

Psychological Smog ACT Worksheet

Client's Name:

Date:

Instructions: This worksheet is designed to help you assess the presence of psychological smog in your life and develop coping techniques to improve your mental and emotional well-being. Answer the following questions honestly and reflect on the coping strategies that might work best for you.

Part 1: Assessing Psychological Smog

Psychological smog refers to the accumulation of negative thoughts, emotions, and stressors that can impact your mental and emotional health. Rate each statement below on a scale of 1 to 5, with 1 being "Strongly Disagree" and 5 being "Strongly Agree."

1. I often feel overwhelmed by my thoughts and emotions.

<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
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2. My mind feels cluttered, and I struggle to focus.

<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
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3. I find it challenging to relax due to constant mental chatter.

<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
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4. Negative thoughts frequently intrude on my daily life.

<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
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5. I often experience physical symptoms of stress (e.g., tension, headaches).

<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
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6. I have difficulty sleeping due to racing thoughts.

<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
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Total Score: (Sum of all ratings)

Interpretation:

Part 2: Coping Techniques

Below are some coping techniques that can help you reduce psychological smog and improve your mental well-being. Review each technique and indicate your willingness to try it using the scale below.

1. Mindfulness Meditation: Practicing mindfulness to observe your thoughts without judgment.

<input type="checkbox"/> Not Willing	<input type="checkbox"/> Somewhat Willing	<input type="checkbox"/> Willing	<input type="checkbox"/> Very Willing
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2. Journaling: Writing down your thoughts and emotions to gain clarity.

<input type="checkbox"/> Not Willing	<input type="checkbox"/> Somewhat Willing	<input type="checkbox"/> Willing	<input type="checkbox"/> Very Willing
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3. Physical Exercise: Engaging in regular physical activity to reduce stress.

<input type="checkbox"/> Not Willing	<input type="checkbox"/> Somewhat Willing	<input type="checkbox"/> Willing	<input type="checkbox"/> Very Willing
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4. Deep Breathing: Using deep breathing techniques to calm the mind.

<input type="checkbox"/> Not Willing	<input type="checkbox"/> Somewhat Willing	<input type="checkbox"/> Willing	<input type="checkbox"/> Very Willing
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5. Social Support: Talking to friends or family about your feelings.

<input type="checkbox"/> Not Willing	<input type="checkbox"/> Somewhat Willing	<input type="checkbox"/> Willing	<input type="checkbox"/> Very Willing
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6. Limiting Media Consumption: Reducing exposure to negative news and social media.

<input type="checkbox"/> Not Willing	<input type="checkbox"/> Somewhat Willing	<input type="checkbox"/> Willing	<input type="checkbox"/> Very Willing
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Part 3: Creating an Action Plan

Select at least two coping techniques that you are willing to try. Write down a brief plan for implementing each technique in your daily life.

1. Coping Technique:

Implementation Plan:

2. Coping Technique:

Implementation Plan:

Reflection: Take a moment to reflect on your current state of mind and emotions. Write down any insights you gained from completing this worksheet and how you plan to prioritize your mental well-being moving forward.

Healthcare Practitioner's Signature: