Radical Forgiveness Worksheet

Patient Name: _____ **Date:** _____ dd / mm / yyyy

Radical forgiveness is about releasing the hold that your past grievances have on you, allowing for healing and transformation. It involves acknowledging your emotions, understanding your role in the situation, opening yourself to the possibility of growth, breaking down your interpretations and beliefs, and making a conscious choice to forgive. This worksheet is designed to guide you through the process of radical forgiveness.

STEP 1: IDENTIFY THE PERSON AND SITUATION

Who are you upset with?

Describe the situation that caused you to feel upset.

If you were confronting this person, what would you say?

STEP 2: ACKNOWLEDGE YOUR FEELINGS

What emotions are you experiencing as a result of this situation?

On a scale of 1-10, how intense are these feelings?

1 2 3 4 5 6 7 8 9 10

STEP 3: UNDERSTAND YOUR ROLE

What might be your part in this situation?

Are there any patterns or past experiences that might be influencing your reaction?

STEP 4: OPEN YOURSELF TO RADICAL FORGIVENESS

Can you allow yourself to consider the possibility that this situation is happening for your growth and learning?

◯ Yes ◯ No

What insights or lessons could you potentially gain from this experience?

Acknowledge your own humanness in this situation. Why does this situation make you feel uncomfortable or upset?

STEP 5: BREAK DOWN THE STORY

What interpretations did you make about the situation?

How intense are your feelings about these interpretations?

What beliefs did you create about the situation based on your feelings?

STEP 6: MAKE A CHOICE TO FORGIVE

How do you feel now after differentiating facts from feelings, interpretations, and beliefs?

Are you willing to let go of your need to be right or to hold onto resentment?

◯ Yes ◯ No

Write a statement of forgiveness, releasing the person from the blame.

Make a radical forgiveness statement for yourself.

STEP 7: REFLECT ON THE OUTCOME

How do you feel after completing this worksheet?

What actions, if any, do you need to take to move forward?

ADDITIONAL NOTES

Specify below:

HEALTHCARE PROFESSIONAL'S INFORMATION

Name: _____ License Number: _____

Phone Number: _____ Email: _____

Name of Practice: _____