Reducing Stress During Recovery CBT Worksheet

Name: _____ Date: _____

Contact Information: ______ Therapist: _____

Instructions: This worksheet is designed to help you identify and manage stress during your recovery process using Cognitive Behavioral Therapy (CBT) techniques. Please work through the following sections with your therapist and practice these strategies regularly to reduce stress and improve your overall well-being.

Section 1: Identifying Stressors

List the specific stressors or challenges you are facing during your recovery.

Section 2: Challenging Negative Thoughts

Identify any negative thoughts or beliefs related to these stressors. For each stressor, challenge and reframe these thoughts.

- Stressor: ______
 - Negative Thought:
 - Reframe/Positive Thought:
- Stressor: ______
 - Negative Thought:
 - Reframe/Positive Thought:

- Stressor: _____
 - Negative Thought:
 - Reframe/Positive Thought:

Section 3: Stress Management Techniques

Learn and practice stress-reduction techniques. Rate your level of comfort and effectiveness with each technique.

1. Deep Breathing:

- Comfort Level (1-10): _____
- Effectiveness (1-10): _____

2. Progressive Muscle Relaxation:

- Comfort Level (1-10): _____
- Effectiveness (1-10): _____

3. Mindfulness Meditation:

- Comfort Level (1-10): _____
- Effectiveness (1-10): _____

4. Time Management:

- Comfort Level (1-10): _____
- Effectiveness (1-10): _____

5. Problem-Solving:

- Comfort Level (1-10): _____
- Effectiveness (1-10): _____

Section 4: Behavioral Changes

List positive behavioral changes you can make to reduce stress and enhance your recovery.

Section 5: Tracking Progress

Regularly monitor your stress levels and progress. Use a scale from 1 (very low) to 10 (very high) to rate your daily stress level.

Section 6: Review and Discuss

Discuss your worksheet with your therapist during your sessions. Regularly update your stressors, thoughts, and techniques to adapt to your evolving recovery journey. Together, we will work to reduce stress and promote your overall well-being.

Client's Signature:	Date:	
Therapist's Signature: _	Date:	