

## Letting Go

### *Body Based Releasing Process*

Situation:

State the facts:

Rate impact/discomfort this is having at the moment: \_\_\_\_\_  
1- 10 (1 being little to no impact – 10 being total disruption)

Is this the first time this has happened: Y or N \*\*

Where do you feel this in your body and what does it feel like (sensations)?

Explore the story – what are you telling yourself (thoughts/beliefs) about this situation?

Is this true?

Reframe:

How committed are you to letting this go? \_\_\_\_\_ %  
(\*If you have revisited this more than 3 times re-evaluate the commitment to let it go or consider taking other actions)

Re-rate impact/discomfort this is having after this process: \_\_\_\_\_  
1- 10 (1 being little to no impact – 10 being total disruption)