

STEP TWO: Reflect

HOW LONG I'VE SEARCHED FOR CALM:

I'VE SPENT TIME, ENERGY & MONEY ON MYSELF:

What books, courses, professionals, therapies, solutions have you tried to help your own thoughts, emotions, and patience?

	Did it work? Y/N	Easy? 1-10		Did it work? Y/N	Easy? 1-10
_____	<input type="checkbox"/>	<input type="checkbox"/>	_____	<input type="checkbox"/>	<input type="checkbox"/>
_____	<input type="checkbox"/>	<input type="checkbox"/>	_____	<input type="checkbox"/>	<input type="checkbox"/>
_____	<input type="checkbox"/>	<input type="checkbox"/>	_____	<input type="checkbox"/>	<input type="checkbox"/>

I'VE SPENT TIME, ENERGY & MONEY ON CONNECTION:

What books, courses, professionals, therapies, solutions have you tried to help you or your child connect with others?

	Did it work? Y/N	Easy? 1-10		Did it work? Y/N	Easy? 1-10
_____	<input type="checkbox"/>	<input type="checkbox"/>	_____	<input type="checkbox"/>	<input type="checkbox"/>
_____	<input type="checkbox"/>	<input type="checkbox"/>	_____	<input type="checkbox"/>	<input type="checkbox"/>
_____	<input type="checkbox"/>	<input type="checkbox"/>	_____	<input type="checkbox"/>	<input type="checkbox"/>

I'VE SPENT TIME, ENERGY & MONEY ON UNDERSTANDING:

What books, courses, professionals, therapies, solutions have you tried to help you understand yourself or your child better?

	Did it work? Y/N	Easy? 1-10		Did it work? Y/N	Easy? 1-10
_____	<input type="checkbox"/>	<input type="checkbox"/>	_____	<input type="checkbox"/>	<input type="checkbox"/>
_____	<input type="checkbox"/>	<input type="checkbox"/>	_____	<input type="checkbox"/>	<input type="checkbox"/>
_____	<input type="checkbox"/>	<input type="checkbox"/>	_____	<input type="checkbox"/>	<input type="checkbox"/>

I'VE SPENT TIME, ENERGY & MONEY ON EMPOWERMENT:

What books, courses, professionals, therapies, solutions have you tried to help empower yourself or your child?

	Did it work? Y/N	Easy? 1-10		Did it work? Y/N	Easy? 1-10
_____	<input type="checkbox"/>	<input type="checkbox"/>	_____	<input type="checkbox"/>	<input type="checkbox"/>
_____	<input type="checkbox"/>	<input type="checkbox"/>	_____	<input type="checkbox"/>	<input type="checkbox"/>
_____	<input type="checkbox"/>	<input type="checkbox"/>	_____	<input type="checkbox"/>	<input type="checkbox"/>

I'M READY TO TAKE ACTION:

NOTES...



CHALLENGE: Post your reflection and your commitment to take Action in the group
BONUS: Comment on 2 other people's posts for support.