

WHAT AM I NOTICING? (THOUGHTS,  
EMOTIONS, PHYSICAL SENSATIONS,  
IMAGES, URGES)

WHY DOES THIS PART FEEL THIS WAY?

HOW DO I FEEL TOWARDS THIS PART?

WHAT IS THIS PART CONCERNED MIGHT  
HAPPEN IF IT DOESN'T DO THIS JOB?

WHAT DOES THIS PART NEED FROM ME?

PARTS

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DRAW A VISUAL REPRESENTATION  
OF THIS PART. YOU MIGHT DRAW A  
SHAPE, COLOR, PERSON, OR  
INDICATE WHERE YOU SENSE THIS  
PART'S ENERGY IN/AROUND YOUR  
BODY

PART'S NAME/TITLE:

ACORN PSYCHOTHERAPY

PARTS

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ACORN PSYCHOTHERAPY