Journal Number Click here to enter text.

Allies in Change

Journal

Name Click here to enter text. Today’s date Click here to enter text. Date of event Click here to enter text.

Event/situation Click here to enter text.

Physical warning signs Click here to enter text.

Behavioral warning signs Click here to enter text.

Feelings Click here to enter text.

Highest intensity during situation Click here to enter text. Intensity at beginning of situation Click here to enter text.

How much of my intensity was due to this specific situation? Click here to enter text.

Negative self-talk Click here to enter text.

Abusive/controlling behaviors (if none, skip to the other side) Click here to enter text.

What did I want to make the other person do, feel, or think? Click here to enter text.

Beliefs that justified my abusive/controlling behaviors Click here to enter text.

How did my abuse/control affect the other person Click here to enter text.

How did my abuse/control affect others who were present Click here to enter text.

What role did my past abuse/control of that peron play in this situation? Click here to enter text.

What did I gain from my behavior Click here to enter text.

What did I lose from my behavior Click here to enter text.

What did I want in this situation? Click here to enter text.

What did the other person/people want in this situation? Click here to enter text.

Positive self-talk Click here to enter text.

Non-controlling/non-abusive beliefs Click here to enter text.

How did I meet my needs in this situation? Click here to enter text.

How did I consider the needs of others in this situation? Click here to enter text.

My experience of the situation:

I feel Click here to enter text.

when Click here to enter text.

I would like Click here to enter text.

and I will Click here to enter text.

What, if anything, I would like to do differently next time Click here to enter text.

11/2012