EMOTION REGULATION WORKSHEET 14A (p. 1 of 3)

(Emotion Regulation Handout 20a)

Target Nightmare Experience Forms (Set of 3)

Due Date:	Name:	Week Starting:
Include sensory desthoughts associated	scriptions (sights, sr d with this dream, in	he distressing dream in as many details as possible. nells, sounds, tastes, etc.). Note the feelings, images, and cluding assumptions about yourself. Be as specific as and when it ends. (Use the back of this sheet if necessary.)
In my dream,		

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Changed Dream Experience Form

Due Date:	Name:	_ Week Starting:
sensory descriptions (si thoughts associated wit possible. Be sure the ch	elow, describe the changed dream in as many ights, smells, sounds, tastes, etc.). Please note that this dream, including assumptions about you nange you put in occurs <i>before</i> anything traumere. Note when the dream begins and when it expresses the contraction of the dream begins and when it expresses the contraction of the dream begins and when it expresses the contraction of the dream begins and when it expresses the contraction of the dream begins and when it expresses the contraction of the dream begins and when it expresses the contraction of the dream begins and when it expresses the contraction of the dream begins and when it expresses the contraction of the dream begins and when it expresses the contraction of the dream begins and when it expresses the contraction of the dream begins are contracted as the contraction of the dream begins and the dream begins are contracted as the contraction of the dream begins and the dream begins are contracted as the dream begins are contracted as the dream begins and the dream begins are contracted as the d	e the feelings, images, and irself. Be as specific as atic or bad happens to you
In my dream.		

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Dream Rehearsal and Relaxation Record

	ream rehearsal and rela
Week Starting:	t down the days of the week. Then write down what vou did to practice dream rehearsal and rela
	week. Then write down
	t down the davs of the
Due Date:	In the left column, pu

in the rest courties, put down the days of the week. Then write down what you did to practice dream rehearsal and relaxation during the week. In the morning write down the intensity of your nightmare. (Put a 0 if you did not have the nightmare.) Continue practicing until you do not have the problem and the practicing until you do not have the nightmare again.

Day	Describe daytime visual rehearsal and relaxation	Negative emotion intensity (0-100)	Describe daytime visual rehearsal and relaxation	Negative emotion intensity (0-100)	Describe daytime visual rehearsal and relaxation	Nightmare intensity (0–100)
		Start: End:		Start: End:		
		Start: End:		Start:		
		Start:		Start:		
		Start:		Start:		
		Start:		Start:		
		Start:		Start:		
		Start:		Start:		