



Name: _____

Date: _____

Coping Skill Brainstrom

COPING SKILLS I ALREADY USE

- _____
- _____
- _____
- _____
- _____

COPING SKILLS I WOULD LIKE TO USE MORE

- _____
- _____
- _____
- _____
- _____

COPING SKILLS THAT ARE UNHEALTHY

- _____
- _____
- _____
- _____
- _____

