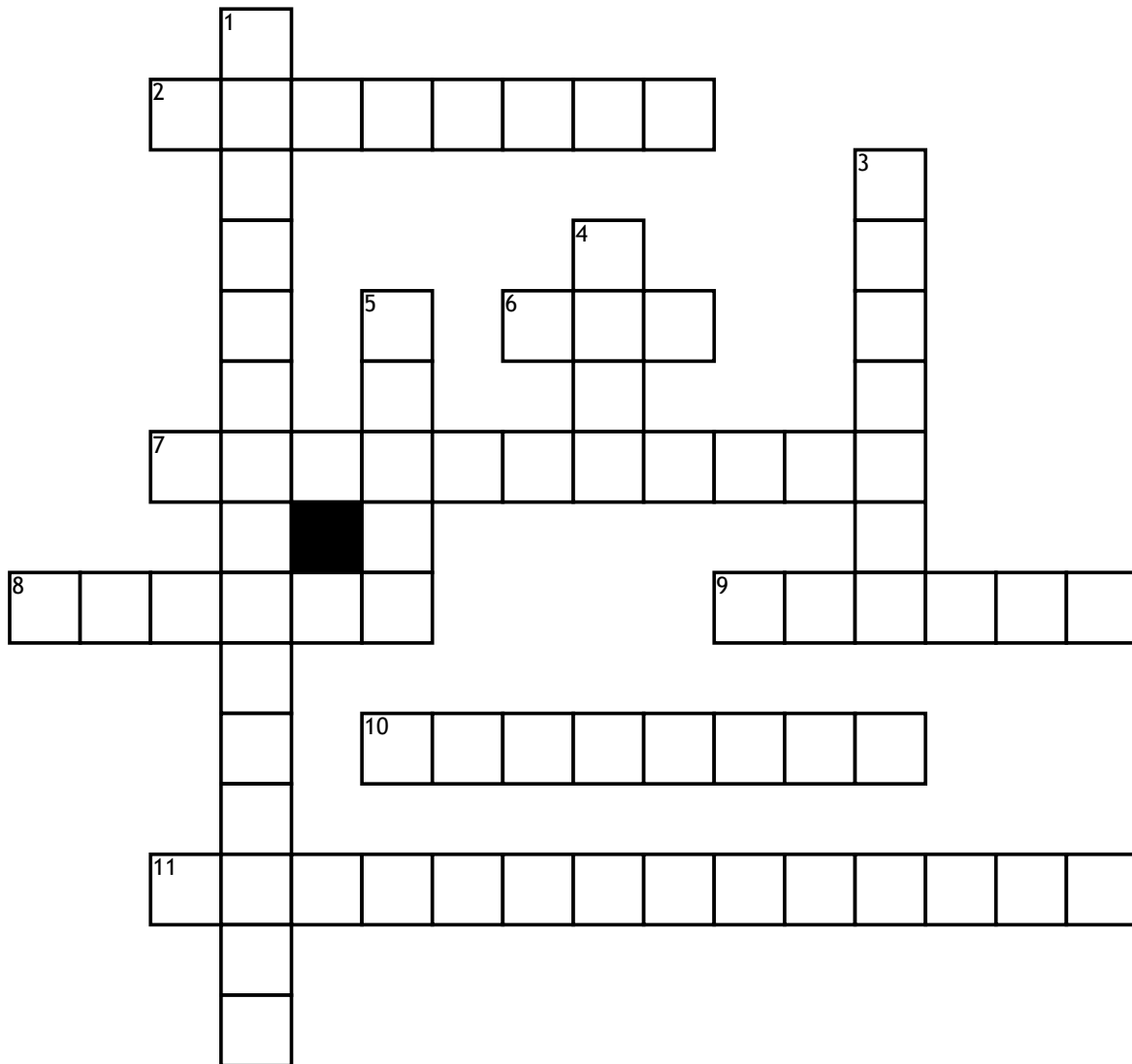


Name: \_\_\_\_\_

Date: \_\_\_\_\_

# COPING SKILLS



## Across

- 2. I CAN STOP RUN ON THOUGHTS BY
- 6. TODAY IS A NEW
- 7. FEELING ANXIOUS
- 8. I CAN TALK TO A FRIEND WHEN I GET
- 9. I CAN HEAL
- 10. REMEMBER THE GOOD

- 11. LISTENING TO MUSIC STOPS

## Down

- 1. I CAN CHANGE MY THOUGHTS BY USING
- 3. ATTENDING GROUP THERAPY SESSION CAN HELP ME
- 4. TALKING TO A FRIEND HELPS ME FEEL
- 5. I CHOOSE TO BE