Stress Processing Journal



This Book Belongs To

Worry Exploration

What are you worried about?

What is the best that can happen?

What are some worries about what will not come true that I need to forget?

How to focus on desires.

Worry Exploration

Is worrying about something going to stop it happening?

Is there anything I can do physically to work the problem out? If so what?

Am I making up worries to feed my addiction? If so, why?

Now that you leave the challenged worry, how has it changed?

Date or Event that is bringing you stress:

Describe the elements necessary for resolving the issues your stressing about?



What aspect of your stress is controllable or supposedly uncontrollable?

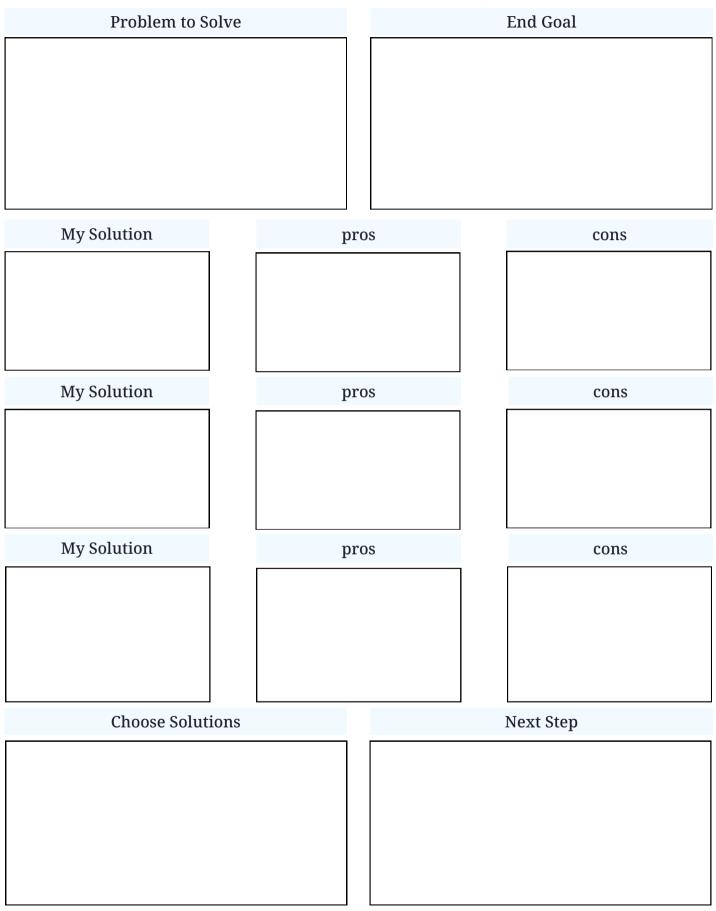


Brainstorm 3 ways to reduce stress

Who can you receive support from? (ie. Partner. Therapist. Parent)



Problem Solving



STRESS LEVEL TRACKER

YEAR: STRE	SS LEVEL: 1 2 3	4 5
January	February	March
April	Мау	June
July	August	September
October	November	December

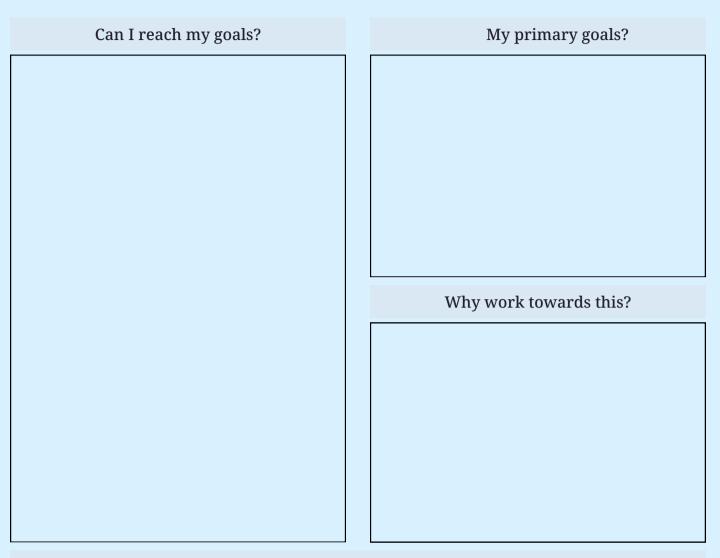
Evaluate Stressors

List of Stressors	Controllable

Incontrollable

STRESS SOUREES

Manifestation Worksheet



What will life be like once I've Manifested?

January Reflection

How I feel about this month	What changed from last month
My accomplishments this month	What I want to improve next month.

February Reflection

How I feel about this month	What changed from last month
My accomplishments this month	What I want to improve next month.

March Reflection

How I feel about this month	What changed from last month
My accomplishments this month	What I want to improve next month.
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April Reflection

How I feel about this month	What changed from last month
My accomplishments this month	What I want to improve next month.
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May Reflection

How I feel about this month	What changed from last month
My accomplishments this month	What I want to improve next month.

June Reflection

How I feel about this month	What changed from last month
My accomplishments this month	What I want to improve next month.
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July Reflection

How I feel about this month	What changed from last month
My accomplishments this month	What I want to improve next month
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August Reflection

How I feel about this month	What changed from last month
My accomplishments this month	What I want to improve next month.
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September Reflection

How I feel about this month	What changed from last month
My accomplishments this month	What I want to improve next month.

November Reflection

How I feel about this month	What changed from last month
My accomplishments this month	What I want to improve next month.
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October Reflection

How I feel about this month	What changed from last month
My accomplishments this month	What I want to improve next month.

December Reflection

How I feel about this month	What changed from last month
My accomplishments this month	What I want to improve next month.

A Letter To Myself

Subject:

Daily Gratitude

Date:
Topic:

Date:
Topic:

Date:
Topic:

Date:
Topic:

Date:
Topic:

Date:
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Topic:

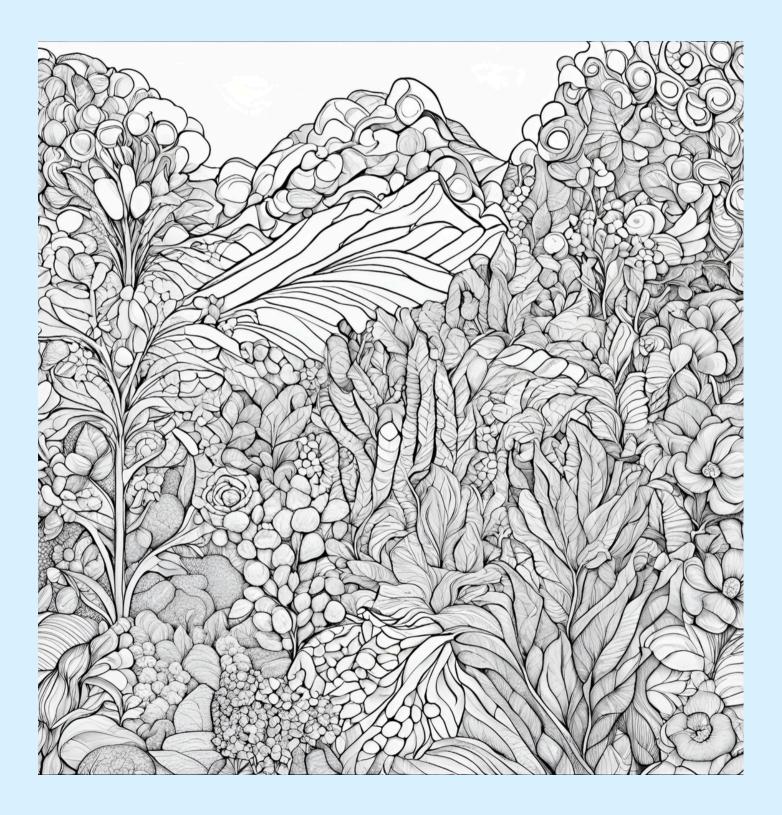
Date:
Topic:

Date:
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Date:
Topic:













Effective Communication

When Communication Becomes Most Challenging Or Annoying:

In The Event Of Difficulties In Communication, I Hope that Individuals Will

When I Face Difficulties In Conveying My Thoughts, This Assist Me To..

Unmasking myself worksheet

What Are Some Of Things That Make You Unique, Special, Or Different From Others?

How do you usually hide or downplay these differences? Why?

What are some of the benefits of being more authentic and true to yourself?

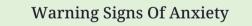
Masking Behavior Checklist

Masking Behavior	\bigotimes

Coping Skills Plan

What Stresses Me Out	Favorite Coping Skills

People I can Talk To

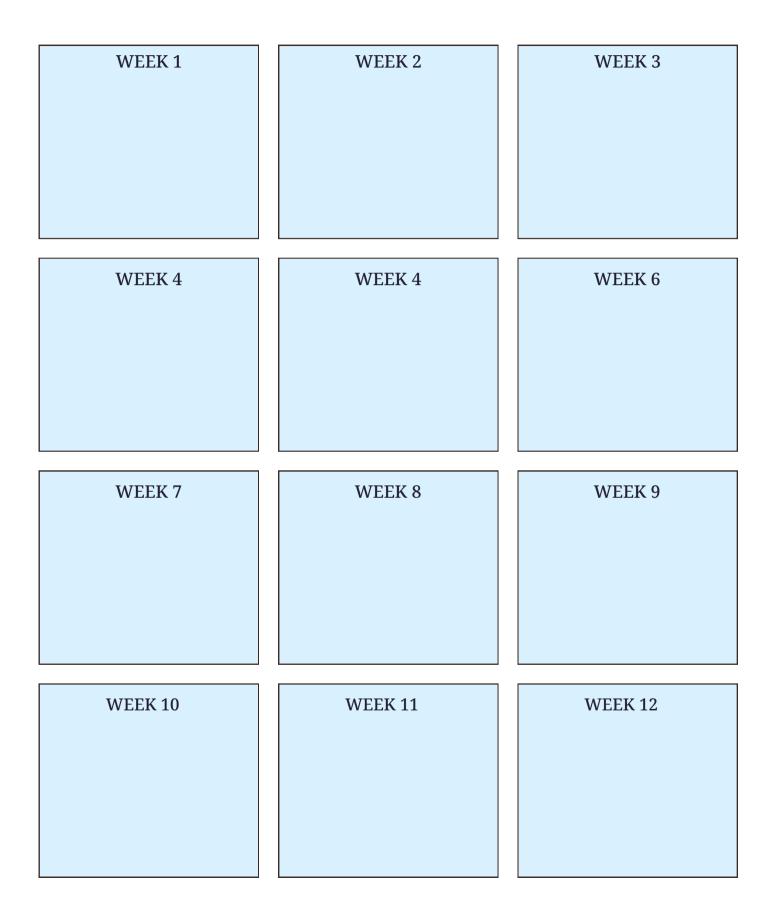


Things That Distract Me

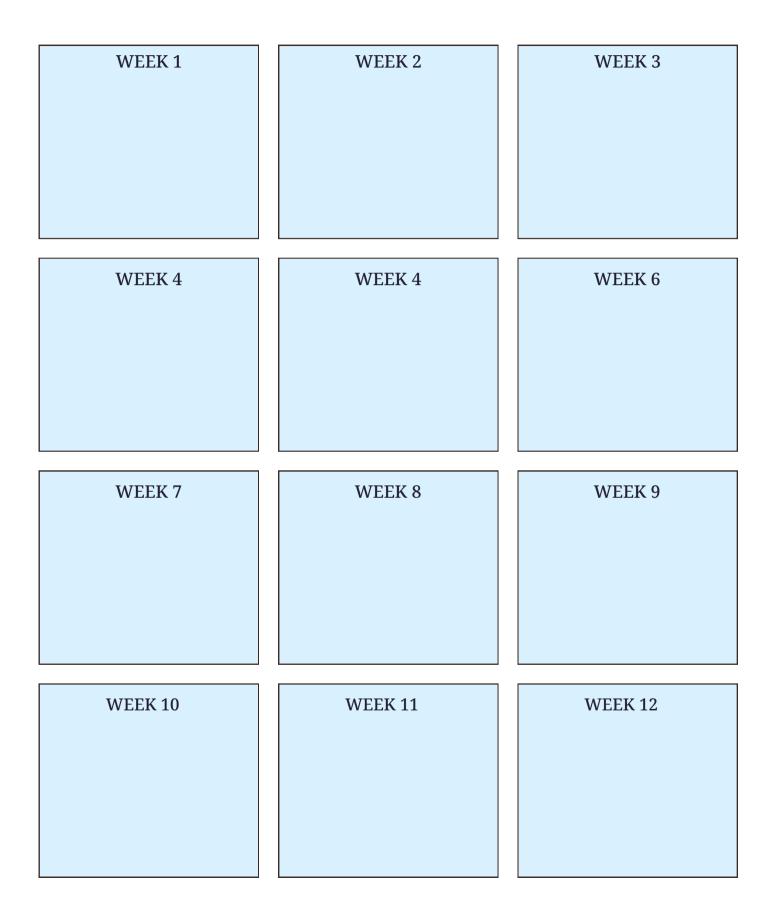
Appointment Tracker

DATE	Place	REASON	TIME

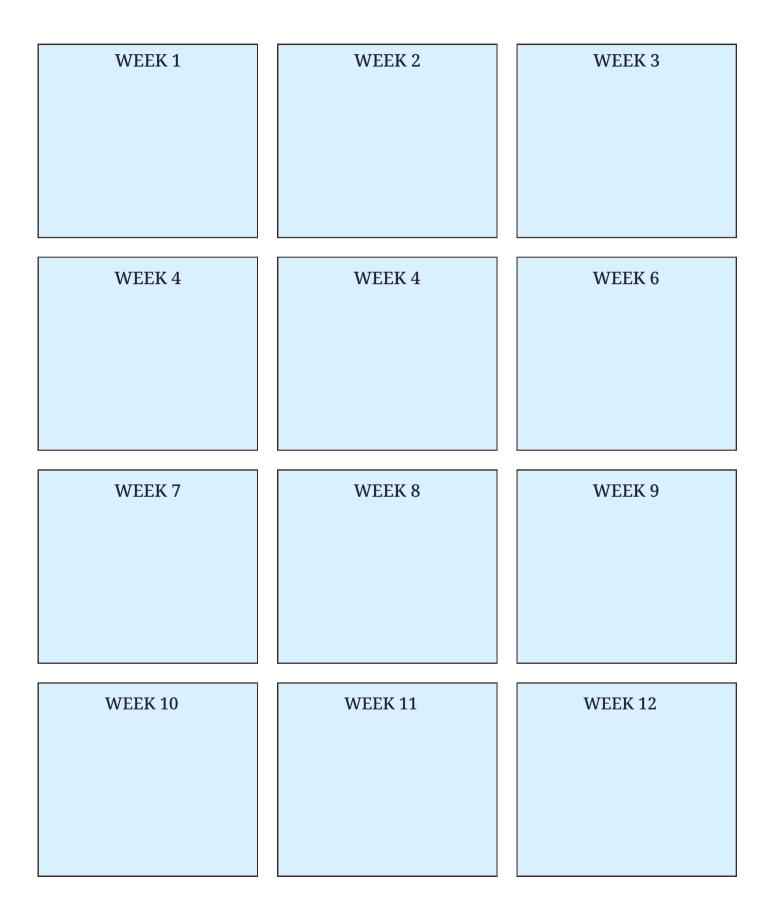
12 Week Challenge



12 Week Challenge



12 Week Challenge



Visualization Reflection

DURING MY VISUALIZATION I SAW:

DURING MY VISUALIZATION I FELT EMOTIONS:

USING MY 5 SENSES, I COULD SEE, HEAR, SMELL, TASTE, TOUCH:

WHAT I'D LIKE TO SEE MORE OF:	WHAT I'D LIKE TO SEE LESS OF:

Visualization Reflection

DURING MY VISUALIZATION I SAW:

DURING MY VISUALIZATION I FELT EMOTIONS:

USING MY 5 SENSES, I COULD SEE, HEAR, SMELL, TASTE, TOUCH:

WHAT I'D LIKE TO SEE MORE OF:	WHAT I'D LIKE TO SEE LESS OF:

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WHAT I'D LIKE TO SEE MORE OF:	WHAT I'D LIKE TO SEE LESS OF:

Visualization Exercise

Sit down in a quiet place. Get comfortable and focus on your breathing.After a couple of minutes, imagine yourself in five years doing what you love to do fulfilling your purpose. Spend five minutes or more just observing. Next, answer the questions below after you finish this visualization exercise.

What do you like to do? Are you sitting at a computer? Teaching a class? Doing karate? Participating in a strike? Meditating?

What is going on around you? Is it quiet? Loud? Dark? Still? Are there other people? If so, what are they doing? Are people rowdy? Silent? Laughing? Studying? Take in the environment

Who/what is there? Are there children? Adults? Couples? Cats? Dogs? Mountains? Rain?

Letting Go

IT'S	TIME	TO	LET	GO	OF.
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SUPPORTIVE RESOURCES

Gratitude

Things I am so grateful For	People I am grateful For
I love this about my life	Things I am proud of
I love this about my life	Things I am proud of
I love this about my life	Things I am proud of
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I love this about my life	Things I am proud of
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Desires

I would love to
I want to do more
My heart really Desires to
If I could I would
I am ready to

Desires Worksheet

DEFINING MY DESIRE

STATING MY WHY

HOW WOULD I FEEL

Inspirations

PODCASTS	BOOKS
SONGS	VIDEOS
COURSES	AUDIO

Today's Date:

Where: Location/Place

When: Time of day/Season

Are you Alone?

Today's Date:

Where: Location/Place

When: Time of day/Season

Are you Alone?

Today's Date:

Where: Location/Place

When: Time of day/Season

Are you Alone?

Today's Date:

Where: Location/Place

When: Time of day/Season

Are you Alone?

Today's Date:

Where: Location/Place

When: Time of day/Season

Are you Alone?

Today's Date:

Where: Location/Place

When: Time of day/Season

Are you Alone?

Deep Breath Assistance

Date And Time	Andrey Level Before 0-100%	Andrey Level After 0-100%

Working on patterns

WHAT PATTERNS DO YOU SEE REPEATING THEMSELVES IN YOUR LIFE?

HOW HAD THESE PATTERNS AFFECTED YOU AND/OR PEOPLE AROUND YOU?

WHICH PATTERNS DID YOU PICK UP FROM YOUR CAREGIVERS?

WHAT ACTIONS CAN YOU TAKE TO BREAK THESE PATTERNS?

Working Towards Healing

WHAT TRAUMA DO I NEED TO HEAL FROM?

STEPS THAT I NEED TO TAKE TO HEAL

THINGS I HAVE HEALED FROM & HOW

Medication Tracker

Medication	Start Date	End Dose	Notes

Anxiety Affirmation

"I act with confidence because I know what I am doing."

"I am different and unique, and that is OK."

"I am safe in the company of others."

"Day by day, minute to minute I am capable and prepared."

"I am prepared and ready for this situation."

"People assume I can do this, I know I can and I will."

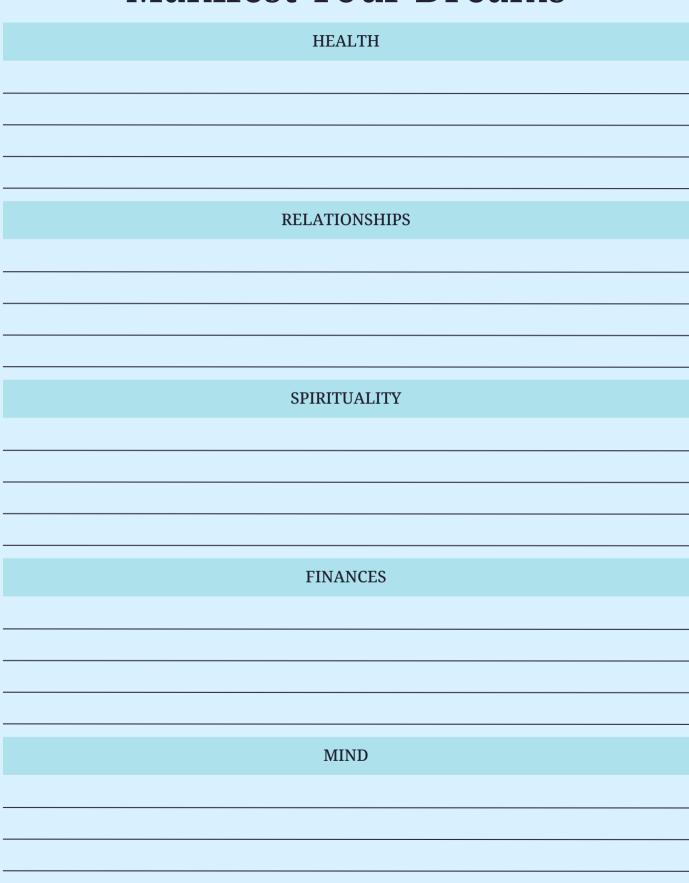
"I am at ease when talking to other people."

"I have survived my anxiety before. I will survive it now"

Goal and Energy

Ν	ION	TUE	WED	THU	FRI	SAT	SUN	DATE:
Goals	6							
Exer	cise							
•								
Note	•							

Manifest Your Dreams



NOTES
