

Toolbox Coping Cards© Strategy/Interventions Journal

Date/Time	*Antecedent	My thoughts (Possible Core Beliefs)	My Feeling(s)	Chosen Healthy Strategy (Record Toolbox Card Letter/# and/or your own strategy.)	Resulting Behavior(s)	Resulting Thoughts/Feelings	What I can do differently next time.
				Card Letter/#: _____ Other Strategy: _____ _____ _____ I went from ___ to ___ out of 10			
				Card Letter/#: _____ Other Strategy: _____ _____ _____ I went from ___ to ___ out of 10			
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				Card Letter/#: _____ Other Strategy: _____ _____ _____ I went from ___ to ___ out of 10			
				Card Letter/#: _____ Other Strategy: _____ _____ _____ I went from ___ to ___ out of 10			

*The Event Occurring Prior To Your Thought

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