

ADHD

MENTAL HEALTH

BUNDLE



4-7-8 Breathing Technique

This breathing technique can aid relaxation and sleep. Start by sitting or lying in a comfortable position.

Breathe in
through your nose

4

Seconds

Breathe out through
your mouth

8

Seconds

Hold your breath

7

Seconds

Repeat technique 4 times.

Please Notes:

If You're Not Used to this Breathing Technique, It can make you feel light-headed, So Don't Practice this Whilst Driving. If You Feel Light-headed, Try Halving the time and Build up to 4-7-8

5-4-3-2-1 Coping Technique for Anxiety

5 Acknowledge 5 things you see around you. It could be a pen, a spot on the ceiling, anything in your surroundings.

4 Acknowledge 4 things you can touch around you. It could be your hair, a pillow, or the ground under your feet.

3 Acknowledge 3 things you hear. This could be any external sound. If you can hear your belly rumbling that counts! Focus on things you can hear outside of your body.

2 Acknowledge 2 things you can smell. Maybe you are in your office and smell pencil, or maybe you are in your bedroom and smell a pillow. If you need to take a brief walk to find a scent you could smell soap in your bathroom, or nature outside.

1 Acknowledge 1 thing you can taste. What does the inside of your mouth taste like—gum, coffee, or the sandwich from lunch?

S.T.O.P. Technique

S

Stop. In this first step, we will allow ourselves to take a moment to recognize that there are strong emotions involved in this situation or that we simply need to have a moment for ourselves.

T

Take a Breath.
Breathe, Next, we will calm our nerves by taking a breath and drawing our attention back to our body Take as much, or as little time as you need here.

O

Observe. Think about what you're feeling right now. Start with your body. Is your heart rate elevated (sweaty palms)? Then move to your emotions (Which emotions do you feel specifically?), and finally examine your thoughts (What thoughts come from and are influencing your beliefs?). This will help to reveal your true beliefs and insights.

P

Proceed with Wisdom.
As you reach the end of the practice, consider the personal insights you've come to realize. Use these to determine what a wise course of action would be in order to get into a more positive mindset and proceed effectively.

Contact List

| |
|-----------------|
| Name: |
| Email: |
| Phone: |
| Address: |

| |
|-----------------|
| Name: |
| Email: |
| Phone: |
| Address: |

| |
|-----------------|
| Name: |
| Email: |
| Phone: |
| Address: |

| |
|-----------------|
| Name: |
| Email: |
| Phone: |
| Address: |

| |
|-----------------|
| Name: |
| Email: |
| Phone: |
| Address: |

| |
|-----------------|
| Name: |
| Email: |
| Phone: |
| Address: |

| |
|-----------------|
| Name: |
| Email: |
| Phone: |
| Address: |

| |
|-----------------|
| Name: |
| Email: |
| Phone: |
| Address: |

Annual Goals

| January | February | March |
|---------|----------|-----------|
| | | |
| April | May | June |
| | | |
| July | August | September |
| | | |
| October | November | December |
| | | |

Anxiety Worksheet

What situations trigger your anxiety?

What can you do to make yourself more comfortable?

What distracts you from achieving your goals?

Remember the situation when you felt proud of yourself.

Countering Anxiety

I'm worried that.. _____

Describe:

I'm worried that..

The bad outcome

Most likely outcome

Daily Journal

Date: _____

| Goals for today: |
|------------------|
| |
| |
| |
| |
| |
| |

| Daily quote: |
|--------------|
| |
| |
| |
| |
| |
| |

| Today's affirmation(s) |
|------------------------|
| |
| |
| |
| |
| |
| |

| Today I've learned... |
|-----------------------|
| |
| |
| |
| |
| |
| |

| Today I'm Thankful for: |
|-------------------------|
| |
| |
| |
| |
| |
| |
| |
| |
| |
| |

Daily Reflections

Date: _____

Good things that happened today

Things that didn't go well or lessons learned today

What can I do to make tomorrow a good day

Doctor Visits

| | |
|------------------------|--------------|
| Doctor: | |
| Visit Date: | Time: |
| Office Phone: | |
| Office Address: | |

Doctor's Notes

| |
|--|
| |
|--|

Follow up

| |
|--|
| |
|--|

| | |
|--------------------------|--------------|
| Next Appointment: | |
| Date: | Time: |
| Next Appointment: | |
| Date: | Time: |

Favorite Affirmations

1.

2.

3.

4.

5.

6.

7.

8.

9.

10.

11.

12.

13.

14.

15.

16.

17.

18.

19.

20.

Journal Prompts

1. What are you grateful for?
2. What are your greatest fears?
3. Are these fears from your past? Why/why not?
4. What are your values?
5. What is the most important thing to you, in the world? Why?
6. If you could do anything in the world, what would it be? Why?
7. What's the one thing you would go back and rewrite?
8. Now rewrite that one thing.
9. If you could change one thing about the world, what would it be? Why?
10. Where would you travel if money wasn't a problem?
11. If you couldn't fail, what would you do?
12. Why don't you do that one thing, now?
13. Do you do things for yourself or to please other people? Explain.
14. What goals have you set in the past and haven't achieved?
15. Why didn't you achieve those goals?
16. Are your reasons for not achieving your goals excuses? Why/why not?
17. Why do you hang around your group of friends?
18. If you gave your 17 year old self advice what would you say?
19. Describe your ideal day.
20. In that ideal day what feelings do you want to achieve?
21. What are 10 things you like about yourself?
22. What are 3 things you want to improve about yourself? Why?
23. What makes you feel peaceful?
24. Where do you see yourself in 5 years?
25. What from your past are you still holding on to?
26. Think back to the last argument you had, were you upset by the argument or were you triggered? Explain.
27. What's something you've never EVER told anyone?
28. Write about your ideal partner.
29. What do you wish you did more of? Explain.
30. Think back to the best day of your life, how can those feelings be recreated?

Letter of Forgiveness

| I forgive myself for | Next time I will.. |
|----------------------|--------------------|
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |

Main Goals

Money

Contributions

Work

Mental Health

Education

Physical Health

Leisure

Family

Friends

Manifestation Worksheet

My Primary Goal

How can I reach my goal?

Why do I want this?

What will my life be like once I've manifested my ambitions?

Medications List

| Time | Drug name | Why do I take this drug? | How much should I take? | How to take this drug |
|--------------------|-----------|--------------------------|-------------------------|-----------------------|
| Morning | | | | |
| | | | | |
| | | | | |
| | | | | |
| Noon | | | | |
| | | | | |
| | | | | |
| | | | | |
| Evening | | | | |
| | | | | |
| | | | | |
| | | | | |
| Bedtime | | | | |
| | | | | |
| | | | | |
| | | | | |
| When needed | | | | |
| | | | | |
| | | | | |
| | | | | |

Mindfulness Exercise

Do I tend to obsess about the past or worry about the future?

Does either obsessing about the past or worrying about the future help me deal with the present?

What are ways I can do to stay grounded and be present?

Monthly Planner

Month of: _____

| Mon | Tue | Wed | Thu | Fri | Sat | Sun |
|-----|-----|-----|-----|-----|-----|-----|
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |

Priorities

Monthly Reflections

Month of: _____

Things that made me happy this month

Things that were bad or need improvement on

How will my past experiences help me in the future?

Positive Experiences

Write briefly about the times when you displayed each of the following qualities

Courage

Kindness

Selflessness

Love

Excitement

Creative

Happiness

Calm

Post-Therapy Notes

Date: _____

Topics discussed

Things to remember

How I currently feel

Summary

Problem Behavior Analysis

Problem behavior that I'm analyzing

What prompting event caused this behavior?

What things in myself or in my environment made me vulnerable?

When did my problem behavior stop?

Ways to relax my vulnerability in the future

Problem Solving Worksheet

Problem

Possible Solution

Difficulties of the solution

Potential Outcome

Conclusion

Reminder to Myself

I like the fact that I ..

My skills and strengths are ...

I love being myself when ...

The best event in my life was when ...

Safety Plan

My warning signs are:

My effective coping strategies are:

**People I can reach out to
for distraction:**

Name:

Contact:

Name:

Contact:

Name:

Contact:

People I can reach out to for help:

Name:

Contact:

Name:

Contact:

Name:

Contact:

**Steps I can take to make
my environment safer:**

In the event of a crisis:

Call Emergency Contact:

Call Crisis Hotline:

Call Emergency Services:

Self-Esteem Worksheet

Date: _____

My accomplishments today

I felt proud when...

A positive thing I witnessed..

Something that made me happy today

Worry Exploration

What are you worried about?

What are some clues that show your worry will not come true?

If your worry does not come true, what will probably happen instead?

The worst that can happen is ..

Thought Log

Date: _____

Today I feel:

Happy Sad Calm Stressed Energetic Tired

What was on my mind today?

What evidence do I have that my negative thoughts are true?

What evidence do I have that my negative thoughts are false?

Positive thoughts or reflections

Digital Product Terms of Use & Licensing Agreement

Effective Date: April 3, 2026

By downloading the **ADHD Mental Health Bundle Digital Download**, you agree to the following terms of use and licensing agreement:

1. License for Personal Use Only

- The Product is for personal, non-commercial use only. You may download, print, and use the materials for your own personal self-care and wellness needs.
- Sharing, reselling, or redistributing this Product, in whole or in part, is strictly prohibited. This includes but is not limited to uploading the Product to websites, social media platforms, file-sharing services, or reselling it in digital or physical format.

2. Copyright Ownership

- All content within the Product, including text, graphics, and designs, is the exclusive intellectual property of **Alyssa Proietto LLC**. It is protected under U.S. and international copyright laws.
- You may not modify, copy, distribute, or create derivative works based on the Product without explicit written consent from **Alyssa Proietto LLC**.

3. Unauthorized Use

- Any unauthorized use, reproduction, or distribution of the Product may result in legal action. We reserve the right to pursue appropriate legal remedies in case of violation of these terms.

4. Disclaimer

- The information and resources provided in the Product are for educational and informational purposes only. They are not intended to substitute professional therapy, counseling, or medical advice.
- **Alyssa Proietto LLC** is not liable for any outcomes related to the use of this Product.

6. Modifications to Terms

- We reserve the right to update or change these terms at any time without prior notice. Any changes will be effective immediately upon posting.