

---

# COPING *Kit* *for* PARENTS



## INTRODUCTION

We are pleased to present the Coping Kit for Parents. The Kit includes ten coping activities. These activities can help people manage stress and negative situations. Each activity is described on its own card in the Coping Kit.

Some activities may appeal to you more than others. Focus on the activities that interest you the most, and try to do at least one activity each day for five minutes.

If you start to feel upset or overwhelmed while doing any of these activities, please contact the person who gave you the Kit or contact the Coping Kit team at [coping.kit@chop.edu](mailto:coping.kit@chop.edu).

Note that the activities are divided into three levels:

**Level 1** (Breathing, Relax, and Guided Imagery) activities will help you calm down if you are feeling stressed out or upset.

**Level 2** (Connections, Strengths, and Feel) can help you be more aware of what you are experiencing, what strengths you have, and how others can support you. If a Level 2 activity is upsetting or stressful, you can do a Level 1 activity such as breathing or relaxation.

**Level 3** (Positive Experiences, Hopes, Envision, and Journey) activities may help you experience a greater sense of personal growth and meaning while going through difficult experiences. You can use Level 1 activities to help you cope with any negative thoughts and emotions caused by these advanced activities.

breath 1

BREATHING

# breath 2

BREATHING

breath 3

BREATHING

# breath 4

BREATHING



# breath 5

BREATHING

# breath 6

BREATHING



# feet

(curl your toes downward)

RELAX

# lower legs & feet

(tighten your calf muscles by pulling toes towards you)

RELAX

# entire leg

(squeeze thigh muscles while  
doing the lower leg exercise)

RELAX



# entire arm

(tighten biceps by drawing your forearms  
up towards your shoulders and  
“make a muscle”, while clenching fists)

RELAX

# buttocks

(tighten by pulling your buttocks together)

RELAX





# stomach

(suck your stomach in)

RELAX



# neck & shoulders

(raise your shoulders up toward your ears)

RELAX



eyes

(clench your eyelids tightly shut)

RELAX

# forehead

(raise your eyebrows as far as you can)

RELAX

# whole body

(how does your body feel now?)

RELAX





Describe your special place:

---

---

---

---

---

---

---

---

---

---

---

GUIDED IMAGERY

Describe your special place:

---

---

---

---

---

---

---

---

---

---

GUIDED IMAGERY

PART 1.

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

How are they helping? \_\_\_\_\_

---

---

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

How are they helping? \_\_\_\_\_

---

---

## PART 1.

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

How are they helping? \_\_\_\_\_

---

---

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

How are they helping? \_\_\_\_\_

---

---

## CONNECTIONS

PART 2.

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

How could they help? \_\_\_\_\_

---

---

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

How could they help? \_\_\_\_\_

---

---

## PART 2.

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

How could they help? \_\_\_\_\_

---

---

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

How could the help? \_\_\_\_\_

---

---

## CONNECTIONS

creativity

STRENGTHS

# leadership

STRENGTHS



curiosity

STRENGTHS



teamwork

STRENGTHS

# open mindedness

STRENGTHS

forgiveness

STRENGTHS

love of  
learning

STRENGTHS

modesty

STRENGTHS

perspective

STRENGTHS

caution

STRENGTHS



bravery

STRENGTHS

# self-control

STRENGTHS

perseverance

STRENGTHS

gratitude

STRENGTHS

kindness

STRENGTHS

hope

STRENGTHS

love

STRENGTHS

humor

STRENGTHS



fairness

STRENGTHS

faith

STRENGTHS

New Character Strength 1: \_\_\_\_\_

New Character Strength 2: \_\_\_\_\_

New Character Strength 3: \_\_\_\_\_

New Character Strength 4: \_\_\_\_\_

New Character Strength 5: \_\_\_\_\_

STRENGTHS

New Character Strength 6: \_\_\_\_\_

New Character Strength 7: \_\_\_\_\_

New Character Strength 8: \_\_\_\_\_

New Character Strength 9: \_\_\_\_\_

New Character Strength 10: \_\_\_\_\_

STRENGTHS

interested

FEEL

guilty

FEEL



excited

FEEL

scared

FEEL







strong

FEEL

angry

FEEL



proud

FEEL

ashamed

FEEL





inspired

FEEL

nervous

FEEL



determined

FEEL

afraid

FEEL





attentive

FEEL

bitter

FEEL





thankful

FEEL

overwhelmed

FEEL





grateful

FEEL

sad

FEEL





alert

FEEL

irritable

FEEL





New Emotion 1: \_\_\_\_\_

New Emotion 2: \_\_\_\_\_

New Emotion 3: \_\_\_\_\_

New Emotion 4: \_\_\_\_\_

New Emotion 5: \_\_\_\_\_

FEEL

New Emotion 6: \_\_\_\_\_

New Emotion 7: \_\_\_\_\_

New Emotion 8: \_\_\_\_\_

New Emotion 9: \_\_\_\_\_

New Emotion 10: \_\_\_\_\_

FEEL

Positive Experience 1:

---

---

---

---

---

---

---

---

---

---

POSITIVE EXPERIENCES

Positive Experience 2:

---

---

---

---

---

---

---

---

---

---

POSITIVE EXPERIENCES

Positive Experience 3: \_\_\_\_\_

---

---

---

---

---

---

---

---

---

---

POSITIVE EXPERIENCES

Positive Experience 4: \_\_\_\_\_

---

---

---

---

---

---

---

---

---

---

---

POSITIVE EXPERIENCES

## **PART 1.**

Think about your child's current situation and what hopes or goals you have for your child's future. Write down one or more hopes on the PART 1 cards provided.

Next ask yourself are any of these hopes things you have any control over? If yes, what can you do to work towards this hope?

Next write down what you can do to make progress toward this hope.

## PART 2. (Do this a day or more after PART 1.)

Think about the hopes you already wrote down. Are you closer to achieving any of these hopes either because of a change in the situation or because of your own efforts?

Is there anything you are doing or can do to make progress toward this hope? If so, write this down on the back of this card in the space provided.

Are there new hopes that seem more important or appropriate at this time? If so, write these new hopes down on the PART 2 cards provided.

HOPES



**PART 1.**

Hope 1: \_\_\_\_\_

Is this hope something you have control over? (circle one)

Yes or No

If yes, what can you do to work towards this hope?

---

---

---

---

## PART 2. (Do this a day or more after PART 1.)

Are you any closer to this hope either because of a change in the situation or because of your own efforts?

---

---

---

For controllable hopes: Is there anything else you can do to make progress toward this hope?

---

---

---

HOPES

**PART 1.**

Hope 2: \_\_\_\_\_

Is this hope something you have control over? (circle one)

Yes or No

If yes, what can you do to work towards this hope?

---

---

---

---

## PART 2. (Do this a day or more after PART 1.)

Are you any closer to this hope either because of a change in the situation or because of your own efforts?

---

---

---

For controllable hopes: Is there anything else you can do to make progress toward this hope?

---

---

---

HOPES

**PART 1.**

Hope 3: \_\_\_\_\_

Is this hope something you have control over? (circle one)

Yes or No

If yes, what can you do to work towards this hope?

---

---

---

---

## PART 2. (Do this a day or more after PART 1.)

Are you any closer to this hope either because of a change in the situation or because of your own efforts?

---

---

---

For controllable hopes: Is there anything else you can do to make progress toward this hope?

---

---

---











What is a positive or negative experience you have gone through while taking care of your child?

---

---

---

---

---

---

---

---

---

---

How did you feel during this experience?

---

---

---

---

---

---

---

---

---

---

JOURNEY





## ADDITIONAL RESOURCES

This coping kit is just one of many approaches to managing stress.

There's no one right way to manage stress. The key is to find an approach that works for you.

## ADDITIONAL RESOURCES

Thank you for using the Coping Kit for Parents!

We hope these activities were helpful for you. Remember that any thoughts or comments you have about these materials will help us improve the kit for future parents.

Please share your suggestions with the Coping Kit team by emailing us at [coping.kit@chop.edu](mailto:coping.kit@chop.edu).







© 2021 Children's Hospital of Philadelphia,  
All Rights Reserved.