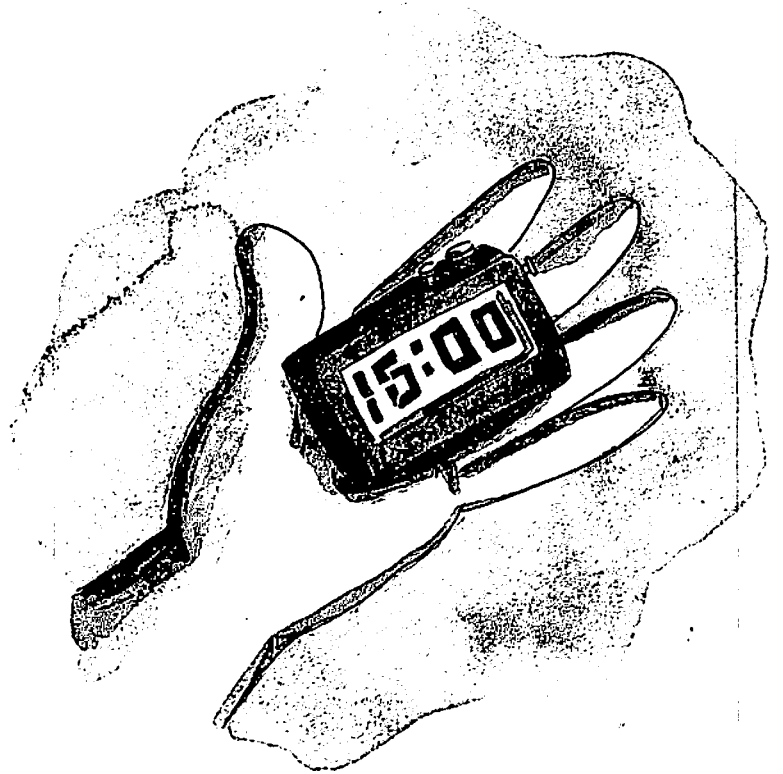


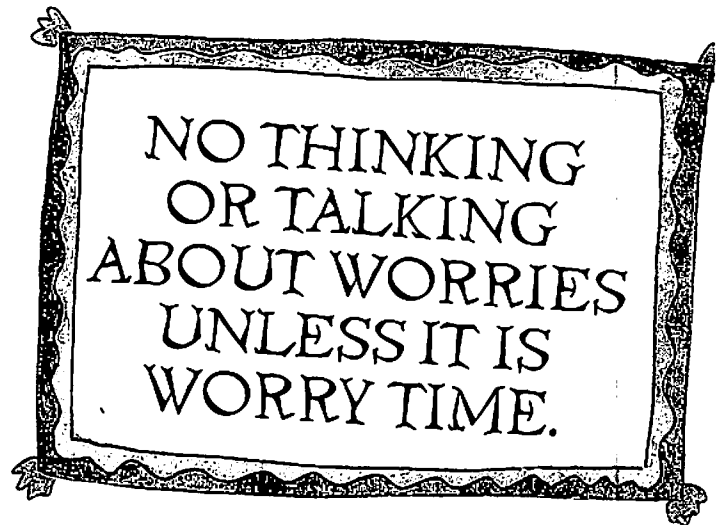
If you are a person who worries about a lot of little things, try setting up a **WORRY TIME**. Your mom or dad can help you choose a certain time each day for Worry Time. Worry Time should last about 15 minutes.



Your mom or dad will sit with you during Worry Time and listen to whatever worries you have. There should be no interruptions. No TV. No phone calls. No little brothers wanting to play or big sisters needing help with homework.

Worry Time is the time to say whatever you want to say about your worries. During this special time, your mom or dad will listen and try to help.

There is just one very important rule about Worry Time:

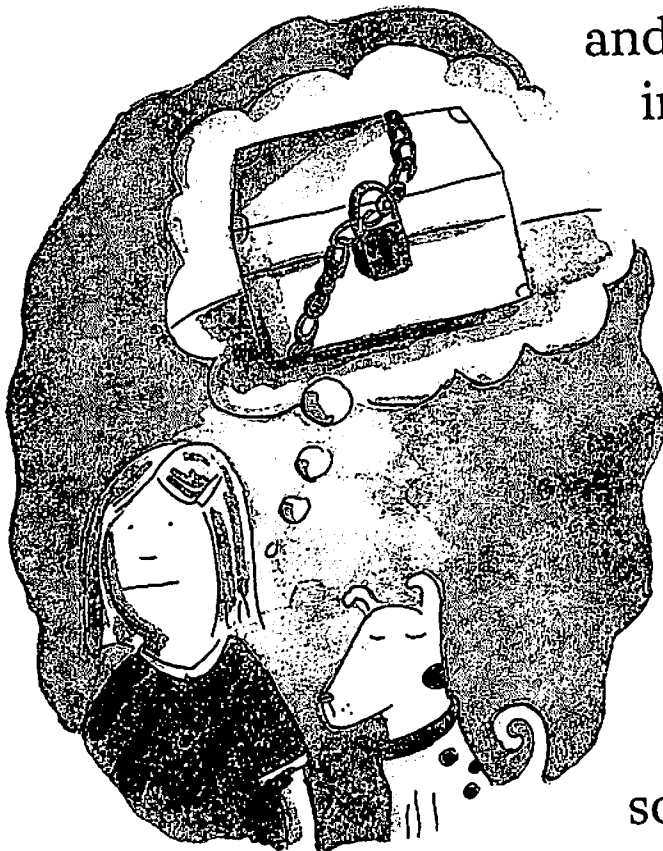


If a worry bothers you at any other time of day, you are not allowed to spend time thinking about it or talking about it until Worry Time.

If a worry pops into your mind and it is not Worry Time, imagine a strong box. Close your eyes so you can picture the box in your mind.

Make sure that it has a cover and a strong lock. Then imagine yourself putting your worry into the box and locking it up.

Remind yourself that you can think about the worries again during Worry Time, but for now you will leave them in the Worry Box and walk away. Get busy with something else.



If you ask a worry question or tell a worry to your mom or dad and it is not Worry Time, your mom or dad will tell you to put the worry into your Worry Box until it is Worry Time.

Your mom and dad will stop answering your worry questions unless it is Worry Time.

They will stop reassuring you about your worries unless it's Worry Time.

This might seem mean. You are going to be feeling worried and your mom or dad will say, "Oops, that's a worry. Lock it up in your box!" Or they will say, "We can talk about that during Worry Time."

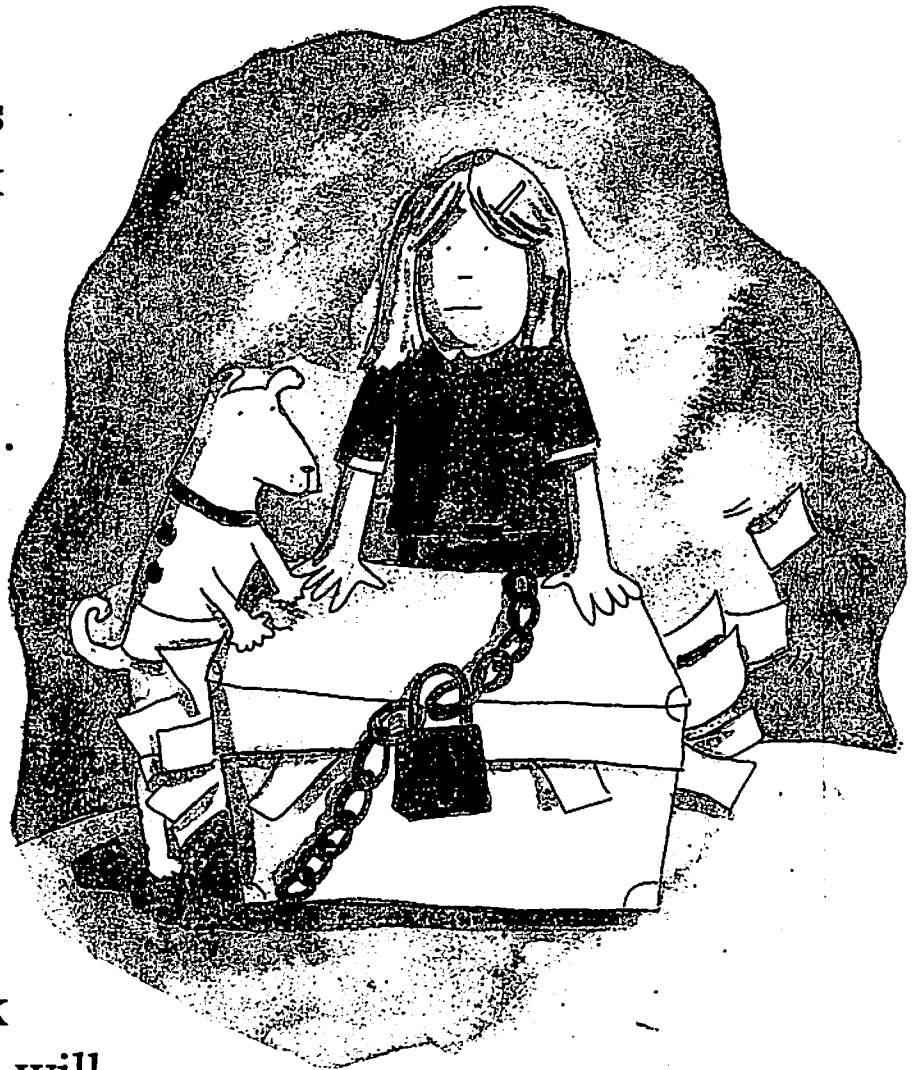
It might feel hard to wait, but really it is for the best, because talking about worries and answering worry questions over and over again whenever they come up is like sprinkling water on a tomato plant all through the day. It will actually make the worries grow like crazy!

When you learn to put your worries into the Worry Box to save them for Worry Time, something really interesting happens.

At first, you might find that you can't wait for Worry Time because you have so many worries to talk about.

It will be hard work because the worries will keep coming back into your head and you'll need to imagine yourself stuffing them back into the Worry Box a lot.

You will need to keep telling yourself to wait for Worry Time, over and over again.



**T**he first thing to do when you have a worry is put it into words. You can talk to yourself about the worry. Or you can find a helpful person, like your mom or dad, to talk to about it.

Then use **LOGIC** to make the worry less powerful.

Logic is when you think about what is really true instead of what you're afraid might happen.

Logic is reminding yourself that really bad things don't happen very often.

Logic is knowing that even if something that's a little bit bad does happen, you can get through it.

When you use logic, you can make a plan that helps you feel calmer and less worried.

**Y**ou have probably noticed that some worries pop up over and over again, no matter how many times you put them into the Worry Box. It's frustrating, isn't it?

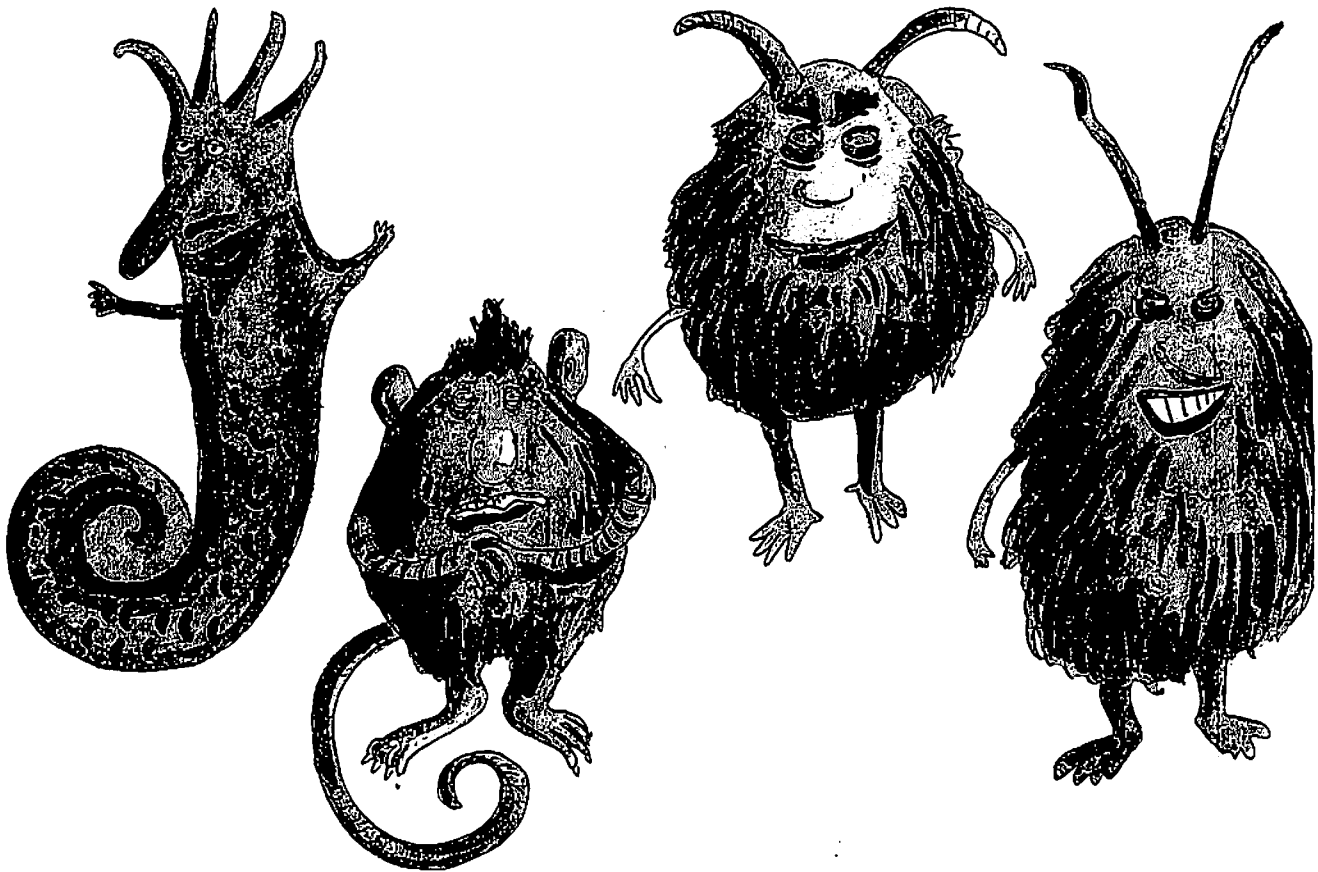
But guess what? There is something you can do about that. You can learn to talk back to the worry to make it go away.

You might already know how to talk back. Talking back means standing up for yourself when you don't like what is going on.

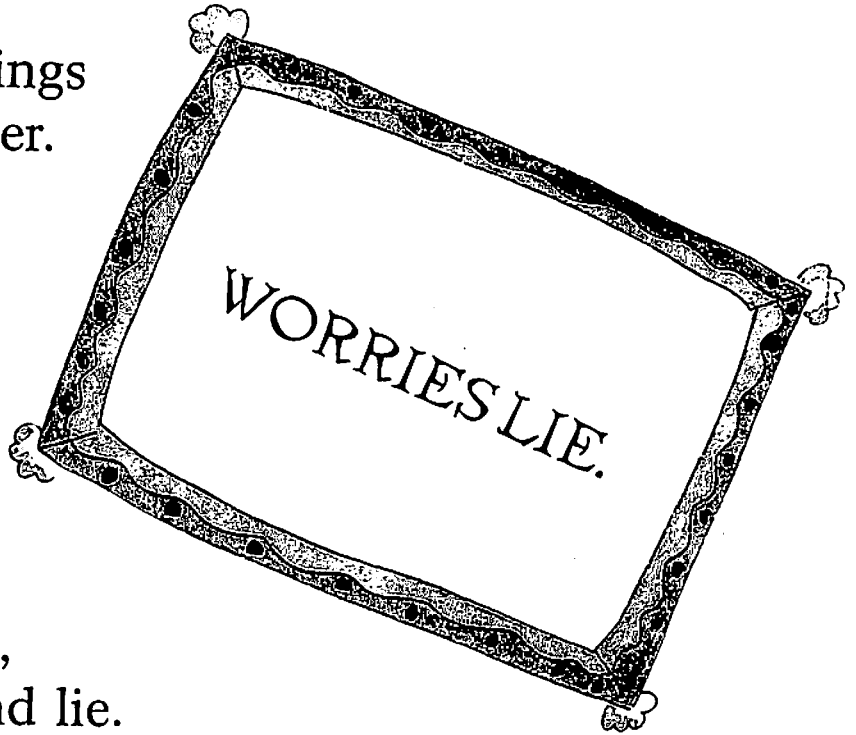
Some kids talk back to their parents, and that isn't such a good thing because your parents are there to help you. But talking back to a worry is a good thing, because the worry is just trying to give you a hard time. The worry is being a **BULLY**.

Use your imagination to picture what a worry bully might look like.

Is it a mean, ugly creature with smelly breath and long claws that perches on your shoulder and whispers worry thoughts in your ear? Or perhaps the worry is a dark blob, like a cloud person who keeps raining worries down on you?



There are a few things  
you need to remember.  
The first is this:



Worry bullies  
think that it's  
great fun to trick you,  
so they exaggerate and lie.

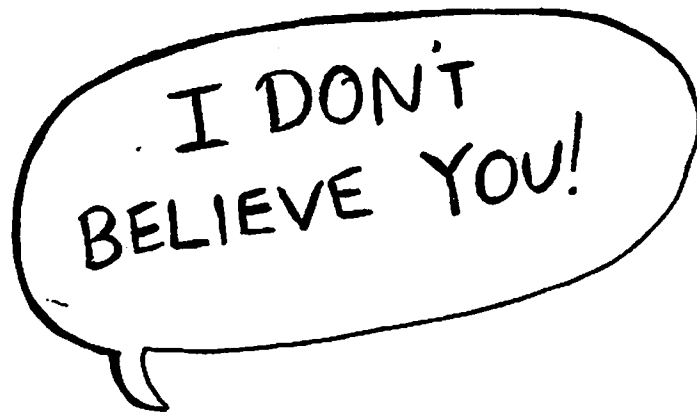
Worry bullies want you to believe that the  
most terrible thing will definitely happen,  
when really that terrible thing is very  
unlikely to happen. So keep that in mind.  
You can't trust a worry bully!

In the past, the worry has made you feel  
afraid. But now you know about worry  
bullies. They lie to make you scared.

How do you feel about that worry bully?  
Are you mad at it? If you are mad, good!  
Feeling mad can help you feel stronger.  
It makes it easier to do what you need to do  
next. You need to talk back.



Turn your head toward your shoulder, where the worry bully is perched, and tell it to GO AWAY. You can say it in your head or say it out loud, but say it like you mean it, in a firm voice.

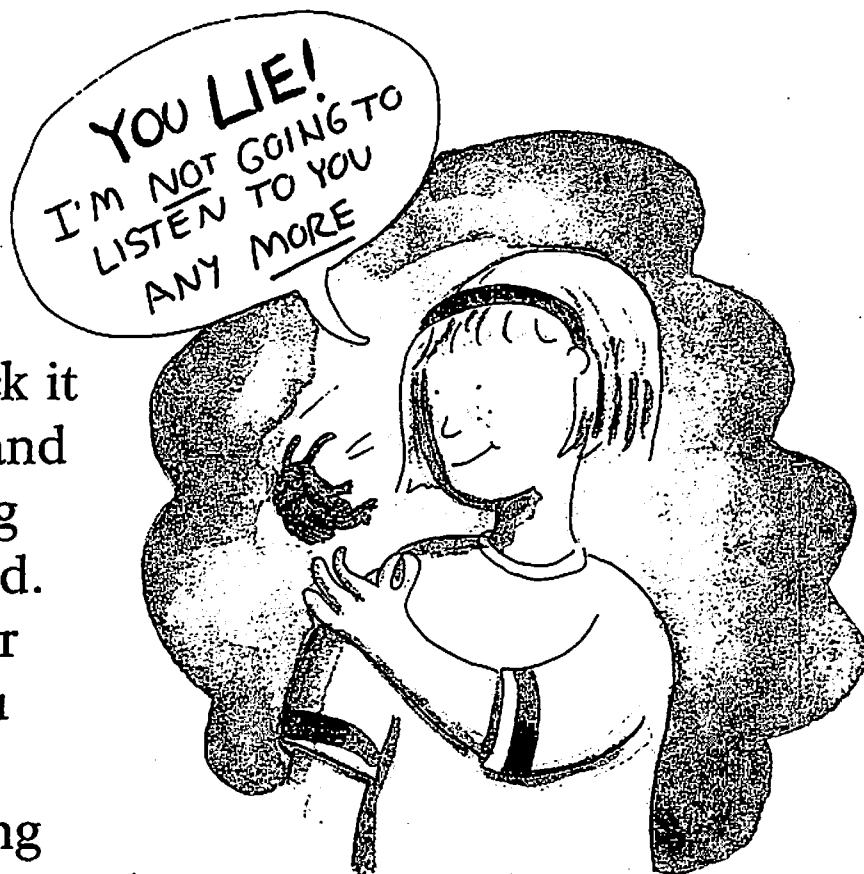


Tell the worry bully that you don't believe it.



Talking back to the worry is a good thing to do because it makes you more powerful. It makes the worry a little weaker and you a little stronger.

Try it again. Tell the worry to **GO AWAY**. Tell it:



You can even flick it off your shoulder and imagine it tumbling down to the ground. Squash it with your foot to show it you mean business.

Then get busy doing something else. Play with your favorite toy, or watch TV, or ask your parents if you can help make dinner.

The worry bully might continue to talk to you. It wants you to pay attention. Pay attention to something else instead.

Now you are stronger because you know what to do.



## HOW TO BEAT THE WORRIES

Use logic against worries.

Lock worries up in a strong box in your mind.

Make worries wait for Worry Time.

Tell worries to GET LOST!

Move your body to re-set your system.  
*Progressive muscle relaxation*  
*Diaphragmatic breathing*

Relax with a favorite memory.

Stay strong in your body and your mind.

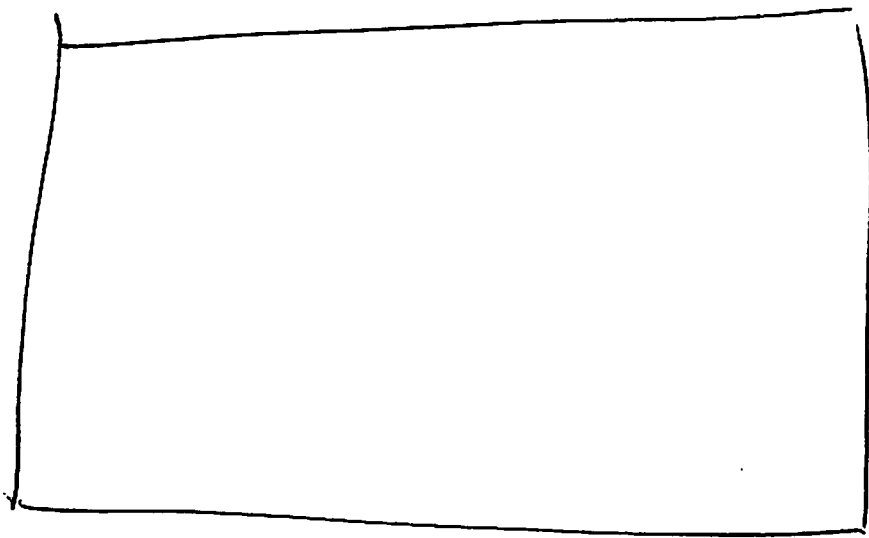
TRIGGER

What made me

mad or

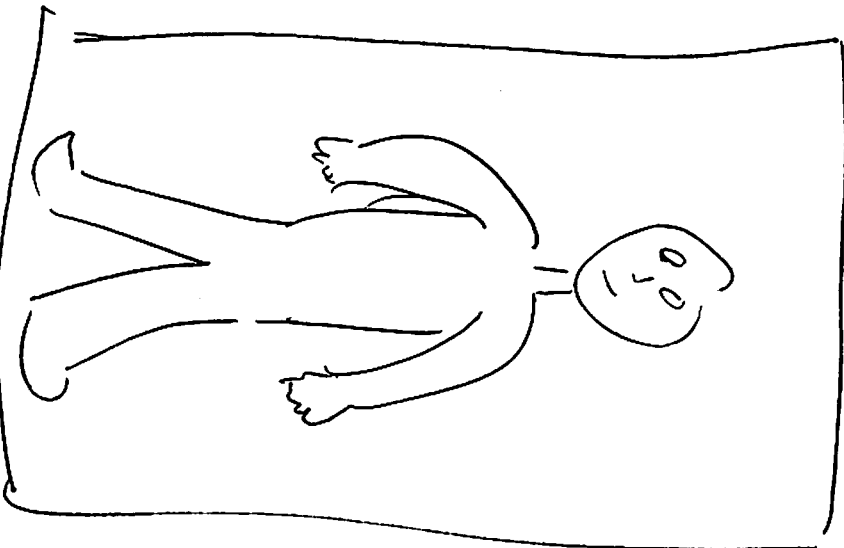
Sad or

Scared



Signal

My body felt...

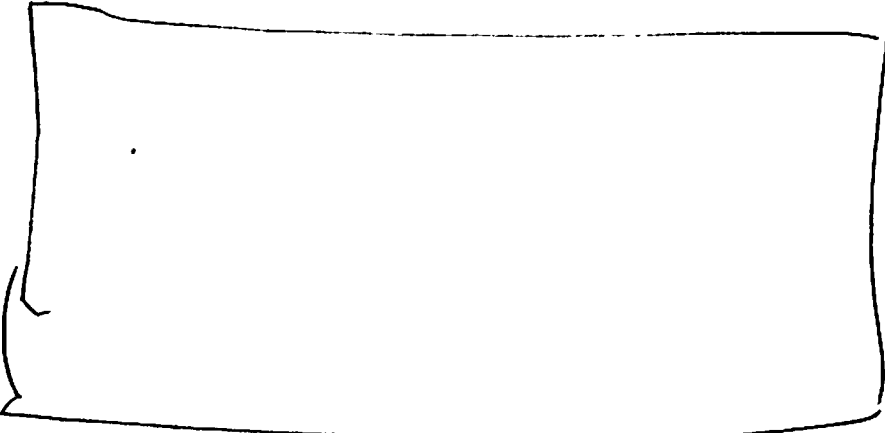


How I

remembered

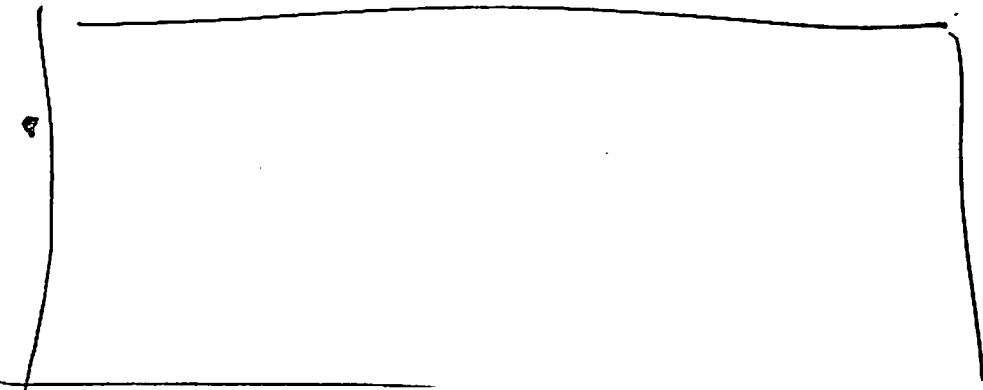
to use my

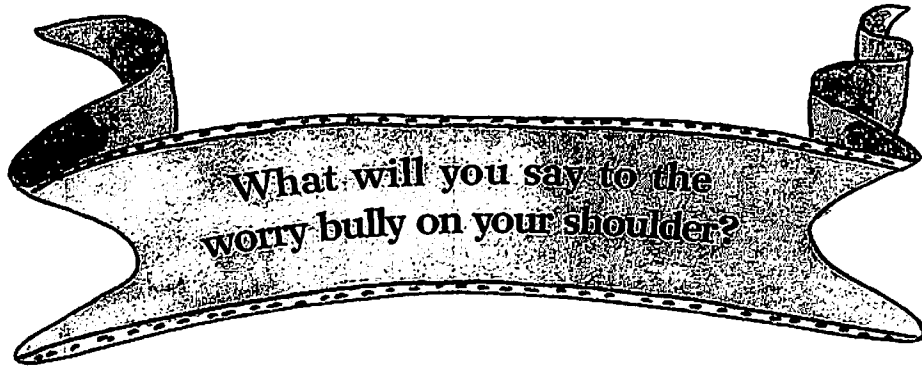
tool kit



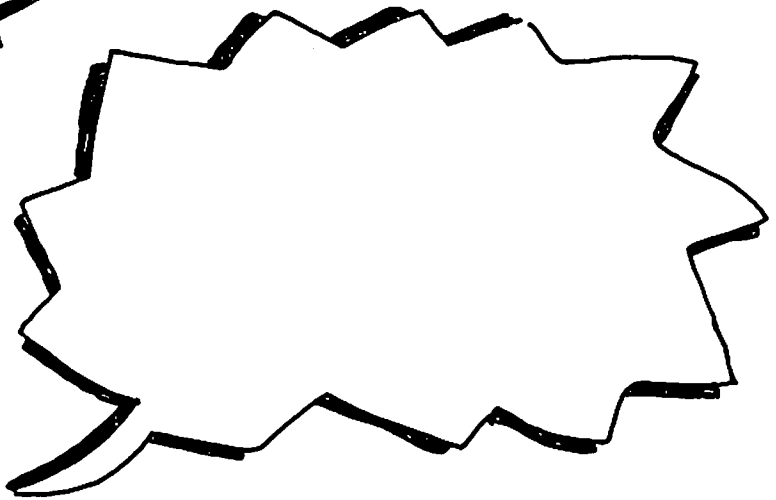
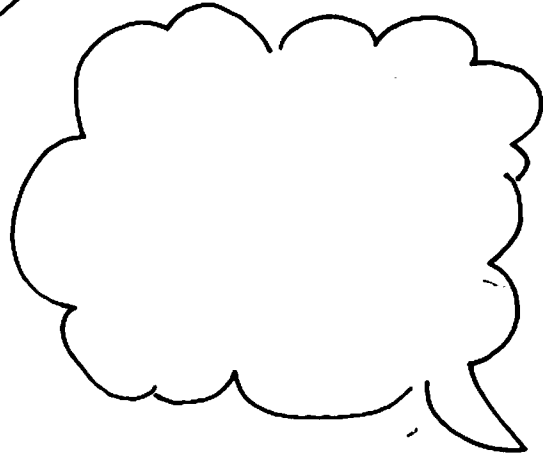
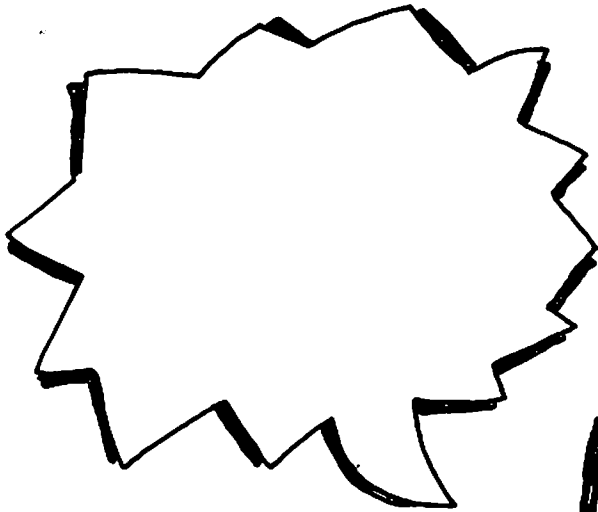
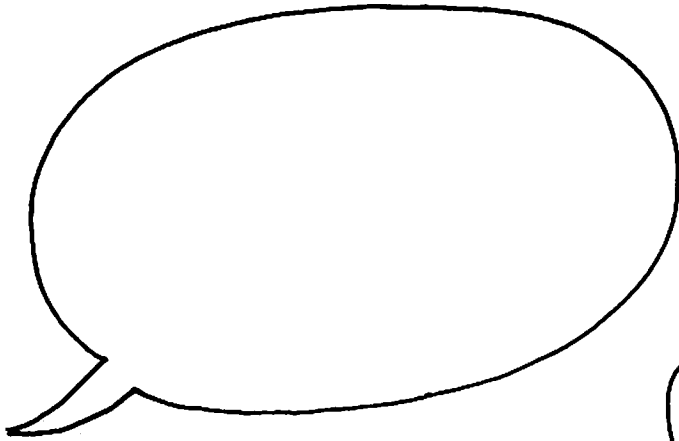
From my  
tool kit

I used...





What will you say to the  
worry bully on your shoulder?



# STRESS LEVEL

I'm having serious difficulty with assignments or getting along with peers. I feel like cursing or using threatening language, being aggressive with my body language, or want to commit acts of aggression.

I'm having considerable difficulty with assignments or getting along with peers. I can't stay in my seat. I react in anger to teacher, and I want to hit my peers.

I'm having some difficulty with assignments or getting along with peers. I have trouble staying on task or keeping within boundaries.

Not stressed at all, can handle all my assignments and get along with peers.

I will put a post-it on my level of stress so my teacher can tell how stressed I am.

A vertical scale with five rectangular boxes and a circular base. The top box is shaded with a stippled pattern. The bottom box is a circle, also shaded with a stippled pattern. The middle three boxes are empty.

# CALMING TECHNIQUES

I WILL...

1. Go to my safe place to calm down for 10 minutes.
2. Put on headphones and listen to music for 10 minutes.

OR

3. \_\_\_\_\_

I WILL...

1. Put my head on my desk for 5 minutes
2. Walk to the back of the room and read the bulletin board.

OR

3. \_\_\_\_\_

I WILL...

1. Take deep breaths and count to 10.
2. Read for 5 minutes in a book that I like.

OR

3. \_\_\_\_\_

Creative

—  
—  
—  
—

My Tool Kit

Social

—  
—  
—  
—

Family

—  
—  
—  
—

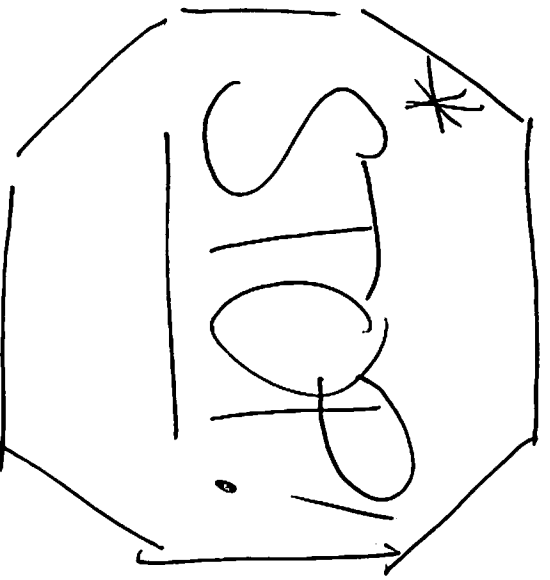
Physical

—  
—  
—  
—

R + R

—  
—  
—  
—

The Problem:



I used this tool to  
calm down: \_\_\_\_\_

\* Did it work? \_\_\_\_\_

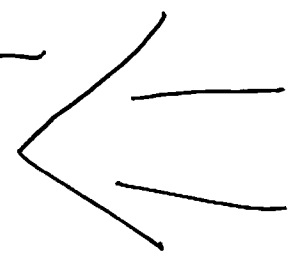
Next time I will \_\_\_\_\_

\* THINK!

What can I do to solve my problem

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_
4. \_\_\_\_\_

\* Plan!



Which solution seems  
the best



Name \_\_\_\_\_

**Mood Chart**

Month/Year \_\_\_\_\_

**Daily Notes**

**TREATMENTS**

(Enter number of tablets taken each day)

Verbal Therapy

Lithium \_\_\_\_\_ mg

Benzodiazepine \_\_\_\_\_ mg

Anticonvulsant \_\_\_\_\_ mg

Antidepressant \_\_\_\_\_ mg

\_\_\_\_\_ mg

Antipsychotic \_\_\_\_\_ mg

\_\_\_\_\_ mg

Weight

**MOOD**

Rate with 2 marks each day to indicate best and worst

| Depressed                               |                                | WNL   |                                | Elevated                            |   |
|---|--------------------------------|---|--------------------------------|-------------------------------------|---|
| Severe                                  | Mild                           | MOOD NOT DEFINITELY ELEVATED OR DERESSED. NO SYMPTOMS | Mild                           | Mild                                | Severe                                  |
| Significant Impairment NOT ABLE TO WORK | Without Significant Impairment | Circle date to indicate Menses                        | Without Significant Impairment | Significant Impairment ABLE TO WORK | Significant Impairment NOT ABLE TO WORK |
| Hours Slept Last Night                  | Anxiety                        | 1   |                                |                                     |   |
| Irritability                            |                                | 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  |                                |                                     |   |

Child's name: \_\_\_\_\_  
 Month: \_\_\_\_\_ Treatment providers/programs: \_\_\_\_\_  
 Medications (type, dose, side effects): \_\_\_\_\_

| Day   | Date | Sad |  | Angry |  | Euphoric |  | Meds. taken? | Comments (e.g., life event, med. changes, side effects, sleep/appetite changes, other) |
|-------|------|-----|--|-------|--|----------|--|--------------|--|
|       |      |     |  |       |  |          |  |              |  |
| _____ | 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   |     |  |       |  |          |  |              |  |

Rate each mood state for appropriate time periods, with 1 = normal/healthy and 10 = worst/inappropriate to situation.

**FIGURE 7** Mood Record: Tracking three moods, once a day.

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Month: \_\_\_\_\_ Treatment providers/programs: \_\_\_\_\_  
 Medications (type, dose, side effects): \_\_\_\_\_

| Day   | Date | Sad  |      | Angry |      | Euphoric |      | Meds. taken? | Comments (e.g., life event, med. changes, med. side effects, sleep/appetite changes, other) |
|-------|------|------|------|-------|------|----------|------|--------------|---|
|       |      | A.M. | P.M. | A.M.  | P.M. | A.M.     | P.M. |              |   |
| _____ | 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   |      |      |       |      |          |      |              |   |

Rate each mood state for appropriate time periods, with 1 = normal/healthy and 10 = worst/inappropriate to situation.

**FIGURE 8** Mood Record: Tracking three moods, twice a day.

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CHILD'S NAME: \_\_\_\_\_

DATE: \_\_\_\_\_

Mood & Energy - Mark mood with a dot, then connect to graph cycling. If desired, mark energy with an "E".

|               |      |      |      |      |       |       |      |      |      |      |      |      |      |      |      |      |       |       |      |  |
|---------------|------|------|------|------|-------|-------|------|------|------|------|------|------|------|------|------|------|-------|-------|------|--|
| Hour          | 6 am | 7 am | 8 am | 9 am | 10 am | 11 am | 12 n | 1 pm | 2 pm | 3 pm | 4 pm | 5 pm | 6 pm | 7 pm | 8 pm | 9 pm | 10 pm | 11 pm | 12 m |  |
| Very High     |      |      |      |      |       |       |      |      |      |      |      |      |      |      |      |      |       |       |      |  |
| Medium High   |      |      |      |      |       |       |      |      |      |      |      |      |      |      |      |      |       |       |      |  |
| A little High |      |      |      |      |       |       |      |      |      |      |      |      |      |      |      |      |       |       |      |  |
| Even          |      |      |      |      |       |       |      |      |      |      |      |      |      |      |      |      |       |       |      |  |
| A little Low  |      |      |      |      |       |       |      |      |      |      |      |      |      |      |      |      |       |       |      |  |
| Medium Low    |      |      |      |      |       |       |      |      |      |      |      |      |      |      |      |      |       |       |      |  |
| Very Low      |      |      |      |      |       |       |      |      |      |      |      |      |      |      |      |      |       |       |      |  |

Rages - Mark an "R" for rages, write trigger beneath.

|         |      |      |      |      |       |       |      |      |      |      |      |      |      |      |      |      |       |       |      |  |
|---------|------|------|------|------|-------|-------|------|------|------|------|------|------|------|------|------|------|-------|-------|------|--|
| Hour    | 6 am | 7 am | 8 am | 9 am | 10 am | 11 am | 12 n | 1 pm | 2 pm | 3 pm | 4 pm | 5 pm | 6 pm | 7 pm | 8 pm | 9 pm | 10 pm | 11 pm | 12 m |  |
| Rage    |      |      |      |      |       |       |      |      |      |      |      |      |      |      |      |      |       |       |      |  |
| Trigger |      |      |      |      |       |       |      |      |      |      |      |      |      |      |      |      |       |       |      |  |

Medication - Mark abbreviation of medication(s) given with dose.

|           |      |      |      |      |       |       |      |      |      |      |      |      |      |      |      |      |       |       |      |  |
|-----------|------|------|------|------|-------|-------|------|------|------|------|------|------|------|------|------|------|-------|-------|------|--|
| Hour      | 6 am | 7 am | 8 am | 9 am | 10 am | 11 am | 12 n | 1 pm | 2 pm | 3 pm | 4 pm | 5 pm | 6 pm | 7 pm | 8 pm | 9 pm | 10 pm | 11 pm | 12 m |  |
| Med _____ |      |      |      |      |       |       |      |      |      |      |      |      |      |      |      |      |       |       |      |  |
| Med _____ |      |      |      |      |       |       |      |      |      |      |      |      |      |      |      |      |       |       |      |  |
| Med _____ |      |      |      |      |       |       |      |      |      |      |      |      |      |      |      |      |       |       |      |  |
| Med _____ |      |      |      |      |       |       |      |      |      |      |      |      |      |      |      |      |       |       |      |  |

Sleep - Mark "B" for bedtime, mark "X" for hours slept (day or night), mark "W" for waking during the night.

|                 |      |      |      |       |       |      |      |      |      |      |      |      |      |      |      |       |       |      |      |      |      |      |      |      |  |
|-----------------|------|------|------|-------|-------|------|------|------|------|------|------|------|------|------|------|-------|-------|------|------|------|------|------|------|------|--|
| Hour (pm to am) | 7 pm | 8 pm | 9 pm | 10 pm | 11 pm | 12 m | 1 am | 2 am | 3 am | 4 am | 5 am | 6 am | 7 am | 8 am | 9 am | 10 am | 11 am | 12 n | 1 pm | 2 pm | 3 pm | 4 pm | 5 pm | 6 pm |  |
| Sleeping hours  |      |      |      |       |       |      |      |      |      |      |      |      |      |      |      |       |       |      |      |      |      |      |      |      |  |






# Mood Monitoring Form

| Day and Time | Symptoms | Thoughts | Mood Rating (1-10) |
|--------------|----------|----------|--------------------|
|              |          |          |                    |
|              |          |          |                    |
|              |          |          |                    |
|              |          |          |                    |
|              |          |          |                    |

CHILD'S NAME: \_\_\_\_\_






DATE: \_\_\_\_\_

**MOOD - Circle the highest and lowest for today:**

1            2            3            4            5            6            7            8            9            10  
 Angry            Sad            Even            Happy            Very Happy

**ENERGY - Circle the highest and lowest for today:**

1            2            3            4            5            6            7            8            9            10  
 Sleepy            Tired            Even            Hyper            Racing

**SLEEP**



Time I went to sleep last night: \_\_\_\_\_ Time I woke up this morning: \_\_\_\_\_

I had: (circle as many as you had)    **Bad dreams**    **Bedwetting**    **Woke in the night**    **Trouble falling asleep**    **Got sick**



**MEDS**

Morning: \_\_\_\_\_ Afternoon: \_\_\_\_\_ Evening: \_\_\_\_\_ Bedtime: \_\_\_\_\_

**SCHOOL:**

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**HOW MY MOODS AFFECTED ME TODAY:**

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CHILD'S NAME: \_\_\_\_\_

DATE: \_\_\_\_\_

**MOOD - Circle the highest and lowest for today:**



1  
Angry

2



3  
Sad

4



5  
Even

6



7  
Happy

8



9

10  
Very Happy

**ENERGY - Circle the highest and lowest for today:**



1  
Sleepy

2



3  
Tired

4



5  
Even

6



7  
Hyper

8



9

10  
Racing

**SLEEP**



Time I went to sleep last night: \_\_\_\_\_

Time I woke up this morning: \_\_\_\_\_

I had: (circle as many as you had)

Bad dreams

Bedwetting

Woke in the night

Trouble falling asleep

Got sick

**MEDS**



Morning: \_\_\_\_\_

Afternoon: \_\_\_\_\_

Evening: \_\_\_\_\_

Bedtime: \_\_\_\_\_

**SCHOOL:**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**HOW MY MOODS AFFECTED ME TODAY:**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

# Feelings Thermometer

Circle the number that describes how you've been feeling.

