

Safe Coping Sheet

Name: _____ Date: _____

You can learn to cope safely, no matter what happens in your life.

	Old Way	New Way
Situation		
★ <u>Your Coping</u> ★		
Consequence		

How safe is your old way of coping? ____ **How safe is your new way of coping? ____**

Rate from 0 (not at all safe) to 10 (totally safe)

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