERM GOALS?

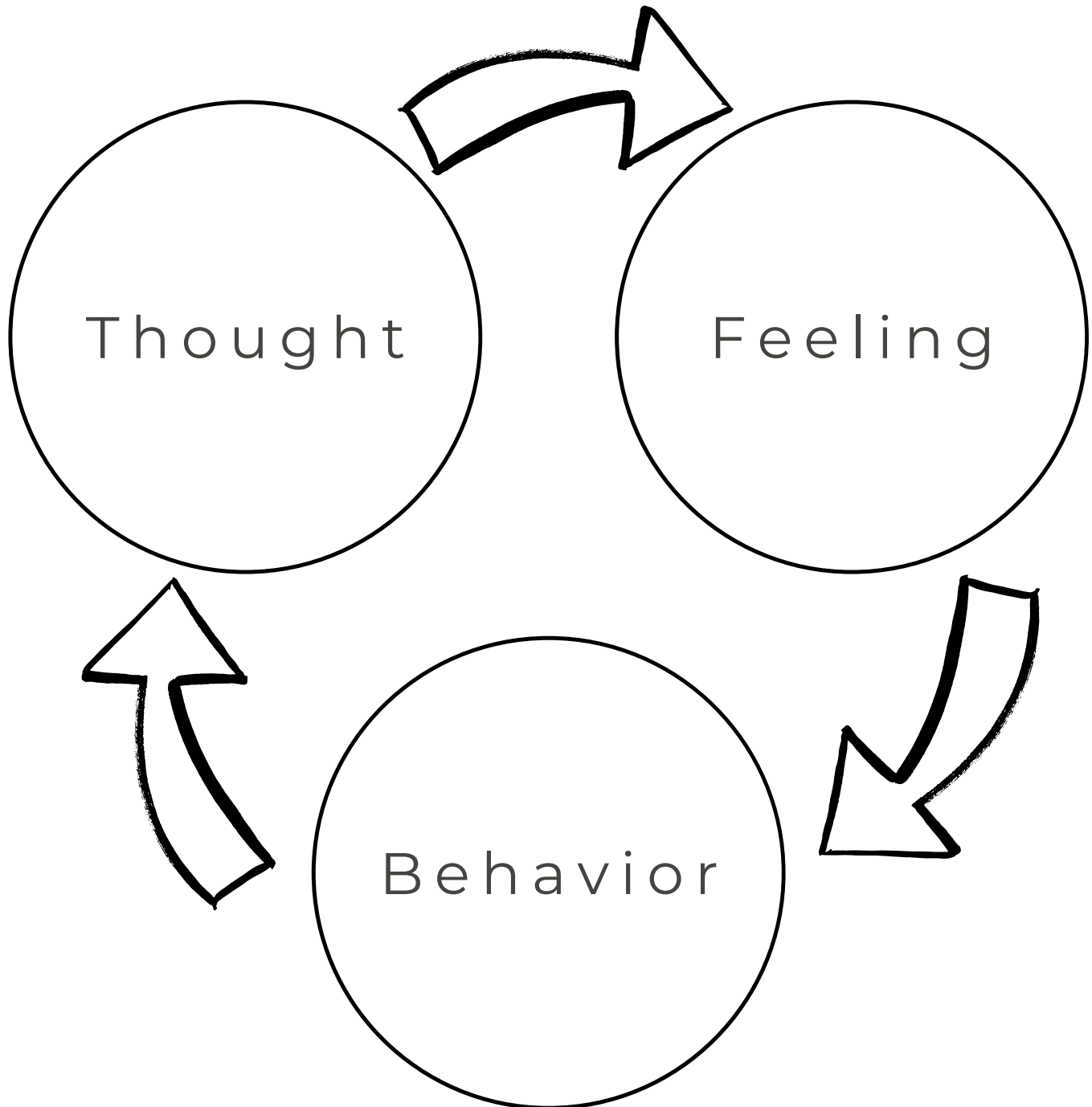
WHY DO I WANT TO ACHIEVE THEM?

WHAT HABITS DO I NEED TO KEEP IN ORDER TO ACHIEVE THEM?

WHAT HABITS MIGHT SLOW ME DOWN IN ACHIEVING THEM?

Why Thoughts Matter

CBT EXPLAINED WORKSHEET



'CBT WORKS ON THE BASIS THAT THE WAY WE THINK AND INTERPRET LIFE'S EVENTS AFFECTS HOW WE BEHAVE AND, ULTIMATELY, HOW WE FEEL. STUDIES HAVE SHOWN THAT IT IS USEFUL IN MANY SITUATIONS. MORE SPECIFICALLY, CBT IS A PROBLEM-SPECIFIC, GOAL-ORIENTED APPROACH. IT FOCUSES ON THEIR PRESENT-DAY CHALLENGES, THOUGHTS, AND BEHAVIORS.'

-MEDICALNEWSTODAY.COM

Thinking Healthier Thoughts

REFLECTION WORKSHEET

WHAT AM I REACTING TO?

WHAT IS IT THAT'S REALLY TRIGGERING ME HERE?

WHAT IS IT THAT I THINK IS GOING TO HAPPEN NOW?

WHAT IS THE WORST THING AND BEST THING THAT COULD HAPPEN?

WHAT'S MOST LIKELY TO HAPPEN?

IS THIS NEGATIVE THOUGHT FACT OR OPINION?

IS MY EMOTIONAL REACTION IN PROPORTION TO THE SITUATION AT HAND?

HOW IMPORTANT IS THIS? HOW IMPORTANT WILL IT BE IN 6 MONTHS TIME?

HAS HARM BEEN DONE?

ARE MY EXPECTATIONS FOR THIS PERSON OR SITUATION UNREALISTIC?

AM I OVERESTIMATING DANGER?

AM I UNDERESTIMATING MY ABILITY TO COPE AND GET THROUGH?

AM I THINKING WITH A NEGATIVE FILTER?

IS THERE ANOTHER WAY TO LOOK AT IT?

WHAT ADVICE WOULD I GIVE TO SOMEONE ELSE IN THIS SITUATION?

AM I IN MY HEAD RUMINATING ABOUT THE PAST OR WORRYING ABOUT THE FUTURE? (NOT BEING IN THE PRESENT MOMENT)

WHAT ACTIONS CAN I TAKE RIGHT NOW THAT WOULD HELP ME FEEL BETTER?

AM I PUTTING MORE PRESSURE ON MYSELF THEN I NEED TO?

WHAT WOULD BE A MORE REALISTIC STANDARD TO HOLD MYSELF TOO?

AM I "MIND-READING" OR ASSUMING WHAT OTHERS MIGHT BE THINKING?

AM I MAKING ASSUMPTIONS ABOUT THE FUTURE?

IS THERE ANOTHER WAY OF LOOKING AT THIS?

WHAT ADVICE WOULD I GIVE SOMEONE ELSE IN THIS SITUATION?

JUST BECAUSE I FEEL BAD, DOESN'T MEAN THINGS REALLY ARE BAD.

AM I JUMPING TO CONCLUSIONS ABOUT THIS?

AM I EXAGGERATING THE GOOD ASPECTS OF OTHERS/ PUTTING MYSELF DOWN?

AM I FOCUSING ON THE NEGATIVES AND MINIMIZING THE POSITIVES?

HOW WOULD SOMEONE ELSE SEE IT?

WHAT'S THE BIGGER PICTURE HERE?

IS THERE A NEUTRAL WAY TO VIEW THIS?

WHAT WOULD BE THE CONSEQUENCES OF RESPONDING THE WAY I USUALLY DO?

IS THERE ANOTHER WAY OF DEALING WITH THIS? WHAT WOULD BE THE MOST HELPFUL AND EFFECTIVE ACTION TO TAKE?

Write Your Negative Thoughts Below

THERE'S NO RIGHT OR WRONG WAY TO LOG YOUR THOUGHTS. ONCE YOU WRITE OUT ALL YOUR THOUGHTS, USE THE EXERCISES TO EXAMINE AND SHAPE YOUR PERSPECTIVE ON YOUR FINANCIAL WORRIES/STRESSES,

BODY SCAN

CLOSE YOUR EYES. TAKE A DEEP BREATH IN THROUGH YOUR NOSE, AND OUT THROUGH YOUR MOUTH. STARTING WITH THE TOP OF YOUR HEAD, BECOME AWARE OF HOW YOUR BODY FEELS. SLOWLY MOVE DOWN YOUR BODY, NOTICING HOW EACH BODY PART FEELS, DOWN TO YOUR TOES. MAKE A NOTE OF ANY AREAS OF DISCOMFORT ON THE BODY BELOW. DRAW TO REPRESENT HOW YOU ARE CURRENTLY FEELING.



Creating Alternative Thoughts

A COGNITIVE-BEHAVIOURAL STRATEGY TO CAPTURE AND IDENTIFY AUTOMATIC NEGATIVE THOUGHTS.

EVENT

WHAT HAPPENED?

FEELINGS

HOW DID IT MAKE ME FEEL?

THOUGHTS (IDENTIFY ANY DISTORTIONS AND LABEL THEM)

WHAT WAS I TELLING MYSELF WHEN THE
EVENT WAS HAPPENING?

BEHAVIOR

WHAT WAS MY RESPONSE TO THE SITUATION?

SUPPORTIVE EVIDENCE

WHY IS MY THOUGHT TRUE?

NON-SUPPORTIVE EVIDENCE

WHY MIGHT MY THOUGHT NOT BE TRUE?

Escaping Your Comfort Zone

WHAT MAKES YOU AFRAID OF LEAVING YOUR COMFORT ZONE?

HOW CAN YOU OVERCOME THE FEAR OF LEAVING YOUR COMFORT ZONE?

WHAT WILL HAPPEN IF YOU ONLY STAY IN YOUR COMFORT ZONE?

HOW WILL YOUR LIFE LOOK LIKE AFTER YOU LEAVE YOUR COMFORT ZONE?

Questions To Myself

WHAT ARE MY STRENGTHS?

WHAT DO YOU HOPE YOU GROW
OUT OF?

WHO GIVES ME COMFORT?

DO YOU LOSE YOUR TEMPER
EASILY?

WHAT DO I LOVE ABOUT MYSELF?

WHAT BRINGS YOU THE MOST JOY
IN LIFE?

ARE YOU CONFRONTATIONAL?

WHERE DO YOU SEE YOURSELF 10 YEARS
FROM NOW?

WHAT IS YOUR FAVORITE HOBBY?

WHAT IS YOUR FAVORITE MEMORY?

Negative Positive

MY NEGATIVE THOUGHT: _____

EVIDENCE FOR MY THOUGHT:

EVIDENCE AGAINST MY THOUGHT:

HOW CAN I REFRAME MY NEGATIVE THOUGHT TO A MORE REALISTIC ONE?

THERAPY ROOM

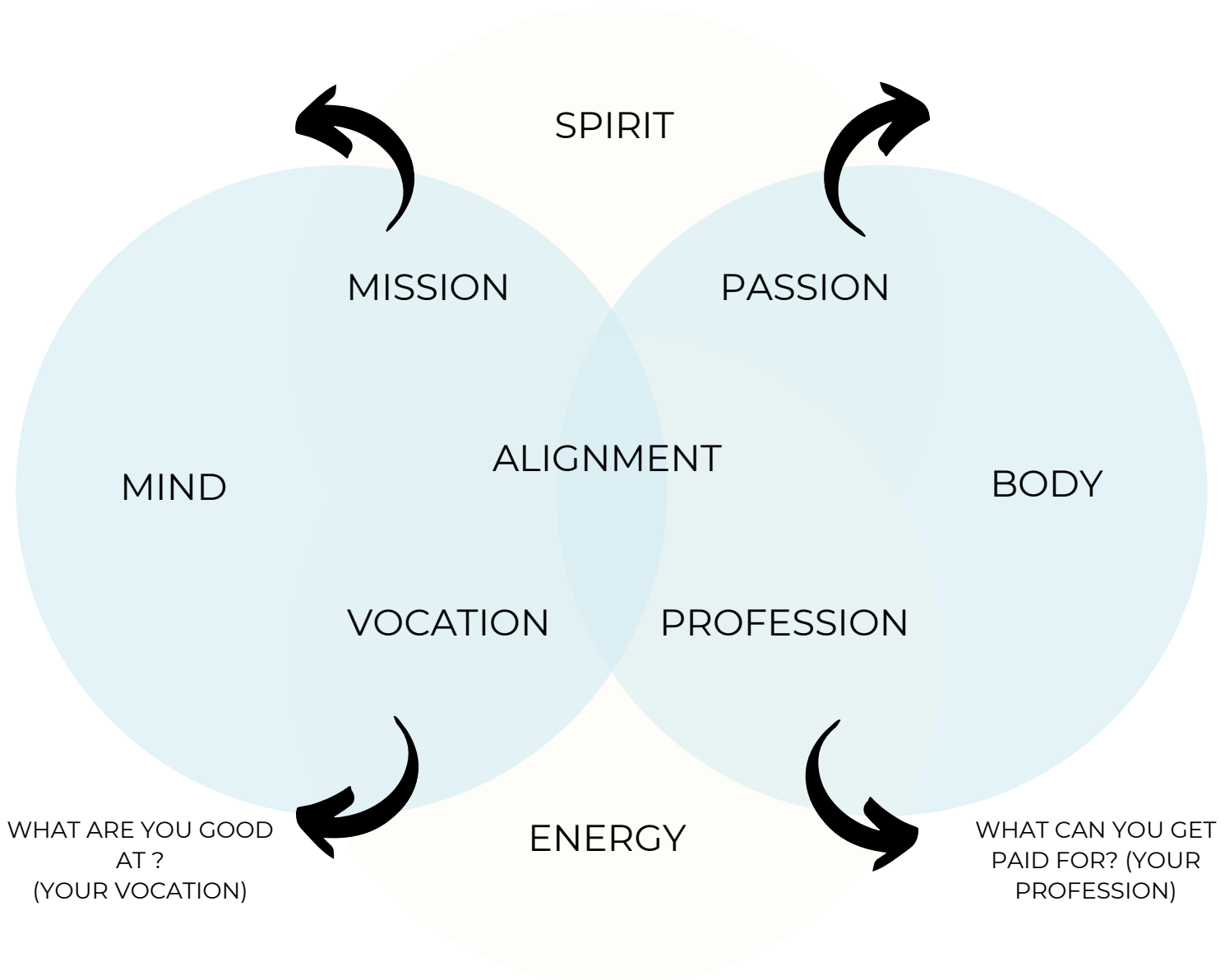
Wisdom

"THERAPY SLOWS PEOPLE DOWN TO THE SPEED OF WISDOM." -
MARY PIPHER

THE INTEGRATION OF *Wellbeing And Alignment*

WHAT ARE YOU HERE
TO GIVE THE WORLD ?
(YOUR MISSION)

WHAT DO YOU LOVE ?
(YOUR PASSION)



SELF-CARE QUIZ

THERE ARE NO RIGHT OR WRONG ANSWERS; SIMPLY RESPOND AS YOU SEE FIT AND SEE WHAT YOU DISCOVER ABOUT YOURSELF.

- SCORE 2 POINTS FOR EACH 'YES', 1 POINT FOR EACH 'S / SOMETIMES' AND 0 POINT FOR 'NO'.

	YES	S	NO
1. I AM UP-TO-DATE WITH MY HEALTH CHECK-UPS	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. I AM HAPPY WITH MY PHYSICAL FITNESS	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. I EAT WELL NUTRITIONALLY MOST OF THE TIME	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. I HAVE PLENTY OF SLEEP AND FEEL WELL-RESTED	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. I TAKE REGULAR BREAKS FROM MY WORK	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. I SAY "NO" TO OTHERS WHEN I NEED TO	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7. I HAVE FORGIVEN MY PAST MISTAKES	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8. I KNOW WHAT I AM PASSIONATE ABOUT	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9. I HAVE THINGS TO LOOK FORWARD TO IN MY LIFE	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

YOUR TOTAL SCORE _____

WHAT DID YOU LEARN ABOUT YOURSELF?

Medical Condition(s)

[illegible]

ALLERGIES & MEDICATION

Exercise LOG

EXERCISE GOAL

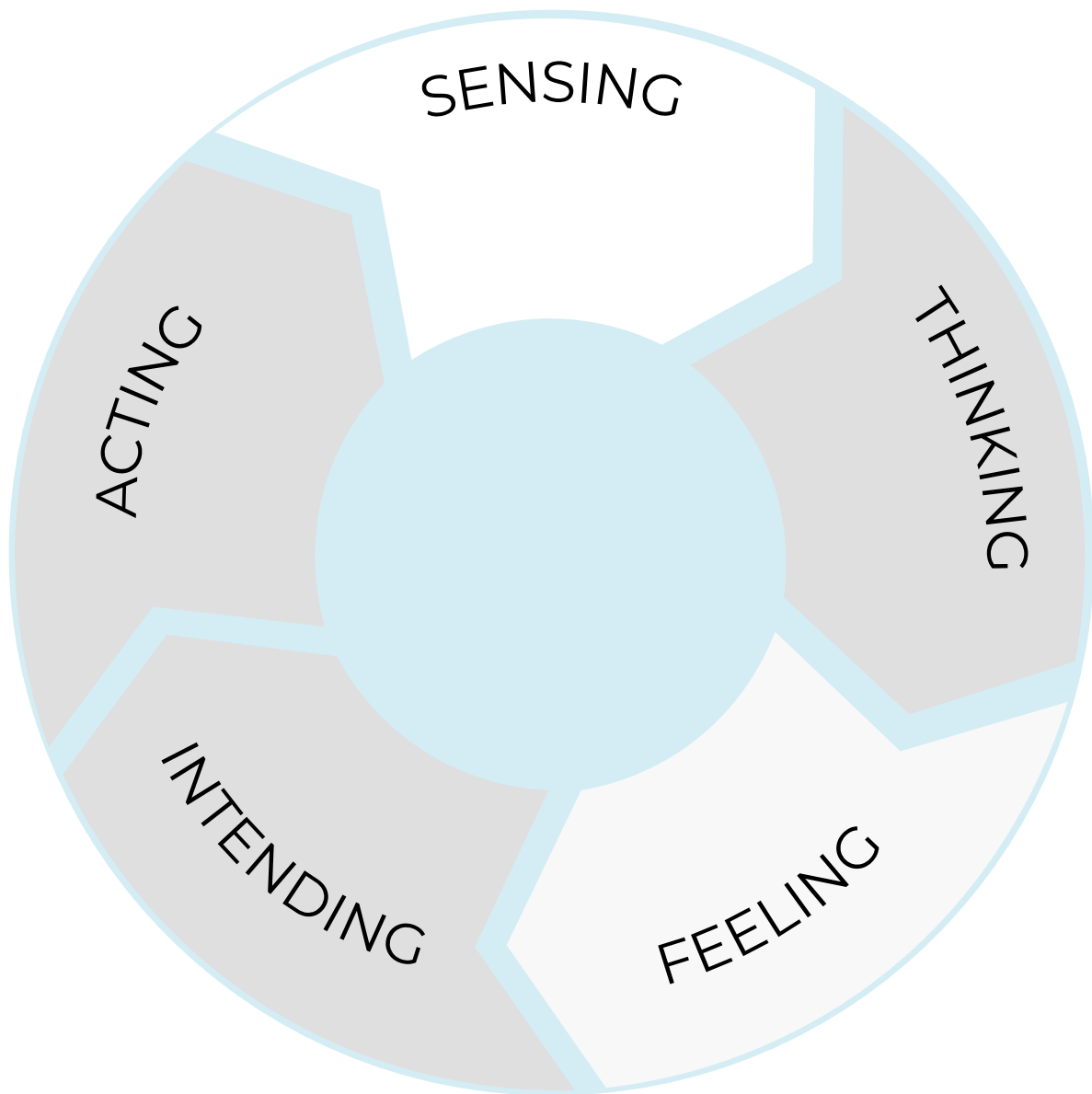
MONTH :

[illegible]

THE AWARENESS

WHEEL

Mindfulness Practice



SELF REGULATION EXERCISES & COPING SKILLS

- ☐ **PLEASE SKILLS.** THIS STANDS FOR TREATING PHYSICAL ILLNESS, EATING. AVOIDING ALTERING DRUGS, SLEEP, AND EXERCISE. (ENSURING YOUR PHYSICAL HEALTH DOES NOT IMPACT STATE!)
- ☐ **RADICAL ACCEPTANCE** MEANS MERELY ACCEPTING THE STATE OF THINGS AS THEY ARE, WITHOUT WORKING TO CHANGE THEM. BASICALLY, "IT IS WHAT IT IS." WHEN WE RELINQUISH THE NEED TO CONTROL A SITUATION AND UNDERSTAND THAT THERE IS NOTHING WE CAN DO TO CHANGE IT, THE PRESSURE TO FIX THINGS OFTEN SUBSIDES.
- ☐ **RADICAL ACCEPTANCE** IS OBSERVING A SITUATION, WITHOUT EMOTION, AND ACCEPTING THAT WE ARE NOT OMNIPOTENT BEINGS AND SOME THINGS ARE SIMPLY OUT OF OUR CONTROL (CHAPMAN ET AL., 2011).
- ☐ **IMPROVE SKILLS:** IMAGERY, MEANING, PRAYER, RELAXATION, ONE THING IN THE MOMENT, VACATION, AND ENCOURAGEMENT (LINEHAN, 2014).
- ☐ "ONE THING IN THE MOMENT" EXERCISE: THIS IS WHEN WE SLOW DOWN AND **BREAK DOWN A PROBLEM**, ADDRESSING EACH PART AT A TIME INSTEAD OF VIEWING OUR CIRCUMSTANCE AS ONE MAJOR OBSTACLE.
- ☐ **TIPP: (DISTRESS TOLERANCE SKILLS):** **TEMPERATURE:** (INFLUENCING YOUR STATE THROUGH COLD (COLD SHOWER/WASH HANDS/HOLD ICE CUBE, CHEW ICE CUBE.) **INTENSE EXERCISE** (LIKE COLD TEMPERATURES, INTENSE EXERCISE CHANGES THE BIOCHEMISTRY OF THE SYSTEM ADAPTIVELY & RELEASES ENDORPHINS TO BATTLE CORTISOL.) **PACED BREATHING** (INHALE THROUGH THEIR NOSE SLOWLY FOR A COUNT OF TWO, HOLD THE BREATH FOR THREE SECONDS, AND THEN EXHALE SLOWLY THROUGH MOUTH FOR A COUNT OF FIVE.), **PAIRED MUSCLE RELAXATION.** (IN (PMR), A PAIR OF MUSCLES, SUCH AS THE TOES ON BOTH FEET, ARE TENSED **WHILE** BREATHING IN AND THEN RELAXED **WHILE** BREATHING OUT.) FOCUS REMAINS ON CHANNELING EMOTIONAL ENERGY THROUGH TENSING THE MUSCLES. DISTRACTION OCCURS WHILE MATCHING YOUR BREATHE AND MUSCLE TENSING.
- ☐ **ACCEPTS SKILLS:** STANDS FOR ACTIVITIES, CONTRIBUTING, COMPARISONS, EMOTIONS, PUSH AWAY, THOUGHTS, AND SENSATION.
- ☐ **CREATE A PROS AND CONS LIST.** REVIEW LIST FROM **WISE MIND PERSPECTIVE.** (APPROACHING IT WITH BALANCED LOGIC & FEELINGS.)
- ☐ **USING YOUR WISE MIND:** 1. **OBSERVE** WHAT'S HAPPENING. 2. **DESCRIBE** WHAT'S HAPPENING FROM A NEUTRAL OR NONJUDGMENTAL PLACE. 3. **PARTICIPATE** BY IMMERSING YOURSELF IN THE MOMENT AND ALLOWING YOURSELF TO BE PRESENT.
- ☐ **REFRAMING EXERCISE:** HOW CAN YOU VIEW THIS SITUATION IN A MORE HELPFUL WAY? EXAMPLE: REFRAMING A MISTAKE AS AN OPPORTUNITY TO LEARN.
- ☐ **SQUEEZE SOMETHING OR USE A TACTILE OBJECT TO RELEASE EMOTIONAL ENERGY.**

SELF REGULATION EXERCISES & COPING SKILLS

- ☐ **GRATITUDE EXERCISE:** PICTURE 10 THINGS YOU ARE GRATEFUL FOR AND HOW YOUR LIFE HAS BEEN IMPACTED BY THESE THINGS.
- ☐ **WHAT IF EXERCISE:** INSTEAD OF ASKING YOURSELF WHAT IF THIS GOES WRONG, ASK YOURSELF “WHAT IF THIS GOES RIGHT?”
- ☐ **DISTRACT AND LEARN WITH THIS VIDEO:** [HTTPS://YOUTU.BE/NXRFD0VNJA4](https://youtu.be/NXRFD0VNJA4)
(TITLE: DO YOU HAVE THE ABILITY TO REGULATE YOUR THOUGHTS & EMOTIONS BY THE HOLISTIC PSYCHOLOGIST ON YOUTUBE)
- ☐ **CO-REGULATE WITH A PET** BY MIRRORING BREATHING AND ATTUNING TO PET.
- ☐ **OPPOSITE ACTION EXERCISE.** THIS IS DOING AN ACTION THAT'S FUNCTIONAL AND OPPOSITE OF YOUR CURRENT FEELING. FEELING ANGRY? WATCH A COMEDY SPECIAL. FEELING SAD? DO SOMETHING THAT BRINGS YOU JOY.
- ☐ **CATHARSIS:** EXPRESSING STRONG FEELINGS IN A HEALTHY FORM OF PUNCHING A PUNCHING BAG, STRENGTH EXERCISES, YELLING INTO A PILLOW, OR “SMASH THE ROOM” TYPE ACTIVITIES.

LISTEN TO INSPIRATIONAL/MOTIVATIONAL SPEAKERS.
- ☐ **JOURNALING EXERCISE:** GOOGLE A JOURNAL PROMPT THAT FITS YOUR CURRENT SITUATION AND GET WRITING.
- ☐ **NATURE EXERCISE:** GRAB A TOWEL OR CHAIR AND SIT OUTSIDE IN THE SUN FOR A FEW MINUTES.
- ☐ **PHYSICAL MINDFULNESS.** GO FOR A WALK. INCORPORATE GROUNDING SENSES.
- ☐ **SPIRITUALITY EXERCISE.** VISITING A SPIRITUAL PLACE OR GOING SOMEWHERE YOU FEEL MORE CONNECTED TO YOUR SPIRITUALITY. THIS CAN ALSO BE READING, WRITING, REFLECTION, ETC.
- ☐ **SMILE EXERCISE:** YOUR BRAIN ASSOCIATES SMILING WITH POSITIVE THINGS AND IMPACTS PHYSIOLOGY TO HELP IMPROVE MOOD WHEN ATTEMPTING TO SELF REGULATE.

SELF REGULATION EXERCISES & COPING SKILLS

- ☐ **UNMET NEEDS EXERCISE:** IDENTIFY THE CURRENT NEEDS YOU HAVE AND VALIDATE THEM. BRAINSTORM SOLUTIONS FOR MEETING THOSE NEEDS.
- ☐ **POSITIVE REINFORCEMENT:** YOURSELF FOR POSITIVE BEHAVIORS AND CHOICES. GIVE YOURSELF RECOGNITION AND PRAISE. REWARD YOURSELF IN A MEANINGFUL WAY FOR THESE POSITIVE/HEALTHY BEHAVIORS.
- ☐ **SHAPING YOUR BEHAVIOR:** DO SOME THING YOU FEEL CAPABLE OF RIGHT NOW TO START MOTION TOWARDS YOUR IDEAL OUTCOME.
- ☐ **MODELING OTHERS EXERCISE:** OBSERVE OR LOOK UP WHAT SKILLS SOMEONE USED TO EFFECTIVELY HANDLE THE SAME PROBLEM YOU'RE GOING THROUGH RIGHT NOW. HOW CAN YOU EMULATE THOSE SKILLS IN A HEALTHY WAY?
- ☐ **BEING THE MODEL EXERCISE:** STRIVE TO BECOME A MODEL FOR OTHERS WITH YOUR BEHAVIOR. "WHAT DO I WANT TO SHOW OTHERS?" "WHO CAN I MODEL HEALTHY BEHAVIOR TO?" "WHO CAN I MODEL HEALTHY BEHAVIOR FOR?"
PRACTICE NEW BEHAVIORS TO SHAPE HEALTHY BEHAVIORS YOU WANT TO DEMONSTRATE FOR OTHERS.
- ☐ **CROWD OUT UNHEALTHY BEHAVIORS:** PICK AT LEAST FIVE EXERCISES/SKILLS TO DO BEFORE ENGAGING IN THE BEHAVIOR(S) THAT YOU WANT OR NEED TO CHANGE. PRACTICE SKILLS UNTIL THEY BECOME SELF-REINFORCING AND FEEL MORE NATURAL. BEING SKILLFUL FEELS GOOD!
- ☐ **IMPLEMENT SAFETY PLAN IF YOU HAVE ONE.**
- ☐ **GIVE SKILLS:** THESE ARE SKILLS TO DEFUSE ANXIETY & SELF-REGULATE DURING
- ☐ **COMMUNICATION:** BE GENUINE, INTERESTED, VALIDATING, AND EASY MANNERED. IMPLEMENT THESE TO HELP CONNECT & RELATING TO OTHERS. ADDITIONALLY, IMPLEMENT THESE IN YOUR **SELF TALK**.
- ☐ **STRENGTHS EXERCISE:** LIST AND REVIEW YOUR STRENGTHS. WHAT CAN YOU APPLY RIGHT NOW?
- ☐ **CHANGE YOUR CURRENT ENVIRONMENT.**

SELF REGULATION EXERCISES & COPING SKILLS

- ☐ **QUESTION EXERCISE:** WHAT IS GOING RIGHT RIGHT NOW DESPITE NEGATIVE THOUGHT AND/OR CIRCUMSTANCE.
- ☐ **QUESTION EXERCISE:** WHAT RESOURCES DO YOU HAVE RIGHT NOW FOR YOUR PROBLEM INTERNALLY + EXTERNALLY.
- ☐ **QUESTION EXERCISE:** PICK A PROBLEM YOU'RE HAVING CURRENTLY. WHAT IS THE SILVER LINING?
- ☐ **DIALECTICAL CONTROL:** REFLECT ON WHAT YOU CAN CONTROL AND WHAT YOU CAN'T. ARE YOU GIVING SOMETHING EXTERNAL TOO MUCH POWER OR ASSIGNING YOURSELF TOO MUCH RESPONSIBILITY?
- ☐ **ALL OR SOMETHING CHANGE:** SOMETIMES WE HOLD OURSELVES BACK FROM CHANGE OUT OF FEAR. LET'S MINDFULLY CHALLENGE YOU TO EMBRACE CHANGE. HOW CAN YOU THROW YOURSELF TOTALLY INTO CHANGE OR AT LEAST DO **SOMETHING** TOWARD CHANGE?
- ☐ **COMPASSION EXERCISE:** THINK ABOUT THE HARDSHIPS, BELIEFS, AND STRUGGLES ANOTHER PERSON IS GOING THROUGH THAT IS CONTRIBUTING TO THEIR PERSPECTIVE. EXAMPLE: WHEN A BOSS IS CRITICAL OF THEIR EMPLOYEES, TAKE A MOMENT TO THINK ABOUT THE RESPONSIBILITY AND PRESSURE THEY MAY FEEL TO PROVIDE A STABLE BUSINESS FOR THEIR EMPLOYEES AND CLIENTS. HOW CAN YOU BE COMPASSIONATE TOWARDS ANOTHER? EXTENDING COMPASSIONATE TOWARDS THEM ALLOWS YOU TO DEFUSE YOUR OWN STRONG EMOTIONS AND INFLUENCE HOW YOU CHOOSE TO THOSE EMOTIONS GOING FORWARD.
SCALING EXERCISE: IMPROVING YOUR CIRCUMSTANCE THROUGH SCALING.
- ☐ RATE THE SEVERITY OF YOUR PROBLEM ON A SCALE OF 1-10. NOW, THINK ABOUT WHAT BEHAVIORS YOU WILL DO IF THE PROBLEM IMPROVED BY TWO POINTS. NOW, COMMIT TO THOSE BEHAVIORS. EXAMPLE: AN OVERWEIGHT PERSON RATES HIS PROBLEM AT AN 8. IF THE PROBLEM IS A 6, IT WOULD MOST LIKELY BE DUE TO HIM GOING TO THE GYM 3 DAYS A WEEK. SO, HE DECIDES TO COMMIT TO NEW BEHAVIORS.

SELF REGULATION EXERCISES & COPING SKILLS

- ☐ **UTILIZE PROFESSIONAL RESOURCES.** USE A HOTLINE, SCHEDULE A THERAPY APPOINTMENT, USE TEXT THERAPY SERVICES LIKE TALKSPACE, USE RECOMMENDED TOOLS FROM YOUR THERAPIST, WATCH VIDEOS OR READ ARTICLES FROM PROFESSIONALS ON YOUR CURRENT ISSUE.
- ☐ **GROUNDING EXERCISE: 5 SENSES.** INTENTIONALLY SHIFT FOCUS OUTSIDE OF YOURSELF THROUGH YOUR SENSES..
- ☐ **ASSERTIVENESS SKILLS:** EXCUSE YOURSELF TO STEP AWAY, SET LIMITS ON YOUR TIME AND ENERGY, STATE AND ASSERT BOUNDARIES.
- ☐ **VISUALIZATION EXERCISE:** CLOSE YOUR EYES. PICTURE YOURSELF IN YOUR FAVORITE PLACE. WHAT DO YOU HEAR? WHAT DO YOU SEE? WHAT DO YOU SMELL? WHAT DO YOU FEEL? WHAT DO YOU TASTE?
- ☐ **DRAWING EXERCISE.** RIGHT NOW, PULL OUT A PEN OR PENCIL. WE'RE GOING TO HAVE YOU DRAW YOUR "FANTASY ISLAND." THIS IS A VISUALIZATION EXERCISE WHERE YOU CREATE YOUR IDEAL WORLD. ARTISTIC ABILITY DOESN'T MATTER HERE. JUST DRAW WHATEVER COMES TO MIND WHEN YOU THINK ABOUT YOUR ISLAND. ON THIS ISLAND, THINK ABOUT THE FOLLOWING QUESTIONS: WHAT ARE THE RULES ON YOUR ISLAND? WHAT HAPPENS IF THE RULES ARE BROKEN? WHO LIVES ON THE ISLAND AND WHO CAN VISIT? WHO IS AN ALLOWED ON THE ISLAND? WHAT ACTIVITIES ARE ON THE ISLAND? WHAT WOULD YOU CALL YOUR ISLAND? WHAT WOULD YOU FEEL ON THE ISLAND? WHAT WOULD YOU HEAR ON THE ISLAND? WHAT WOULD YOU SMELL ON THE ISLAND? WHAT WOULD YOU TOUCH ON THE ISLAND? WHAT WOULD YOU TASTE ON THE ISLAND? HOW WOULD YOU SPEND YOUR TIME ON THE ISLAND?
SECOND DRAWING EXERCISE: DRAW WHAT COMES TO YOUR MIND WHEN YOU
- ☐ THINK ABOUT FEELING SAFE. WHERE DO YOU FEEL SAFE? WHO MAKES YOU FEEL SAFE? WHAT DO YOU DO WHEN YOU FEEL SAFE? WHAT PARTS OF YOU CAN COME OUT WHEN YOU FEEL SAFE? HOW DO YOU CREATE SAFETY IN YOUR LIFE?

REFERENCES

<https://dialecticalbehaviortherapy.com>
<https://positivepsychology.com/coping-skills-worksheets/>

my journal

WEEKLY WRITING

DATE: _____

WEEK: 1 2 3 4

HELLO JOURNAL, MY WEEK IS...

Free Stress Relievers

Identification worksheet







Circle what applies. List any additional stress/anxiety triggers

TAKE DEEP BREATHS
WATCH SOMETHING FUNNY
TAKE A QUICK WALK
DO A YOGA VIDEO ON YOUTUBE
STAND UP AND STRETCH
LISTEN TO A PODCAST
TAKE A TIME OUT
SLOWLY COUNT TO 50
USE POSITIVE SELF-TALK
JOURNAL
TALK TO A FRIEND
CLOSE YOUR EYES
SAY, "I CAN DO THIS"
VISUALIZE YOUR
FAVORITE PLACE
THINK OF A HAPPY MEMORY
THINK OF A PET YOU LOVE
GET ENOUGH SLEEP
CLEAN SOMETHING
MEDITATE
USE A STRESS BALL
DANCE
WRITE A LETTER
MAKE A GRATITUDE LIST
GO ON TIKTOK

LIST YOUR POSITIVE QUALITIES
DO SOMETHING KIND
GIVE SOMEONE A HUG
GO FOR A LONG DRIVE
TAKE UP A NEW HOBBY
LOOK UP RECIPES ON
PINTEREST
COOK A MEAL
PRAY
LET YOURSELF CRY
HAVE AN EARLY NIGHT
JOIN A SELF-HELP GROUP
CREATE A WEBSITE
GO TO A BEACH
VISIT A LIBRARY
SUDOKU OR CROSSWORDS
DONATE OLD CLOTHES
WATCH YOUR FAV MOVIE
WRITE A POEM
SIT IN THE SUN
LISTEN TO UPLIFTING SONGS
GO THROUGH OLD PHOTOS
GO FOR A RUN
LEARN PHRASES IN OTHER
LANGUAGES
CREATE OR BUILD
SOMETHING

DAILY PLANNER

Mood Tracker

Mood	am						pm												am
	6	7	8	9	10	11	12	1	2	3	4	5	6	7	8	9	10	11	12
																			
																			
																			
																			
																			
																			

EXERCISE

	Total Minutes		Total Steps	

MEAL TRACKER

Breakfast	Lunch	Dinner	Snacks

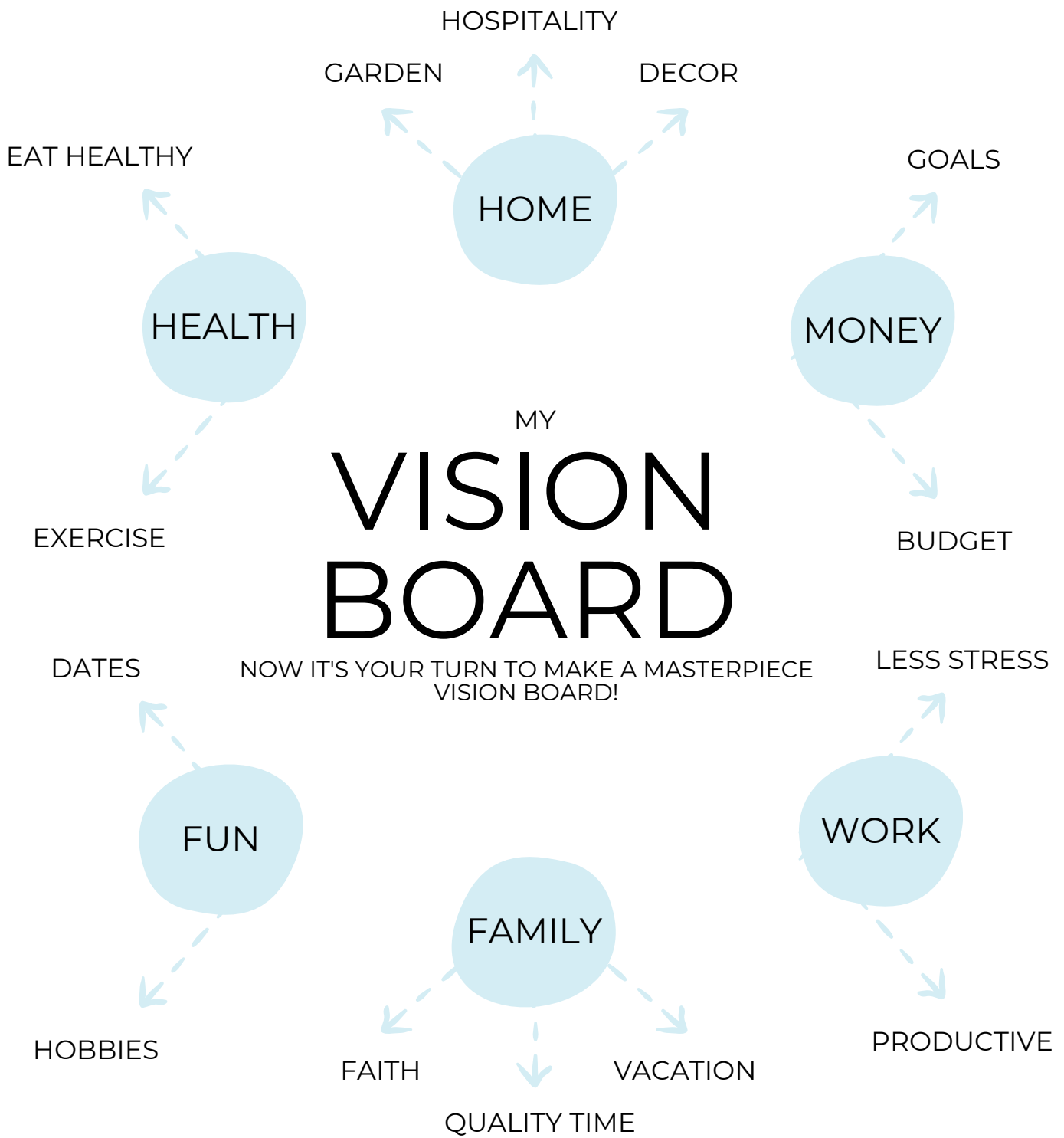
Water Intake

○ ○ ○ ○ ○ ○ ○ ○ ○ ○ ○ ○ ○

SELF ESTEEM JOURNAL

Date : _____

MON	<p>SOMETHING I DID WELL TODAY...</p> <p>TODAY I HAD FUN WHEN...</p> <p>I FELT PROUD WHEN...</p>
TUE	<p>TODAY I ACCOMPLISHED...</p> <p>I HAD A POSITIVE EXPERIENCE WITH...</p> <p>SOMETHING I DID FOR SOMEONE...</p>
WED	<p>I FELT GOOD ABOUT MYSELF WHEN...</p> <p>I WAS PROUD OF SOMEONE ELSE...</p> <p>TODAY WAS INTERESTING BECAUSE...</p>
THU	<p>SOMETHING I DID WELL TODAY...</p> <p>TODAY I HAD FUN WHEN...</p> <p>I FELT PROUD WHEN...</p>
FRI	<p>TODAY I ACCOMPLISHED...</p> <p>I HAD A POSITIVE EXPERIENCE WITH...</p> <p>SOMETHING I DID FOR SOMEONE...</p>
SAT	<p>I FELT GOOD ABOUT MYSELF WHEN...</p> <p>I WAS PROUD OF SOMEONE ELSE...</p> <p>TODAY WAS INTERESTING BECAUSE...</p>
SUN	<p>SOMETHING I DID WELL TODAY...</p> <p>TODAY I HAD FUN WHEN...</p> <p>I FELT PROUD WHEN...</p>



30 Day Self-Care Challenge

DAY 1 START A GRATITUDE JOURNAL	DAY 2 LEARN TO MEDITATE	DAY 3 SPEND THE DAY SOCIAL MEDIA FREE	DAY 4 CALL SOMEONE YOU LOVE	DAY 5 TAKE A 15 MINUTE WALK OUTDOORS
DAY 6 LISTEN TO A PODCAST	DAY 7 LEARN TO COOK A NEW RECIPE	DAY 8 STRETCH FOR 10-15 MINUTES	DAY 9 LISTEN TO YOUR FAVORITE SONG	DAY 10 PRACTICE DEEP BREATHING
DAY 11 TRY A FREE ONLINE WORKOUT	DAY 12 READ A BOOK FOR 15 MINUTES	DAY 13 WRITE A LIST OF SHORT-TERM GOALS	DAY 14 DE-CLUTTER A ROOM OR DESK	DAY 15 GO TO BED 30 MINUTES EARLIER
DAY 16 HAVE A GAME NIGHT	DAY 17 WAKE UP 15 MINUTES EARLIER	DAY 18 MAKE YOUR FAVORITE MEAL	DAY 19 BUY YOURSELF SOMETHING NICE	DAY 20 CREATE A BUCKET LIST
DAY 21 WATCH A MOVIE OR SERIES	DAY 22 WRITE DOWN YOUR THOUGHTS	DAY 23 TAKE A LONG SHOWER OR BATH	DAY 24 HAVE A HOME SPA DAY	DAY 25 READ INSPIRATIONAL QUOTES
DAY 26 CREATE A VISION BOARD	DAY 27 SPEND SOME TIME OUTSIDE	DAY 28 DO A HAIR MASK	DAY 29 WRITE IT ALL DOWN IN A JOURNAL	DAY 30 TAKE A POWER NAP

Self-Care Practices

PHYSICAL SELF-CARE

-
-
-

EMOTIONAL SELF-CARE

-
-
-

SPIRITUAL SELF-CARE

-
-
-

INTELLECTUAL SELF-CARE

-
-
-

SOCIAL SELF-CARE

-
-
-

FINANCIAL SELF-CARE

-
-
-

Self-care notes

Self Care Goals

WHAT DOES SELF CARE MEAN TO ME?

WHAT IS THE PURPOSE BEHIND MY SELF CARE GOALS?

WHAT MOTIVATES ME TO ACHIEVE THEM?

HOW CAN I ACHIEVE THEM?

HABITS TO START

HABITS TO STOP

Self Assessment

HOW DO I FEEL AT THIS
MOMENT?

OVERALL WELL-BEING

YES

NO

I GET ENOUGH SLEEP

YES

NO

I SPEND TIME TO RECHARGE

YES

NO

I HAVE HEALTHY EATING
HABITS

YES

NO

I KEEP MY SPACE CLEAN

YES

NO

I EXERCISE MY BODY
REGULARLY

YES

NO

I TAKE CARE OF MY HYGIENE

YES

NO

WHAT AM I PUTTING OFF?

PERSONAL GOAL MAPPING

3 MONTH PLAN

9 MONTH PLAN

6 MONTH PLAN

12 MONTH PLAN

MAIN GOALS

TO DO LIST

DATE _____

DAY _____

STRENGTHS CHECKLIST

CIRCLE ALL THAT APPLY

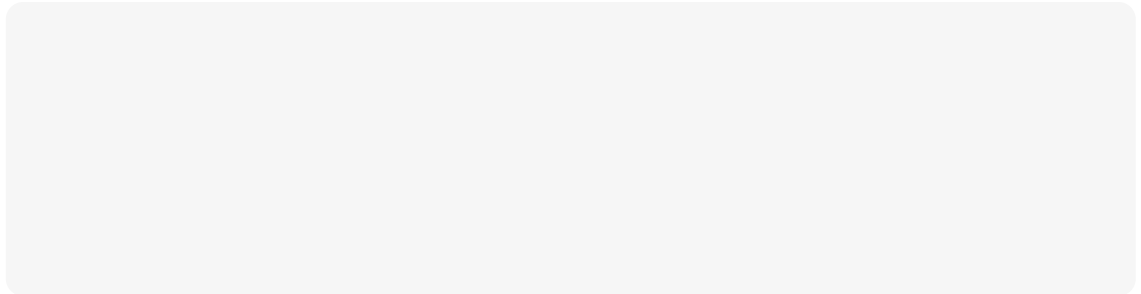
OPTIMISM / HOPE
SENSE OF MEANING
FAITH / SPIRITUALITY
EMPATHY
COMPASSION EXERCISE
ACADEMIC ACCOMPLISHMENTS
DAILY LIVING SKILLS
FLEXIBILITY
SENSE OF HUMOR
SUPPORT RELATIONSHIP
FRIENDSHIPS
OPEN TO CHANGE
EXERCISES REGULARLY
NUTRITIONAL AWARENESS
UNDERSTANDS NEEDS
RESOURCEFULNESS
NO KNOWN LEGAL ISSUES
CAPACITY FOR FRIENDSHIP
ADL'S ARE ACHIEVED REGULARLY
FLEXIBLE SELF-VIEW
INSIGHT INTO LIFE CHOICES
HOBBIES / SPECIAL INTERESTS
GOAL-DIRECTED
MOTIVATED
STABLE FAMILY LIFE
COMMUNICATION SKILLS
SENSE OF EMPOWERMENT
WORK HISTORY
EMPLOYMENT SKILLS
LIVING ENVIRONMENT
POSITIVE SELF IDENTITY
CULTURAL IDENTITY INTEGRATION
RESILIENCE
HUMOR

FAMILY STRENGTHS
SOCIAL CONNECTEDNESS
EDUCATIONAL SETTING
TALENTS AND INTERESTS
SPIRITUAL PRACTICES
RELIGION
CULTURAL IDENTITY
COMMUNITY LIFE
NATURAL SUPPORTS
RESILIENCY
CAREGIVER RESOURCES
INVOLVEMENT WITH CARE
SOCIAL RESOURCES ACCESS
RESIDENTIAL STABILITY
NO MEDICAL ISSUES
NO TRAUMA HISTORY REPORTED
DEVELOPMENTAL SAFETY
MEDICATION COMPLIANCE
INTIMATE RELATIONSHIPS
INDEPENDENT LIVING SKILLS
TRANSPORTATION
RESIDENTIAL STABILITY
CAREGIVING ROLES
EMPOWERING RESPONSIBILITIES
SELF-CARE
INVOLVEMENT IN RECOVERY/TX
JOB HISTORY
VOLUNTEERING
BASIC NEEDS MET
GROUP PARTICIPATION
ASSERTIVENESS

THOUGHT AWARENESS

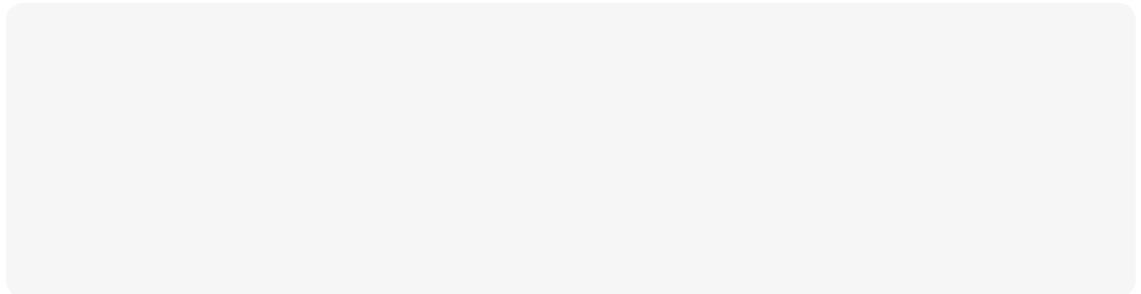
OBSERVE YOUR STREAM OF CONSCIOUSNESS AS YOU THINK ABOUT A STRESSFUL SITUATION. DO NOT SUPPRESS ANY THOUGHTS. LET THEM RUN THEIR COURSE WHILE YOU WATCH THEM, AND WRITE THEM DOWN AS THEY OCCUR.

NEGATIVE
THOUGHTS



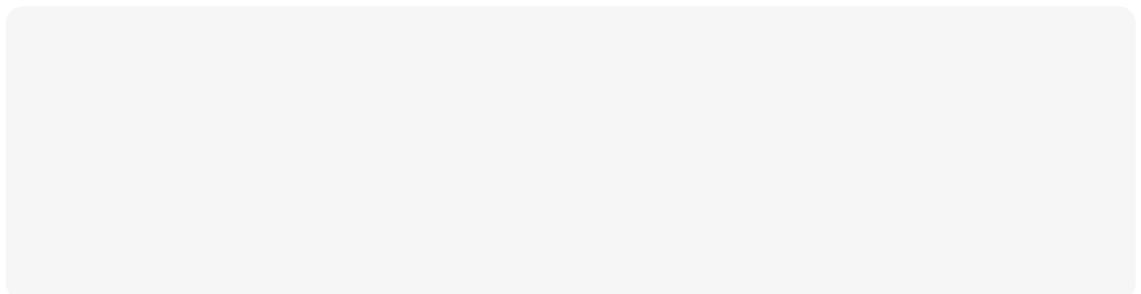
THE NEXT STEP IS TO RATIONALLY CHALLENGE THE NEGATIVE THOUGHTS. LOOK AT EVERY THOUGHT YOU WROTE DOWN AND ASK YOURSELF WHETHER THE THOUGHT IS REASONABLE.

RATIONAL
THOUGHTS



USE RATIONAL, POSITIVE THOUGHTS AND AFFIRMATIONS TO COUNTER NEGATIVE THINKING. SEE IF THERE ARE ANY OPPORTUNITIES THAT ARE OFFERED BY IT.

POSITIVE
THOUGHTS



COGNITIVE RESTRUCTURING

REDUCING STRESS BY CHANGING YOUR THINKING

COGNITIVE RESTRUCTURING IS USEFUL FOR UNDERSTANDING WHAT LIES BEHIND NEGATIVE MOODS. THESE MAY UNDERMINE OUR PERFORMANCE, OR DAMAGE OUR RELATIONSHIPS WITH OTHER PEOPLE.

STEP 1: IDENTIFY THE SITUATION

DESCRIBE THE SITUATION THAT TRIGGERED YOUR NEGATIVE MOOD.

STEP 2: ANALYZE YOUR MOOD

DESCRIBE HOW YOU FELT IN THE SITUATION, AND HOW YOU'RE FEELING NOW.

STEP 3: IDENTIFY AUTOMATIC THOUGHTS

MAKE A LIST OF YOUR AUTOMATIC THOUGHTS IN RESPONSE TO THE SITUATION.

STEP 4: FIND OBJECTIVE EVIDENCE

WRITE DOWN ANY EVIDENCE YOU CAN FIND THAT SUPPORTS THE AUTOMATIC THOUGHTS AND ANY EVIDENCE THAT CONTRADICTS THE THOUGHT.

STEP 5: MONITOR YOUR PRESENT MOOD

TAKE A MOMENT TO ASSESS YOUR MOOD. DO YOU FEEL BETTER ABOUT THE SITUATION? IS THERE ANY ACTION YOU NEED TO TAKE? WRITE DOWN YOUR PRESENT MOOD, ALONG WITH ANY FURTHER STEPS THAT YOU NEED TO TAKE.

Hierarchy of Needs

Instructions: Describe an example of a need you have for each of the categories below:

SELF ACTUALIZATION

ESTEEM

LOVE & BELONGING

SAFETY FEELING

PHYSIOLOGICAL NEEDS

What makes me feel...

F u l l e d

C o n f i d e n t

L o v e d

S a f e

G o o d i n m y b o d y

MY FITNESS GOALS

DATE :

MY OVERALL GOAL IS

THE ESTIMATED TIME IT'S GOING TO TAKE

MY SMALLER GOALS TO REACH MY OVERALL GOAL

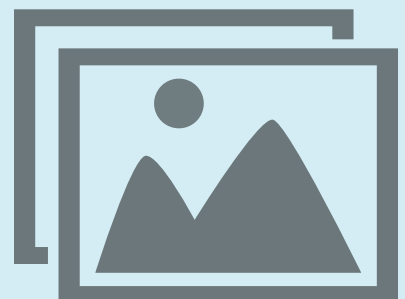
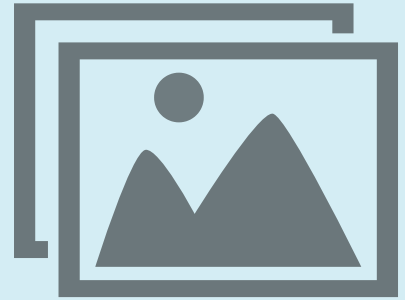
I AM DOING THIS BECAUSE

PEOPLE WHO ARE GOING TO HOLD ME ACCOUNTABLE

THE MOST CHALLENGING PART ABOUT THIS JOURNEY WILL BE

HOW I PLAN TO OVERCOME THESE CHALLENGES

A LETTER TO MY SELF WHEN I FEEL WEAK



LEARNING FROM *Your Activity Log*

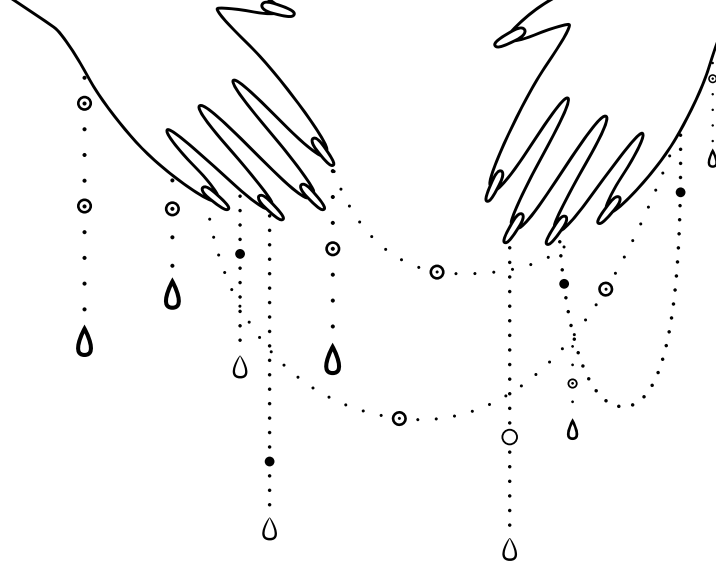
ACTIVITY LOGS ARE USEFUL FOR ANALYZING HOW YOU USE YOUR TIME. THEY HELP YOU TRACK CHANGES IN YOUR ALERTNESS AND EFFECTIVENESS. THEY ALSO HELP YOU ELIMINATE TIME-WASTING ACTIVITIES, SO YOU CAN BE MORE PRODUCTIVE.

DATE	ACTIVITY	HOW I FEEL	Value (High, Medium, Low)

ONCE YOU'RE DONE WITH YOUR ACTIVITY LOGS, BOOST YOUR PRODUCTIVITY BY APPLYING THESE ACTIONS:

- ELIMINATE OR DELEGATE LOW-VALUE ACTIVITIES
- SCHEDULE CHALLENGING TASKS FOR WHEN YOU'RE IN YOUR BEST
- MINIMIZE THE NUMBER OF TIMES YOU SWITCH BETWEEN TYPES OF TASK

Action priority matrix



MAKING THE MOST OF EVERY OPPORTUNITY

SCORE TASKS BASED FIRSTLY ON THEIR IMPACT AND SECONDLY ON THE EFFORT NEEDED TO COMPLETE THEM. (0 FOR NO REAL EFFORT OR IMPACT TO 10 FOR A MAJOR EFFORT OR IMPACT).

ACTIVITY	IMPACT (0-10)	EFFORT (0-10)

Personal Growth

28-DAY CHALLENGE

WALK IN THE
NATURE

CATCH UP
WITH A
FRIEND

SCHEDULE A
FUN ACTIVITY

WRITE A
GRATITUDE
LIST

PLAN A
HEALTHY
MEAL

PRACTICE A
NEW HOBBY

WRITE A
TO-DO
LIST

PAMPER
YOURSELF

LEARN A
NEW
LANGUAGE

READ A SELF-
HELP BOOK

DO A QUICK
YOGA

LISTEN TO A
MUSIC

ADOPT A
NEW HABIT

DRINK
ENOUGH
WATER

AVOID
SOCIAL
MEDIA

GO ON A
SOLO
DATE

LISTEN TO A
PODCAST

LEARN HOW
TO SAY NO

HAVE A
MOVIE
MARATHON

MEDITATE
FOR 10
MINUTES

TRY OUT A
NEW RECIPE

GO TO BED
EARLY

COOK A
HEALTHY
MEAL

WAKE UP AN
HOUR
EARLIER

CREATE A
NEW
PLAYLIST

GO FOR A
LONG WALK

START
JOURNALING

LEARN A
NEW SKILL

STRESS LESS, THERAPY MORE

THIS PLANNER BELONGS TOO

THE PLANNER THERAPY COMPANY

WEEKLY PLANNER

DATES OF _____

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STRESS LESS, THERAPY MORE

THIS PLANNER BELONGS TOO

THE PLANNER THERAPY COMPANY



CLINICAL TO DO'S

IMPORTANT DATES

[illegible]

CLIENT PAPERWORK AUDIT LOG

CLIENT PAPERWORK AUDIT LOG

[illegible]

THE PSYCHOTHERAPY DOCUMENT CHECKLIST

USE THIS PAGE AS A TEMPLATE FOR YOUR
IDEAL CLINICAL DOCUMENT CHECKLIST

CLIENT/ CLIENT ID _____

INTAKE DATE: _____

LIST ANY ADDITIONAL DOCUMENTS YOU WANT TO INCLUDE BELOW

- ☐ CONSENT+ALL INTAKE FORMS
- ☐ INSURANCE/ID+ DEMOGRAPHIC INFO
- ☐ ASSESSMENT + DX CODE
- ☐ TX PLAN
- ☐ CONSISTENT PROGRESS NOTES
- ☐ SAFETY PLANS
- ☐ CONTACT LOG DOCUMENTS
- ☐ COURT/LEGAL TREATMENT DOCS
- ☐ CONTACT/CHARGE FOR ANY BALANCES
- ☐ DISCHARGE/TERMINATION NOTE
- ☐ TERMINATION LETTER TO CLIENT
- ☐ _____
- ☐ _____
- ☐ _____
- ☐ _____
- ☐ _____
- ☐ _____
- ☐ _____
- ☐ _____
- ☐ _____

W=WAITLIST
P=PENDING
S=SCHEDULED
X=NO RESPONSE

NEW CLIENT INTAKE TRACKER

USE LOG TO MONITOR STATUS OF NEW CLIENTS

[illegible]

RESOURCES TO SEND TO CLIENTS

DON'T FORGET TO SEND YOUR CLIENT THAT
HOMEWORK, REFERRAL, ETC.

[illegible]

COPAY & SESSION RATE MASTER SHEET

[illegible]

CLIENT CORRESPONDENCE LOG

USE LOG AS A QUICK REFERENCE POINT
WHEN DOCUMENTING CONTACT NOTES

RESPONSE METHOD	CALL	MESSAGE	VM	COMPLETE
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[illegible]

CASE CLOSING TRACKER CHECK OFF AND ADD DATES TO EACH COLUMN AS YOU GO

CHECK OFF AND ADD DATES TO EACH COLUMN AS YOU GO

[illegible]

CPT CODES

CPT CODE	DESCRIPTION & DURATION
90791	PSYCHIATRIC DIAGNOSTIC EVALUATION W.OUT MEDICAL SERVICES
90832	PSYCHOTHERAPY, 30 MINUTES WITH PATIENT
90834	PSYCHOTHERAPY, 45 MINUTES WITH PATIENT
90837	PSYCHOTHERAPY, 60 MINUTES WITH PATIENT
90845	PSYCHOANALYSIS
90846	FAMILY THERAPY (W.OUT PATIENT PRESENT), 50 MINUTES
90847	FAMILY THERAPY (CONJOINT THERAPY) (W. PATIENT PRESENT) 50 MIN.
90849	MULTIPLE-FAMILY GROUP PSYCHOTHERAPY
90853	GROUP PSYCHOTHERAPY (OTHER THAN OF A MULTIPLE-FAMILY GROUP)
90839	PSYCHOTHERAPY FOR CRISIS; FIRST 60 MINUTES
90840	PSYCHOTHERAPY FOR CRISIS; EACH ADDITIONAL 30 MINUTES
90863	PHARMACOLOGIC MANAGEMENT WITH PSYCHOTHERAPY SERVICES
99404	PREVENTIVE MEDICINE COUNSELING/RISK REDUCTION INTERVENTION(S)
90867	THERAPEUTIC REPETITIVE TRANSCRANIAL MAGNETIC STIMULATION
90880	45 MINUTE INDV. PSYCHOPHYSIOLOGICAL THERAPY + BIOFEEDBACK
90899	UNLISTED PSYCHIATRIC PROCEDURE OR SERVICE
CPT CODE	DURATION FLEXIBILITY
90832	16-37 MINUTES
90834	38-52 MINUTES
90837	53 OR MORE MINUTES
90846	53 OR MORE MINUTES
90847	26 OR MORE MINUTES
90839	CRISIS SERVICES FIRST 60 MINUTES
90840	EACH ADDITIONAL 30 MINUTES OF CRISIS SERVICE
99050	ADD ON CODE FOR SERVICES PROVIDED OUTSIDE OF BUSINESS HOURS
99051	ADD ON CODE FOR SERVICES PROVIDED ON WEEKENDS, HOLIDAYS, AND EVENINGS
95	MODIFIER, MODIFER GT (THIS INDICATES SERVICE IS TELEHEALTH)
02	DESCRIBES PLACE OF SERVICE; 02 INDICATES TELEHEALTH SERVICE
	RESOURCE: AMERICAN PSYCHOLOGICAL ASSOCIATION, 2021

ICD 10 CODES

CODE	DIAGNOSIS DESCRIPTION
F32.4	MAJOR DEPRESSIVE DISORDER, SINGLE EPISODE, IN PARTIAL REMISSION
F32.5	MAJOR DEPRESSIVE DISORDER, SINGLE EPISODE, IN FULL REMISSION
F32.8	OTHER DEPRESSIVE EPISODES
F32.81	PREMENSTRUAL DYSPHORIC DISORDER
F32.89	OTHER SPECIFIED DEPRESSIVE EPISODES
F32.9	MAJOR DEPRESSIVE DISORDER, SINGLE EPISODE, UNSPECIFIED
F33.0	MAJOR DEPRESSIVE DISORDER, RECURRENT, MILD
F33.1	MAJOR DEPRESSIVE DISORDER, RECURRENT, MODERATE
F33.2	MAJOR DEPRESSIVE DISORDER, RECURRENT SEVERE WITHOUT PSYCHOTIC FEATURES
F33.3	MAJOR DEPRESSIVE DISORDER, RECURRENT, SEVERE WITH PSYCHOTIC SYMPTOMS
F33.40	MAJOR DEPRESSIVE DISORDER, RECURRENT, IN REMISSION, UNSPECIFIED
F33.41	MAJOR DEPRESSIVE DISORDER, RECURRENT, IN PARTIAL REMISSION
F33.42	MAJOR DEPRESSIVE DISORDER, RECURRENT, IN FULL REMISSION
F33.8	OTHER RECURRENT DEPRESSIVE DISORDERS
F33.9	MAJOR DEPRESSIVE DISORDER, RECURRENT, UNSPECIFIED
F34.0	CYCLOTHYMIC DISORDER
F34.1	DYSTHYMIC DISORDER
F34.8	OTHER PERSISTENT MOOD OAAFFECTIVE» DISORDERS
F34.81	DISRUPTIVE MOOD DYSREGULATION DISORDER
F34.89	OTHER SPECIFIED PERSISTENT MOOD DISORDERS
F34.9	PERSISTENT MOOD OAAFFECTIVE» DISORDER, UNSPECIFIED
F39	UNSPECIFIED MOOD OAAFFECTIVE» DISORDER
F40.00	AGORAPHOBIA, UNSPECIFIED
F40.01	AGORAPHOBIA WITH PANIC DISORDER
F40.02	AGORAPHOBIA WITHOUT PANIC DISORDER
F40.10	SOCIAL PHOBIA, UNSPECIFIED
F40.11	SOCIAL PHOBIA, GENERALIZED
F40.210	ARACHNOPHOBIA
F40.218	OTHER ANIMAL TYPE PHOBIA
F40.220	FEAR OF THUNDERSTORMS
F40.228	OTHER NATURAL ENVIRONMENT TYPE PHOBIA
F40.230	FEAR OF BLOOD
F40.231	FEAR OF INJECTIONS AND TRANSFUSIONS
F40.232	FEAR OF OTHER MEDICAL CARE
F40.233	FEAR OF INJURY
F40.240	CLAUSTROPHOBIA
F40.241	ACROPHOBIA
F40.242	FEAR OF BRIDGES
F40.243	FEAR OF FLYING
F40.248	OTHER SITUATIONAL TYPE PHOBIA
F40.290	ANDROPHOBIA
F40.291	GYNEPHOBIA
F40.298	OTHER SPECIFIED PHOBIA
F40.8	OTHER PHOBIC ANXIETY DISORDERS
F40.9	PHOBIC ANXIETY DISORDER, UNSPECIFIED
F41.0	PANIC DISORDER (EPISODIC PAROXYSMAL ANXIETY)
F41.1	GENERALIZED ANXIETY DISORDER

ICD 10 CODES

CODE	DIAGNOSIS DESCRIPTION
F60.3	BORDERLINE PERSONALITY DISORDER
F60.4	HISTRIONIC PERSONALITY DISORDER
F60.5	OBSESSIVE-COMPULSIVE PERSONALITY DISORDER
F60.6	AVOIDANT PERSONALITY DISORDER
F60.7	DEPENDENT PERSONALITY DISORDER
F60.81	NARCISSISTIC PERSONALITY DISORDER
F60.89	OTHER SPECIFIC PERSONALITY DISORDERS
F60.9	PERSONALITY DISORDER, UNSPECIFIED
F63.0	PATHOLOGICAL GAMBLING
F63.1	PYROMANIA
F63.2	KLEPTOMANIA
F63.3	TRICHOTILLOMANIA
F63.81	INTERMITTENT EXPLOSIVE DISORDER
F63.9	IMPULSE DISORDER, UNSPECIFIED
F64.0	TRANSSEXUALISM
F64.1	GENDER IDENTITY DISORDER IN ADOLESCENCE AND ADULTHOOD
F64.2	GENDER IDENTITY DISORDER OF CHILDHOOD
F64.8	OTHER GENDER IDENTITY DISORDERS
F64.9	GENDER IDENTITY DISORDER, UNSPECIFIED
F65.0	FETISHISM
F65.1	TRANSVESTIC FETISHISM
F65.2	EXHIBITIONISM
F65.3	VOYEURISM
F65.4	PEDOPHILIA
F65.50	SADOMASOCHISM
F65.51	UNSPECIFIED SEXUAL MASOCHISM
F65.52	SEXUAL SADISM
F65.81	FROTTEURISM
F65.89	OTHER PARAPHILIAS
F65.9	PARAPHILIA, UNSPECIFIED
F66	OTHER SEXUAL DISORDERS
F68.10	FACTITIOUS DISORDER, UNSPECIFIED
F68.11	FACTITIOUS DISORDER W. PREDOMINANTLY PSYCHOLOGICAL SIGNS & SYMPTOMS
F68.12	FACTITIOUS DISORDER W. PREDOMINANTLY PHYSICAL SIGNS & SYMPTOMS
F68.13	FACTITIOUS DISORDER WITH COMBINED PSYCHOLOGICAL +PHYSICAL SIGNS+SYMPTOMS
F68.8	OTHER SPECIFIED DISORDERS OF ADULT PERSONALITY AND BEHAVIOR
F80.81	CHILDHOOD ONSET FLUENCY DISORDER
F80.82	SOCIAL PRAGMATIC COMMUNICATION DISORDER
F80.89	OTHER DEVELOPMENTAL DISORDERS OF SPEECH AND LANGUAGE
F84.0	AUTISTIC DISORDER
F84.3	OTHER CHILDHOOD DISINTEGRATIVE DISORDER
F84.5	ASPERGER'S SYNDROME
F84.8	OTHER PERVASIVE DEVELOPMENTAL DISORDERS
F84.9	PERVASIVE DEVELOPMENTAL DISORDER, UNSPECIFIED
F88	OTHER DISORDERS OF PSYCHOLOGICAL DEVELOPMENT
F89	UNSPECIFIED DISORDER OF PSYCHOLOGICAL DEVELOPMENT
F90.0	ATTENTION-DEFICIT HYPERACTIVITY DISORDER, PREDOMINANTLY INATTENTIVE TYPE

ICD 10 CODES

CODE	DIAGNOSIS DESCRIPTION
F45.1	UNDIFFERENTIATED SOMATOFORM DISORDER
F45.20	HYPOCHONDRIACAL DISORDER, UNSPECIFIED
F45.21	HYPOCHONDRIASIS
F45.22	BODY DYSMORPHIC DISORDER
F45.29	OTHER HYPOCHONDRIACAL DISORDERS
F45.41	PAIN DISORDER EXCLUSIVELY RELATED TO PSYCHOLOGICAL FACTORS
F45.42	PAIN DISORDER WITH RELATED PSYCHOLOGICAL FACTORS
F45.8	OTHER SOMATOFORM DISORDERS
F45.9	SOMATOFORM DISORDER, UNSPECIFIED
F48.1	DEPERSONALIZATION-DEREALIZATION SYNDROME
F48.2	PSEUDOBULBAR AFFECT
F48.9	NONPSYCHOTIC MENTAL DISORDER, UNSPECIFIED
F50.00	ANOREXIA NERVOSA, UNSPECIFIED
F50.01	ANOREXIA NERVOSA, RESTRICTING TYPE
F50.02	ANOREXIA NERVOSA, BINGE EATING/PURGING TYPE
F50.2	BULIMIA NERVOSA
F50.8	OTHER EATING DISORDERS
F50.81	BINGE EATING DISORDER
F50.82	AVOIDANT/RESTRICTIVE FOOD INTAKE DISORDER
F50.89	OTHER SPECIFIED EATING DISORDER
F50.9	EATING DISORDER, UNSPECIFIED
F51.01	PRIMARY INSOMNIA
F51.02	ADJUSTMENT INSOMNIA
F51.03	PARADOXICAL INSOMNIA
F51.05	INSOMNIA DUE TO OTHER MENTAL DISORDER
F51.09	OTHER INSOMNIA NOT DUE TO A SUBSTANCE OR KNOWN PHYSIOLOGICAL CONDITION
F51.11	PRIMARY HYPERSOMNIA
F51.12	INSUFFICIENT SLEEP SYNDROME
F51.3 F51.4	SLEEPWALKING [SOMNAMBULISM]
F51.5	SLEEP TERRORS [NIGHT TERRORS]
F52.0	NIGHTMARE DISORDER
F52.1	HYPOACTIVE SEXUAL DESIRE DISORDER
F52.21	SEXUAL AVERSION DISORDER
F52.22	MALE ERECTILE DISORDER
F52.31	FEMALE SEXUAL AROUSAL DISORDER
F52.32	FEMALE ORGASMIC DISORDER
F52.4	MALE ORGASMIC DISORDER
F52.5	PREMATURE EJACULATION
F52.6	VAGINISMUS NOT DUE TO A SUBSTANCE OR KNOWN PHYSIOLOGICAL CONDITION
F52.8	DYSPAREUNIA NOT DUE TO A SUBSTANCE OR KNOWN PHYSIOLOGICAL CONDITION
F52.9	OTHER SEXUAL DYSFUNCTION NOT DUE TO A SUBSTANCE OR KNOWN PHYSIOLOGICAL CONDITION
F53	UNSPECIFIED SEXUAL DYSFUNCTION [NOT DUE TO SUBSTANCE USE...]
F60.0	PUERPERAL PSYCHOSIS
F60.1	PARANOID PERSONALITY DISORDER
F60.2	SCHIZOID PERSONALITY DISORDER
	ANTISOCIAL PERSONALITY DISORDER

ICD 10 CODES

CODE	DIAGNOSIS DESCRIPTION
F90.1	ATTENTION-DEFICIT HYPERACTIVITY DISORDER, PREDOMINANTLY HYPERACTIVE
F90.2	TYPE ATTENTION-DEFICIT HYPERACTIVITY DISORDER, COMBINED TYPE
F90.8	ATTENTION-DEFICIT HYPERACTIVITY DISORDER, OTHER TYPE
F90.9	ATTENTION-DEFICIT HYPERACTIVITY DISORDER, UNSPECIFIED TYPE
F91.0	F91.1 CONDUCT DISORDER CONFINED TO FAMILY CONTEXT
F91.2	F91.3 CONDUCT DISORDER, CHILDHOOD-ONSET TYPE
F91.8	CONDUCT DISORDER, ADOLESCENT-ONSET TYPE
F91.9	OPPOSITIONAL DEFIANT DISORDER
F93.0	OTHER CONDUCT DISORDERS
F93.8	CONDUCT DISORDER, UNSPECIFIED
F93.9	SEPARATION ANXIETY DISORDER OF CHILDHOOD
F94.0	OTHER CHILDHOOD EMOTIONAL DISORDERS
F94.1	CHILDHOOD EMOTIONAL DISORDER, UNSPECIFIED
F94.2	SELECTIVE MUTISM
F94.8	REACTIVE ATTACHMENT DISORDER OF CHILDHOOD
F95.0	DISINHIBITED ATTACHMENT DISORDER OF CHILDHOOD
F95.1	OTHER CHILDHOOD DISORDERS OF SOCIAL FUNCTIONING
F95.2	TRANSIENT TIC DISORDER
F30.12	CHRONIC MOTOR OR VOCAL TIC DISORDER
F30.13	TOURETTE'S DISORDER
F30.2	MANIC EPISODE WITHOUT PSYCHOTIC SYMPTOMS, MODERATE
F30.3	MANIC EPISODE, SEVERE, WITHOUT PSYCHOTIC SYMPTOMS
F30.4	MANIC EPISODE, SEVERE WITH PSYCHOTIC SYMPTOMS
F30.8	MANIC EPISODE IN PARTIAL REMISSION
F30.9	MANIC EPISODE IN FULL REMISSION
F31.0	OTHER MANIC EPISODES
F31.10	MANIC EPISODE, UNSPECIFIED
F31.81	BIPOLAR DISORDER, CURRENT EPISODE HYPOMANIC
F31.89	BIPOLAR DISORDER, CURRENT EPISODE MANIC WITHOUT PSYCHOTIC FEATURES, UNSPECIFIED
F31.9	BIPOLAR II DISORDER
F32.0	OTHER BIPOLAR DISORDER
F32.1	BIPOLAR DISORDER, UNSPECIFIED
F20.0	MAJOR DEPRESSIVE DISORDER, SINGLE EPISODE, MILD
F20.1	MAJOR DEPRESSIVE DISORDER, SINGLE EPISODE, MODERATE
F20.2	PARANOID SCHIZOPHRENIA
F20.3	DISORGANIZED SCHIZOPHRENIA
F20.5	CATATONIC SCHIZOPHRENIA
F20.81	UNDIFFERENTIATED SCHIZOPHRENIA
F20.89	RESIDUAL SCHIZOPHRENIA
F20.9	SCHIZOPHRENIFORM DISORDER
F21	OTHER SCHIZOPHRENIA
F22	SCHIZOPHRENIA, UNSPECIFIED
F23	SCHIZOTYPAL DISORDER
F24	DELUSIONAL DISORDERS
F25.0	BRIEF PSYCHOTIC DISORDER
	SHARED PSYCHOTIC DISORDER
	SCHIZOAFFECTIVE DISORDER, BIPOLAR TYPE

CLINICAL RESEARCH LOG

USE THIS SHEET TO NOTE CONCEPTS
TO LEARN MORE ABOUT FOR ENHANCING CLINICAL WORK

[illegible]

REFERRAL SOURCE TRACKER

[illegible]



GENERAL

LIABILITY INSURANCE INFORMATION

COMPANY	POLICY #	COVERAGE TERM START	COVERAGE TERM EXPIRATION	COST

IMPORTANT INFO & ADDITIONAL NOTES:

LICENSURE TRACKING INFORMATION

LICENSE STATE	CERTIFICATION #	LICENSE ISSUE DATE	LICENSE EXPIRATION DATE	LICENSE RENEWAL FEE

CEU'S REQUIRED + MISC. NOTES:

DUAL LICENSURE TRACKING

LICENSE STATE	CERTIFICATION #	LICENSE ISSUE DATE	LICENSE EXPIRATION DATE	LICENSE RENEWAL FEE

CEU'S REQUIRED + MISC. NOTES:

LICENSE STATE	CERTIFICATION #	LICENSE ISSUE DATE	LICENSE EXPIRATION DATE	LICENSE RENEWAL FEE

CEU'S REQUIRED + MISC. NOTES:

CEU TRACKER

[illegible]

PODCAST RESOURCE LOG

[illegible]

YOUR CLINICAL SERVICES ELEVATOR

Pitch

HELLO! I'M

I HELP

I DO

SO THEY CAN

WHAT IS
YOUR WHY?

Note: Keep It Brief and Easy to Understand



PRODUCTIVITY HACKS



COMMON PSYCHIATRIC MEDICATIONS CHEAT SHEET



ANTIPSYCHOTICS:

Typical antipsychotics include:

Thorazine (chlorpromazine)
Trilafon (perphenazine)
Stelazine (trifluoperazine)
Serentil (mesoridazine)
Prolixin (fluphenazine)
Navane (thiothixene)
Moban (molindone)
Mellaril (thioridazine)
Loxitane (loxapine)
Haldol (haloperidol)

Atypical antipsychotics include:

Abilify (aripiprazole)
Clozaril (clozapine)
Geodon (ziprasidone)
Risperdal (risperidone)
Seroquel (quetiapine)
Zyprexa (olanzapine)

STIMULANTS:

Adderall (amphetamine and dextroamphetamine)
Dexedrine (dextroamphetamine)
Ritalin (methylphenidate)

SELECTIVE SEROTONIN REUPTAKE INHIBITORS (SSRIs):

Celexa (citalopram)
Lexapro (escitalopram)
Luvox (fluvoxamine)
Paxil (paroxetine)
Prozac (fluoxetine)
Zoloft (sertraline)



TRICYCLIC MEDICATION:

Anafranil (clomipramine)
Asendin (amoxapine)
Elavil (amitriptyline)
Norpramin (desipramine)
Pamelor (nortriptyline)
Sinequan (doxepin)
Surmontil (trimipramine)
Tofranil (imipramine)
Vivactil (protriptyline)

SERATONIN NOREPINEPHRINE REUPTAKE INHIBITORS (SNRIs):

Pristiq (desvenlafaxine)
Effexor (venlafaxine)
Cymbalta (duloxetine)

BENZODIAZEPINES

Ativan (lorazepam)
Buspar (buspirone)
Inderal (propranolol)
Klonopin (clonazepam)
Librium (chlordiazepoxide)
Serax (oxazepam)
Tenormin (atenolol)
Tranxene (clorazepate)
Valium (diazepam)
Xanax (alprazolam)

MONOAMINE OXIDASE INHIBITORS (MAOIs):

Emsam (selegiline)
Marplan (isocarboxazid)
Nardil (phenelzine)
Parnate (tranylcypromine)

MOOD STABILIZERS:

Lamictal (lamotrigine)
Lithium

Source: goodtherapy.org

TIME MANAGEMENT REFLECTION

How do you feel about the way you spend your time?

What task takes up most time? (Besides direct clinical hours)
Why does it take up the most time?

Are there ways to do this differently? Can this task be combined with other tasks? Is there someone who can help you with this task?

What else stuck out to you when completing this activity?

CLINICAL STRENGTHS & WEAKNESSES

Circle your strengths that apply:

Motivated. Knowledgeable. Compassionate.

Fast Reader. Enjoy talking to clients.

Enjoy spending time with clients. Intuitive.

Hopeful. Decisive. Good at Boundary Setting. Humorous.

Fast at typing. Good at prioritizing. Time Management.

Organized. Good Memory. Mindful. Good at Delegating.

Leadership. Public Speaking.

Growth Areas:

Procrastination. Organization. Forgetful. Imposter's Syndrome.

Dislikes talking on the phone. Time management.

Clinical Specialties/Interests: _____

Clinical issues you DON'T want to work with: _____

Skills you'd like to utilize more of: _____

Skills you'd like to improve on: _____

Skills you'd like to spend less time using: _____

HOURLY TIME MANAGEMENT BREAKDOWN

Time Management

We only have 168 Hours in the week

How many hours for sleep? ____ x 7 = ____ (example: 8 hours a night, 56 hours)

How many hours for mandatory self care?

Showering, brushing teeth, cooking+eating, getting dressed, doing hair:

Estimate per day: ____ x 7 = ____ (example: 2 hours a day, 14 hours a week)

Hours of Exercise per week? ____

Hours of Commuting per day? ____ x 7 = ____

Time with family/loved ones? ____ x 7 = ____

Socializing per day- in person and on the phone per day ____ x 7 = ____

How many for (insert other priorities not mentioned)

Other: _____ ? ____ x 7 = _____

Other: _____ ? ____ x 7 = _____

Total for mandatory personal time budget per week:

= _____

Hours for Clinical Work Recap

Direct Clinical Hours: ____

Supervision/Supervision-related hours: ____

Treatment planning/Case Conceptualization: ____

Administrative Tasks/Documentation: ____

Client Contact/Scheduling: ____

Other Clinical Responsibility: ____

Other Clinical Responsibility: ____

Total Work Hours: ____

What's left? ____

PRODUCTIVITY MAP FOR THE WEEK

PLOT OUT TIME MANAGEMENT
GOALS OF AN IDEAL WEEK

CLINICAL HOURS

HOW MUCH TIME DO I NEED?

____ IDEAL AMOUNT OF HOURS

☐ DAILY ☐ WEEKLY

☐ BIWEEKLY ☐ MONTHLY

WHAT TIME BLOCK(S) FIT FOR
THIS TASK?

Total :

SUPERVISION/CONSULTATION

HOW MUCH TIME DO I NEED?

____ IDEAL AMOUNT OF HOURS

☐ DAILY ☐ WEEKLY

☐ BIWEEKLY ☐ MONTHLY

WHAT TIME BLOCK(S) FIT FOR
THIS TASK?

Total :

ADMIN TASKS

HOW MUCH TIME DO I NEED?

____ IDEAL AMOUNT OF HOURS

☐ DAILY ☐ WEEKLY

☐ BIWEEKLY ☐ MONTHLY

WHAT TIME BLOCK(S) FIT FOR
THIS TASK?

Total :

DOCUMENTATION

HOW MUCH TIME DO I NEED?

____ IDEAL AMOUNT OF HOURS

☐ DAILY ☐ WEEKLY

☐ BIWEEKLY ☐ MONTHLY

WHAT TIME BLOCK(S) FIT FOR
THIS TASK?

Total :

TREATMENT PLANNING

HOW MUCH TIME DO I NEED?

____ IDEAL AMOUNT OF HOURS

☐ DAILY ☐ WEEKLY

☐ BIWEEKLY ☐ MONTHLY

WHAT TIME BLOCK(S) FIT FOR
THIS TASK?

Total :

EDUCATION/LEARNING

HOW MUCH TIME DO I NEED?

____ IDEAL AMOUNT OF HOURS

☐ DAILY ☐ WEEKLY

☐ BIWEEKLY ☐ MONTHLY

WHAT TIME BLOCK(S) FIT FOR
THIS TASK?

Total :

CLIENT CONTACT

HOW MUCH TIME DO I NEED?

____ IDEAL AMOUNT OF HOURS

☐ DAILY ☐ WEEKLY

☐ BIWEEKLY ☐ MONTHLY

WHAT TIME BLOCK(S) FIT FOR
THIS TASK?

Total :

FINANCIAL RELATED TASKS

HOW MUCH TIME DO I NEED?

____ IDEAL AMOUNT OF HOURS

☐ DAILY ☐ WEEKLY

☐ BIWEEKLY ☐ MONTHLY

WHAT TIME BLOCK(S) FIT FOR
THIS TASK?

Total :

MARKETING/SOCIAL TASKS

HOW MUCH TIME DO I NEED?

____ IDEAL AMOUNT OF HOURS

☐ DAILY ☐ WEEKLY

☐ BIWEEKLY ☐ MONTHLY

WHAT TIME BLOCK(S) FIT FOR
THIS TASK?

Total :

OTHER CLINICAL ACTIVITIES

HOW MUCH TIME DO I NEED?

____ IDEAL AMOUNT OF HOURS

☐ DAILY ☐ WEEKLY

☐ BIWEEKLY ☐ MONTHLY

WHAT TIME BLOCK(S) FIT FOR
THIS TASK?

Total :

OTHER CLINICAL ACTIVITIES

HOW MUCH TIME DO I NEED?

____ IDEAL AMOUNT OF HOURS

☐ DAILY ☐ WEEKLY

☐ BIWEEKLY ☐ MONTHLY

WHAT TIME BLOCK(S) FIT FOR
THIS TASK?

Total :

OTHER CLINICAL ACTIVITIES

HOW MUCH TIME DO I NEED?

____ IDEAL AMOUNT OF HOURS

☐ DAILY ☐ WEEKLY

☐ BIWEEKLY ☐ MONTHLY

WHAT TIME BLOCK(S) FIT FOR
THIS TASK?

Total :

CONQUERING THE INBOX

1. Turn it into a phone call.

Skips the emailing back and forth by calling client directly.

2. Limit your email response time to once or twice a day.

Check inbox then answer emails around lunchtime (or any other time that works best) unless there is something urgent to attend to. This will ensure that you are chunking them all and can complete them one after another without other tasks in between to slow you down.

3. Use your voice to text feature on your phone if you have one.

Skip the typing and use talk to text feature on iPad, iPhone, or other equipment.

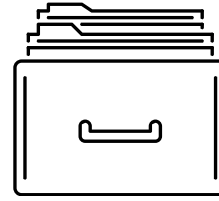
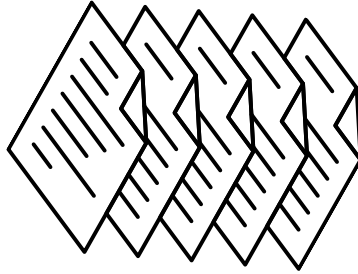
4. Keep boundaries professional and develop a policy for limiting sharing clinical information via email.

This can be disclosed in the initial session, intake form, or at any time throughout the process as long as it's appropriate. With a boundary on clinical information disclosed in emails, you can keep client communication manageable.

5. Have pre-written email templates for repetitive emails.

1. New client introduction email
2. Explanation about services offered
3. A brief intro about yourself
4. Termination email
5. Informing individuals that you are currently accepting / not accepting clients.
6. Invitation to reschedule
7. Psychiatry + higher level of care referrals

THERAPY FILE CABINET CHEAT SHEET



Important Files to Have:

1. Copy of all certifications, awards, or accommodations
3. Previous Background Checks + Immunizations if Required
4. Professional license
6. Copy of contract to have record of agreement and start dates
8. Liability insurance Paperwork
9. Original File Including Intake Paperwork, Release of Authorization,
10. Copy of academic transcripts
11. Employee Benefit Records

Finance:

1. A list of current expenses
2. Proof of any Reimbursable Expense if you work for someone
3. Student Loan Documents
4. Receipts for tax right offs
5. List of monthly subscriptions

Prelicensed Therapists:

1. Supervision hours documented
2. Hour requirements from licensing board AND state
3. Hours Documentation from Graduate School In Case It Counts Towards Licensure
4. Copy of supervisors circiculum vitae

Required documentation for practice:

1. Intake/Case History Form (pediatric + adult)
2. HIPPA form
3. Authorization to Exchange, Obtain, or Release Info
4. Consent for Services
5. Attendance Agreement/Cancellation Policy
6. Screening Permission Form
7. Payment Policy
8. Record of Contacts
9. Insurance Verification Form
10. Backup of computer files

Etc:

1. Membership Cards & Information
2. Business License
3. Business Insurance / Liability Insurance
4. Insurance policies
5. Lease Agreements
6. Mortgage Records
7. List of emergency contacts
8. Property tax records
9. Resume
10. Resumes on files for job candidates
11. Warranties & Instructional Pamphlets

Referral lists:

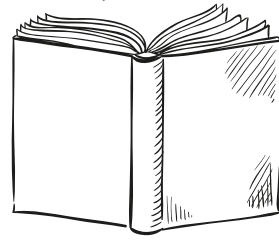
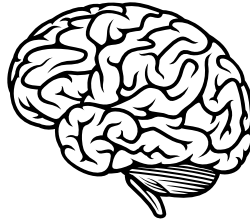
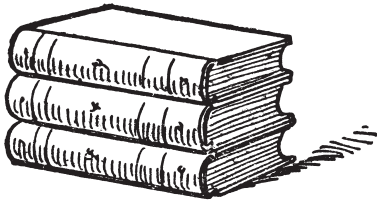
1. List of referrals for psychiatry & higher levels of care
2. List of local resources for clients
3. Other local therapists/practices /agencies with specialties
4. Government assistant programs in the area

Required documentation for practice:

11. Will & Testament and work accommodations in case of death



TREATMENT PLANNING *Hacks*



USE WILEY TX PLANNING HACKS BELOW:

HACK #1: COPY & PASTE PARAGRAPHS DIRECTLY INTO EHR OR DOCUMENT (MODIFY ACCORDINGLY)

HACK #2: READ RELEVANT SENTENCES OUT LOUD TO VERBALLY DICTATE YOUR NOTES INTO YOUR DEVICE (EXAMPLE: YOU CAN USE THE MICROPHONE FEATURE ON YOUR KEYBOARD)

HACK #3: IF YOU HAVE A NICHE, COPY & PASTE COMMON SECTIONS INTO A SEPERATE DOC TO AVOID FLIPPING THROUGH THE ENTIRE DOCUMENT FOR THE SAME 4-5 DIAGNOSIS'S.

HACK #4: IF YOU HAVE WILEY TX FEATURE IN YOUR EHR SYSTEM, FAMILIARIZE YOURSELF WITH V & Z CODES. EXAMPLE: IN THERANEST, I NEVER REALIZED THAT THE WILEY TX PLANNER FEATURE SEEMED EXTREMELY LIMITING... UNTIL I DISCOVERED V & Z CODES. IT MADE MY NOTES DRAMATICALLY MORE CLEAR, SPECIFIC, AND ENCOMPASSED SO MANY MORE CHALLENGES CLIENTS FACE. IT HELPED ME CULTIVATE MORE PRECISE DOCUMENTATION AND A BETTER TX PLAN



POPULAR TAX WRITE OFFS (ONLY RELATED TO BUSINESS)

AUDIO RECORDINGS	GAMES
BOOKS/E-BOOKS	PLAY THERAPY TOOLS
CD'S/DVD'S	THERAPY TOOLS (GOTTMAN HEART MONITOR)
CONFERENCES	WHITEBOARD
CONTINUING EDUCATION	BUSINESS-RELATED TRAVEL
LEARNING SOFTWARE	CAR MAINTENANCE
PROFESSIONAL MAGAZINES	PLANE TICKETS
JOURNALS	PARKING
ONLINE-COURSES	TOLLS
SEMINARS/WORKSHOPS/WEBINARS	GAS
LIABILITY INSURANCE	TRAIN/BUS FARE
LICENSURE FEES	ACCOUNTING FEES
OFFICE EQUIPMENT/FURNITURE	OTHER BUSINESS RELATED LEGAL FEES
UTILITY BILLS FOR OFFICE	LOGO CREATION
LEGAL AND PROFESSIONAL FEES	SEARCH ENGINE OPTIMIZATION COSTS
MEMBERSHIPS FEES	COLLECTION AGENCY FEES
POSTAGE	WEB DESIGN
OFFICE RENT	DEPRECIATION EXPENSES
OFFICE SUPPLIES	HOME OFFICE EXPENSES AND SUPPLIES
MARKETING/ADVERTISING EXPENSES	BUSINESS REGISTRATION
EHR SOFTWARE	BUSINESS LICENSE FEES
CREDIT CARD PROCESSING FEES	OFFICE RENT AND UTILITIES
HEALTH/DENTAL INSURANCE	PERSONAL PSYCHOTHERAPY
ONLINE COURSES	SOFTWARE SERVICES
CONFERENCES	INTERNET HOSTING FEES
CREDIT CARD PROCESSING FEES	DOMAIN NAME PAYMENT
CONTINUING EDUCATION	CLEANING SUPPLIES
ONLINE DIRECTORIES	POSTAGE
PRINT AND ONLINE ADS	PENS, PAPER, STAPLER, CLIPBOARD, ETC.
MEALS FOR BUSINESS-RELATED MEETINGS	BOOKS & MAGAZINES FOR WAITING ROOM
HEALTH/DENTAL INSURANCE SUPERVISION	FILE CABINET
WEB DESIGN	ANY AFFILIATED FILING SUPPLIES
BUSINESS COACHING	PRINTED PAPERWORK
UPKEEP SERVICE COSTS	PRINTER INK
TOYS FOR PLAY THERAPY	SMALLER FURNITURE PIECES



SOCIAL MEDIA

HASHTAG MANAGER #MARKETING

[illegible]

NETWORKING

PROFESSIONAL NETWORKING LOG

USE THIS LOG TO KEEP TRACK OF
NETWORKING CONNECTIONS MADE

[illegible]

PROFESSIONAL ORGANIZATIONS & GROUPS

[illegible]



FINANCE

MONTHLY BUDGET

TOTAL INCOME

OTHER INCOME / SAVINGS

[illegible]

YEAR

[illegible]

PROFIT AND LOSS TRACKER

MONTH OF

YEAR

[illegible]

PROFIT AND LOSS TRACKER

MONTH OF

YEAR

[illegible]

YEAR

[illegible]

GENERAL INCOME OVERVIEW

JANUARY

Date	Source	Description	Amount
Total:			

FEBRUARY

Date	Source	Description	Amount
Total :			

MARCH

Date	Source	Description	Amount
Total :			

APRIL

Date	Source	Description	Amount
Total:			

MAY

Date	Source	Description	Amount
Total :			

JUNE

Date	Source	Description	Amount
Total :			

JULY

Date	Source	Description	Amount
Total:			

AUGUST

Date	Source	Description	Amount
Total :			

SEPTMBER

Date	Source	Description	Amount
Total :			

OCTOBER

Date	Source	Description	Amount
Total:			

NOVEMBER

Date	Source	Description	Amount
Total :			

DECEMBER

Date	Source	Description	Amount
Total :			

INSURANCE CLAIM TRACKER

A = AUTHORIZATION
C = CLAIM

[illegible]

INSURANCE CLAIM TRACKER

A = AUTHORIZATION
C = CLAIM

[illegible]

ACTIVE BUSINESS / CLINICAL SUBSCRIPTIONS

[illegible]

OFFICE SUPPLY INFORMATION

OFFICE SUPPLY INFORMATION

[illegible]

SUPERVISION PAYMENT LOG

[illegible]

REIMBURSEMENT LOG

[illegible]

MONTHLY BILL EXPENSE LOG

MONTH	AMOUNT	BILL
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CLIENT INVOICE TRACKER

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[illegible]

PSYCHOTHERAPY INVOICE

CLIENT

ORGANIZATION

--	--	--	--

[illegible]

ALTERNATIVE INCOME LOG

[illegible]

DEBT SNOWBALL TRACKER

MONTH OF _____

CREDITOR

ACCOUNT #

AMOUNT

DUE DATE

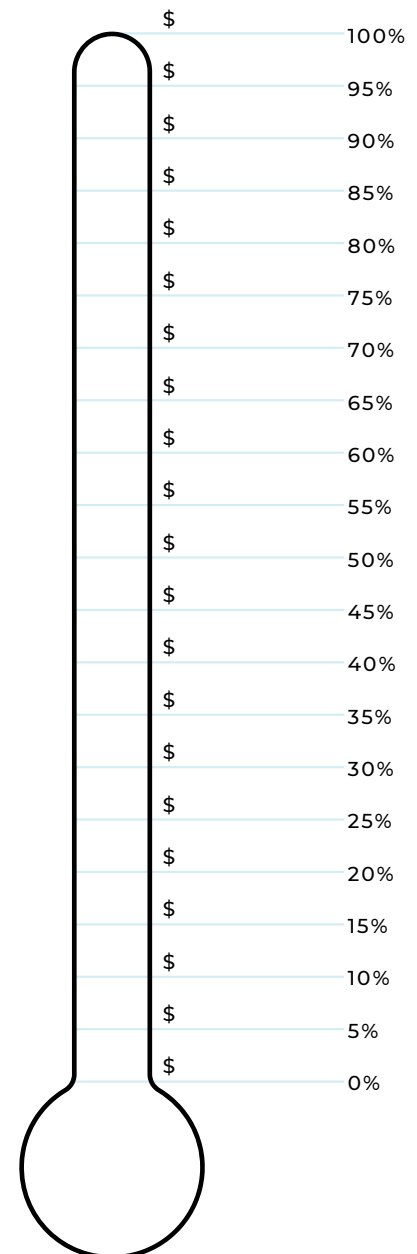
INTEREST RATE

GOAL PAYOFF DATE

MINIMUM PAYMENT	
1	1
2	2
3	3
4	4
5	5
6	6
7	7
8	8
9	9
10	10
11	11
12	12
13	13
14	14
15	15
16	16
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93	93
94	94
95	95
96	96
97	97
98	98
99	99
100	100

[illegible]

VISUAL PAYOFF PROGRESS



EMAIL NEWSLETTER RESULTS

EMAIL	DATE SENT	OPEN RATE	CLICK RATE	UNSUBSCRIBES

NOTES

KEYWORD TRACKER

KEYWORD -

COMPETITION -

MONTHLY SEARCHES -

RELATED SEARCHES -

KEYWORD -

COMPETITION -

MONTHLY SEARCHES -

RELATED SEARCHES -

KEYWORD -

COMPETITION -

MONTHLY SEARCHES -

RELATED SEARCHES -

KEYWORD -

COMPETITION -

MONTHLY SEARCHES -

RELATED SEARCHES -

KEYWORD -

COMPETITION -

MONTHLY SEARCHES -

RELATED SEARCHES -

KEYWORD -

COMPETITION -

MONTHLY SEARCHES -

RELATED SEARCHES -

BIRTHDAY TRACKER

J

F

M

A

M

J

J

A

S

O

N

D

ADVERTISING CAMPAIGN MONITOR

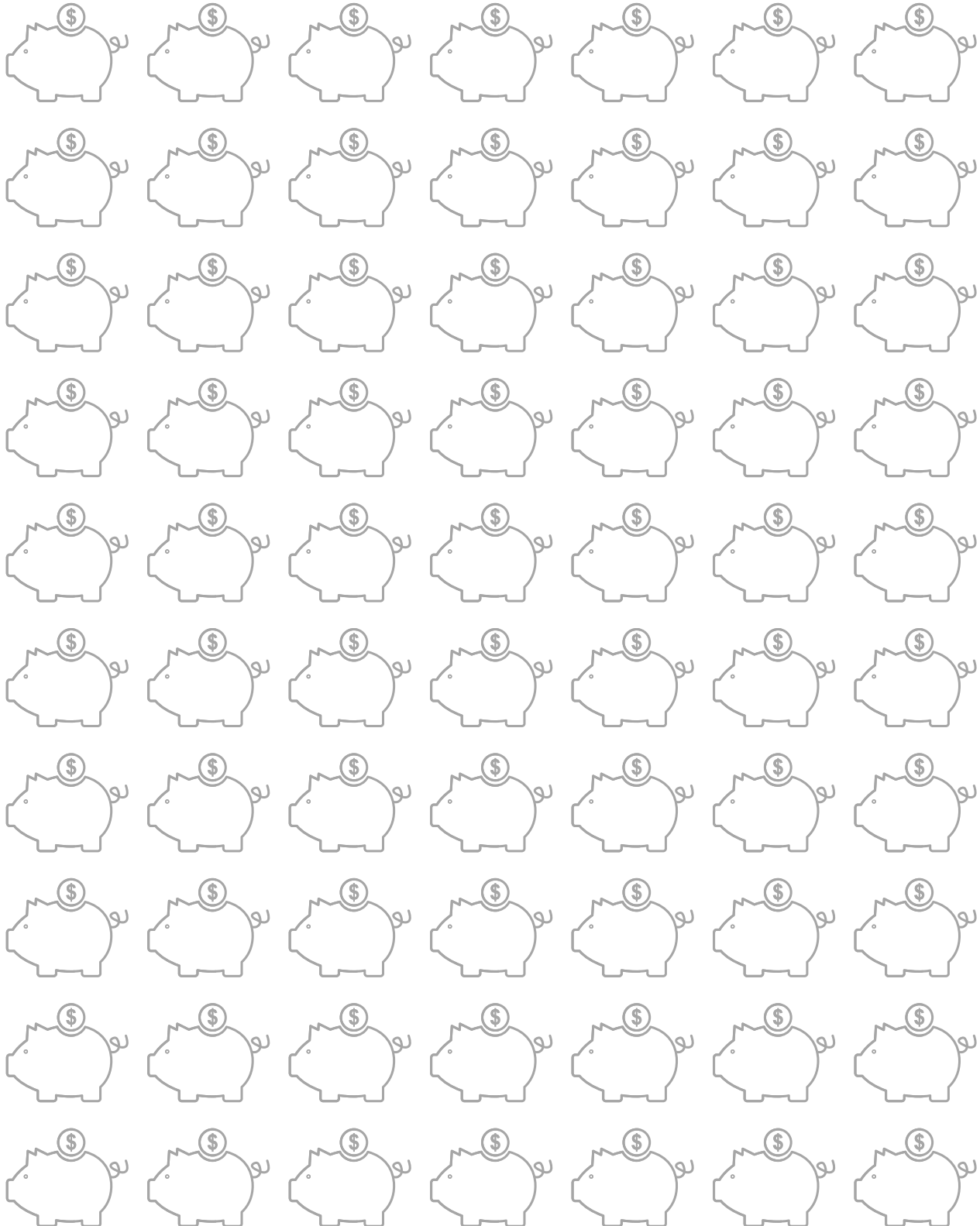
SAVINGS TRACKER

SAVING FOR

AMOUNT

START DATE

END DATE



CRISIS & EMERGENCY PHONE NUMBERS



The National Suicide Prevention Lifeline at 800-273-TALK
(8255)

Youth Talkline at 1-800-246-PRIDE (800-246-7743)

Trans Lifeline at 877-565-8860

The LGBT National Help Center at 1-888-THE-GLNH
(888-843-4564)

The Crisis Call Center at 1-800-273-8255

The Samaritan's Crisis Hotline at 1-212-673-3000

The National Sexual Assault Hotline at 1-800-656-4673

The National Domestic Violence Hotline at 1-800-799-7223

The National Crime Victim Helpline at 1-800-394-2255

The Veteran's Crisis Hotline at 1-800-273-8255

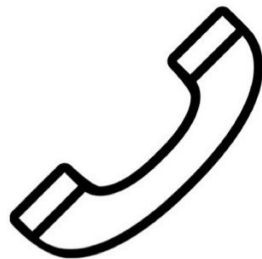
The National Eating Disorder Association Helpline at
1-800-931-2237

Trevor Lifeline for LGBTQ+ youth at 1-866-488-7386

The friendship line for 60+ and adults living with disabilities
in crisis at 1-800-971-0016

Disaster Distress Hotline at 1-800-985-5990

Borderline Personality Disorder Resource Center Hotline at
1-888-694-2273



SUPERVISOR _____

DATE _____

[illegible]

PASSWORD TRACKER

Website	
Email	
Contact	
Password	
Notes	

Website	
Email	
Contact	
Password	
Notes	

Website	
Email	
Contact	
Password	
Notes	

Website	
Email	
Contact	
Password	
Notes	

Website	
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Password	
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Website	
Email	
Contact	
Password	
Notes	

Website	
Email	
Contact	
Password	
Notes	

Website	
Email	
Contact	
Password	
Notes	

Banking

INFO

ACCOUNT # _____
ROUTING # _____
BANK NAME _____
WEBSITE/APP _____
USERNAME _____
PASSWORD _____

DEBIT AND CREDIT CARDS

CARD # _____
CARD TYPE _____
SEC. CODE _____
BANK NAME _____
EXP. DATE _____
NAME ON CARD _____
CREDIT LIMIT _____
INTEREST RATE _____
WEBSITE/APP _____
USERNAME _____
PASSWORD _____
SECURITY Q+A _____

CARD # _____
CARD TYPE _____
SEC. CODE _____
BANK NAME _____
EXP. DATE _____
NAME ON CARD _____
CREDIT LIMIT _____
INTEREST RATE _____
WEBSITE/APP _____
USERNAME _____
PASSWORD _____
SECURITY Q+A _____

CARD # _____
CARD TYPE _____
SEC. CODE _____
BANK NAME _____
EXP. DATE _____
NAME ON CARD _____
CREDIT LIMIT _____
INTEREST RATE _____
WEBSITE/APP _____
USERNAME _____
PASSWORD _____
SECURITY Q+A _____

CARD # _____
CARD TYPE _____
SEC. CODE _____
BANK NAME _____
EXP. DATE _____
NAME ON CARD _____
CREDIT LIMIT _____
INTEREST RATE _____
WEBSITE/APP _____
USERNAME _____
PASSWORD _____
SECURITY Q+A _____

ASSET *Inventory*

MONTH:

YEAR:

[illegible]

ACTIONS TO INCREASE REVENUE

QTR - 1 I WILL WORK ON THIS

<input type="checkbox"/>		J	F	M
<input type="checkbox"/>		J	F	M
<input type="checkbox"/>		J	F	M
<input type="checkbox"/>		J	F	M
<input type="checkbox"/>		J	F	M
<input type="checkbox"/>		J	F	M
<input type="checkbox"/>		J	F	M
<input type="checkbox"/>		J	F	M
<input type="checkbox"/>		J	F	M
<input type="checkbox"/>		J	F	M
<input type="checkbox"/>		J	F	M
<input type="checkbox"/>		J	F	M
<input type="checkbox"/>		J	F	M
<input type="checkbox"/>		J	F	M
<input type="checkbox"/>		J	F	M

QTR - 2 I WILL WORK ON THIS

<input type="checkbox"/>		A	M	J
<input type="checkbox"/>		A	M	J
<input type="checkbox"/>		A	M	J
<input type="checkbox"/>		A	M	J
<input type="checkbox"/>		A	M	J
<input type="checkbox"/>		A	M	J
<input type="checkbox"/>		A	M	J
<input type="checkbox"/>		A	M	J
<input type="checkbox"/>		A	M	J
<input type="checkbox"/>		A	M	J
<input type="checkbox"/>		A	M	J
<input type="checkbox"/>		A	M	J
<input type="checkbox"/>		A	M	J
<input type="checkbox"/>		A	M	J
<input type="checkbox"/>		A	M	J

QTR - 3 I WILL WORK ON THIS

<input type="checkbox"/>		J	A	S
<input type="checkbox"/>		J	A	S
<input type="checkbox"/>		J	A	S
<input type="checkbox"/>		J	A	S
<input type="checkbox"/>		J	A	S
<input type="checkbox"/>		J	A	S
<input type="checkbox"/>		J	A	S
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<input type="checkbox"/>		J	A	S
<input type="checkbox"/>		J	A	S

QTR - 4 I WILL WORK ON THIS

<input type="checkbox"/>		O	N	D
<input type="checkbox"/>		O	N	D
<input type="checkbox"/>		O	N	D
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<input type="checkbox"/>		O	N	D
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<input type="checkbox"/>		O	N	D
<input type="checkbox"/>		O	N	D
<input type="checkbox"/>		O	N	D
<input type="checkbox"/>		O	N	D

MONTHLY REVIEW

MONTH OF:

INCOME

DATE	SOURCE	AMOUNT

SAVINGS

DATE	DEPOSIT	PAID DATE	BALANCE

MONTHLY

TOTAL INCOME	
TOTAL BUDGET	
TOTAL SAVINGS	
TOTAL EXPENSES	

NOTES

DEBT

DATE	DEPOSIT	PAID DATE	BALANCE

BILL

BILL	AMOUNT	DUE DATE	PAID DATE

SAVINGS GOAL

JAN

FEB

MAR

APR

MAY

JUN

JUL

AUG

SEP

OCT

NOV

DEC

ACTUAL SAVINGS

JAN

FEB

MAR

APR

MAY

JUN

JUL

AUG

SEP

OCT

NOV

DEC

INCREASE GOALS

WHAT CAN I DO TO IMPROVE MY SAVING?

HOW TO KEEP MYSELF TO ACHIEVING MY GOALS?

Overview

YEARLY PAY ESTIMATION

X

X

(WHAT FEE WORKS
FOR YOUR NICHE,
LOCATION, DESIRED
POPULATION, ETC.)

INFLUENTIAL FACTORS, GROSS SALARY LOG ANY OTHER INFLUENCES
THAT IMPACTS YOUR RATE

LOG ANY OTHER INFLUENCES
THAT IMPACTS YOUR RATE

STUDENT DEBT LOG

[illegible]

THERAPY ROOM

Wisdom

IF WE LISTEN CLOSELY, WE LEARN JUST AS MUCH FROM OUR CLIENTS AS THEY LEARN FROM US- IF NOT MORE. THIS SHEET IS TO LOG WISDOM, QUOTES, AND LIFE LESSONS. DISCUSSED IN YOUR WORK DAY. WHEN YOU ARE MINDFUL OF THEM AND WRITE THEM DOWN, WE CAN REMEMBER THE POSITIVES IN OUR WORK AND BE INSPIRED BY THE INSIGHTS THERAPY REVEALS.

UTILITIES TRACKER

COMPANY

EMAIL:

NAME:

USERNAME:

UTILITY:

PW:

CONTACT #:

WEBSITE

COMPANY

EMAIL:

NAME:

USERNAME:

UTILITY:

PW:

CONTACT #:

WEBSITE

COMPANY

EMAIL:

NAME:

USERNAME:

UTILITY:

PW:

CONTACT #:

WEBSITE

COMPANY

EMAIL:

NAME:

USERNAME:

UTILITY:

PW:

CONTACT #:

WEBSITE

Balance

[illegible]

Balance

[illegible]

PRACTICE OVERVIEW



CASELOAD ANALYSIS

[illegible]

THE PSYCHOTHERAPY CLIENT STATUS CHECK LIST

CLIENT NAME/ CLIENT ID	CONSENT FORMS	DEMOGRAPHIC INFO	INSURANCE INFO	TX PLAN	ASSESSMENT	WRITE LETTER	\$ RELATED	SEND TERM. DOC	DISCHARGE NOTE
_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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GOAL Tracker

MAIN GOAL

ACTION STEPS

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2. ☐
3. ☐

1. ☐
2. ☐
3. ☐

GOAL 2

ACTION STEPS

1. ☐
2. ☐
3. ☐
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7. ☐

GOAL 3

ACTION STEPS

1. ☐
2. ☐
3. ☐
4. ☐
5. ☐
6. ☐
7. ☐

GOAL 4

ACTION STEPS

1. ☐
2. ☐
3. ☐
4. ☐
5. ☐
6. ☐
7. ☐

GOAL 5

ACTION STEPS

1. ☐
2. ☐
3. ☐
4. ☐
5. ☐
6. ☐
7. ☐

SWOT ANALYSIS

STRENGTHS

S

WEAKNESSES

W

OPPORTUNITIES

O

THREATS

T

OTHER NOTES : _____

WHAT ARE THE THINGS THAT
DRAIN YOUR TIME + ENERGY
WHEN YOU AREN'T MINDFUL?

WHAT ARE THE THINGS THAT YOU
DO THAT ARE NOT USEFUL OR
PRODUCTIVE TO ELIMINATE?

LEARN TO MINIMIZE/AVOID

URGENT & NOT IMPORTANT

LEARN TO ELIMINATE/DELEGATE/AUTOMATE

NOT IMPORTANT & NOT URGENT

Time Management

URGENT & IMPORTANT

LEARN TO MANAGE

NOT URGENT & IMPORTANT

LEARN TO PRIORITIZE /FOCUS

WHAT ARE THE URGENT+IMPORTANT
EVENTS THAT YOU DEAL WITH? COULD
BETTER SYSTEMS BE IN PLACE TO MEET
YOUR GOALS AND MAXIMIZE TIME?

WHAT ARE THE TASKS THAT TEND TO BE
PUT OFF OR PROCRSTINATED THE MOST
BECAUSE THERE'S NO DEADLINE? HOW
CAN YOU SHIFT THE APPROPRIATE AMOUNT
OF TIME TO THOSE TASKS?

DOCUMENTATION REMINDERS

- A. ALL CLIENT ENCOUNTERS
- B. DATE, LOCATION, AND DURATION OF SERVICES
- C. CONTEXT OF SERVICES
- D. INTERVENTIONS
- E. CLIENTS' RESPONSES TO INTERVENTIONS
- F. RATIONALE FOR CLINICAL DECISIONS
- G. NEW ASSESSMENT INFORMATION
- H. REFERRALS TO COMMUNITY RESOURCES
- I. SIGNATURE AND DATE OF THE PERSON PROVIDING THE SERVICE, INCLUDING PROFESSIONAL DEGREE, LICENSURE, OR JOB TITLE
- J. IF SERVICE IS PROVIDED IN A LANGUAGE OTHER THAN ENGLISH, DOCUMENT THE LANGUAGE USED.
- K. IF AN INTERPRETER IS USED, INCLUDE THE NAME OF THE INTERPRETER IN THE PROGRESS NOTE.
- L. EACH PROGRESS NOTE NEEDS TO DEMONSTRATE WHAT HAS BEEN DONE TO HELP A CLIENT REACH THEIR GOAL(S).
- M. IF TWO THERAPISTS OR OTHER STAFF MEMBERS ARE PROVIDING SERVICES FOR A CLIENT TOGETHER, EACH STAFF PERSON'S ROLE AND INTERVENTIONS SHOULD BE CLEARLY DEFINED IN THE DOCUMENTATION.
- N. IF YOU SOUGHT SUPERVISION/CONSULTATION FOR THE CASE, DOCUMENT THAT.
- O. DOCUMENT ANY ASSESSMENTS COMPLETED. THIS IS ESPECIALLY IMPORTANT FOR RISK ASSESSMENTS.
- P. DOCUMENT ANY ONGOING RISK ASSESSMENTS. (CONTINUE MONITORING FOR RISK... ETC. IN DOCUMENTATION PLAN)

BUSINESS OVERVIEW

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Date:

BUSINESS NAME:

TAGLINE:

WEBSITE:

PRODUCTS & SERVICES	MISSION STATEMENT

SOCIAL MEDIA HANDLES:

AIDA PRACTICE EXERCISE

A

AWARENESS

HOW WILL PEOPLE GET TO KNOW ABOUT YOUR BRAND/ PRODUCT/SERVICE?

I

INTEREST

HOW WILL YOU GET POTENTIAL CLIENTS INTERESTED IN TRYING YOUR PRODUCT/SERVICE?

D

DESIRE

HOW WILL YOU GET POTENTIAL CLIENTS WANT TO TRY YOUR PRODUCT/SERVICE?

A

ACTION

HOW WILL YOU GET POTENTIAL CLIENTS COMMIT AND PURCHASE YOUR PRODUCT/SERVICE?



STRESS LESS, THERAPY MORE

THE NEXT TWELVE MONTHS

THE PLANNER THERAPY COMPANY

MONTH OF _____

"HOW CAN I PROVIDE A RELATIONSHIP WHICH THIS PERSON MAY USE FOR HIS OWN PERSONAL GROWTH?"

CARL R. ROGERS

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MONTH OF _____

"OUR WOUNDS ARE OFTEN THE
OPENINGS INTO THE BEST AND MOST
BEAUTIFUL PART OF US."
— DAVID RICHO

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MONTH OF _____

"COURAGE DOESN'T HAPPEN WHEN YOU HAVE ALL THE ANSWERS. IT HAPPENS WHEN YOU ARE READY TO FACE ALL THE QUESTIONS."
— SHANNON L. ALDER

NOTES

MONDAY

TUESDAY

WEDNESDAY

MONTH OF _____

"AS A PSYCHOTHERAPIST I'VE TAUGHT THIS SKILL MANY TIMES: LEARN HOW TO PAY ATTENTION AND EXPERIENCE LIFE RATHER THAN HURRY THROUGH IT."

-DEBRA WHITING ALEXANDER

NOTES

MONDAY

TUESDAY

WEDNESDAY

MONTH OF _____

"PEOPLE NEED PEOPLE - FOR INITIAL
AND FOR CONTINUED SURVIVAL, FOR
SOCIALIZATION, FOR THE PURSUIT OF
SATISFACTION. NO ONE - NOT THE
DYING, NOT THE OUTCAST, NOT THE
MIGHTY - TRANSCENDS THE NEED FOR
HUMAN CONTACT."

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MONTH OF _____

"YOU CAN'T SELECTIVELY NUMB YOUR ANGER, ANY MORE THAN YOU CAN TURN OFF ALL LIGHTS IN A ROOM, AND STILL EXPECT TO SEE THE LIGHT."

SHANNON L. ALDER

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MONTH OF _____

"THERE IS NO STANDARD NORMAL. NORMAL IS SUBJECTIVE. THERE ARE SEVEN BILLION VERSIONS OF NORMAL ON THIS PLANET."

— MATT HAIG

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MONTH OF _____

“WE MUST ACCEPT FINITE
DISAPPOINTMENT, BUT NEVER LOSE
INFINITE HOPE.”
— MARTIN LUTHER KING JR.

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MONTH OF _____

"WE CANNOT CHANGE ANYTHING
UNTIL WE ACCEPT IT.
CONDEMNATION DOES NOT
LIBERATE, IT OPPRESSES."
-CARL JUNG

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MONTH OF _____

"THE ONLY NORMAL PEOPLE ARE
THE ONES YOU DON'T KNOW VERY
WELL".
-ALFRED ADLER

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MONTH OF _____

"WHILE TRAUMA IS A FACT OF LIFE, IT DOES NOT, HOWEVER, HAVE TO BE A LIFE SENTENCE."
— PETER A. LEVINE

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MONTH OF _____

"I BELIEVE THAT A DIFFERENT
THERAPY MUST BE CONSTRUCTED
FOR EACH PATIENT BECAUSE EACH
HAS A UNIQUE STORY."
— IRVIN D. YALOM

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MONTH OF _____

"THE BELIEF THAT ONE'S OWN VIEW
OF REALITY IS THE ONLY REALITY IS
THE MOST DANGEROUS OF ALL
DELUSIONS."
— PAUL WATZLAWICK

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MONTH OF _____

"WHO LOOKS OUTSIDE, DREAMS,
WHO LOOKS INSIDE AWAKENS."
— CARL JUNG

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STRESS LESS, THERAPY MORE

THIS PLANNER BELONGS TO

THE PLANNER THERAPY COMPANY

WEEKLY PLANNER

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