

## YOUR ROAD MAP

Practices	Tools	Preferences/Notes
<b>Find Your Anchor</b>	<input type="checkbox"/> Breath	_____
	<input type="checkbox"/> Body	_____
	<input type="checkbox"/> Sounds	_____
		_____
<b>Deal with Distractions</b>	<input type="checkbox"/> Label Thoughts	_____
	<input type="checkbox"/> Name Emotions	_____
	<input type="checkbox"/> Greet Visitors	_____
		_____
<b>Strategies for Stress and Difficult Emotions</b>	<input type="checkbox"/> STOP	_____
	<input type="checkbox"/> RAIN	_____
	<input type="checkbox"/> Visualization	_____
		_____
<b>Relaxation Practices</b>	<input type="checkbox"/> Belly Breathing	_____
	<input type="checkbox"/> Box Breathing	_____
	<input type="checkbox"/> Waterfall Breathing	_____
		_____
<b>Positive Emotions</b>	<input type="checkbox"/> Smile and Breathe	_____
	<input type="checkbox"/> Self-Compassion	_____
	<input type="checkbox"/> Gratitude	_____
		_____
<b>Practice</b>	<input type="checkbox"/> Two-Week Plan	_____
	<input type="checkbox"/> Two-Day Plan	_____
		_____
		_____