

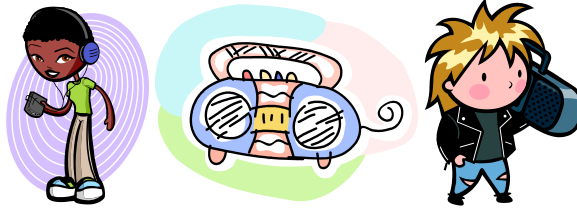
## ABC Worksheet

<b>Activating event</b> <i>What happened?</i>	<b>Beliefs</b> <i>What did I tell myself about it?</i>	<b>Consequences</b> <i>How did my body respond?</i>
		Physical
		Emotions
		Actions
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		Physical
		Emotions
		Actions

*Adapted from Living Well with Stress Provider Manual (Welford Hall Medical Clinic, 2009)*

## Changing Your Tune

Sometimes we think about bad things over and over (like a song you don't like that gets stuck in your head). We'll call this a *bad song*, because it can make us feel really bad! But guess what? You can stop that *bad song*! All you have to do is notice when that *bad song* plays in your head. As soon as you hear it, press **STOP!** You can also say, "Go away, bad song!" Then, you can sing yourself a **happy song** (one that makes you feel good)



How does your bad song go? You can write or draw your bad song here:

How does your **happy song** go? Write some of the words or draw a picture of you **happy song** here:

Lets practice! Sing your bad song right now in your head. When I say **STOP**, start singing you happy song instead. Now you can decide when to press STOP on your bad song and PLAY your happy song!

*Adapted from Your Very Own TO-CBT Workbook (Hendricks et al., n.d.). Retrieved from [http://ego.thechicagoschool.edu/s/843/images/editor\\_documents/childadolescent/TF-CBT%20workbook.pdf](http://ego.thechicagoschool.edu/s/843/images/editor_documents/childadolescent/TF-CBT%20workbook.pdf)*

**Thought Stopping Activity Log**

What was going on around you?	What came to your mind	What did you do? Did you use the rubber band or did you sing your happy song?

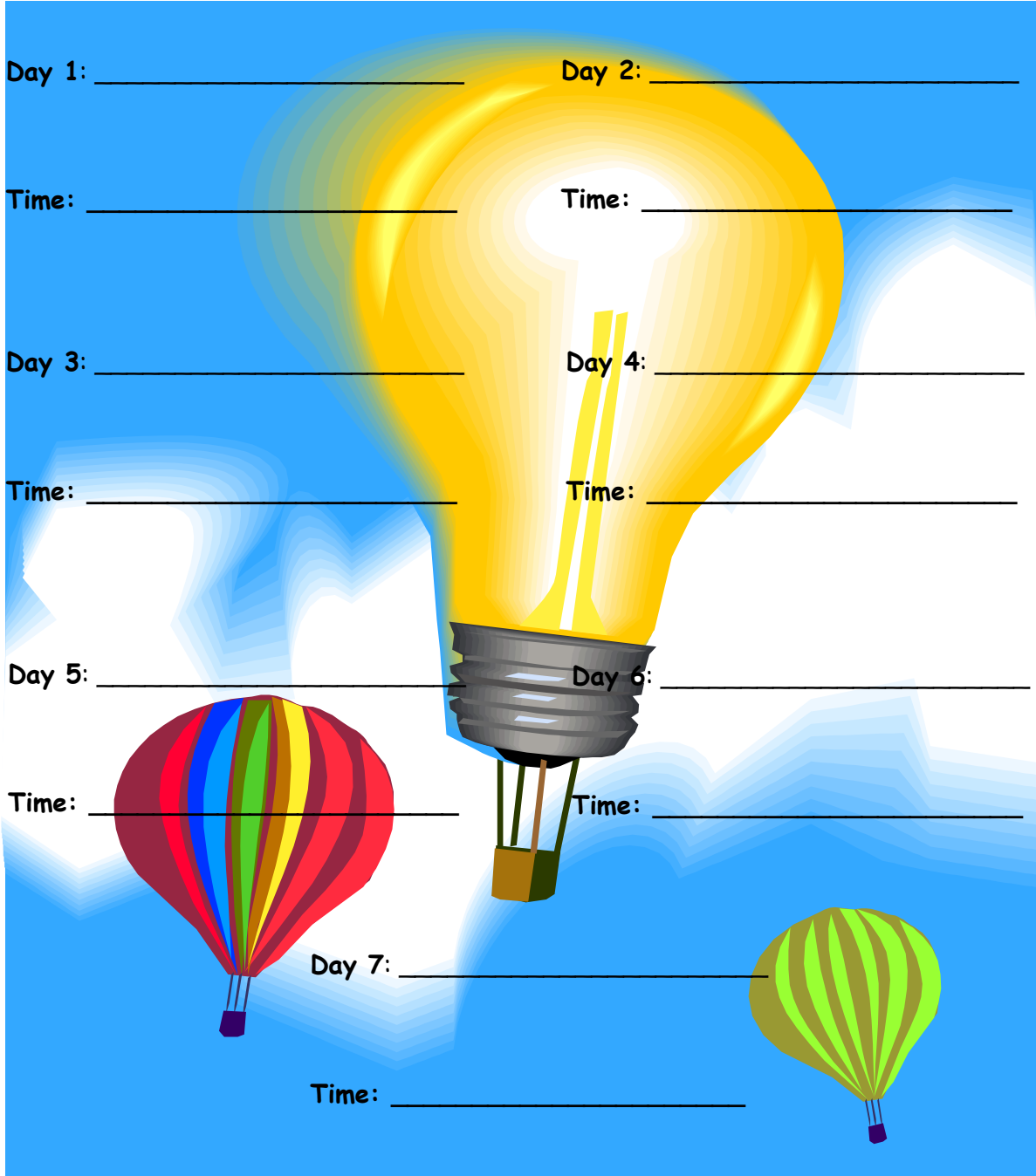
# Thought Digger



What happened?	What went through your head during or after the event?	What did I feel?	Questions to ask yourself?
			Are my thoughts true? Y or N
			What happened in the past when I've faced this situation?
			Is there evidence to support my view? Y or N

## Breathing Log

Practice the breathing we learned in session today for 3 minutes twice a day. Write down each day and time that you practice. Bring this in with you to your next session.



Day 1: \_\_\_\_\_ Day 2: \_\_\_\_\_

Time: \_\_\_\_\_ Time: \_\_\_\_\_

Day 3: \_\_\_\_\_ Day 4: \_\_\_\_\_

Time: \_\_\_\_\_ Time: \_\_\_\_\_

Day 5: \_\_\_\_\_ Day 6: \_\_\_\_\_

Time: \_\_\_\_\_ Time: \_\_\_\_\_

Day 7: \_\_\_\_\_

Time: \_\_\_\_\_

*Adapted from Trauma-Focused CBT Cognitive Coping Module (Medical University of North Carolina, 2010). Retrieved from <http://tfcbt.musc.edu/>*

## **Problem-Solving Worksheet**

<b>What's the Problem?</b>	
<b>What do you want to achieve?</b>	
<b>What are the possible solutions?</b>	
1)	
2)	
<b>Solution 1</b>	
<b>Pros</b>	<b>Cons</b>
<b>Solution 2</b>	
<b>Pros</b>	<b>Cons</b>
<b>What's the result of my solution?</b>	

# Physical Activity Log

Engage in Physical Activity 3 times a week for 30 minutes. But you can do more if you want.

Date	Time	Activity
	Start:  Stop:	
	Start:  Stop:	
	Start:  Stop:	
	Start:  Stop:	
	Start:  Stop:	
	Start:  Stop:	
	Start:  Stop:	
	Start:  Stop:	
	Start:  Stop:	

