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*Distress Tolerance Worksheets*

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General Worksheets

Orientation Worksheet
# GENERAL WORKSHEET 1

(General Handout 1)

**Pros and Cons of Using Skills**

Due Date: ___________  Name: ___________________________________  Week Starting: ________

Use this worksheet to figure out the advantages and disadvantages to you of using skills (i.e., acting skillfully) to reach your goals. The idea here is to figure out what is the most effective way for you to get what you want in life. Remember, this is about your goals, not someone else’s goals.

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<th>Describe the situation or problem:</th>
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<th>Describe your goal in this situation:</th>
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Make a list of the Pros and Cons of practicing your skills in this situation.

Make another list of the Pros and Cons for not practicing your skills or of not practicing them completely.

Check the facts to be sure that you are correct in your assessment of advantages and disadvantages.

Write on the back if you need more space.

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What did you decide to do in this situation? ____________________________________________

Is this the best decision (in Wise Mind)? ____________________________________________

Worksheets for Analyzing Behavior
Chain Analysis of Problem Behavior

Due Date: ___________  Name: _______________________________  Date: ___________

1. What exactly is the major **PROBLEM BEHAVIOR** that I am analyzing?

2. What **PROMPTING EVENT** in the environment started me on the chain to my problem behavior? Include what happened **RIGHT BEFORE** the urge or thought came into my mind.
   Day prompting event occurred: ___________________________________________________________

3. Describe what things in myself and in my environment made me **VULNERABLE**.
   Day the events making me vulnerable started: ______________________________________________

(continued on next page)
**LINKS IN THE CHAIN OF EVENTS:** Behaviors (Actions, Body sensations, Cognitions/Thoughts, Feelings) and Events (in the environment)

Possible Types of Links

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<td>C.</td>
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<td>F.</td>
<td>Feelings</td>
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4. List the **chain of events** (specific behaviors and environmental events that actually did happen). Use the ABC-EF list above.

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6. List new, more **skillful** behaviors to replace ineffective behaviors. Use the ABC-EF list.

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**LINKS IN THE CHAIN OF EVENTS:** Behaviors (Actions, Body sensations, Cognitions/Thoughts, Feelings) and Events (in the environment)

**Possible Types of Links**

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<th>A. Actions</th>
<th>B. Body sensations</th>
<th>C. Cognitions/thoughts</th>
<th>D. Events</th>
<th>E. Feelings</th>
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4. List the *chain of events* (specific behaviors and environmental events that actually did happen). Use the ABC-EF list above.

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*(continued on next page)*
5. What exactly were the consequences in the environment?

And in myself?

What harm did my problem behavior cause?

7. Prevention plans:
   Ways to reduce my vulnerability in the future:

   Ways to prevent precipitating event from happening again:

8. Plans to repair, correct, and overcorrect the harm:
Example: Chain Analysis of Problem Behavior

Due Date: ___________ Name: ____________________________ Date: ___________
Problem Behavior: ____________________________________________

1. What exactly is the major **PROBLEM BEHAVIOR** that I am analyzing?
   
   *Drinking too much and driving drunk*

2. What **PROMPTING EVENT** in the environment started me on the chain to my problem behavior? Include what happened **RIGHT BEFORE** the urge or thought came into my mind.
   
   Day prompting event occurred: __________ Monday __________________________
   
   *My sister from out of town called me and said she was not going to come visit me the next week like she had said she would, because her husband had an important business party he wanted her to attend with him.*

3. Describe what things in myself and in my environment made me **VULNERABLE**.
   
   Day the events making me vulnerable started: __________ Sunday __________________________
   
   *My boyfriend said he had to take a business trip sometime in the next month.*

(continued on next page)
LINKS IN THE CHAIN OF EVENTS: Behaviors (Actions, Body sensations, Cognitions/Thoughts, Feelings) and Events (in the environment)

Possible Types of Links
A. Actions
B. Body sensations
C. Cognitions/thoughts
E. Events
F. Feelings

4. List the chain of events (specific behaviors and environmental events that actually did happen). Use the ABC-EF list above.

1st. I felt hurt and started sobbing on the phone with my sister and was angry with her.

2nd. I thought, “I can’t stand it. No one loves me.”

3rd. I felt very ashamed once I hung up from talking to my sister.

4th. I thought “My life is useless; no one will ever be here for me.”

5th. Tried watching TV, but nothing was on I liked.

6th. I started feeling agitated and thought, “I can’t stand this.”

7th. I decided to drink a glass of wine to feel better, but ended up drinking two whole bottles.

8th. Got in my car to drive to a late-night concert.

9th. While I was bending down to pick up a piece of paper, car swerved. I was stopped by a cop and taken in on a DUI.

6. List new, more skillful behaviors to replace ineffective behaviors. Use the ABC-EF list.

1st. Listen to why my sister could not come.

2nd. Remember that my sister and my boyfriend love me.

3rd. Check the facts; is my sister going to reject me over this?

4th. Call my sister back and apologize for being angry (since I know she will validate how I feel).

5th. Download a movie, work on a puzzle, or call a friend instead.

6th. Try my TIP skills to bring down arousal.

7th. Walk down the street and have a dinner out, because I won’t drink too much in public.

8th. Call my boyfriend and ask him to come over for a while.

9th. Take a long bath, try TIP skills again; Keep checking the facts; remember these emotions will pass; call my therapist for help.

(continued on next page)
5. What exactly were the consequences in the environment?
   
   *Short-term: I had to spend the night in jail.*
   *Long-term: My boyfriend has less trust in me; my sister is upset about it.*
   
   **And in myself?**
   *Short-term: I am ashamed and furious with myself.*
   *Long-term: I will have to pay more for car insurance and may have trouble getting a job.*
   
   **What harm did my problem behavior cause?**
   *It hurt me by giving me a DUI record. My sister feels guilty because she upset me.*

7. *Prevention plans:*
   
   *Ways to reduce my vulnerability in the future:*
   *Make plans for how to cope whenever my boyfriend is out of town.*
   
   *Ways to prevent precipitating event from happening again:*
   *I can’t keep the precipitating event from happening, so I need to practice coping ahead and have plans for how to manage when I am at home alone.*

8. *Plans to repair, correct, and overcorrect the harm:*
   *Apologize to my sister and reassure her that she has a perfect right to change her plans.
   Work with her to plan a new time for a visit. Ask if it would be easier for her if I came to visit her.*
GENERAL WORKSHEET 3
(General Handout 8)

Missing-Links Analysis

To understand missing effective behavior, do a missing-links analysis.

Due Date: __________  Name: ____________________________  Date: __________

Missing Behavior: ____________________________________________

Use this sheet to first figure out what got in the way of doing things you needed or hoped to do, or things you agreed to do or others expected you to do. Then use that information to problem-solve, so that you will be more likely to do what is needed, hoped for, or expected next time.

1. Did I know what effective behavior was needed or expected? Yes ___ No ___
   IF NO to Question 1, what got in the way of knowing? __________________________

   Describe problem solving: ____________________________________________ STOP

2. IF YES to Question 1, was I willing to do what was needed? Yes ___ No ___
   IF NO to Question 2, what got in the way of wanting to do what was needed? __________

   Describe problem solving: ____________________________________________ STOP

3. IF YES to Question 2, did the thought of doing what was needed or expected ever enter my mind? Yes ___ No ___
   IF NO to Question 3, describe problem solving: __________________________

   ____________________________________________

4. IF YES to Question 3, what got in the way of doing what was needed or expected right away?
   ____________________________________________

   Describe problem solving: ____________________________________________ STOP

Mindfulness Worksheets

*Worksheets for Core Mindfulness Skills*
Pros and Cons of Practicing Mindfulness

Make a list of the pros and cons of practicing mindfulness skills.
Make another list of the pros and cons of not practicing mindfulness skills.
Check the facts to be sure that you are correct in your assessment of advantages and disadvantages.

Rate Willingness to Practice (0 = None; 100 = Very High) Before: _____ After: _____

Fill this worksheet out when you are:
• Trying to decide whether to work on becoming more mindful of the moments in your life.
• Feeling willful; saying no to letting go of emotion mind or extreme reasonable mind.
• Resisting observing the present moment, rather than escaping it or trying to control it.
• Resisting giving up your interpretations of others or yourself, rather than just describing.
• Resisting throwing yourself into the flow of the moment; wanting to stand on the outside.
• Feeling threatened whenever you think of letting go of judgments.
• Not in the mood for being effective instead of proving you are right.

When you are filling out this worksheet, think about these questions:
• Is a mindless life in your best interest (i.e., effective), or not in your best interest (i.e., ineffective)?
• Will refusing to go into Wise Mind solve a problem, or make a new problem for you?
• Is observing the moment without reacting to it immediately likely to increase your freedom, or decrease it?
• Is being attached to your thoughts instead of the facts you can describe useful, or not?
• Is staying judgmental helping you change the things you want to change, or getting in the way?
• Is it more important to be effective, or to be right?

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<th>Practice Mindfulness</th>
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What did you decide to do?
Is this the best decision (in Wise Mind)?
List any and all wise things you did this week.

Mindfulness Core Skills Practice

Due Date: _________ Name: ____________________________________________ Week Starting: _________

Describe the situations that prompted you to practice mindfulness.

SITUATION 1

Situation (who, what, when, where):

☐ Wise Mind
☐ Observe
☐ Describe
☐ Participate
☐ Nonjudgmentally
☐ One-mindfully
☐ Effectively

At left, check the skills you used, and describe your use of them here.

Describe experience of using the skill:

Check if practicing this mindfulness skill has influenced any of the following, even a little bit:

☐ Reduced suffering
☐ Decreased reactivity
☐ Increased connection
☐ Increased happiness
☐ Decreased wisdom
☐ Increased sense of personal validity
☐ Increased ability to focus
☐ Increased experiencing the present

SITUATION 2

Situation (who, what, when, where):

☐ Wise Mind
☐ Observe
☐ Describe
☐ Participate
☐ Nonjudgmentally
☐ One-mindfully
☐ Effectively

At left, check the skills you used, and describe your use of them here.

Describe experience of using the skill:

Check if practicing this mindfulness skill has influenced any of the following, even a little bit:

☐ Reduced suffering
☐ Decreased reactivity
☐ Increased connection
☐ Increased happiness
☐ Decreased wisdom
☐ Increased sense of personal validity
☐ Increased ability to focus
☐ Increased experiencing the present

List any and all wise things you did this week.

MINDFULNESS WORKSHEET 2A
(Mindfulness Handouts 2–5c)

Mindfulness Core Skills Practice

Due Date: __________ Name: ____________________________ Week Starting: __________

For each mindfulness skill, write down what you did during the week, and then rate the quality of mindfulness you experienced during your practice.

I could not focus my mind for even 1 second; I was completely mindless and quit.

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I was able to focus my mind somewhat and stay in the present moment.

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I became centered in Wise Mind and was free to let go and do what was needed.

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<th>Day</th>
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<td>Mindfulness: __________</td>
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<td>Mindfulness: __________</td>
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List any and all wise things you did this week. ____________________________

**MINDFULNESS WORKSHEET 2B**  
(Mindfulness Handouts 2–5c)

**Mindfulness Core Skills Practice**

Due Date: __________ Name: ___________________________ Week Starting: __________

Practice each mindfulness skill twice, and describe your experience as follows:

<table>
<thead>
<tr>
<th>When did you practice this skill, and what did you do to practice?</th>
<th>What was going on that prompted practicing mindfulness (if anything)?</th>
<th>How much time passed when you were doing this skill?</th>
<th>Rate before/after skill use</th>
<th>Conclusions or questions about this skills practice</th>
</tr>
</thead>
<tbody>
<tr>
<td>Wise Mind:</td>
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<td>Observe:</td>
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<td>Participate:</td>
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<td>Nonjudgmentally:</td>
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List any and all wise things you did this week: ____________________________________________

Note. Adapted from an unpublished worksheet by Seth Axelrod, with his permission.

**Mindfulness Core Skills Calendar**

Due Date: __________ Name: ___________________________________________ Week Starting: _____

Check off skills to practice this week:

- Wise Mind  
- Observing  
- Describing  
- Participating  
- Nonjudgmentally  
- One-mindfully  
- Effectively  

While you are practicing skills, stay as aware and mindful as you can. Write it down later.

<table>
<thead>
<tr>
<th>Name(s) of skill(s)</th>
<th>How did you practice the skill?</th>
<th>Describe your experience, including body sensations, emotions, and thoughts while practicing the skill</th>
<th>What is your experience now, after using the skill?</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Example:</strong> Participating</td>
<td>I went to a party and joined in conversations with other people.</td>
<td>I felt a tight knot in my stomach, shallow breathing, dry mouth, anxiety that other people would not like me; later I enjoyed the conversation, smiled, noticed other people around me, and ended up having a good time.</td>
<td>I feel amazed that I managed to do this and felt good about myself. I am thinking I may be able to do this again.</td>
</tr>
</tbody>
</table>

Monday:

Tuesday:

Wednesday:

(continued on next page)
# MINDFULNESS WORKSHEET 2C

<table>
<thead>
<tr>
<th>Name(s) of skill(s)</th>
<th>How did you practice the skill?</th>
<th>Describe your experience, including body sensations, emotions, and thoughts while practicing the skill</th>
<th>What is your experience now, after using the skill?</th>
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</thead>
<tbody>
<tr>
<td>Thursday:</td>
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<td>Friday:</td>
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<td>Sunday:</td>
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List any and all wise things you did this week: ____________________________________________
MINDFULNESS WORKSHEET 3
(Mindfulness Handouts 3, 3a)

Wise Mind Practice

Due Date: __________ Name: ________________________ Week Starting: __________

Wise Mind Practice Exercise: Check off an exercise each time you do one.

☐ 1. Attended to my breath coming in and out, letting my attention settle into my center.

☐ 2. Imagined being a flake of stone on the lake.

☐ 3. Imagined walking down an inner spiral stairs.

☐ 4. Dropped into the pauses between inhaling and exhaling.


☐ 6. Asked Wise Mind a question (breathing in) and listened for the answer (breathing out).

☐ 7. Asked myself, “Is this Wise Mind?”

☐ 8. Other (describe): ________________________________

☐ 9. Other (describe): ________________________________

Describe the situation and how you practiced Wise Mind:

______________________________________________________________________________

______________________________________________________________________________

How effective was the practice in helping you become centered in your Wise Mind?

Not effective: I couldn’t do the skill for even 1 minute. I got distracted or quit.

Somewhat effective: I was able to practice Wise Mind and became somewhat centered in my Wise Mind.

Very effective: I became centered in Wise Mind, and was free to do what needed to be done.

1 2 3 4 5

Describe the situation and how you practiced Wise Mind:

______________________________________________________________________________

______________________________________________________________________________

How effective was the practice in helping you become centered in your Wise Mind?

Not effective: I couldn’t do the skill for even 1 minute. I got distracted or quit.

Somewhat effective: I was able to practice Wise Mind and became somewhat centered in my Wise Mind.

Very effective: I became centered in Wise Mind, and was free to do what needed to be done.

1 2 3 4 5

List any and all wise things you did this week: ________________________________

______________________________________________________________________________

MINDFULNESS WORKSHEET 4
(Mindfulness Handouts 4–4c)

Mindfulness “What” Skills:
Observing, Describing, Participating

Due Date: __________ Name: ____________________________ Week Starting: __________

Check off the mindfulness skills you practiced this week. Write out descriptions of two different times when you practiced a mindfulness skill. Use back of sheet for more examples.

___ Observing    ___ Describing    ___ Participating

Describe the situation and how you practiced the skill:
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________

Check if practicing this mindfulness skill has improved any of the following, even a little bit:

___ Reduced suffering    ___ Increased happiness    ___ Increased ability to focus
___ Decreased reactivity    ___ Increased wisdom    ___ Increased experiencing the present
___ Increased connection    ___ Increased sense of personal validity

Describe how the skill helped or did not help you become more mindful: ________________
________________________________________________________________________

Describe the situation and how you practiced the skill:
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________

Check if practicing this mindfulness skill has improved any of the following, even a little bit:

___ Reduced suffering    ___ Increased happiness    ___ Increased ability to focus
___ Decreased reactivity    ___ Increased wisdom    ___ Increased experiencing the present
___ Increased connection    ___ Increased sense of personal validity

Describe how the skill helped or did not help you become more mindful: ________________
________________________________________________________________________

List any and all wise things you did this week: ______________________________________
Observing, Describing, Participating Checklist

Due Date: __________ Name: __________________________ __________ Week Starting: __________

Check off mindfulness skills that you use when you use them. You can check each skill up to four times. If you practice a skill more than four times, extend your checks toward the edge of the page, or use the back of the page if needed.

**Practice observing:** Check off an exercise each time you do one.

- 1. What you see: ___Watch without following what you see.
- 2. Sounds: ___Sounds around you, ___pitch and sound of someone’s voice, ___music.
- 3. Smells around you: ___Aroma of food, ___soap, ___air as you walk.
- 5. Urge to do something: ___Urge-surf, ___notice urge to avoid, ___notice where in body urge is.
- 7. Thoughts coming in and out of your mind: ___Imagine your mind as a river, ___as a conveyor belt.
- 9. By expanding awareness: ___To your entire body, ___to space around you, ___to hugging a tree.
- 10. By opening the mind: ___To each sensation arising, not attaching, letting go of each.
- 11. Other (describe): __________

**Practice describing:** Check off an exercise each time you do one.

- 12. What you see outside of your body.
- 13. Thoughts, feelings, and body sensations inside yourself.
- 14. Your breathing.
- 15. Other (describe): __________

**Practice participating:** Check off an exercise each time you do one.

- 16. Dance to music.
- 17. Sing along with music you are listening to.
- 18. Sing in the shower.
- 19. Sing and dance while watching TV.
- 20. Jump out of bed and dance or sing before getting dressed.
- 21. Go to a church that sings and join in the singing.
- 22. Play karaoke with friends or at a karaoke club or bar.
- 23. Throw yourself into what another person is saying.
- 24. Go running, riding, skating, walking; become one with the activity.
- 25. Play a sport and throw yourself into playing.
- 26. Become the count of your breath, becoming only “one” when you count 1, becoming only “two” when you count 2, and so on.
- 27. Become a word as you slowly say the word over and over and over.
- 28. Throw caution to the wind, and throw yourself into a social or work activity.
- 29. Other (describe): __________

List any and all wise things you did this week: __________
### Observing, Describing, Participating Calendar

Due Date: _______  Name: ___________________________  Week Starting: _______

Check off at least two skills to practice this week:  ___Observing  ___Describing  ___Participating

While you are practicing skills, stay as aware and mindful as you can. Write it down later.

<table>
<thead>
<tr>
<th>Name(s) of skill(s)</th>
<th>How did you practice the skill?</th>
<th>Describe your experience, including body sensations, emotions, and thoughts while practicing the skill</th>
<th>What is your experience now, after using the skill?</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Example:</strong> Observing</td>
<td>I took a walk in the park and observed the trees I encountered.</td>
<td>I felt calm, my shoulders relaxed. I felt curiosity toward the trees I was observing, a sense of detachment from my own worries; I thought the leaves of the trees were very green and refreshing.</td>
<td>I feel somewhat relaxed; I think I should go for walks more often. I am anxious that next time I might not be able to pay attention to the practice.</td>
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<td>Monday:</td>
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MINDFULNESS WORKSHEET 4B  (p. 2 of 2)

<table>
<thead>
<tr>
<th>Name(s) of skill(s)</th>
<th>How did you practice the skill?</th>
<th>Describe your experience, including body sensations, emotions, and thoughts while practicing the skill</th>
<th>What is your experience now, after using the skill?</th>
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</thead>
<tbody>
<tr>
<td>Thursday:</td>
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List any and all wise things you did this week:  

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MINDFULNESS WORKSHEET 5
(Mindfulness Handouts 5–5c)

Mindfulness “How” Skills:
Nonjudgmentalness, One-Mindfulness, Effectiveness

Due Date: __________ Name: ____________________________ Week Starting: __________

Check off the mindfulness skills you practiced this week. Write out descriptions of two different times
when you practiced a mindfulness skill. Use back of sheet for more examples.

____ Nonjudgmentalness  ____ One-mindfulness  ____ Effectiveness

Describe the situation and how you practiced the skill:
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________

Check if practicing this mindfulness skill has improved any of the following, even a little bit:

____ Reduced suffering  ____ Increased happiness  ____ Increased ability to focus

____ Decreased reactivity  ____ Increased wisdom  ____ Increased experiencing the present

____ Increased connection  ____ Increased sense of personal validity

Describe how the skill helped or did not help you become more mindful: ________________
________________________________________________________________________

Describe the situation and how you practiced the skill:
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________

Check if practicing this mindfulness skill has improved any of the following, even a little bit:

____ Reduced suffering  ____ Increased happiness  ____ Increased ability to focus

____ Decreased reactivity  ____ Increased wisdom  ____ Increased experiencing the present

____ Increased connection  ____ Increased sense of personal validity

Describe how the skill helped or did not help you become more mindful: ________________
________________________________________________________________________

List any and all wise things you did this week: _______________________________________

MINDFULNESS WORKSHEET 5A
(Mindfulness Handouts 5–5c)

Nonjudgmentalness, One-Mindfulness, Effectiveness Checklist

Due Date: ______ Name: ____________________________ Week Starting: ______

Practice nonjudgmentalness: Check off an exercise each time you do one.
☐ ☐ ☐ 1. Say in your mind, “A judgmental thought arose in my mind.”
☐ ☐ ☐ 2. Count judgmental thoughts.
☐ ☐ ☐ 3. Replace judgmental thoughts and statements with nonjudgmental thoughts and statements.
☐ ☐ ☐ 4. Observe your judgmental facial expressions, postures, voice tones.
☐ ☐ ☐ 5. Change judgmental expressions, postures, voice tones.
☐ ☐ ☐ 6. Stay very concrete and describe your day nonjudgmentally.
☐ ☐ ☐ 7. Write out a nonjudgmental description of an event that prompted an emotion.
☐ ☐ ☐ 8. Write out a nonjudgmental blow-by-blow account of a particularly important episode in your day.
☐ ☐ ☐ 9. Imagine a person you are angry with. Imagine understanding that person.
☐ ☐ ☐ 10. When you feel judgmental, practice half-smiling and/or willing hands.

Describe the situation and how you practiced nonjudgmentalness:

______________________________________________________________
______________________________________________________________

Practice one-mindfulness: Check off an exercise each time you do one.
☐ ☐ ☐ 11. Awareness while making tea or coffee.
☐ ☐ ☐ 12. Awareness while washing the dishes.
☐ ☐ ☐ 13. Awareness while hand-washing clothes.
☐ ☐ ☐ 14. Awareness while cleaning house.
☐ ☐ ☐ 15. Awareness while taking a slow-motion bath.
☐ ☐ ☐ 16. Awareness with meditation.

Describe the situation and how you practiced one-mindfulness:

______________________________________________________________
______________________________________________________________

Practice effectiveness: Check off an exercise each time you do one.
☐ ☐ ☐ 17. Give up being right
☐ ☐ ☐ 18. Drop willfulness
☐ ☐ ☐ 19. Do what is effective

Describe the situation and how you practiced effectiveness:

______________________________________________________________
______________________________________________________________

List any and all wise things you did this week: ____________________________
**Nonjudgmentalness, One-Mindfulness, Effectiveness Calendar**

Due Date: _____  Name: ____________________  Week Starting: _______

Check off at least two skills to practice this week: ____ Nonjudgmentally  ____ One-mindfully  ____ Effectively

While you are practicing skills, stay as aware and mindful as you can. Write it down later.

<table>
<thead>
<tr>
<th>Name(s) of skill(s)</th>
<th>How did you practice the skill?</th>
<th>Describe your experience, including body sensations, emotions, and thoughts while practicing the skill</th>
<th>What is your experience now, after using the skill?</th>
</tr>
</thead>
<tbody>
<tr>
<td>Example:</td>
<td>I dusted my house and focused only on that task while doing it.</td>
<td>I experienced the softness of the cloth on my hands; I felt content I was able to do something useful; I started to think about all the other cleaning I needed to do afterward, but I brought my focus back to just doing the dusting.</td>
<td>I remember it felt good my husband noticed I cleaned up the house; I feel content I did my practice; I think I could have practiced better if my mind had drifted away less.</td>
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<tr>
<th>Name(s) of skill(s)</th>
<th>How did you practice the skill?</th>
<th>Describe your experience, including body sensations, emotions, and thoughts while practicing the skill</th>
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<td>Thursday:</td>
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<td>Sunday:</td>
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List any and all wise things you did this week: ___________________________________________
**Nonjudgmentalness Calendar**

Due Date: __________  Name: ___________________________________________ Week Starting: __________

Be aware of nonjudgmental thoughts and expressions when they happen. Use the following questions to focus your awareness on the details of the experience as it is happening. Write it down later.

<table>
<thead>
<tr>
<th>Did you practice observing judgmental thoughts?</th>
<th>Did you count judgmental thoughts? If so, how many?</th>
<th>If you replaced a judgmental thought or assumption, what was the judgmental thought or assumption?</th>
<th>What was the replacement thought or assumption?</th>
<th>If you replaced judgmental with nonjudgmental facial or other physical expressions, please describe.</th>
<th>Describe any change after practicing.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Example: Yes 21</td>
<td>My boyfriend is such a jerk because he should have remembered to pick me up.</td>
<td>He did forget to pick me up! I wish he had not forgotten to pick me up.</td>
<td>I half-smiled and unclenched my fists.</td>
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</tbody>
</table>

**Monday:**

**Tuesday:**

**Wednesday:**

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<table>
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<tr>
<th></th>
<th>Did you practice observing judgmental thoughts?</th>
<th>Did you count judgmental thoughts? If so, how many?</th>
<th>If you replaced a judgmental thought or assumption, what was the judgmental thought or assumption?</th>
<th>What was the replacement thought or assumption?</th>
<th>If you replaced judgmental with nonjudgmental facial or other physical expressions, please describe.</th>
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<td>Thursday:</td>
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List any and all wise things you did this week: 

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________________________________________________________________________
Worksheets for Other Perspectives on Mindfulness Skills
Loving Kindness

Due Date: __________ Name: _____________________________ Week Starting: __________

Check off the types of loving kindness mindfulness practices you did this week. Write out descriptions of two different times when you practiced loving kindness. Use the back of this worksheet if more space is needed.

_____ To myself  _____ To a loved one  _____ To a friend  _____ To someone I was angry with  _____ To a difficult person  _____ To an enemy  _____ To all beings  _____ Other: _______________________

Describe the script you used (i.e., the warm wishes you sent):

1. ________________________________
2. ________________________________
3. ________________________________
4. ________________________________
5. ________________________________

Check if practicing loving kindness has increased any of the following, even a little bit toward this person:  _____ Feelings of warmth or caring  _____ Love  _____ Compassion  _____ Feelings of connection  _____ Wisdom  _____ Happiness  _____ Sense of personal validity

Describe how the skill helped or did not help you become more compassionate: __________

_____ To myself  _____ To a loved one  _____ To a friend  _____ To someone I was angry with  _____ To a difficult person  _____ To an enemy  _____ To all beings  _____ Other: _______________________

Describe the script you used (i.e., the warm wishes you sent):  _____ Same as above (check if correct).

1. ________________________________
2. ________________________________
3. ________________________________
4. ________________________________
5. ________________________________

Check if practicing loving kindness has increased any of the following, even a little bit toward this person:  _____ Feelings of warmth or caring  _____ Love  _____ Compassion  _____ Feelings of connection  _____ Wisdom  _____ Happiness  _____ Sense of personal validity

Describe how the skill helped or did not help you become more compassionate: __________

_____ To myself  _____ To a loved one  _____ To a friend  _____ To someone I was angry with  _____ To a difficult person  _____ To an enemy  _____ To all beings  _____ Other: _______________________

Describe the script you used (i.e., the warm wishes you sent):  _____ Same as above (check if correct).

1. ________________________________
2. ________________________________
3. ________________________________
4. ________________________________
5. ________________________________

Check if practicing loving kindness has increased any of the following, even a little bit toward this person:  _____ Feelings of warmth or caring  _____ Love  _____ Compassion  _____ Feelings of connection  _____ Wisdom  _____ Happiness  _____ Sense of personal validity

Describe how the skill helped or did not help you become more compassionate: __________

List any and all wise things you did this week: ____________________________________________________
Balancing Being Mind with Doing Mind

Due Date: ______ Name: ____________________________ Week Starting: __________

**Everyday Wise Mind practice:** Check off Wise Mind practice exercises each time you do one.

- 1. Wrote out and then read an inspirational writing on mindfulness.
- 2. Set Wise Mind reminders to remind me to practice mindfulness.
- 3. Put written reminders to practice mindfulness in strategic places.
- 4. Made a deliberate effort to bring moment-to-moment awareness to an everyday activity.
- 5. Focused on just “this one moment” when I was overwhelmed, frazzled, or scattered.
- 6. Focused awareness on events in my everyday life.
- 7. Focused awareness on what needs to be done in my everyday life.
- 8. Acted willingly and did what was needed.
- 9. Did 3-minute Wise Mind to slow down “doing mind” in my everyday life.
- 10. Other (describe): ____________________________

Describe one or more situations where you balanced being with doing mind:

__________________________________________________________________________

How effective was the practice in helping you find Wise Mind in your everyday life?

- **Not effective:**
  - I couldn’t do the skill for even 1 minute. I got distracted or quit.
- **Somewhat effective:**
  - I was able to practice Wise Mind and became somewhat centered in my Wise Mind.
- **Very effective:**
  - I became centered in Wise Mind, and was free to do what needed to be done.

1 2 3 4 5

Describe one or more situations where you balanced being with doing mind:

__________________________________________________________________________

How effective was the practice in helping you find Wise Mind in your everyday life?

- **Not effective:**
  - I couldn’t do the skill for even 1 minute. I got distracted or quit.
- **Somewhat effective:**
  - I was able to practice Wise Mind and became somewhat centered in my Wise Mind.
- **Very effective:**
  - I became centered in Wise Mind, and was free to do what needed to be done.

1 2 3 4 5

List any and all wise things you did this week: ____________________________
Mindfulness of Being and Doing Calendar

Due Date: Name: Week Starting: 

Be aware of a moment when you feel frazzled, overwhelmed, or scattered at the time it is happening. Pay attention to your experience at that time. Try to bring your focus back to “just this one moment,” not the next moment and not the past moment. Use the following questions to focus your awareness on the details of the experience as it is happening. Write it down later.

<table>
<thead>
<tr>
<th>What was the experience?</th>
<th>What was the one activity in just one moment that you could bring your attention to?</th>
<th>How did your body feel doing one thing at a time?</th>
<th>Describe your experience of practicing the skill.</th>
<th>What is your experience now, after using the skill?</th>
</tr>
</thead>
<tbody>
<tr>
<td>Example: Feeling overwhelmed at the number of dishes I had to wash before going to bed.</td>
<td>Washing just one dish.</td>
<td>Arms relaxed, hands felt warm and sudsy, back relaxed.</td>
<td>Relief, “Oh, only one dish,” tension flowing out.</td>
<td>This was not so hard, but what about next time? I’ll have to practice this.</td>
</tr>
</tbody>
</table>

Monday:

Tuesday:

Wednesday:

(continued on next page)
<table>
<thead>
<tr>
<th>What was the experience?</th>
<th>What was the one activity in just one moment that you could bring your attention to?</th>
<th>How did your body feel doing one thing at a time?</th>
<th>Describe your experience of practicing the skill.</th>
<th>What is your experience now, after using the skill?</th>
</tr>
</thead>
<tbody>
<tr>
<td>Thursday:</td>
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<td>Friday:</td>
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<td>Saturday:</td>
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<tr>
<td>Sunday:</td>
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</tbody>
</table>

List any and all wise things you did this week: ___________________________________________________________
Mindfulness of Pleasant Events Calendar

Due Date: ________  Name: ___________________________________________ Week Starting: ______

**Be aware of a pleasant event at the time it is happening.** Pay attention to everyday, ordinary events that at the time feel pleasant to you. Try to experience the moment, even if it is only fleeting. Use the following questions to focus your awareness on the details of the experience as it is happening. Write it down later.

<table>
<thead>
<tr>
<th>What was the experience?</th>
<th>Were you aware of the pleasant feelings while the event was happening?</th>
<th>How did your body feel during this experience?</th>
<th>Describe your emotions and thoughts while practicing the skill.</th>
<th>What is your experience now, after using the skill?</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Example:</strong> Seeing a bird while walking around green lake.</td>
<td>Yes.</td>
<td>Lightness across the face, aware of shoulders dropping, uplift of corners of mouth.</td>
<td>Relief, pleasure, “That’s good,” “How lovely (the bird) sings,” “It’s so nice to be outside.”</td>
<td>It was such a small thing but I’m glad I noticed it.</td>
</tr>
</tbody>
</table>

**Monday:**

**Tuesday:**

**Wednesday:**

(continued on next page)
What was the experience? | Were you aware of the pleasant feelings *while* the event was happening? | How did your body feel during this experience? | Describe your emotions and thoughts while practicing the skill. | What is your experience now, after using the skill?

Thursday:  

Friday:  

Saturday:  

Sunday:  

List any and all wise things you did this week: ________________________________________________________________
Mindfulness of Unpleasant Events Calendar

Due Date: __________ Name: ___________________________ Week Starting: __________

**Be aware of an unpleasant event at the time it is happening.** Pay attention to everyday, ordinary events that at the time feel painful or unpleasant to you. Try to experience the moment, even if it is only fleeting. Use the following questions to focus your awareness on the details of the experience as it is happening. Write it down later.

<table>
<thead>
<tr>
<th>What was the experience?</th>
<th>Were you aware of the unpleasant feelings while the event was happening?</th>
<th>How did your body feel during this experience?</th>
<th>Describe your emotions and thoughts while practicing the skill.</th>
<th>What is your experience now, after using the skill?</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Example:</strong> My boyfriend forgot my birthday.</td>
<td>Yes.</td>
<td>Tears just behind my eyes, sinking feeling in stomach, drooping of face and shoulders, tired.</td>
<td>Hurt, sadness, “He doesn’t care enough to remember me,” “Does he really love me?” Wanting to go to sleep until tomorrow.</td>
<td>He is a pretty forgetful guy. Maybe I need to remind him a lot.</td>
</tr>
<tr>
<td>Monday:</td>
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<tr>
<td>Tuesday:</td>
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<td></td>
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<tr>
<td>Wednesday:</td>
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<td></td>
</tr>
</tbody>
</table>

(continued on next page)
**MINDFULNESS WORKSHEET 9**

<table>
<thead>
<tr>
<th>What was the experience?</th>
<th>Were you aware of the unpleasant feelings while the event was happening?</th>
<th>How did your body feel during this experience?</th>
<th>Describe your emotions and thoughts while practicing the skill.</th>
<th>What is your experience now, after using the skill?</th>
</tr>
</thead>
<tbody>
<tr>
<td>Thursday:</td>
<td></td>
<td></td>
<td></td>
<td></td>
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<tr>
<td>Friday:</td>
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<td>Saturday:</td>
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<tr>
<td>Sunday:</td>
<td></td>
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<td></td>
</tr>
</tbody>
</table>

List any and all wise things you did this week: 

________________________________________________________

________________________________________________________
WALKING THE MIDDLE PATH: Check off WISE MIND practice exercises each time you do one.

Worked at balancing:

1. Reasonable mind with emotion mind to get to Wise Mind.
2. Doing mind with being mind to get to Wise Mind.
3. Desire for change of the present moment with radical acceptance to get to Wise Mind.
4. Self-denial with self-indulgence to get to Wise Mind.
5. Other: ____________________________

WALKING THE MIDDLE PATH: Describe one or more situations where you walked the middle path, and tell how you did this:

____________________________________________________________________________________________________________________

How effective was the practice in helping you walk the middle path?

Not effective: I couldn't do the skill for even 1 minute. I got distracted or quit.

Somewhat effective: I was able to practice Wise Mind and became somewhat centered in my Wise Mind.

Very effective: I became centered in Wise Mind, and was free to do what needed to be done.

1 2 3 4 5

WALKING THE MIDDLE PATH: Describe one or more situations where you walked the middle path, and tell how you did this:

____________________________________________________________________________________________________________________

How effective was the practice in helping you walk the middle path?

Not effective: I couldn't do the skill for even 1 minute. I got distracted or quit.

Somewhat effective: I was able to practice Wise Mind and became somewhat centered in my Wise Mind.

Very effective: I became centered in Wise Mind, and was free to do what needed to be done.

1 2 3 4 5

List any and all wise things you did this week: ____________________________________________________________
### Analyzing Yourself on the Middle Path

**Due Date:** _________  
**Name:** ___________________________________________  
**Week Starting:** ____________

1. **Figure out where you are off the middle path, toward one extreme or the other.** For each of the following Wise Mind dilemmas, put an X on the line that represents where you think you are most of the time. If you are fairly balanced, put the X in the middle. If you are out of balance, put the X near the end that you are too extreme on.

   - [ ] Reasonable mind
   - [ ] Emotion mind
   - [ ] Doing mind
   - [ ] Nothing-to-do mind
   - [ ] Intense desire for change of the moment
   - [ ] Radical acceptance of what is
   - [ ] Self-denial
   - [ ] Self-indulgence

2. **Choose one dilemma.** Describe very specifically what you are doing that is too much, and then describe what you do too little of.

   **Too much**
   ____________________________________________
   ____________________________________________
   ____________________________________________

   **Too little**
   ____________________________
   ____________________________
   ____________________________

3. **Check the facts.** Check for interpretations and opinions. Make sure that your list of activities you do too much of or too little of is in fact accurate. Check your own values in Wise Mind: Be sure to work on your middle path, not someone else’s. Also check for **judgments.** Avoid “good,” “bad,” and judgmental language. Rewrite any items above if needed so that they are **factual** and nonjudgmental.

4. **Decide** on one (or at most two) very specific things to do in the next week to get closer to balance.

   **Do less**
   ____________________________
   ____________________________
   ____________________________

   **Do more**
   ____________________________
   ____________________________
   ____________________________

5. **Describe** what you did since last week: ____________________________________________

6. **Rate** how effective the practice was in helping you become more balanced on the middle path. Rate it from 1 (did not help at all) to 5 (very effective, really helped): ____________________________

**List any and all wise things you did this week:** ____________________________________________

---

Walking the Middle Path Calendar

Due Date: ___________ Name: ___________________________ Week Starting: ___________

<table>
<thead>
<tr>
<th>Day</th>
<th>Describe the tension between the:</th>
<th>Describe in detail how you managed the tension between the pulls of the two sides.</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Pull to one side</td>
<td>Pull to opposite side</td>
</tr>
<tr>
<td>Example:</td>
<td>Doing projects around the house</td>
<td>Desperately working on lots of projects to renovate my house.</td>
</tr>
<tr>
<td>Monday:</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Tuesday:</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Wednesday</td>
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(continued on next page)
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<td></td>
</tr>
<tr>
<td>Sunday:</td>
<td></td>
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</tr>
</tbody>
</table>

List any and all wise things you did this week: _______________________________
Interpersonal Effectiveness Worksheets

*Worksheets for Goals and Factors That Interfere*
**INTERPERSONAL EFFECTIVENESS WORKSHEET 1**

(Interpersonal Effectiveness Handout 1)

**Pros and Cons of Using Interpersonal Effectiveness Skills**

Due Date: 
Name: 
Week Starting: 

Use this sheet to figure out the advantages and disadvantages to you of using interpersonal effectiveness skills (i.e., acting skillfully) to get what you want. The idea here is to figure out what is the most effective way for you to get what you want. Remember, this is about your goals, not someone else’s goals.

**Describe the interpersonal situation:**

________________________________________

**Describe your goal in this situation:**

________________________________________

Make a list of the pros and cons of acting skillfully by using interpersonal effectiveness skills.

Make another list of the pros and cons for using power tactics to get what you want.

Make a third list of pros and cons for giving in or acting passively in the situation.

Check the facts to be sure that you are correct in your assessment of advantages and disadvantages.

Write on the back of this sheet if you need more room.

<table>
<thead>
<tr>
<th>PROS</th>
<th>CONS</th>
</tr>
</thead>
<tbody>
<tr>
<td>Using Skills</td>
<td>Demanding, Attacking, Stonewalling</td>
</tr>
<tr>
<td>____________</td>
<td>________________</td>
</tr>
<tr>
<td>____________</td>
<td>________________</td>
</tr>
</tbody>
</table>

Write on the back of this sheet if you need more room.

<table>
<thead>
<tr>
<th>PROS</th>
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</thead>
<tbody>
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<td>Demanding, Attacking, Stonewalling</td>
</tr>
<tr>
<td>____________</td>
<td>________________</td>
</tr>
<tr>
<td>____________</td>
<td>________________</td>
</tr>
</tbody>
</table>

What did you decide to do in this situation? __________________________________________________

Is this the best decision (in Wise Mind)? __________________________________________________

Challenging Myths in the Way of Obtaining Objectives

Challenging Myths in the Way of Objectives Effectiveness

Due Date: __________ Name: _____________________________ Week Starting: __________

For each myth, write down a challenge that makes sense to you.

1. I don’t deserve to get what I want or need.
   
   Challenge: __________________________

2. If I make a request, this will show that I’m a very weak person.
   
   Challenge: __________________________

3. I have to know whether a person is going to say yes before I make a request.
   
   Challenge: __________________________

4. If I ask for something or say no, I can’t stand it if someone gets upset with me.
   
   Challenge: __________________________

5. If they say no, it will kill me.
   
   Challenge: __________________________

6. Making requests is a really pushy (bad, self-centered, selfish, etc.) thing to do.
   
   Challenge: __________________________

7. Saying no to a request is always a selfish thing to do.
   
   Challenge: __________________________

8. I should be willing to sacrifice my own needs for others.
   
   Challenge: __________________________

9. I must be really inadequate if I can’t fix this myself.
   
   Challenge: __________________________

10. Obviously, the problem is just in my head. If I would just think differently, I wouldn’t have to bother everybody else.
    
    Challenge: __________________________

11. If I don’t have what I want or need, it doesn’t make any difference; I don’t care, really.
    
    Challenge: __________________________

12. Skillfulness is a sign of weakness.
    
    Challenge: __________________________

Other myth: __________________________

Other myth: __________________________

(continued on next page)
Challenging Myths in the Way of Relationship and Self-Respect Effectiveness

For each myth, write down a challenge that makes sense to you.

13. I shouldn’t have to ask (say no); they should know what I want (and do it).
   
   **Challenge:**

14. They should have known that their behavior would hurt my feelings; I shouldn’t have to tell them.
   
   **Challenge:**

15. I shouldn’t have to negotiate or work at getting what I want.
   
   **Challenge:**

16. Other people should be willing to do more for my needs.
   
   **Challenge:**

17. Other people should like, approve of, and support me.
   
   **Challenge:**

18. They don’t deserve my being skillful or treating them well.
   
   **Challenge:**

19. Getting what I want when I want it is most important.
   
   **Challenge:**

20. I shouldn’t be fair, kind, courteous, or respectful if others are not so toward me.
   
   **Challenge:**

21. Revenge will feel so good; it will be worth any negative consequences.
   
   **Challenge:**

22. Only wimps have values.
   
   **Challenge:**

23. Everybody lies.
   
   **Challenge:**

24. Getting what I want or need is more important than how I get it; the ends really do justify the means.
   
   **Challenge:**

Other myth: ___________________________  **Challenge:**

Other myth: ___________________________  **Challenge:**

Other myth: ___________________________  **Challenge:**
Worksheets for Obtaining Objectives Skillfully
INTERPERSONAL EFFECTIVENESS WORKSHEET 3
(Interpersonal Effectiveness Handout 4)

Clarifying Priorities in Interpersonal Situations

Due Date: ________ Name: ________________________________ Week Starting: ________

Use this sheet to figure out your goals and priorities in any situation that creates a problem for you. Examples include situations where (1) your rights or wishes are not being respected; (2) you want someone to do or change something or give you something; (3) you want or need to say no or resist pressure to do something; (4) you want to get your position or point of view taken seriously; (5) there is conflict with another person; or (6) you want to improve your relationship with someone.

Observe and describe in writing as close in time to the situation as possible. Write on the back of this sheet if you need more room.

**Prompting event for my problem:** Who did what to whom? What led up to what?
- What is it about this situation that is a problem for me?
- Remember to **check the facts!**

**My wants and desires in this situation:**

**Objectives:** What **specific results** do I want? What do I want this person to do, stop or accept?

**Relationship:** How do I want the other person to feel and think about me **because of how I handle the interaction** (whether or not I get what I want from the other person)?

**Self-Respect:** How do I want to feel or think about myself **because of how I handle the interaction** (whether or not I get what I want from the other person)?

**My priorities in this situation:** Rate priorities 1 (most important), 2 (second most important), or 3 (least important).

- ___Objectives
- ___Relationship
- ___Self-respect

**Imbalances and conflicts in priorities** that make it hard to be effective in this situation:
INTERPERSONAL EFFECTIVENESS WORKSHEET 4

(Interpersonal Effectiveness Handouts 5, 6, 7)

Writing Out Interpersonal Effectiveness Scripts

Due Date: _________ Name: ___________________________ Week Starting: _________

Fill out this sheet before you practice your DEAR MAN, GIVE FAST interpersonal skills. Practice saying your “lines” out loud, and also in your mind. Use the “cope ahead” skills (Emotion Regulation Handout 19). Write on the back of this sheet if you need more room.

PROMPTING EVENT for my problem: Who did what to whom? What led up to what?

OBJECTIVES IN SITUATION (What results I want):

RELATIONSHIP ISSUE (How I want the other person to feel about me):

SELF-RESPECT ISSUE (How I want to feel about myself):

SCRIPT IDEAS for DEAR MAN, GIVE FAST

1. Describe situation.

2. Express feelings/opinions.

3. Assert request (or say no) directly (circle the part you will use later in “broken record” to stay Mindful if you need it).

4. Reinforcing comments to make.

5. Mindful and Appearing confident comments to make (if needed).

6 Negotiating comments to make, plus turn-the-table comments (if needed).

7. Validating comments.

8. Easy manner comments.

Write on the back side all the things you want to avoid doing and saying.
INTERPERSONAL EFFECTIVENESS WORKSHEET 5
(Interpersonal Effectiveness Handouts 5, 6, 7)

Tracking Interpersonal Effectiveness Skills Use

Due Date: __________ Name: ___________________________________________ Week Starting: __________

Fill out this sheet whenever you practice your interpersonal skills and whenever you have an opportunity to practice, even if you don’t (or almost don’t) do anything to practice. Write on the back of this sheet if you need more room.

PROMPTING EVENT for my problem: Who did what to whom? What led up to what?

OBJECTIVES IN SITUATION (What results I want):

RELATIONSHIP ISSUE (How I want the other person to feel about me):

SELF-RESPECT ISSUE (How I want to feel about myself):

My PRIORITIES in this situation: Rate priorities 1 (most important), 2 (second most important), or 3 (least important).

___OBJECTIVES ___RELATIONSHIP ___SELF-RESPECT

Imbalances and CONFLICTS IN PRIORITIES that made it hard to be effective in this situation:

What I SAID OR DID in the situation: (Describe and check below.)

DEAR MAN (Getting what I want):

___ Described situation? _____________________________ ___ Mindful? _____________________________

___ Expressed feelings/opinions? _____________________ ___ Broken record? _________________________

___ Asserted? _____________________________ ___ Ignored attacks? _____________________________

___ Reinforced? _____________________________ ___ Appeared confident? _____________________________

GIVE (Keeping the relationship):

___ Gentle? _____________________________ ___ Interested? _____________________________

___ No threats? _____________________________ ___ Validated? _____________________________

___ No attacks? _____________________________ ___ Easy manner? _____________________________

___ No judgments? _____________________________

FAST (Keeping my respect for myself):

___ Fair? _____________________________ ___ Stuck to values? _____________________________

___ (No) Apologies? _____________________________ ___ Truthful? _____________________________

How effective was the interaction? _____________________________

The Dime Game: Figuring Out How Strongly to Ask or Say No

Due Date: __________  Name: ___________________________  Week Starting: __________

To figure out how strongly to ask for something or how strongly to say no, read the instructions below. Circle the dimes you put in the bank, and then add them up. Then go back over the list and see if some items are much more important than others. Check Wise Mind before acting, if some items are much more important than others.

<table>
<thead>
<tr>
<th>Decide how strongly to ask for something.</th>
<th>Decide how strongly to say no.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Put a dime in the bank for each of the questions that get a yes answer. The more money you have, the stronger you ask. If you have a dollar, then ask very strongly. If you don’t have any money in the bank, then don’t ask; don’t even hint.</td>
<td>Put a dime in the bank for each of the questions that get a no answer. The more money you have, the stronger you say no. If you have a dollar, then say no very strongly. If you don’t have any money in the bank, then do it without even being asked.</td>
</tr>
</tbody>
</table>

- **10¢** Is this person able to give or do what I want? **Capability** Can I give the person what is wanted? 10¢
- **10¢** Is getting my objective more important than my relationship with this person? **Priorities** Is my relationship more important than saying no? 10¢
- **10¢** Will asking help me feel competent and self-respecting? **Self-respect** Will saying no make me feel bad about myself? 10¢
- **10¢** Am I responsible for telling the person what to do? **Authority** Is the other person responsible for telling me what to do? 10¢
- **10¢** Is what I want appropriate for this relationship? (Is it right to ask for what I want?) **Relationship** Is what the person is requesting of me appropriate to my relationship with this person? 10¢
- **10¢** Is asking important to a long-term goal? **Goals** In the long term, will I regret saying no? 10¢
- **10¢** Do I give as much as I get with this person? **Give and take** Do I owe this person a favor? (Does the person do a lot for me?) 10¢
- **10¢** Do I know what I want and have the facts I need to support my request? **Homework** Do I know what I am saying no to? (Is the other person clear about what is being asked for?) 10¢
- **10¢** Is this a good time to ask? (Is the person in the right mood?) **Timing** Should I wait a while before saying no? 10¢

<table>
<thead>
<tr>
<th>Total value of asking</th>
<th>Total value of saying no</th>
</tr>
</thead>
<tbody>
<tr>
<td>$</td>
<td>$</td>
</tr>
</tbody>
</table>

Total value of asking (Adjusted ± _____ for Wise Mind)  
Total value of saying no (Adjusted ± _____ for Wise Mind)  

(continued on next page)
<table>
<thead>
<tr>
<th>ASKING</th>
<th>SAYING NO</th>
</tr>
</thead>
<tbody>
<tr>
<td>Don’t ask; don’t hint.</td>
<td>0–10¢ Do it without being asked.</td>
</tr>
<tr>
<td>Hint indirectly; take no.</td>
<td>20¢ Don’t complain; do it cheerfully.</td>
</tr>
<tr>
<td>Hint openly; take no.</td>
<td>30¢ Do it, even if you’re not cheerful about it.</td>
</tr>
<tr>
<td>Ask tentatively; take no.</td>
<td>40¢ Do it, but show that you’d rather not.</td>
</tr>
<tr>
<td>Ask gracefully, but take no.</td>
<td>50¢ Say you’d rather not, but do it gracefully.</td>
</tr>
<tr>
<td>Ask confidently; take no.</td>
<td>60¢ Say no firmly, but reconsider.</td>
</tr>
<tr>
<td>Ask confidently; resist no.</td>
<td>70¢ Say no confidently; resist saying yes.</td>
</tr>
<tr>
<td>Ask firmly; resist no.</td>
<td>80¢ Say no firmly; resist saying yes.</td>
</tr>
<tr>
<td>Ask firmly; insist; negotiate; keep trying.</td>
<td>90¢ Say no firmly; resist; negotiate.</td>
</tr>
<tr>
<td>Don’t take no for an answer.</td>
<td>$1.00 Don’t do it.</td>
</tr>
</tbody>
</table>
Troubleshooting Interpersonal Effectiveness Skills

Due Date: _______ Name: _____________________________ Week Starting: _______

Fill out this sheet whenever you practice your interpersonal skills and whenever you have an opportunity to practice, even if you don’t (or almost don’t) do anything to practice. Write on the back of this sheet if you need more room.

Do I have the skills I need? Check out the instructions.

1. Review what has already been tried.
   • Do I know how to be skillful in getting what I want?
   • Do I know how to say what I want to say?
   • Did I follow the skill instructions to the letter?

   ❏ Not sure:
   ❑ Wrote out what I wanted to say first.
   ❑ Reread the instructions.
   ❑ Got coaching from someone I trust.
   ❑ Practiced with a friend or in front of a mirror.
   
   Did it work the next time? ❑ Yes (Fabulous) ❑ No (Continue) ❑ Didn’t try again

   ❏ Yes:

Do I know what I really want in this interaction?

2. Ask:
   • Am I undecided about what I really want in this interaction?
   • Am I ambivalent about my priorities?
   • Am I having trouble balancing:
     • Asking for too much versus not asking for anything?
     • Saying no to everything versus giving in to everything?
     • Is fear or shame getting in the way of knowing what I really want?

   ❏ Not sure:
   ❑ Did pros and cons to compare different objectives.
   ❑ Used emotion regulation skills to reduce fear and shame.

   Did this help? ❑ Yes (Fabulous) ❑ No (Continue) ❑ Didn’t try again

   ❏ Yes:

Are my short-term goals getting in the way of my long-term goals?

3. Ask:
   • Is “now, now, now” winning out over getting what I really want?
   • Is emotion mind controlling what I say and do instead of Wise Mind?

   ❏ Yes:
   ❑ Did a pros and cons comparing short-term to long-term goals.
   ❑ Waited until another time when I’m not in emotion mind.

   Did this help? ❑ Yes (Fabulous) ❑ No (Continue) ❑ Didn’t try again

   ❏ No:

(continued on next page)
Are my emotions getting in the way of using my skills?

4 Ask:
• Do I get too upset to use my skills?
• Are my emotions so high that I am over my skills breakdown point?

☐ Yes:
  ☐ Tried TIP skills.
  ☐ Used self-soothing crisis survival skills before the interaction to get myself calm.
  ☐ Did mindfulness of current emotions (Emotion Regulation Handout 22).
  ☐ Refocused attention completely on the present objective.

  Did this help?  ☐ Yes (Fabulous)  ☐ No (Continue)  ☐ Didn’t try again

☐ No:

Are worries, assumptions, and myths getting in my way?

5 Ask:
• Are thoughts about bad consequences blocking my action?
  “They won’t like me,” “She will think I am stupid.”
• Are thoughts about whether I deserve to get what I want in my way?
  “I am such a bad person I don’t deserve this.”
• Am I calling myself names that stop me from doing anything?
  “I won’t do it right,” “I’ll probably fall apart,” “I’m so stupid.”
• Am I believing myths about interpersonal effectiveness?
  “If I make a request, this will show that I am a very weak person,” “Only wimps have values.”

☐ Yes:
  ☐ Challenged myths.
  ☐ Checked the facts.
  ☐ Did opposite action all the way.

  Did this help?  ☐ Yes (Fabulous)  ☐ No (Continue)  ☐ Didn’t try again

☐ No:

Is the environment more powerful than my skills?

6 Ask:
• Are the people who have what I want or need more powerful than I am?
• Are the people commanding me powerful and in control?
  • Will others be threatened if I get what I want?
  • Do others have reasons for not liking me if I get what I want?

☐ Yes:
  ☐ Tried problem solving.
  ☐ Found a powerful ally.
  ☐ Practiced radical acceptance.

  Did this help?  ☐ Yes (Fabulous)  ☐ No (Continue)  ☐ Didn’t try again

☐ No:
Worksheets for Building Relationships and Ending Destructive Ones
INTERPERSONAL EFFECTIVENESS WORKSHEET 8
(Interpersonal Effectiveness Handout 11)

Finding and Getting People to Like You

Due Date: ________  Name: ___________________________  Week Starting: ________

Fill out this sheet whenever you practice finding friends and whenever you have an opportunity to
practice, even if you don’t (or almost don’t) do anything to practice. Write on the back of this sheet
if you need more room.

List two ways you could (or do) make casual but regular contact with people.
1. ________________________________________________
2. ________________________________________________

List two ways you could find (or have found) people whose attitudes are similar to yours.
1. ________________________________________________
2. ________________________________________________

List two ways you could get in conversations (or have been in them) where you could ask a question,
give an answer, give a compliment, or express liking to others.
1. ________________________________________________
2. ________________________________________________

List times you have been near a group conversation you could practice joining (or how you could
find one).
1. ________________________________________________
2. ________________________________________________

Check the facts and be sure you have listed all of your opportunities to find potential friends. Add
more ideas if necessary or ask your current friends or family for ideas.

Describe one thing you have done to make a new friend and get someone to like you.

_____________________________________________________________________________________

Check off and describe each skill that you used.

____ Proximity  ____ Similarity  ____ Conversation skills  ____ Expressed liking

_____________________________________________________________________________________

Describe any efforts you made to join a conversational group.
_____________________________________________________________________________________

Describe any efforts you made to use your conversation skills with others.
_____________________________________________________________________________________

How effective was the interaction?
_____________________________________________________________________________________

Mindfulness of Others

Due Date: __________ Name: ___________________________ Week Starting: __________

Fill out this sheet whenever you practice mindfulness of others and whenever you have an opportunity to practice even if you don’t (or almost don’t) do anything to practice. Write on the back of this sheet if you need more room.

Check off any of the following that you practiced:

- Paid attention with interest and curiosity to others around me.
- Let go of a focus on myself, and focused on the people I was with.
- Noticed judgmental thoughts about others and let them go.
- Stayed in the present (instead of planning what I would say next) and listened.
- Put my entire attention on the other person and did not multitask.
- Gave up clinging to being right.
- Other: ________________________________________________

- Described in a matter-of-fact way what I observed.
- Replaced judgmental descriptions with descriptive words.
- Described what I observed, instead of making assumptions and interpretations of others.
- Avoided questioning others’ motives.
- Other: ________________________________________________

- Threw myself into interactions with others.
- Went with the flow, rather than trying to control everything.
- Became one with the conversation I was in.
- Other: ________________________________________________

Describe a situation where you practiced mindfulness of others in the last week. __________

Who was the person you were with? ____________________________________________

How exactly did you practice mindfulness? ________________________________________

What was the outcome? ________________________________________________________

How did you feel afterward? ____________________________________________________

Did being mindful make a difference? If so, what? ________________________________
Ending Relationships

Due Date: __________ Name: ___________________________ Week Starting: __________

Fill out this sheet to outline how to end an unwanted relationship when the relationship is not abusive. If it is abusive, first call a local domestic violence hotline or the National Domestic Violence Hotline (1-800-799-7233). Write on the back of this sheet if you need more room.

Relationship problem: Describe how the relationship is destructive or interfering with your life.

List Wise Mind pros and cons for ending the relationship.
Pros: __________________________________________

Cons: __________________________________________

Script Ideas for DEAR MAN, GIVE FAST to End a Relationship

1. Describe the relationship situation, or the problem that is the core reason you want to end the relationship.

2. Express feelings/opinions about why the relationship needs to end for you.

3. Assert in your decision to end the relationship directly (circle the part you will use later in "broken record" to stay mindful if you need it).

4. Reinforcing comments to make about positive outcomes for both of you once the relationship is ended.

(continued on next page)
5. **Mindful and Appearing confident** comments to make about how and when to end (if needed).

6. **Negotiating** comments to make, plus **turn-the-table** comments to avoid getting off track and responding to insults or diversions (if needed).

7. **Validating** comments about the other person's wishes, feelings, or history of the relationship.

8. **Easy manner** comments.

9. **Fair** comments.

---

Check off **opposite actions for love** you have been doing:

- ☐ 1. Reminded myself why love is not justified.
- ☐ 2. Did the opposite of loving urges.
- ☐ 3. Avoided contact with reminders of loved one.
- ☐ 4. Other: ____________________________________________________________
Worksheets for Walking the Middle Path
INTERPERSONAL EFFECTIVENESS WORKSHEET 11

(Interpersonal Effectiveness Handouts 15, 16)

Practicing Dialectics

Due Date: ______ Name: ________________________________ Week Starting: ______

Describe two situations that prompted you to practice dialectics.

SITUATION 1

**Situation (who, what, when, where):**

- Looked at both sides
- Stayed aware of my connection
- Embraced change
- Remembered that I affect others and others affect me

At left, check the skills you used, and describe here.

Describe experience of using the skill:

Check if practicing this dialectical skill has influenced any of the following, *even a little bit:*

- Reduced suffering
- Increased happiness
- Reduced friction with others
- Decreased reactivity
- Increased wisdom
- Improved relationship
- Increased connection
- Increased sense of personal validity
- Other outcome:

SITUATION 2

**Situation (who, what, when, where):**

- Looked at both sides
- Stayed aware of my connection
- Embraced change
- Remembered that I affect others and others affect me

At left, check the skills you used, and describe here.

Describe experience of using the skill:

Check if practicing this dialectical skill has influenced any of the following, *even a little bit:*

- Reduced suffering
- Increased happiness
- Reduced friction with others
- Decreased reactivity
- Increased wisdom
- Improved relationship
- Increased connection
- Increased sense of personal validity
- Other outcome:

INTERPERSONAL EFFECTIVENESS WORKSHEET 11A

(Interpersonal Effectiveness Handouts 15, 16)

Dialectics Checklist

Due Date: __________ Name: ___________________________ Week Starting: __________

Everyday dialectical practice: Check off dialectical practice exercises each time you do one. For each skill you practice, give it a rating to indicate how effective that skill was in helping you reach your personal and interpersonal goals. Rate from a low of 1 (not at all effective) to a high of 5 (very effective).

Looked at both sides:

☐ 1. Asked Wise Mind: “What am I missing?”
☐ 2. Looked for the kernel of truth in another person’s side.
☐ 3. Stayed away from extremes (such as “always” or “never”), and instead thought or said: ________________________________

☐ 4. Balanced opposites in my life:
   ☐ Validated both myself and a person I disagreed with
   ☐ Accepted reality and tried to change it
   ☐ Stayed attached and also let go
   ☐ Other (describe): ________________________________

☐ 5. Made lemonade out of lemons (describe): ________________________________

☐ 6. Embraced confusion (describe): ________________________________

☐ 7. Played devil’s advocate by arguing both my side and also the other side
   (describe): ________________________________

☐ 8. Used a metaphor or story to describe my own point of view (describe): ________________________________

☐ 9. Did 3-minute Wise Mind to slow down “doing mind” in my everyday life.

☐ 10. Other (describe): ________________________________

Stayed aware of my connection:

☐ 11. Treated others as I want to be treated (describe): ________________________________

☐ 12. Looked for similarities between myself and others (describe): ________________________________

☐ 13. Noticed the physical connections between all things (describe): ________________________________

☐ 14. Other (describe): ________________________________

Embraced change:

☐ 15. Practiced radical acceptance of change (describe): ________________________________

☐ 16. Purposely made changes in small ways to get used to change (describe): ________________________________

☐ 17. Other (describe): ________________________________

Remembered that change is transactional:

☐ 18. Paid attention to my effect on others (describe): ________________________________

☐ 19. Paid attention to effect of others on me (describe): ________________________________

☐ 20. Practiced letting go of blame (describe): ________________________________

☐ 21. Reminded myself that all things, including all behaviors, are caused

☐ 22. Other (describe): ________________________________
### Noticing When You’re Not Dialectical

**Due Date:** __________  **Name:** ____________________________  **Week Starting:** __________

Identify a time this week when you *did not use* your dialectical skills. Briefly describe the situation (who, what, when).

#### SITUATION 1

**Situation (who, what, when, where):**

<table>
<thead>
<tr>
<th>Looked at both sides</th>
<th>At left, check the skills you needed but did not use, and describe here the experience of not using the skill.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Stayed aware of my connection</td>
<td></td>
</tr>
<tr>
<td>Embraced change</td>
<td></td>
</tr>
<tr>
<td>Remembered that I affect others and others affect me</td>
<td></td>
</tr>
</tbody>
</table>

What would you do differently next time?

Check if *not* practicing dialectical skills has influenced any of the following, *even a little bit*:

- [ ] Increased suffering
- [ ] Decreased happiness
- [ ] Increased friction with others
- [ ] Increased reactivity
- [ ] Decreased wisdom
- [ ] Harmed relationship
- [ ] Decreased connection
- [ ] Other outcome: ____________________________________________________________________________

#### SITUATION 2

**Situation (who, what, when, where):**

<table>
<thead>
<tr>
<th>Looked at both sides</th>
<th>At left, check the skills you needed but did not use, and describe here the experience of not using the skill.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Stayed aware of my connection</td>
<td></td>
</tr>
<tr>
<td>Embraced change</td>
<td></td>
</tr>
<tr>
<td>Remembered that I affect others and others affect me</td>
<td></td>
</tr>
</tbody>
</table>

What would you do differently next time?

Check if *not* practicing dialectical skills has influenced any of the following, *even a little bit*:

- [ ] Increased suffering
- [ ] Decreased happiness
- [ ] Increased friction with others
- [ ] Increased reactivity
- [ ] Decreased wisdom
- [ ] Harmed relationship
- [ ] Decreased connection
- [ ] Other outcome: ____________________________________________________________________________

---

Validating Others

Fill out this sheet whenever you practice your validation skills and whenever you have an opportunity to practice even if you don’t (or almost don’t) do anything to practice. Write on the back of this sheet if you need more room.

Check off types of validation that you practiced (on purpose) with others:

- 1. Paid attention.
- 2. Reflected back what was said or done, remaining open to correction.
- 3. Was sensitive to what was unsaid.
- 4. Expressed how what was felt, done, or said made sense, given the causes.
- 5. Acknowledged and acted on what was valid.
- 6. Acted authentically and as an equal.

List one invalidating and two validating statements made to others.
1. 
2. 
3. 

Describe a situation where you were nonjudgmental of someone in the past week.

Describe a situation where you used validation in the past week.

Who was the person you validated?

What exactly did you do or say to validate the person?

What was the outcome?

How did you feel afterward?

Would you say or do something differently next time? If so, what?
Self-Validation and Self-Respect

Due Date: ______ Name: ___________________________ Week Starting: ______

Fill out this sheet whenever you practice your self-validation skills and whenever you have an opportunity to practice even if you don’t (or almost don’t) do anything to practice. Write on the back of this sheet if you need more room.

List one self-invalidating and two self-validating statements you made.
1. ____________________________________________________________
2. ____________________________________________________________
3. ____________________________________________________________

Describe a situation where you felt invalidated in the past week: ____________________________

Check each strategy you used during the week:

☐ Checked all the facts to see if my responses are valid or invalid.
☐ Checked it out with someone I could trust to validate the valid.
☐ Acknowledged when my responses didn’t make sense and were not valid.
☐ Worked to change invalid thinking, comments, or actions. (Stopped blaming.)
☐ Dropped judgmental self-statements. (Practiced opposite action.)
☐ Reminded myself that all behavior is caused and that I am doing my best.
☐ Was compassionate toward myself. Practiced self-soothing.
☐ Admitted that it hurts to be invalidated by others, even if they are right.
☐ Acknowledged when my reactions make sense and are valid in a situation.
☐ Remembered that being invalidated, even when my response is actually valid, is rarely a complete catastrophe.
☐ Described my experiences and actions in a supportive environment.
☐ Grieved traumatic invalidation in my life and the harm it has created.
☐ Practiced radical acceptance of the invalidating person(s) in my life.

☐ What was the outcome? ____________________________

________________________
________________________
INTERPERSONAL EFFECTIVENESS WORKSHEET 14

(Interpersonal Effectiveness Handouts 20, 22)

Changing Behavior with Reinforcement

Due Date: __________  Name: ______________________________  Week Starting: __________

Fill out this sheet whenever you try to increase your own or someone else’s behavior with reinforce-
ment. Look for opportunities (since they occur all the time) to reinforce behavior. Write on the back
of this sheet if you need more room.

1. In advance, identify the behavior you want to increase and the reinforcer you will use.
   a. For yourself:
      Behavior to increase:__________________________________________
      Reinforcer: ___________________________________________________
   b. For someone else:
      Behavior to increase:__________________________________________
      Reinforcer: ___________________________________________________

2. Describe the situation(s) where you used reinforcement.
   a. For yourself: _________________________________________________
   b. For someone else: ____________________________________________

3. What was the outcome? What did you observe?
   a. For yourself: _________________________________________________
      ___________________________________________________________
      ___________________________________________________________
   b. For someone else: ____________________________________________
      ___________________________________________________________
      ___________________________________________________________

4. How did you feel afterward? _____________________________________
   ______________________________________________________________

5. Would you say or do something differently next time? If so, what? ____________________________
   ______________________________________________________________
Changing Behavior by Extinguishing or Punishing It

Due Date: __________  Name: ______________________________  Week Starting: __________

Fill out this sheet whenever you try to increase your own or someone else’s behavior with reinforcement. Look for opportunities (since they occur all the time) to reinforce behavior. Write on the back of this sheet if you need more room.

1. In advance, identify the behavior you want to decrease, and decide whether you will extinguish it by eliminating a reinforcer or stop it with punishment. (Skip the one you are not using.)
   
   If you are using punishment, identify the consequence. Also decide the new alternative behavior to reinforce, and the reinforcer to use to increase it to replace the behavior you are decreasing.
   
   a. For yourself:
      
      Behavior to decrease: ______________________________
      
      Reinforcer to remove: ______________________________
      
      Punishing consequence to add: ______________________________
      
      New behavior and reinforcer: ______________________________
      
   b. For someone else:
      
      Behavior to decrease: ______________________________
      
      Reinforcer to remove: ______________________________
      
      Punishing consequence to add: ______________________________
      
      New behavior and reinforcer: ______________________________

2. Describe the situation(s) where you used extinction or punishment. (Circle which you use.)
   
   a. For yourself: ______________________________
   
   b. For someone else: ______________________________

3. What was the outcome? What did you observe?
   
   a. For yourself: ______________________________
   
      ______________________________
   
   b. For someone else: ______________________________
   
      ______________________________

4. How did you feel afterward? ______________________________

5. Would you do something differently next time? If so, what? ______________________________

Emotion Regulation
Worksheets
EMOTION REGULATION WORKSHEET 1
(Emotion Regulation Handout 1)

Pros and Cons of Changing Emotions

Due Date: ______ Name: ___________________________ Week Starting: ______

EMOTION NAME: ____________________ INTENSITY (0–100) Before: ____ After: ____

Fill this worksheet out when you are experiencing difficulties with:

- Trying to decide whether to work on changing ineffective emotions.
- Feeling willful/saying no to letting go of emotion mind.
- Deciding whether to work on reducing your emotional reactions to specific events.
- Feeling threatened whenever you think of letting go of emotions.
- Not in the mood for being effective.

When filling out this worksheet, think about these questions:

- Is living in emotion mind in your best interest (i.e., effective) or not in your best interest (i.e., ineffective)?
- Will refusing to regulate your own emotions create a new problem for you?
- Is reducing immediate high emotions likely to increase your freedom or decrease it?
- Is being attached to your emotions about a situation useful or not?
- Is working to reduce your emotion really too much work?

Make a list of the pros and cons of changing the emotion you are having difficulty with.

Make another list of the pros and cons of not changing your emotion.

<table>
<thead>
<tr>
<th>Pros</th>
<th>Cons</th>
</tr>
</thead>
<tbody>
<tr>
<td>Stay in emotion mind, acting emotionally</td>
<td>Regulate emotions and emotion actions</td>
</tr>
<tr>
<td>___________________________</td>
<td>___________________________</td>
</tr>
<tr>
<td>___________________________</td>
<td>___________________________</td>
</tr>
<tr>
<td>___________________________</td>
<td>___________________________</td>
</tr>
<tr>
<td>Stay in emotion mind, acting emotionally</td>
<td>Regulate emotions and emotion actions</td>
</tr>
<tr>
<td>___________________________</td>
<td>___________________________</td>
</tr>
<tr>
<td>___________________________</td>
<td>___________________________</td>
</tr>
</tbody>
</table>

What did you decide to do about your emotion? ___________________________

Is this the best decision (in Wise Mind)? ___________________________
Worksheets for Understanding and Naming Emotions
EMOTION REGULATION WORKSHEET 2
(Emotion Regulation Handout 3)

Figuring Out What My Emotions Are Doing for Me

Due Date: ________ Name: ___________________________ Week Starting: ________

Select a current or recent emotional reaction and fill out as much of this sheet as you can. If the prompting event for the emotion you are working on is another emotion that occurred first (for example, feeling afraid prompted getting angry at yourself), then fill out a second worksheet for that first emotion. Write on the back of the sheet if you need more room. Remember to use your describe skills for each question.

EMOTION NAME: ___________________________________________ INTENSITY (0–100): ____

Describe Prompting Event

What happened to prompt this emotion?

Describe Motivation to Action

What action was my emotion motivating and preparing me to do? (Was there a problem my emotion was getting me to solve, overcome, or avoid?) What function or goal did my emotion serve?

Describe Communication to Others

What was my facial expression? Posture? Gestures? Words? Actions?

What message did my emotion send to others (even if I didn’t intend to send the message)?

How did my emotion influence others (even if I didn’t intend to influence them)? What did others do or say as a result of my emotional expression or actions?

Describe Communication to Myself

What did my emotion say to me?

What facts could I check out to be sure the message my emotions were sending to me was correct?

What facts did I check out?

EMOTION REGULATION WORKSHEET 2A
(Emotion Regulation Handout 3)

Example: Figuring Out What My Emotions Are Doing for Me

Due Date: __________  Name: ________________________________  Week Starting: __________

Select a current or recent emotional reaction and fill out as much of this sheet as you can. If the prompting event for the emotion you are working on is another emotion that occurred first (for example, feeling afraid prompted getting angry at yourself), then fill out a second worksheet for that first emotion. Use the back of the sheet if necessary. Use describe skills for each question.

EMOTION NAME:  Shame and Guilt  INTENSITY (0–100):  80

Prompting Event
What happened to prompt this emotion?
   I left my roommate’s pot on the burner and forgot about it. I destroyed it. I then threw the pot away without telling my roommate.

Motivation to Action
What action was my emotion motivating and preparing me to do? (Was there a problem my emotion was getting me to solve, overcome, or avoid?) What function or goal did my emotion serve?
   My emotion was motivating me to shrink away from my friend, to hide myself. It’s possible that the function was to get me to change that behavior. The emotion was also functioning to get me to try to hide that I destroyed the pot.
   To influence my friend to stop being mad at me.

Communication to Others
What was my facial expression? Posture? Gestures? Words? Actions?
   My eyes were looking down. My lips were turned down. I was slouched slightly and turned slightly away from my friend. I did not say anything. I put my hands on my forehead.

What message did my emotion send to others (even if I didn’t intend to send the message)?
   I think my friend realized that I felt bad.

How did my emotion influence others (even if I didn’t intend to influence them)? What did others do or say as a result of my emotional expression or actions?
   My friend tried to get me to talk. I think it influenced her to stop yelling at me and be more kind.

Communication to Myself
What did my emotion say to me?
   It was wrong to do what I did. I feel badly about it because I disappointed my friend. I have really messed this up and now she will never trust or like me.

What facts could I check out to be sure the message my emotions were sending to me was correct?
   I could ask myself if what I did would get me kicked out of my house/friendship. I could try to figure out if what I did crossed my own wise/clear mind, moral code, values. I could ask her:
      Have I destroyed the relationship? Is she going to kick me out? Stop spending time with me? I could also ask what I can do that would help her to trust me again.

What facts did I check out?
   I felt bad about burning the pot—but it wasn’t a moral code or values issue yet until I tried to hide that I had done it. That behavior did go against my Wise Mind. I asked my roommate if she hated me now and she said no. I asked if there was anything I could do to fix the situation, and she asked me to buy a new pot, and I did.

EMOTION REGULATION WORKSHEET 2B
(Emotion Regulation Handout 3)

**Emotion Diary**

Name: ___________________________ Week Starting: _____________

Record an emotion (either the strongest emotion of the day, the longest-lasting one, or the one that was the most painful or gave you the most trouble). Analyze that emotion. Fill out an Observing and Describing Emotions worksheet (Emotion Regulation Worksheet 4 or 4a) if necessary, plus this diary sheet.

<table>
<thead>
<tr>
<th>Emotions</th>
<th>Motivate</th>
<th>Communicate to others</th>
<th>Communicate to me</th>
</tr>
</thead>
<tbody>
<tr>
<td>Emotion name</td>
<td>What did my emotion motivate me to do (i.e., what goal did my emotion serve)?</td>
<td>How was my emotion expressed to others (my nonverbal appearance, my words, my actions)?</td>
<td>What message did my emotion express to others?</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

EMOTION REGULATION WORKSHEET 2C
(Emotion Regulation Handout 3)

Example: Emotion Diary

Due Date: __________ Name: ____________________________ Week Starting: __________

Record an emotion (either the strongest emotion of the day, the longest-lasting one, or the one that was the most painful or gave you the most trouble). Analyze that emotion. Fill out an Observing and Describing Emotions worksheet (Emotion Regulation Worksheet 4 or 4a) if necessary, plus this diary sheet.

<table>
<thead>
<tr>
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<th>Motivate</th>
<th>Communicate to others</th>
<th>Communicate to me</th>
</tr>
</thead>
<tbody>
<tr>
<td>Emotion name</td>
<td>What did my emotion motivate me to do (i.e., what goal did my emotion serve)?</td>
<td>How was my emotion expressed to others (my nonverbal appearance, my words, my actions)?</td>
<td>What message did my emotion express to others?</td>
</tr>
<tr>
<td>Fear/ anxiety</td>
<td>Not to go to skills training group.</td>
<td>I did not go to group.</td>
<td>That group was not important to me.</td>
</tr>
<tr>
<td></td>
<td></td>
<td>I did not go to group.</td>
<td>That group was not important to me.</td>
</tr>
<tr>
<td>Shame</td>
<td>To keep to myself, to not draw attention to myself.</td>
<td>I didn’t make much eye contact, I didn’t say much or initiate conversation, or do anything to attract attention.</td>
<td>There are several possibilities:</td>
</tr>
<tr>
<td></td>
<td></td>
<td>I didn’t make much eye contact, I didn’t say much or initiate conversation, or do anything to attract attention.</td>
<td>(1) I want to be left alone. (2) I am feeling bad.</td>
</tr>
<tr>
<td>Sadness</td>
<td>Withdraw. Isolate. Cry.</td>
<td>My expression was downcast. My mouth turned down.</td>
<td>That I was sad.</td>
</tr>
</tbody>
</table>
Myths about Emotions

Due Date: __________ Name: ___________________________ Week Starting: __________

For each myth, write down a challenge that makes sense to you. Although the one already written may make a lot of sense, try to come up with another one or rewrite the one there in your own words.

1. There is a right way to feel in every situation.
   Challenge: Every person responds differently to a situation. There is no correct or right way.
   My challenge: __________________________________________________________________________

2. Letting others know that I am feeling bad is a weakness.
   Challenge: Letting others know that I am feeling bad is a healthy form of communication.
   My challenge: __________________________________________________________________________

3. Negative feelings are bad and destructive.
   Challenge: Negative feelings are natural responses. They help me to create a better understanding of the situation.
   My challenge: __________________________________________________________________________

4. Being emotional means being out of control.
   Challenge: Being emotional means being a normal human being.
   My challenge: __________________________________________________________________________

5. Some emotions are stupid.
   Challenge: Every emotion indicates how I am feeling in a certain situation. All emotions are useful to help me understand what I am experiencing.
   My challenge: __________________________________________________________________________

6. All painful emotions are a result of a bad attitude.
   Challenge: All painful emotions are natural responses to something.
   My challenge: __________________________________________________________________________

7. If others don’t approve of my feelings, I obviously shouldn’t feel the way I do.
   Challenge: I have every right to feel the way I do, regardless of what other people think.
   My challenge: __________________________________________________________________________

8. Other people are the best judges of how I am feeling.
   Challenge: I am the best judge of how I feel. Other people can only guess how I feel.
   My challenge: __________________________________________________________________________

9. Painful emotions are not important and should be ignored.
   Challenge: Painful emotions can be warning signs telling me that a situation I am in is not good.
   My challenge: __________________________________________________________________________

10. Extreme emotions get you a lot further than trying to regulate your emotions.
    Challenge: Extreme emotions can often cause trouble for me and for other people. If an emotion is not effective, emotion regulation is a good idea.
    My challenge: __________________________________________________________________________
11. Creativity requires intense, often out-of-control emotions.  
   *Challenge: I can be in control of my emotions and be creative.*  
   *My challenge:*  

12. Drama is cool.  
   *Challenge: I can be dramatic and regulate my emotions.*  
   *My challenge:*  

13. It is inauthentic to try to change my emotions.  
   *Challenge: Change is itself authentic; it is part of life.*  
   *My challenge:*  

14. Emotional truth is what counts, not factual truth.  
   *Challenge: Both emotional feeling and facts matter.*  
   *My challenge:*  

15. People should do whatever they feel like doing.  
   *Challenge: Doing what I feel like doing can be ineffective.*  
   *My challenge:*  

16. Acting on your emotions is the mark of a truly free individual.  
   *Challenge: The truly free person can regulate emotions.*  
   *My challenge:*  

17. My emotions are who I am.  
   *Challenge: Emotions are partly but not completely who I am.*  
   *My challenge:*  

18. My emotions are why people love me.  
   *Challenge: People will still love me if I regulate my emotions.*  
   *My challenge:*  

19. Emotions can just happen for no reason.  
   *Challenge: All things in the universe are caused.*  
   *My challenge:*  

20. Emotions should always be trusted.  
   *Challenge: Emotions should sometimes be trusted.*  
   *My challenge:*  

21. Other myth:  
   *Challenge:*  
   *My challenge:*
EMOTION REGULATION WORKSHEET 4
(Emotion Regulation Handouts 5, 6)

Observing and Describing Emotions

Due Date: __________ Name: __________________________ Week Starting: __________

Select a current or recent emotional reaction, and fill out as much of this sheet as you can. If the prompting event for the emotion you are working on is another emotion that occurred first (e.g., fear prompted anger at yourself), then fill out a second worksheet for the first emotion. Use Emotion Regulation Handout 6 for ideas. Write on the back of this sheet if you need more room.

Vulnerability Factors: What happened before to make me vulnerable to the prompting event? Tell the story up to the event.

__________________________

Prompting Event: What set off the emotion? What happened in the few minutes right before the emotion started? Just the facts!

__________________________

Interpretation of Event: Thoughts, beliefs, assumptions, appraisals?

__________________________

Biological Changes
Face and Body Changes and Experiences:
What am I or was I feeling in my face and body?

__________________________

Action Urges
What do I or did I feel like doing? What do I or did I want to say?

__________________________

Expressions
Face and Body Language:
What is or was my facial expression? Posture? Gestures?

__________________________

Expression with Words:
What I SAID

__________________________

Actions: What I DID

__________________________

Emotion Name:

__________________________

Intensity (0–100)

________

Observing and Describing Emotions

Due Date: ______  Name: ___________________________  Week Starting: ______

Select a current or recent emotional reaction, and fill out as much of this sheet as you can. If the prompting event for the emotion you are working on is another emotion that occurred first (e.g., fear prompted anger at yourself), then fill out a second worksheet for the first emotion. Use Emotion Regulation Handout 6 for ideas. Write on the back of this sheet if you need more room.

**EMOTION NAME:** ___________________________________________  **INTENSITY (0–100):** _____

**PROMPTING EVENT** for my emotion (who, what, when, where): What set off the emotion?

__________________________________________________________

**VULNERABILITY FACTORS:** What happened before that made me vulnerable to the prompting event?

__________________________________________________________

**INTERPRETATIONS** (beliefs, assumptions, appraisals) of the situation:

__________________________________________________________

**FACE and BODY CHANGES and EXPERIENCES:** What was I feeling in my face and body?

__________________________________________________________

**ACTION URGES:** What did I feel like doing? What did I want to say?

__________________________________________________________

**FACE and BODY LANGUAGE:** What was my facial expression? Posture? Gestures?

__________________________________________________________

What I SAID in the situation (be specific):

__________________________________________________________

What I DID in the situation (be specific):

__________________________________________________________

What AFTEREFFECTS did the emotion have on me (my state of mind, other emotions, behavior, thoughts, memory, body, etc.)?

__________________________________________________________
Worksheets for Changing Emotional Responses
Check the Facts

Due Date: __________ Name: ____________________________ Week Starting: __________

It is hard to problem-solve an emotional situation if you don’t have your facts straight. You must know what the problem is before you can solve it. This worksheet helps you figure out whether it is the event that is causing your emotion, your interpretation of the event, or both. Use your mindfulness skills of observing and describing. Observe the facts, and then describe the facts you have observed.

Step 1
Ask: What emotion do I want to change?

EMOTION NAME: ___________________ INTENSITY (0–100) Before: ___ After: ___

Step 2
Ask: What is the PROMPTING EVENT for my emotional reaction?

DESCRIBE THE PROMPTING EVENT: What happened that led you to have this emotion? Who did what to whom? What led up to what? What is it about this event that is a problem for you? Be very specific in your answers.

CHECK THE FACTS!

Look for extremes and judgments in the way you are describing the prompting event.

REWRITE the facts, if necessary, to be more accurate.

Facts ➔

Step 3
Ask: What are my INTERPRETATIONS (thoughts, beliefs, etc.) about the facts? What am I assuming? Am I adding my own interpretations to the description of the prompting event?

CHECK THE FACTS!

List as many other possible interpretations of the facts as you can.

REWRITE the facts, if necessary. Try to check the accuracy of your interpretations. If you can’t check the facts, write out a likely or a useful (i.e., effective) interpretation.

Facts ➔

(continued on next page)
Step 4

Ask: Am I assuming a THREAT? What is the THREAT? What about this event or situation is threatening to me? What worrisome consequences or outcomes am I expecting?

________________________________________

________________________________________

CHECK THE FACTS!

List as many other possible outcomes as you can, given the facts.

________________________________________

________________________________________

REWRITE the facts if needed. Try to check the accuracy of your expectations. If you can’t check out probable outcomes, write out a likely noncatastrophic outcome to expect.

________________________________________

Step 5

Ask: What’s the CATASTROPHE, even if the outcome I am worrying about does occur? Describe in detail the worst outcome I can reasonably expect.

________________________________________

________________________________________

DESCRIBE WAYS TO COPE if the worst does happen.

________________________________________

________________________________________

Step 6

ASK: Does my emotion (or its intensity or duration) FIT THE FACTS? (0 = not at all to 5 = I am certain): ______

If you are unsure whether your emotion or your emotional intensity fits the facts (for example, you give a score of 2, 3, or 4), keep checking the facts. Be as creative as you can be; ask others for their opinions; or do an experiment to see if your predictions or interpretations are correct.

Describe what you did to check the facts:

________________________________________

________________________________________
Figuring Out How to Change Unwanted Emotions

Due Date: __________ Name: ____________________________ Week Starting: __________

Once you have checked the facts, use this worksheet to help you figure out what to do next. Before you can figure out what to change, you have to decide whether acting on your emotion is effective in the situation you are in (and whether the emotion is one you actually want to change). (If you are not sure whether you want to change it or not, go back to Emotion Regulation Worksheet 1 and do pros and cons.) In the flow chart below, circle Yes or No at each level, and then select the skill that fits your situation best.

**Emotion Name:**

**Ask:** Does this emotion fit the facts?

- Yes: Check the facts
- No: Ask: Is acting on this emotion effective?

**Check Wise Mind**

- Yes: Be mindful of current emotions (Emotion Regulation Handout 22)
- No: Do not act on emotion/action urge

**Problem-solve unwanted emotions (Emotion Regulation Handout 12)**

- Consider opposite action (Emotion Regulation Handouts 10–11)

- **Act on emotion/action urge**

Describe what you did to manage the emotion:

Opposite Action to Change Emotions

Due Date: ___________ Name: _____________________________ Week Starting: ___________

Select a current or recent emotional reaction that you find painful or want to change. Figure out if the emotion fits the facts. If it does not, then notice your action urges; figure out what would be opposite actions; and then do the opposite actions. Remember to practice opposite action all the way. Describe what happened.

EMOTION NAME: ___________________________ INTENSITY (0–100) Before: _____ After: _____

PROMPTING EVENT for my emotion (who, what, when, where): What prompted the emotion.

________________________________________________________

IS MY EMOTION (or its intensity or duration) JUSTIFIED? Does it fit the facts? Is it effective?

List the facts that justify the emotion and those that do not. Check the answer that is mostly correct.

<table>
<thead>
<tr>
<th>Justified</th>
<th>Not justified</th>
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☐ JUSTIFIED: Go to problem solving
(Emotion Regulation Worksheet 8)

☐ NOT JUSTIFIED: Continue

ACTION URGES: What do I feel like doing or saying?

OPPOSITE ACTION: What are the actions opposite to my urges? What am I not doing because of my emotions? Describe both what and how to act opposite all the way in the situation.

WHAT I did: Describe in detail.

HOW I did it: Describe body language, facial expression, posture, gestures, and thoughts.

What AFTEREFFECT did the opposite action have on me (my state of mind, other emotions, behavior, thoughts, memory, body, etc.)?

Problem Solving to Change Emotions

Due Date: ________  Name: ______________________________  Week Starting: ________

Select a prompting event that triggers a painful emotion. Select an event that can be changed. Turn the event into a problem to be solved. Follow the steps below and describe what happened.

EMOTION NAME: ______________________  INTENSITY (0–100) Before: _____  After: _____

1. WHAT IS THE PROBLEM? Describe the problem prompting your emotions. What makes the situation a problem?

__________________________________________________________________________________

__________________________________________________________________________________

__________________________________________________________________________________

2. CHECK THE FACTS TO MAKE SURE YOU HAVE THE RIGHT PROBLEM. Describe what you did to be sure of your facts.
   (See Emotion Regulation Worksheet 6 if you need help.)

__________________________________________________________________________________

__________________________________________________________________________________

REWRITE the problem if needed to stick with the facts.

__________________________________________________________________________________

__________________________________________________________________________________

3. WHAT IS A REALISTIC SHORT-TERM GOAL OF YOUR PROBLEM SOLVING? What has to happen for you to think you have made progress?

__________________________________________________________________________________

__________________________________________________________________________________

__________________________________________________________________________________

4. BRAINSTORM SOLUTIONS: List as many solutions and coping strategies as you can think of. DON’T EVALUATE!

__________________________________________________________________________________

__________________________________________________________________________________

__________________________________________________________________________________

__________________________________________________________________________________

__________________________________________________________________________________

(continued on next page)
5. WHICH TWO IDEAS LOOK BEST (are most likely to meet your goal, are possible to do)?

1. ____________________________________________  2. ____________________________________________

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<td>Solution 1</td>
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6. CHOOSE the solution to try; list the steps needed; check the steps you do and how well they work.

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<tr>
<th>Step</th>
<th>Describe</th>
<th>✓ Done</th>
<th>What happened?</th>
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7. DID YOU REACH YOUR GOAL? If so, describe. If not, what can you do next?

________________________________________________________________________

________________________________________________________________________

8. IS THERE NOW A NEW PROBLEM TO BE SOLVED? If yes, describe, and problem-solve again.

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________
Worksheets for Reducing Vulnerability to Emotion Mind
EMOTION REGULATION WORKSHEET 9  (p. 1 of 2)

(Emotion Regulation Handouts 14–20)

Steps for Reducing Vulnerability to Emotion Mind

Due Date: __________ Name: ____________________________ Week Starting: __________

For each emotion regulation skill, note whether you used it during the week, and describe what you did. Write on the back of this sheet if you need more room.

ACCUMULATE POSITIVE EMOTIONS: SHORT TERM
INCREASED daily pleasant activities (circle): M T W Th F S Sun
Describe: ____________________________________________

ACCUMULATE POSITIVE EMOTIONS: LONG TERM; BUILDING A LIFE WORTH LIVING
VALUES considered in deciding what goals to work on (see Emotion Regulation Handout 18):

____________________________________________________

LONG-TERM GOALS worked on (describe):

____________________________________________________

AVOIED AVOIDING (describe):

____________________________________________________

MINDFULNESS OF POSITIVE EXPERIENCES WHEN THEY OCCURRED
Focused (and refocused) attention on positive experiences: ______________________
Distracted from worries if they showed up: ______________________

BUILD MASTERY
Scheduled activities to build a sense of accomplishment (circle): M T W Th F S Sun
Describe: ____________________________________________

Actually did something difficult, BUT possible (circle): M T W Th F S Sun
Describe: ____________________________________________

COPE AHEAD
Describe a situation that prompts unwanted emotions (fill out Steps 1 and 2 of checking the facts on Emotion Regulation Worksheet 5 if necessary):

____________________________________________________

Way that I imagined coping effectively (describe):

____________________________________________________

Way that I imagined coping with new problems that might arise (describe):

____________________________________________________

(continued on next page)
PLEASE Skills

Have I...

Treated Physical illness? ________________________________

Balanced Eating? ________________________________

Avoided mood-Altering substances? ________________________________

Balanced Sleep? ________________________________

Exercised? ________________________________
Pleasant Events Diary

Due Date: __________ Name: ____________________________________ Week Starting: _______

Accumulating pleasant events can take planning. For each day of the week, write down at least one pleasant activity or event that is possible for you. In the next column, write down for each day the pleasant event or activity that you actually engaged in. Fill out an Observing and Describing Emotions worksheet (Emotion Regulation Worksheet 4 or 4a) if necessary, plus this diary sheet.

<table>
<thead>
<tr>
<th>Day of week</th>
<th>Pleasant event(s) planned</th>
<th>Pleasant event(s) I actually did</th>
<th>Mindfulness of pleasant event (0–5)</th>
<th>Letting go of worries (0–5)</th>
<th>Pleasant experience (0–100)</th>
<th>Comments</th>
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EMOTION REGULATION WORKSHEET 11 (p. 1 of 3)

(Emotion Regulation Handouts 17, 18)

Getting from Values to Specific Action Steps

Due Date: ________  Name: ______________________________________  Week Starting: ________

STEP 1. AVOID AVOIDING. Rate degree you have avoided working on building a life worth living:
In the past (____)  Now (____)  (0 = no avoidance, 100 = avoided completely even thinking about it)
Check reasons for avoiding: □ Hopelessness □ Willfulness □ Too hard □ Other: __________

Use your cope-ahead skills, and write out a plan for getting yourself to avoid avoiding.

STEP 2. IDENTIFY VALUES THAT ARE IMPORTANT TO YOU. What is most important to you?
Review Emotion Regulation Handout 18 for ideas. Make a list of several of your most important values.
MY IMPORTANT VALUES: ________________________________________________________________

STEP 3. IDENTIFY ONE IMPORTANT LIFE VALUE OR PRIORITY TO WORK ON NOW.
Long-term goals depend on Wise Mind values and priorities. What values in your life need more work now?

Make a list of two of the most important values in your life that are important things for you to work on right now.

VALUE: ___________________________________________________________  Importance  Priority
VALUE: ___________________________________________________________  ( )  ( )

Rate the importance of each value for a “life worth living” to you (1 = a little important, 5 = extremely important). Then rate how important it is to work on this value NOW (1 = low priority, 5 = very high priority).

REFINE YOUR CHOICES. Review your list and ratings above and the value you have chosen to work on now. CHECK THE FACTS. Make sure that what you think are values and priorities are in fact YOUR values and priorities—not the values others have, the values others think you should have, or old internal “tapes” of values you learned but no longer really believe in. Rewrite your list if you need to.

CHOOSE A VALUE TO WORK ON NOW. Pick the value that is either the most important to you or is your highest priority to work on right now. (If you have more than one value that is a high priority to work on right now, fill out another worksheet for that value.)

VALUE TO WORK ON NOW: _____________________________________________

(continued on next page)
STEP 4. IDENTIFY A FEW GOALS RELATED TO THIS VALUE.

List two or three different goals related to this value. Be specific. What can you do to make this value a part of your life? (If you have trouble thinking of goals, brainstorm as many goals as you can think of that might be related, and then choose those most related to your values.)

GOAL: __________________________________________________________

GOAL: __________________________________________________________

GOAL: __________________________________________________________

STEP 5. CHOOSE ONE GOAL TO WORK ON NOW.

Select one goal that is reasonable to work on now. If one goal has to be accomplished before other goals can be worked on, choose that one as your working-on goal. Be specific. If you want to work on more than one goal at a time, fill out two worksheets.

Goal to work on: ___________________________________________________

STEP 6. IDENTIFY SMALL ACTION STEPS TOWARD YOUR GOAL.

Break down the goal into lots of small steps that you can do. Each small step is a subgoal on the way to your overall goal. List action steps that will get you closer to your goal. If you can’t think of any steps, try brainstorming ideas. Write down whatever comes to your mind.

If you start to feel overwhelmed because a step looks too big, erase it and break it down into smaller steps you think you can actually do. Rewrite your list if you need to so that the steps you think you can do are included. Put in the order that you think you should do them. If you start to feel overwhelmed because there are too many steps, stop writing new steps and focus on just one step.

Action Step 1: ____________________________________________________

Action Step 2: ____________________________________________________

Action Step 3: ____________________________________________________

Action Step 4: ____________________________________________________

STEP 7. TAKE ONE ACTION STEP NOW. Describe what you did: _________________

____________________________________________________________________

____________________________________________________________________

Describe what happened next: _________________________________________

____________________________________________________________________

____________________________________________________________________

(continued on next page)
REMEMBER: ATTEND TO RELATIONSHIPS

Attending to relationships (Group A on Emotion Regulation Handout 18) and being part of a group (Group B) are important to just about everyone. If you did not choose a value from one of these groups, review them to see if one of these first 10 values is an important one for you to work on. If you choose one, write it down and then, after working on it, fill out the rest of the worksheet.

Describe the relationship or relationship problem you want to work on: ______________________

________________________________________

________________________________________

What goal can you work on now? ______________________________________________________

________________________________________

What small action steps will help you reach your goal?

Action Step 1: ____________________________

________________________________________

Action Step 2: ____________________________

________________________________________

Action Step 3: ____________________________

________________________________________

Action Step 4: ____________________________

________________________________________

TAKE ONE ACTION STEP NOW. Describe what you did: ________________________________

________________________________________

Describe what happened next: ________________________________

________________________________________
Getting from Values to Specific Action Steps

Due Date: ______ Name: ____________________________ Week Starting: ______

Once you have figured out your values, the next step is to decide on specific things you can do or achieve (goals) that will make your life more in line with your values. Once you have goals, you can figure out what action steps are necessary to achieve the goal.

Example: VALUE: Be part of a group.

Possible GOALS:
- Reconnect with old friends.
- Get a more social job.
- Join a club.

Pick one GOAL to work on right now.
- Join a club.

Figure out a few ACTION STEPS that will move me toward my goal.
- Look for clubs on craigslist.
- Go to the bookstore by my house and ask about book groups.
- Join an interactive online game or chat room.

---

1. Pick one of your VALUES:

2. Identify three GOALS:

3. Circle one GOAL to work on right now.

4. Identify ACTION STEPS you can take right now to move closer to this GOAL.

5. Take one ACTION STEP now. Describe what you did:

Describe what happened next:
# Emotion Regulation Worksheet 11B

(Emotion Regulation Handouts 17, 18)

## Diary of Daily Actions on Values and Priorities

Due Date: ________  Name: ____________________________  Week Starting: ________

This diary is for tracking your progress in reaching your goals and living according to your own values. You can either fill out one page for each value or goal you are working on, or you can fill it out every day no matter what goal you are working on that day. Remember to be very specific. Check Emotion Regulation Worksheet 11 or 11a for your list of important values and goals.

<table>
<thead>
<tr>
<th>Day</th>
<th>Value</th>
<th>Goal</th>
<th>Value and Priority Actions Today</th>
<th>Next Step</th>
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In the far left column, put down the days of the week. Then write plans for practicing mastery in the first column under “Build Mastery.” At the end of the day, write in the second column what you actually did to increase your sense of mastery. Under “Cope Ahead,” describe a problem situation in the first column, and then describe in the second column how you imagined coping skillfully. Also, check whether it helped.

<table>
<thead>
<tr>
<th>Day</th>
<th>Build Mastery</th>
<th>Cope Ahead</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Activities planned for building mastery</td>
<td>Activities I actually did for building mastery</td>
</tr>
<tr>
<td>1.</td>
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### EMOTION REGULATION WORKSHEET 13
(Emotion Regulation Handout 19)

#### Putting ABC Skills Together Day by Day

**Due Date: __________ Name: ___________________________ Week Starting: __________**

This worksheet is for tracking your planned ABC tasks throughout each day. At night or first thing in the morning, write down what you plan to do that day; as you go or at the end of the day, write down what you actually did. Over time, you will find that you can do more and more of what you plan, and as you do that you will find your vulnerability to negative emotions going down.

Rate your negative mood or emotions at start of day (0–100): _____ And negative mood or emotions at end of day (0–100): ____________

<table>
<thead>
<tr>
<th>Daytime Hours</th>
<th>PLANNED ACTIVITIES</th>
<th>WHAT I ACTUALLY DID</th>
</tr>
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<td>Accumulate Positive Emotions</td>
<td>Action to Build Mastery</td>
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**Total Number of Activities**

Practicing PLEASE Skills

In the left column, put down the days of the week. Then write down what you did to practice each of the PLEASE skills. At the bottom of each column, check whether practicing this skill was helpful during the week.

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<tr>
<th>Day</th>
<th>Describe treating Physical illness</th>
<th>Describe balanced Eating efforts</th>
<th>List mood-Altering substances used</th>
<th>Hours of Sleep (time to bed; time up)</th>
<th>Describe Exercise (hours and/or minutes)</th>
<th>Helpful? ☐ YES ☐ NO</th>
<th>Helpful? ☐ YES ☐ NO</th>
<th>Helpful? ☐ YES ☐ NO</th>
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Target Nightmare Experience Forms (Set of 3)

Due Date: _______  Name: ____________________________  Week Starting: _______

In the space provided below, describe the distressing dream in as many details as possible. Include sensory descriptions (sights, smells, sounds, tastes, etc.). Note the feelings, images, and thoughts associated with this dream, including assumptions about yourself. Be as specific as possible. Note when the dream begins 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: _______

In the space provided below, describe the changed dream in as many details as possible. Include sensory descriptions (sights, smells, sounds, tastes, etc.). Please note the feelings, images, and thoughts associated with this dream, including assumptions about yourself. Be as specific as possible. Be sure the change you put in occurs before anything traumatic or bad happens to you or others in the nightmare. Note when the dream begins and when it ends. (Use the back of this sheet if necessary.)

In my dream, ____________________________________________________________

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(continued on next page)
Dream Rehearsal and Relaxation Record

Due Date: __________  Name: ____________________________________________________________________  Week Starting: __________

In the left column, 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 nightmare again.

<table>
<thead>
<tr>
<th>Day</th>
<th>Describe daytime visual rehearsal and relaxation</th>
<th>Negative emotion intensity (0–100)</th>
<th>Describe daytime visual rehearsal and relaxation</th>
<th>Negative emotion intensity (0–100)</th>
<th>Describe daytime visual rehearsal and relaxation</th>
<th>Nightmare intensity (0–100)</th>
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EMOTION REGULATION WORKSHEET 14B

Sleep Hygiene Practice Sheet

Due Date: __________  Name: ____________________________  Week Starting: __________

In the far left column, put down the days of the week. Then put times/hours in bed, and what you did in the 4 hours before bed, in the next three columns. Along with describing the strategies you used, please rate your degree of rumination before and after using skills. Write in 0 if you had no rumination. Finally, rate the overall usefulness of your strategies.

<table>
<thead>
<tr>
<th>Day</th>
<th>Time to bed/time up</th>
<th>Hours/minutes in bed during the day</th>
<th>Food, drink, exercise within 4 hours of bed</th>
<th>Starting emotion/rumination intensity (0–100)</th>
<th>Describe strategies used to get to sleep (or back to sleep)</th>
<th>Ending emotion/rumination intensity (0–100)</th>
<th>Usefulness of strategies (0–100)</th>
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Worksheets for Managing Really Difficult Emotions
EMOTION REGULATION WORKSHEET 15
(Emotion Regulation Handouts 21, 22)

Mindfulness of Current Emotions

Due Date: __________ Name: ____________________________ Week Starting: __________

**EMOTION NAME:** __________________________ **INTENSITY (0–100) Before:** ____ **After:** ____

Describe situation that prompts emotion. (Fill out Steps 1 and 2 on Emotion Regulation Worksheet 5, if necessary.)

When emotional intensity is extreme, go to **CRISIS SURVIVAL SKILLS first** and fill out Distress Tolerance Worksheets 2–6. With any emotion, high or low, practice radical acceptance with **MINDFULNESS OF CURRENT EMOTIONS**.

Check off any of the following that you did:

- Stepped back and just noticed the emotions I was experiencing.
- Experienced the emotion as waves, coming and going on the beach.
- Let go of judgments about my emotions.
- Noticed where in my body I was feeling the emotional sensations.
- Paid attention to the physical sensations of the emotions as much as I could.
- Observed how long it took the emotion to go away.
- Reminded myself that being critical of emotions does not work.
- Practiced willingness to have unwelcome emotions.
- Imagined my emotions as clouds in the sky, coming and going.
- Just noticed the action urge that went with my emotion.
- Got myself to avoid acting on my emotion.
- Reminded myself of times when I have felt different.
- Practiced radically accepting my emotion.
- Tried to love my emotions.

**Other:** ____________________________________________

Comments and descriptions of experiences:
EMOTION REGULATION WORKSHEET 16
(Emotion Regulation Handout 24)

Troubleshooting Emotion Regulation Skills

Due Date: ________  Name: ________________________________________  Week Starting: ________

When you just can’t get your skills to work, try doing this worksheet to see if you can figure out what is going wrong. Check off each box in order, follow the directions and keep going until you find a solution.

EMOTION NAME: __________  INTENSITY (0–100) Before: ______  After: ______

List the skill you were trying to use that did not seem to help: ______________________________________

1. Am I biologically more vulnerable?
   - NO: Go to next question.
   - NOT SURE: Review the PLEASE skills. (See Emotion Regulation Handout 20.)
   - YES: Work on PLEASE skills. (See Emotion Regulation Worksheet 14.) Consider medication.
     Did this help?  □ No  (Go to next question)  □ Yes (Fabulous)  □ Didn’t do it

2. Did I use the skill correctly? Check out the instructions.
   - YES: Go to next question.
   - NOT SURE: Reread the instructions or get coaching. TRY AGAIN.
     Did this help?  □ No  (Go to next question)  □ Yes (Fabulous)  □ Didn’t do it

3. Are my emotions being reinforced (and maybe I don’t really want to change them)?
   - NO: Go to next question.
   - YES: Do a PROS and CONS for changing emotions. (See Emotion Regulation Worksheet 1.)
     Did this help?  □ No  (Go to next question)  □ Yes (Fabulous)  □ Didn’t do it

4. Am I putting in the time and effort that emotion regulation takes?
   - YES: Continue practicing.
   - NO: Practice radical acceptance and willingness. (See Distress Tolerance Handouts 11b and 13.)
     Practice participating and effectiveness. (See Mindfulness Handouts 4 and 5.)
     Use problem solving to find the time to work on skills. (See Emotion Regulation Worksheet 8.)
     Did this help?  □ No  (Go to next question)  □ Yes (Fabulous)  □ Didn’t do it

5. Are my emotions too extreme right now for skills? Am I going around in so many circles that I have fallen into the emotional sea of dyscontrol?
   - NO: Go to next question.
   - YES: If possible now, solve the problem. (See Emotion Regulation Handout 12, Worksheet 9.)
     If not possible, attend to physical sensations. (See Emotion Regulation Handout 22.)
     If too extreme for skills, go to TIP skills. (See Distress Tolerance Handout 5.)
     Did this help?  □ No  (Go to next question)  □ Yes (Fabulous)  □ Didn’t do it

6. Are myths about emotions and emotion regulation getting in my way?
   - NO.
   - YES: Practice nonjudgmentalness. Check the facts and challenge the myths.
     Did this help?  □ No □ Yes (Fabulous) □ Didn’t do it

Distress Tolerance
Worksheets
Worksheets for Crisis Survival Skills
**DISTRESS TOLERANCE WORKSHEET 1**

(Distress Tolerance Handouts 2–9a)

**Crisis Survival Skills**

Due Date: __________  Name: __________________________  Week Starting: __________

Practice your crisis survival skills at least twice. Describe the crisis event; check off which skills you used for that event; and then describe how you used the skill and what happened.

**CRISIS EVENT 1:** Rate level of distress (0–100) Before: _____  After: _____

**Prompting event** for my distress (who, what, when, where): What triggered the state of crisis?

- STOP
- Pros and cons
- TIP
- Distract with ACCEPTS
- Self-soothe
- IMPROVE the moment

At left, check the skills you used, and describe here:

Describe the outcome of using skills:

Circle a number to indicate how effective the skills were in helping you tolerate the distress and cope with the situation (keeping you from doing something to make the situation worse). Use the following scale:

1. I still couldn’t stand the situation, even for one more minute.
2. I was able to cope somewhat, at least for a little while.
3. It helped somewhat.
4. I could use skills, tolerated distress, and resisted problem urges.

**CRISIS EVENT 2:** Rate level of distress (0–100) Before: _____  After: _____

**Prompting event** for my distress (who, what, when, where): What triggered the state of crisis?

- STOP
- Pros and cons
- TIP
- Distract with ACCEPTS
- Self-soothe
- IMPROVE the moment

At left, check the skills you used, and describe here:

Describe the outcome of using skills:

Circle effectiveness of skills:

I still couldn’t stand the situation, even for one more minute.
I was able to cope somewhat, at least for a little while.
It helped somewhat.
I could use skills, tolerated distress, and resisted problem urges.

# DISTRESS TOLERANCE WORKSHEET 1A
(Distress Tolerance Handouts 2–9a)

## Crisis Survival Skills

Name: ____________________________  Week Starting: ______________________

Practice each crisis survival skill twice, and describe your experience as follows:

<table>
<thead>
<tr>
<th>When did you practice this skill, and what did you do to practice?</th>
<th>What was the crisis (what prompted needing the skill)?</th>
<th>Amount of time practicing skill?</th>
<th>Rate before/after skill use</th>
<th>Conclusions or questions about this skills practice</th>
</tr>
</thead>
<tbody>
<tr>
<td>Stop:</td>
<td>/ / /</td>
<td>/ / /</td>
<td>Your level of distress tolerance (0 = I can’t stand it; 5 = I can definitely survive)</td>
<td>/ / /</td>
</tr>
<tr>
<td>Pros and cons:</td>
<td>/ / /</td>
<td>/ / /</td>
<td>Emotion</td>
<td>/ / /</td>
</tr>
<tr>
<td>TIP:</td>
<td>/ / /</td>
<td>/ / /</td>
<td>Negative emotion intensity (0–100)</td>
<td>/ / /</td>
</tr>
<tr>
<td>Distract with ACCEPTS:</td>
<td>/ / /</td>
<td>/ / /</td>
<td>Positive emotion intensity (0–100)</td>
<td>/ / /</td>
</tr>
<tr>
<td>Self-soothe:</td>
<td>/ / /</td>
<td>/ / /</td>
<td>Conclusions or questions about this skills practice</td>
<td>/ / /</td>
</tr>
<tr>
<td>IMPROVE the moment:</td>
<td>/ / /</td>
<td>/ / /</td>
<td></td>
<td>/ / /</td>
</tr>
</tbody>
</table>

Adapted from an unpublished worksheet by Seth Axelrod, with his permission.

# DISTRESS TOLERANCE WORKSHEET 1B

(Distress Tolerance Handouts 2–9a)

## Crisis Survival Skills

Due Date: _____________  Name: ___________________________  Week Starting: ___________

For each survival skill, write down what you did during the week, and then give a number to indicate how effective the skill was in helping you tolerate the distress and cope with the situation (keeping you from doing something to make the situation worse). Use the following scale:

<table>
<thead>
<tr>
<th>Effect</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>I still couldn’t stand the situation, even for one more minute.</td>
</tr>
<tr>
<td>2</td>
<td>I was able to cope somewhat, at least for a little while. It helped somewhat.</td>
</tr>
<tr>
<td>3</td>
<td>I could use skills, tolerated distress, and resisted problem urges.</td>
</tr>
<tr>
<td>4</td>
<td>I was able to cope somewhat, at least for a little while. It helped somewhat.</td>
</tr>
<tr>
<td>5</td>
<td>I still couldn’t stand the situation, even for one more minute.</td>
</tr>
</tbody>
</table>

**Day:**  
STOP  
1 / Effectiveness: ___  
2 / Effectiveness: ___  
3 / Effectiveness: ___  
4 / Effectiveness: ___  
5 / Effectiveness: ___

**Day:**  
Pros and cons  
1 / Effectiveness: ___  
2 / Effectiveness: ___  
3 / Effectiveness: ___  
4 / Effectiveness: ___  
5 / Effectiveness: ___

**Day:**  
TIP  
1 / Effectiveness: ___  
2 / Effectiveness: ___  
3 / Effectiveness: ___  
4 / Effectiveness: ___  
5 / Effectiveness: ___

**Day:**  
Distract with ACCEPTS  
1 / Effectiveness: ___  
2 / Effectiveness: ___  
3 / Effectiveness: ___  
4 / Effectiveness: ___  
5 / Effectiveness: ___

**Day:**  
Self-soothe  
1 / Effectiveness: ___  
2 / Effectiveness: ___  
3 / Effectiveness: ___  
4 / Effectiveness: ___  
5 / Effectiveness: ___

**Day:**  
IMPROVE the moment  
1 / Effectiveness: ___  
2 / Effectiveness: ___  
3 / Effectiveness: ___  
4 / Effectiveness: ___  
5 / Effectiveness: ___

Adapted from an unpublished worksheet by Seth Axelrod, with his permission.

## DISTRESS TOLERANCE WORKSHEET 2

(Distress Tolerance Handout 4)

### Practicing the STOP Skill

**Due Date: __________ Name: ________________________ Week Starting: __________**

Describe two crisis situations that happened to you. Then describe your use of the STOP skill.

**CRISIS EVENT 1:** Rate level of distress (0–100) Before: ______ After: _______

<table>
<thead>
<tr>
<th>Prompting event for my distress (who, what, when, where): What triggered the state of crisis?</th>
</tr>
</thead>
<tbody>
<tr>
<td>Behavior you are trying to stop:</td>
</tr>
<tr>
<td>❏ <strong>Stop</strong></td>
</tr>
</tbody>
</table>

At left, check the steps you used, and describe what you did here:

**Describe the outcome of using skills:**

Circle a number to indicate how effective the skill was in helping you tolerate the distress and cope with the situation (keeping you from doing something to make the situation worse). Use the following scale:

- I still couldn’t stand the situation, even for one more minute.
- I was able to cope somewhat, at least for a little while.
- It helped somewhat.
- I could use skills, tolerated distress, and resisted problem urges.

**CRISIS EVENT 2:** Rate level of distress (0–100) Before: ______ After: _______

<table>
<thead>
<tr>
<th>Prompting event for my distress (who, what, when, where): What triggered the state of crisis?</th>
</tr>
</thead>
<tbody>
<tr>
<td>Behavior you are trying to stop:</td>
</tr>
<tr>
<td>❏ <strong>Stop</strong></td>
</tr>
</tbody>
</table>

At left, check the steps you used, and describe what you did here:

**Describe the outcome of using the skills:**

Circle effectiveness of the skill:

- I still couldn’t stand the situation, even for one more minute.
- I was able to cope somewhat, at least for a little while.
- It helped somewhat.
- I could use skills, tolerated distress, and resisted problem urges.

---

## Practicing the STOP Skill

Describe situations that happened to you where you used the STOP skill. Then describe how you used the STOP skill. Try to find a situation each day where you can practice your STOP skill.

<table>
<thead>
<tr>
<th>Day</th>
<th>Crisis situation</th>
<th>How did you practice this skill?</th>
<th>Behavior stopped?</th>
<th>Rate before/after skill use</th>
<th>Conclusions or questions about this skills practice</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td>Your level of distress tolerance (0 = I can’t stand it; 5 = I can definitely survive)</td>
<td>Emotion (0–100)</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td>Negative emotion intensity</td>
<td>Positive emotion intensity</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td>(0–100)</td>
<td>(0–100)</td>
</tr>
<tr>
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<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Adapted from an unpublished worksheet by Seth Axelrod, with his permission.

# Distress Tolerance Worksheet 3

(Distress Tolerance Handout 5)

**Pros and Cons of Acting on Crisis Urges**

Due Date: _____  Name: ___________________________________________  Week Starting: _______

1. Describe the *problem behavior* you are trying to stop: ________________________________

2. List pros and cons for acting on crisis urges (including urges to act and urges to quit), and create a separate list for resisting crisis behavior by tolerating distress and using skills. Use the back of this sheet if you need more room.

3. Read the pros and cons when an urge toward the problem behavior occurs.

<table>
<thead>
<tr>
<th>Problem behavior</th>
<th>PROS</th>
<th>CONS</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>1.</td>
<td>1.</td>
</tr>
<tr>
<td></td>
<td>2.</td>
<td>2.</td>
</tr>
<tr>
<td></td>
<td>3.</td>
<td>3.</td>
</tr>
<tr>
<td></td>
<td>4.</td>
<td>4.</td>
</tr>
<tr>
<td></td>
<td>5.</td>
<td>5.</td>
</tr>
<tr>
<td><strong>Acting on crisis urges</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>1.</td>
<td>1.</td>
</tr>
<tr>
<td></td>
<td>2.</td>
<td>2.</td>
</tr>
<tr>
<td></td>
<td>3.</td>
<td>3.</td>
</tr>
<tr>
<td></td>
<td>4.</td>
<td>4.</td>
</tr>
<tr>
<td></td>
<td>5.</td>
<td>5.</td>
</tr>
<tr>
<td><strong>Resisting crisis urges</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>1.</td>
<td>1.</td>
</tr>
<tr>
<td></td>
<td>2.</td>
<td>2.</td>
</tr>
<tr>
<td></td>
<td>3.</td>
<td>3.</td>
</tr>
<tr>
<td></td>
<td>4.</td>
<td>4.</td>
</tr>
<tr>
<td></td>
<td>5.</td>
<td>5.</td>
</tr>
</tbody>
</table>

Identify which pros and cons are short-term (just for today) or long-term (beyond today). Then ask your Wise Mind: Would you rather have a good day or a good life? Make a mindful choice about your behavior.

If this worksheet helps you choose skillful behavior over crisis behavior, be sure to keep it where you can find it and review it again when you are in crisis.

Adapted from an unpublished worksheet by Seth Axelrod, with his permission.

**Pros and Cons of Acting on Crisis Urges**

Due Date: _______  Name: __________________________________________ Week Starting: _______

1. Describe the **problem behavior** you are trying to stop: ______________________________________

2. List pros and cons for acting on crisis urges (including urges to act and urges to quit), and create a separate list for resisting crisis behavior by tolerating distress and using skills. Use the back of this sheet if you need more room.

3. Read the pros and cons when an urge toward the problem behavior occurs.

<table>
<thead>
<tr>
<th>Problem behavior</th>
<th>Acting on crisis urges</th>
<th>Resisting crisis urges</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>1.</td>
<td>1.</td>
</tr>
<tr>
<td></td>
<td>2.</td>
<td>2.</td>
</tr>
<tr>
<td><strong>PROS</strong></td>
<td>3.</td>
<td>3.</td>
</tr>
<tr>
<td></td>
<td>4.</td>
<td>4.</td>
</tr>
<tr>
<td></td>
<td>5.</td>
<td>5.</td>
</tr>
<tr>
<td><strong>CONS</strong></td>
<td>1.</td>
<td>1.</td>
</tr>
<tr>
<td></td>
<td>2.</td>
<td>2.</td>
</tr>
<tr>
<td></td>
<td>3.</td>
<td>3.</td>
</tr>
<tr>
<td></td>
<td>4.</td>
<td>4.</td>
</tr>
<tr>
<td></td>
<td>5.</td>
<td>5.</td>
</tr>
</tbody>
</table>

Identify which pros and cons are short-term (just for today) or long-term (beyond today). Then ask your Wise Mind: Would you rather have a good day or a good life? Make a mindful choice about your behavior.

If this worksheet helps you choose skillful behavior over crisis behavior, be sure to keep it where you can find it and review it again when you are in crisis.

Adapted from an unpublished worksheet by Seth Axelrod, with his permission.

DISTRESS TOLERANCE WORKSHEET 4

(Distress Tolerance Handouts 6, 6a, 6b)

Changing Body Chemistry with TIP Skills

Due Date: __________ Name: ________________________________________ Week Starting: ________

Describe the situation you were in when you chose to practice each skill. Rate both your emotional arousal and distress tolerance before and after using the TIP skill. Describe what you actually did. Use the back of this sheet if necessary.

**CHANGING MY FACIAL TEMPERATURE**

Used cold water to change emotions

Situation: ____________________________________________________________

Arousal (0–100) Before: _____ After: _____

Distress tolerance (0 = I can't stand it; 100 = I can definitely survive) Before: ____ After: ___

What I did (describe): ________________________________________________

**INTENSE EXERCISE**

Situation: ____________________________________________________________

Arousal (0–100) Before: _____ After: _____

Distress tolerance (0 = I can't stand it; 100 = I can definitely survive) Before: ____ After: ___

What I did (describe): ________________________________________________

**PACED BREATHING**

Situation: ____________________________________________________________

Arousal (0–100) Before: _____ After: _____

Distress tolerance (0 = I can't stand it; 100 = I can definitely survive) Before: ____ After: ___

What I did (describe): ________________________________________________

**PAIRED MUSCLE RELAXATION**

Situation: ____________________________________________________________

Arousal (0–100) Before: _____ After: _____

Distress tolerance (0 = I can't stand it; 100 = I can definitely survive) Before: ____ After: ___

What I did (describe): ________________________________________________
**Paired Muscle Relaxation**

Due Date: __________ Name: _____________________________ Week Starting: __________

Practice **Paired Muscle Relaxation** (tensing your body muscles and then letting go of tension completely as you breathe out). Practice as many times a day as you can at first until you notice that when you exhale, our body automatically relaxes on its own. At this point, you have paired breathing out with relaxation. Once that happens, continue practicing but not as often.

Practice paired muscle relaxation as many times a day as you can, and describe your experience below. Check the type of practice you did: individual muscles, muscle groups, or all of your muscles at once.

<table>
<thead>
<tr>
<th>Day</th>
<th>Number of times practiced paired muscle relaxation</th>
<th>Average level of relaxation before/after (0–100)</th>
<th>Number of times used skill when tense or overwhelmed</th>
<th>Average level of relaxation before/after (0–100)</th>
<th>Check which muscles you tensed and relaxed (check more than one if necessary)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>❑ Individual muscles</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>❑ Individual muscles</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>❑ Individual muscles</td>
</tr>
<tr>
<td></td>
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<td></td>
<td></td>
<td></td>
<td>❑ Individual muscles</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>❑ Individual muscles</td>
</tr>
</tbody>
</table>

Describe your experience:

Conclusions about practice and/or questions about this skills practice:
Effective Rethinking and Paired Relaxation

Due Date: __________ Name: ________________________________________ Week Starting: ______

**Step 1. Describe** one typical prompting event for distress in your life: What led up to what? What is it about this event that is a problem for you? Be very specific in your answers. Use describing skills. Check the facts.

**Step 2. Ask:** “What must I be telling myself (or what are my interpretations and thoughts) about this event that contributes to my stress?” **Write them down.**

**Step 3. Rethink** the thoughts that lead to distress. Rethinking involves reevaluating the situation and its meaning in ways that counteract stress-producing thoughts and thereby reduce stress responses. **Write down** as many effective thoughts as you can to replace the stressful thoughts.

**Step 4. Did you practice in your imagination** effective rethinking of a stressful situation this week? Yes ____ No ____

If you engaged in rethinking, did it reduce fear of the situation happening again? (0–5, 0 = not at all; 5 = very much): ____

What effective thoughts did you use to replace stress-causing thoughts?

Rate average level of relaxation (0–100): Before ____ After ____

**Step 5. Did you practice rethinking plus paired relaxation?** Yes ____ No ____

If you engaged in rethinking plus paired relaxation, did it help you reduce your stress? (0–5, 0 = not at all; 5 = very much): ____

What effective thoughts did you use to replace stress-causing thoughts?

Comments:
Distracting with Wise Mind ACCEPTS

Due Date: ________ Name: ___________________________ Week Starting: ________

Describe two crisis situations that happened to you. Then describe your use of the ACCEPTS skills.

CRISIS EVENT 1: Rate level of distress (0–100) Before: _____ After: _____

Prompting event for my distress (who, what, when, where): What triggered the state of crisis?

At left, check the skills you used, and describe here:

- Activities
- Contributions
- Comparisons
- Emotions
- Pushing away
- Thoughts
- Sensations

Describe the outcome of using skills:

Circle a number to indicate how effective the skills were in helping you tolerate the distress and cope with the situation (keeping you from doing something to make the situation worse). Use the following scale:

1 2 3 4 5

CRISIS EVENT 2: Rate level of distress (0–100) Before: _____ After: _____

Prompting event for my distress (who, what, when, where): What triggered the state of crisis?

At left, check the skills you used, and describe here:

- Activities
- Contributions
- Comparisons
- Emotions
- Pushing away
- Thoughts
- Sensations

Describe the outcome of using skills:

Circle effectiveness of skills:

I still couldn’t stand the situation, even for one more minute. I was able to cope somewhat, at least for a little while. I could use skills, tolerated distress, and resisted problem urges.

1 2 3 4 5

**DISTRESS TOLERANCE WORKSHEET 5A**
(Distress Tolerance Handout 7)

**Distracting with Wise Mind ACCEPTS**

Due Date: __________ Name: ___________________________________________ Week Starting: __________

Practice each distraction skill twice, and describe your experience as follows:

<table>
<thead>
<tr>
<th>When did you practice this skill, and what did you do to practice?</th>
<th>What was the crisis (what prompted needing the skill)?</th>
<th>How much time passed in doing this skill?</th>
<th>Rate before/after skill use</th>
<th>Rate before/after skill use</th>
<th>Conclusions or questions about this skills practice</th>
</tr>
</thead>
<tbody>
<tr>
<td>Activities:</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Contributions:</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Comparisons:</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Emotions:</td>
<td></td>
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<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Pushing away:</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Thoughts:</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Sensations:</td>
<td></td>
<td></td>
<td></td>
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<td></td>
</tr>
</tbody>
</table>

Adapted from an unpublished worksheet by Seth Axelrod, with his permission.

DISTRESS TOLERANCE WORKSHEET 5B
( Distress Tolerance Handout 7 )

Distracting with Wise Mind ACCEPTS

Due Date: __________ Name: ____________________________ Week Starting: __________

For each ACCEPTS skill, write down what you did during the week, and write down a number to indicate how effective the skill was in helping you tolerate the distress and cope with the situation (keeping you from doing something to make the situation worse). Use the following scale:

<table>
<thead>
<tr>
<th>I still couldn’t stand the situation, even for one more minute.</th>
<th>I was able to cope somewhat, at least for a little while.</th>
<th>I could use skills, tolerated distress, and resisted problem urges.</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>4</td>
<td>5</td>
<td></td>
</tr>
</tbody>
</table>

Day: __________ ACTIVITIES

| / | Effectiveness: ___ |

Day: __________ CONTRIBUTIONS

| / | Effectiveness: ___ |

Day: __________ COMPARISONS

| / | Effectiveness: ___ |

Day: __________ EMOTIONS

| / | Effectiveness: ___ |

Day: __________ PUSHING AWAY

| / | Effectiveness: ___ |

Day: __________ THOUGHTS

| / | Effectiveness: ___ |

Day: __________ SENSATIONS

| / | Effectiveness: ___ |

Self-Soothing

Due Date: __________ Name: ____________________________ Week Starting: __________

Describe two crisis situations that happened to you. Then describe your use of the self-soothing skills.

CRISIS EVENT 1: Rate level of distress (0–100) Before: _____ After: _____

Prompting event for my distress (who, what, when, where): What triggered the state of crisis?

- Vision
- Hearing
- Smell
- Taste
- Touch

At left, check the skills you used, and describe here:

Describe the outcome of using skills:

Circle a number to indicate how effective the skills were in helping you tolerate the distress and cope with the situation (keeping you from doing something to make the situation worse). Use the following scale:

1. I still couldn’t stand the situation, even for one more minute.
2. I was able to cope somewhat, at least for a little while.
3. It helped somewhat.
4. I could use skills, tolerated distress, and resisted problem urges.

CRISIS EVENT 2: Rate level of distress (0–100) Before: _____ After: _____

Prompting event for my distress (who, what, when, where): What triggered the state of crisis?

- Vision
- Hearing
- Smell
- Taste
- Touch

At left, check the skills you used, and describe here:

Describe the outcome of using skills:

Circle effectiveness of skills:

1. I still couldn’t stand the situation, even for one more minute.
2. I was able to cope somewhat, at least for a little while.
3. It helped somewhat.
4. I could use skills, tolerated distress, and resisted problem urges.

DISTRESS TOLERANCE WORKSHEET 6A
(Distress Tolerance Handout 8)

Self-Soothing

Due Date: __________ Name: __________________________________________________________________________ Week Starting: __________

Practice each self-soothing skill twice, and describe your experience as follows:

<table>
<thead>
<tr>
<th>When did you practice this skill, and what did you do to practice?</th>
<th>What was going on that was painful or stressful (if anything)?</th>
<th>How much time passed in doing this skill?</th>
<th>Rate before/after skill use</th>
<th>Emotion</th>
<th>Conclusions or questions about this skills practice</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td>Distress tolerance (0 = I can't stand it; 5 = I can definitely survive)</td>
<td>Negative emotion intensity (0–100)</td>
<td>Positive emotion intensity (0–100)</td>
</tr>
<tr>
<td>Vision:</td>
<td>/</td>
<td>/</td>
<td>/</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Hearing:</td>
<td>/</td>
<td>/</td>
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<td></td>
<td></td>
</tr>
<tr>
<td>Smell:</td>
<td>/</td>
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<td></td>
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<tr>
<td>Taste:</td>
<td>/</td>
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<td></td>
<td></td>
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<tr>
<td>Touch:</td>
<td>/</td>
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<td></td>
<td></td>
</tr>
</tbody>
</table>

Adapted from an unpublished worksheet by Seth Axelrod, with his permission.

Self-Soothing

For each self-soothing skill, write down what you did during the week, and write down a number to indicate how effective the skill was in helping you tolerate the distress and cope with the situation (keeping you from doing something to make the situation worse). Use the following scale:

1. I still couldn’t stand the situation, even for one more minute.
2. I was able to cope somewhat, at least for a little while. It helped somewhat.
3. I could use skills, tolerated distress, and resisted problem urges.

Due Date: ___________ Name: ___________________________ Week Starting: ___________

Day:
------ / ___________ Effectiveness: ______
------ / ___________ Effectiveness: ______
------ / ___________ Effectiveness: ______
------ / ___________ Effectiveness: ______
------ / ___________ Effectiveness: ______

Day:
------ / ___________ Effectiveness: ______
------ / ___________ Effectiveness: ______
------ / ___________ Effectiveness: ______
------ / ___________ Effectiveness: ______
------ / ___________ Effectiveness: ______

Day:
------ / ___________ Effectiveness: ______
------ / ___________ Effectiveness: ______
------ / ___________ Effectiveness: ______
------ / ___________ Effectiveness: ______
------ / ___________ Effectiveness: ______

Day:
------ / ___________ Effectiveness: ______
------ / ___________ Effectiveness: ______
------ / ___________ Effectiveness: ______
------ / ___________ Effectiveness: ______
------ / ___________ Effectiveness: ______

Day:
------ / ___________ Effectiveness: ______
------ / ___________ Effectiveness: ______
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Day:
------ / ___________ Effectiveness: ______
------ / ___________ Effectiveness: ______
------ / ___________ Effectiveness: ______
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Day:
------ / ___________ Effectiveness: ______
------ / ___________ Effectiveness: ______
------ / ___________ Effectiveness: ______
------ / ___________ Effectiveness: ______
------ / ___________ Effectiveness: ______
**DISTRESS TOLERANCE WORKSHEET 6C**

**(Distress Tolerance Handout 8a)**

**Body Scan Meditation, Step by Step**

Due Date: __________ Name: ____________________________ Week Starting: __________

Practice as many times as you can. Check whether you practiced alone, listening to a recording, watching YouTube, or being guided by a person.

<table>
<thead>
<tr>
<th>Day</th>
<th>Describe your experience</th>
<th>How much time passed doing this skill?</th>
<th>Rate before and after body scan</th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td>Distress tolerance</td>
<td>Emotion</td>
<td>Emotion</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td>(0 = I can’t stand it; 5 = I can definitely survive)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>1</td>
<td>✗ Alone ✗ Recording</td>
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</tr>
<tr>
<td></td>
<td>✗ Person guiding ✗ YouTube</td>
<td></td>
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<tr>
<td>2</td>
<td>✗ Alone ✗ Recording</td>
<td></td>
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<tr>
<td></td>
<td>✗ Person guiding ✗ YouTube</td>
<td></td>
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<tr>
<td>3</td>
<td>✗ Alone ✗ Recording</td>
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<td></td>
<td>✗ Person guiding ✗ YouTube</td>
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<td>4</td>
<td>✗ Alone ✗ Recording</td>
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<tr>
<td></td>
<td>✗ Person guiding ✗ YouTube</td>
<td></td>
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<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>5</td>
<td>✗ Alone ✗ Recording</td>
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<tr>
<td></td>
<td>✗ Person guiding ✗ YouTube</td>
<td></td>
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</tr>
</tbody>
</table>

Conclusions or questions about this skills practice:

Adapted from an unpublished worksheet by Seth Axelrod, with his permission.

DISTRESS TOLERANCE WORKSHEET 7

( Distress Tolerance Handout 9 )

IMPROVE the Moment

Due Date: __________ Name: __________________________ Week Starting: __________

Describe two crisis situations that happened to you. Then describe your use of the IMPROVE skills.

CRISIS EVENT 1: Rate level of distress (0–100) Before: _____ After: _____

Prompting event for my distress (who, what, when, where): What triggered the state of crisis?

- Imagery
- Meaning
- Prayer
- Relaxation
- One thing
- Vacation
- Encouragement

At left, check the skills you used, and describe here:

Describe the outcome of using skills:

Circle a number to indicate how effective the skills were in helping you tolerate the distress and cope with the situation (keeping you from doing something to make the situation worse). Use the following scale:

1. I still couldn’t stand the situation, even for one more minute.
2. I was able to cope somewhat, at least for a little while.
3. It helped somewhat.
4. I could use skills, tolerated distress, and resisted problem urges.

CRISIS EVENT 2: Rate level of distress (0–100) Before: _____ After: _____

Prompting event for my distress (who, what, when, where): What triggered the state of crisis?

- Imagery
- Meaning
- Prayer
- Relaxation
- One thing
- Vacation
- Encouragement

At left, check the skills you used, and describe here:

Describe the outcome of using skills:

Circle effectiveness of skills:

### DISTRESS TOLERANCE WORKSHEET 7A

**IMPROVE the Moment**

Due Date: __________ Name: ____________________________ Week Starting: ________

Practice each IMPROVE skill twice, and describe your experience as follows:

<table>
<thead>
<tr>
<th>Skill</th>
<th>When did you practice this skill, and what did you do to practice?</th>
<th>What was going on that was painful or stressful (if anything)?</th>
<th>How much time passed in doing this skill?</th>
<th>Rate before/after skill use</th>
<th>Conclusions or questions about this skills practice</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td>Distress tolerance (0 = I can't stand it; 5 = I can definitely survive)</td>
<td>Negative emotion intensity (0–100)</td>
</tr>
<tr>
<td>Imagery:</td>
<td></td>
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<tr>
<td>Meaning:</td>
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<tr>
<td>Prayer:</td>
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<tr>
<td>Relaxation:</td>
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<tr>
<td>One thing:</td>
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<tr>
<td>Vacation:</td>
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<tr>
<td>Encouragement:</td>
<td></td>
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</tr>
</tbody>
</table>

Adapted from an unpublished worksheet by Seth Axelrod, with his permission.

IMPROVE the Moment

For each IMPROVE skill, write down what you did during the week, and write down a number to indicate how effective the skill was in helping you tolerate the distress and cope with the situation (keeping you from doing something to make the situation worse). Use the following scale:

1. I still couldn’t stand the situation, even for one more minute.
2. I was able to cope somewhat, at least for a little while.
3. It helped somewhat.
4. I could use skills, tolerated distress, and resisted problem urges.

Day: _______________ Effectiveness: _______________

Day: _______________ Effectiveness: _______________

Day: _______________ Effectiveness: _______________

Day: _______________ Effectiveness: _______________

Day: _______________ Effectiveness: _______________

Day: _______________ Effectiveness: _______________

Day: _______________ Effectiveness: _______________

Day: _______________ Effectiveness: _______________

Day: _______________ Effectiveness: _______________

Day: _______________ Effectiveness: _______________

Day: _______________ Effectiveness: _______________

Day: _______________ Effectiveness: _______________

Day: _______________ Effectiveness: _______________
Worksheets for Reality
Acceptance Skills
DISTRESS TOLERANCE WORKSHEET 8
(Distress Tolerance Handouts 10–15a)

Reality Acceptance Skills

Due Date: ________ Name: ___________________________ Week Starting: ________

Check off two reality acceptance skills to practice this week during a stressful situation:

- Radical acceptance
- Turning the mind
- Willingness
- Half-smiling
- Willing hands
- Mindfulness of current thoughts

Skill 1. Describe the situation and how you practiced the skill:

How effective was the skill in helping you cope with the situation (keeping you from doing something to make the situation worse)? Circle a number below.

I still couldn’t stand the situation, even for one more minute.   I was able to cope somewhat, at least for a little while.   It helped somewhat.   I could use skills, tolerated distress, and resisted problem urges.

1 2 3 4 5

Did this skill help you cope with uncomfortable emotions or urges, or avoid conflict of any kind? Circle YES or NO.

Describe how the skill helped or did not help:

Skill 2. Describe the situation and how you practiced the skill:

How effective was the skill in helping you cope with the situation (keeping you from doing something to make the situation worse)? Circle a number below.

I still couldn’t stand the situation, even for one more minute.   I was able to cope somewhat, at least for a little while.   It helped somewhat.   I could use skills, tolerated distress, and resisted problem urges.

1 2 3 4 5

Did this skill help you cope with uncomfortable emotions or urges, or avoid conflict of any kind? Circle YES or NO.

Describe how the skill helped or did not help:
### DISTRESS TOLERANCE WORKSHEET 8A

(Distress Tolerance Handouts 10–15a)

#### Reality Acceptance Skills

Due Date: __________ Name: ___________________________________________ Week Starting: __________

Practice each reality acceptance skill twice, and describe your experience as follows:

<table>
<thead>
<tr>
<th>When did you practice this skill, and what did you do to practice?</th>
<th>What was going on that you had trouble accepting (if anything)?</th>
<th>How long did you practice accepting?</th>
<th>Rate before/after skill use</th>
<th>Conclusions or questions about this skills practice</th>
</tr>
</thead>
<tbody>
<tr>
<td>Radical acceptance:</td>
<td></td>
<td></td>
<td>Acceptance (0 = none at all; 5 = I am at peace with this)</td>
<td>Positive emotion intensity (0–100)</td>
</tr>
<tr>
<td>Turning the mind:</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Willingness:</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Half-smiling:</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Willing hands:</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Mindfulness of current thoughts:</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Adapted from an unpublished worksheet by Seth Axelrod, with his permission.

DISTRESS TOLERANCE WORKSHEET 8B
(Distress Tolerance Handouts 10–15a)

Reality Acceptance Skills

Due Date: __________ Name: ____________________________ Week Starting: __________

For each reality acceptance skill, describe the skill you used during the week, and circle a number (0–5) indicating your own experience of acceptance of yourself, your life, or events outside yourself. Use the following scale:

<table>
<thead>
<tr>
<th>No acceptance; I am in complete denial and/or rebellion</th>
<th>I was able to accept somewhat or for a little while.</th>
<th>Complete acceptance; I am at peace with this.</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>2</td>
<td>4</td>
</tr>
<tr>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
</tbody>
</table>

Day: RADICAL ACCEPTANCE (describe what and how often you practiced)
___ / ___________________________ Effectiveness: ___
___ / ___________________________ Effectiveness: ___
___ / ___________________________ Effectiveness: ___

Day: TURNING THE MIND (describe the cross-road you were at, and what you chose)
___ / ___________________________ Effectiveness: ___
___ / ___________________________ Effectiveness: ___
___ / ___________________________ Effectiveness: ___

Day: WILLINGNESS (describe the situation, what you were willful about, and how you practiced)
___ / ___________________________ Effectiveness: ___
___ / ___________________________ Effectiveness: ___
___ / ___________________________ Effectiveness: ___

Day: HALF-SMILING (describe the situation and how you practiced)
___ / ___________________________ Effectiveness: ___
___ / ___________________________ Effectiveness: ___
___ / ___________________________ Effectiveness: ___

Day: WILLING HANDS (describe the situation and how you practiced)
___ / ___________________________ Effectiveness: ___
___ / ___________________________ Effectiveness: ___
___ / ___________________________ Effectiveness: ___

Day: MINDFULNESS OF CURRENT THOUGHTS (describe what thoughts were going through your mind and how you observed your thoughts)
___ / ___________________________ Effectiveness: ___
___ / ___________________________ Effectiveness: ___
___ / ___________________________ Effectiveness: ___

DISTRESS TOLERANCE WORKSHEET 9
(Distress Tolerance Handouts 11, 11a, 11b)

Radical Acceptance

Due Date: ___________ Name: __________________________ Week Starting: ___________

FIGURE OUT WHAT YOU NEED TO RADICALLY ACCEPT

1. Make a list of two very important things in your life right now that you need to radically accept. Then give each one a number indicating how much you accept this part of yourself or your life: from 0 (no acceptance, I am in complete denial and/or rebellion) to 5 (complete acceptance, I am at peace with this). Note: if you have already completed this section, you don’t need to do it again unless things have changed.

What I need to accept (Acceptance, 0–5)

1. ____________________________________________________________ (___)

2. ____________________________________________________________ (___)

2. Make a list of two less important things in your life you are having trouble accepting this week. Then rate your acceptance just as you did above.

What I need to accept (Acceptance, 0–5)

1. ____________________________________________________________ (___)

2. ____________________________________________________________ (___)

REFINE YOUR LIST

3. Review your two lists above. Check the facts. Check for interpretations and opinions. Make sure that what you are trying to accept is in fact the case. Check for judgments. Avoid “good,” “bad,” and judgmental language. Rewrite any items above if needed so that they are factual and nonjudgmental.

PRACTICE RADICAL ACCEPTANCE

4. Choose one item from the very important list and one item from the less important list to practice on.

1. ____________________________________________________________

2. ____________________________________________________________

5. Focus your mind on each of these facts or events separately, allowing your Wise Mind to radically accept that these are facts of your life. Check off any of the following exercises that you did.

- Observed that I was questioning or fighting reality.
- Reminded myself that reality is what it is.
- Considered the causes of the reality, and nonjudgmentally accepted that causes exist.
- Practiced accepting all the way with my whole being (mind, body, spirit).
- Practiced opposite action.
- Coped ahead with events that seemed unacceptable.

- Attended to my body sensations as I thought about what I need to accept.
- Allowed myself to experience disappointment, sadness, or grief.
- Acknowledged that life can be worth living even when there is pain.
- Did pros and cons of accepting versus denial and rejection.
- Other: ____________________________

6. Rate your degree of acceptance after practicing radical acceptance (0–5): __________
DISTRESS TOLERANCE WORKSHEET 9A

(Distress Tolerance Handouts 11, 11a, 11b)

Practicing Radical Acceptance

Due Date: __________ Name: ___________________________________________ Week Starting: __________

Practice each skill twice, and describe and rate your experience below.

<table>
<thead>
<tr>
<th>When did you practice this skill, and what did you do to practice?</th>
<th>What was going on that you had trouble accepting (if anything)?</th>
<th>How long did you practice accepting?</th>
<th>Rate before/after skill use</th>
<th>Conclusions or questions about this skills practice</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td>Acceptance (0 = none at all; 5 = I am at peace with this)</td>
<td>Emotion (Negative emotion intensity 0–100)</td>
</tr>
<tr>
<td>Considered causes of the reality:</td>
<td></td>
<td></td>
<td>/</td>
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<tr>
<td>Practiced with my whole self:</td>
<td></td>
<td></td>
<td>/</td>
<td>/</td>
</tr>
<tr>
<td>Practiced opposite action:</td>
<td></td>
<td></td>
<td>/</td>
<td>/</td>
</tr>
<tr>
<td>Practiced coping ahead:</td>
<td></td>
<td></td>
<td>/</td>
<td>/</td>
</tr>
<tr>
<td>Attended to body sensations:</td>
<td></td>
<td></td>
<td>/</td>
<td>/</td>
</tr>
<tr>
<td>Allowed disappointment/grieving:</td>
<td></td>
<td></td>
<td>/</td>
<td>/</td>
</tr>
<tr>
<td>Acknowledged life as worth living:</td>
<td></td>
<td></td>
<td>/</td>
<td>/</td>
</tr>
<tr>
<td>Did pros and cons:</td>
<td></td>
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</tr>
</tbody>
</table>

Adapted from an unpublished worksheet by Seth Axelrod, with his permission.

Turning the Mind, Willingness, Willfulness

Practice each skill, and rate your level of acceptance of reality as it is before and after: from 0 (no acceptance at all) to 5 (I’m at peace with this). List what you tried specifically under the rating.

**Turning the Mind:** Acceptance  
Before: ______  
After: ______

- **OBSERVE** not accepting. What did you observe? What were you having trouble accepting?

- **MAKE AN INNER COMMITMENT** to accept what feels unacceptable. How did you do this?

- Describe your **PLAN FOR CATCHING YOURSELF** the next time you drift from acceptance.

**WILLINGNESS** (rate 0–5): Acceptance  
Before: ______  
After: ______

  Willfulness  
Before: ______  
After: ______

- Describe **EFFECTIVE BEHAVIOR** you did to move forward toward a goal.

**NOTICE WILLFULNESS.** Describe how you are not participating effectively in the world as it is, or how you are not doing something you know needs to be done to move toward a goal.

- Describe how you **PRACTICED RADICALLY ACCEPTING YOUR WILLFULNESS.**

- **MAKE AN INNER COMMITMENT** to accept what feels unacceptable. How did you do this?

- Describe what you did that was **WILLING.**
Half-Smiling and Willing Hands

Due Date: __________ Name: ___________________________ Week Starting: __________

Describe your practice with half-smiling and willing hands this past week. Practice each day at least once. Practice both when you are not emotionally distressed and when you are distressed.

Check off any of the following exercises that you did.

- 1. Half-smiled when I first woke up in the morning.
- 3. Half-smiled with willing hands while I was listening to music.
- 4. Half-smiled with willing hands when I was irritated.
- 7. Half-smiled when I was walking down the street.
- 8. Half-smiled with willing hands when my feelings were hurt.
- 9. Half-smiled with willing hands when I did not want to accept something.
- 10. Half-smiled with willing hands when I started getting really angry.
- 11. Half-smiled when I had negative thoughts.
- 12. Half-smiled when I couldn’t sleep.
- 14. Other: _______________________

Describe practicing half-smiling and willing hands.

1. Situation: _______________________
   Describe strategies you used or give numbers from above: _______________________
   Circle how effective this was at helping you be more mindful and less reactive:
   
   1  2  3  4  5
   Not effective Somewhat effective Very effective

2. Situation: _______________________
   Describe strategies you used or give numbers from above: _______________________
   Circle how effective this was at helping you be more mindful and less reactive:
   
   1  2  3  4  5
   Not effective Somewhat effective Very effective

3. Situation: _______________________
   Describe strategies you used or give numbers from above: _______________________
   Circle how effective this was at helping you be more mindful and less reactive:
   
   1  2  3  4  5
   Not effective Somewhat effective Very effective
**DISTRESS TOLERANCE WORKSHEET 11A**

(Distress Tolerance Handouts 14, 14a)

**Practicing Half-Smiling and Willing Hands**

Due Date: __________ Name: ______________________________ Week Starting: __________

Practice half-smiling/willing hands twice each day. Describe what you did to practice, and what you were trying to accept. (See Distress Tolerance Worksheet 11 for ideas.)

<table>
<thead>
<tr>
<th>What did you do to practice allowing your thoughts?</th>
<th>What were you having trouble accepting (if any)?</th>
<th>How much time passed in doing this skill?</th>
<th>Rate before/after skill use</th>
<th>Conclusions or questions about this skills practice</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td>Acceptance (0 = none at all; 5 = I am at peace with this)</td>
<td>Emotion (Negative emotion intensity 0–100)</td>
</tr>
<tr>
<td>Mon</td>
<td></td>
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</table>

Adapted from an unpublished worksheet by Seth Axelrod, with his permission.

DISTRESS TOLERANCE WORKSHEET 12

(Distress Tolerance Handouts 15, 15a)

Mindfulness of Current Thoughts

Due Date: ____________  Name: ____________________________  Week Starting: ____________

Describe your efforts to observe your thoughts in the past week. Practice observing thoughts each day at least once. Don't focus just on thoughts that are painful, anxiety-provoking, or full of anger; also observe and be mindful of pleasant or neutral thoughts. For each thought, first practice saying, “The thought [describe thought] went through my mind.” Then practice one or more strategies to observe and let go of thoughts.

Check off any of the following exercises that you did.

1. Used words and voice tone to say a thought over and over; as fast as I could; very, very slowly; in a voice different from mine; as a dialogue on a TV comedy show; or as singing.
2. Relaxed my face and body imagining accepting my thoughts as sensations of my brain.
3. Imagined what I would do if I stopped believing everything I think.
4. Rehearsed in my mind what I would do if I did not view my thoughts as facts.
5. Practiced loving my thoughts as they went through my mind.
6. Refocused my mind on sensations I was avoiding by worrying or catastrophizing.
7. Allowed my thoughts to come and go as I focused on observing my breath coming in and out.
8. Labeled the thought as a thought, saying, “The thought [describe thought] arose in my mind.”
10. Stepped back from my mind, as if I was on top of a mountain.
11. Shuttled back and forth between scanning for physical sensations and scanning for thoughts.
12. Imagined that in my mind thoughts were coming down a conveyor belt; were boats on a river; were train cars on a railroad track; were written on leaves flowing down a river; had wings and could fly away; were clouds floating in the sky; or were going in and out of the doors of my mind. (Underline the image you used.)
13. Other: ____________________________

Describe thoughts you were mindful of during the week. State just each thought as it went through your mind.

| 1. Thought: ____________________________ | Describe strategies you used or give numbers from above: ____________________________ |
| Circle how effective was this at helping you be more mindful and less reactive: |
| 1  2  3  4  5 |
| Not effective  Somewhat effective  Very effective |
| 2. Thought: ____________________________ | Describe strategies you used or give numbers from above: ____________________________ |
| Circle how effective was this at helping you be more mindful and less reactive: |
| 1  2  3  4  5 |
| Not effective  Somewhat effective  Very effective |
| 3. Thought: ____________________________ | Describe strategies you used or give numbers from above: ____________________________ |
| Circle how effective was this at helping you be more mindful and less reactive: |
| 1  2  3  4  5 |
| Not effective  Somewhat effective  Very effective |

## Practicing Mindfulness of Thoughts

Practice allowing the mind twice each day. Describe what strategy you used to allow your thoughts, and what thoughts you had. (See Distress Tolerance Worksheet 12 for ideas.) Rate your experience below.

<table>
<thead>
<tr>
<th>Day</th>
<th>What did you do to practice allowing your thoughts?</th>
<th>What were you having trouble accepting (if any)?</th>
<th>How much time passed in doing this skill?</th>
<th>Rate before/after skill use</th>
<th>Conclusions or questions about this skills practice</th>
</tr>
</thead>
<tbody>
<tr>
<td>Mon</td>
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<tr>
<td>Tues</td>
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<td>Wed</td>
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<td>Thurs</td>
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<td>Fri</td>
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<td>Sat</td>
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<td>Sun</td>
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</tbody>
</table>

<table>
<thead>
<tr>
<th>Acceptance</th>
<th>Emotion</th>
</tr>
</thead>
<tbody>
<tr>
<td>(0 = none at all; 5 = I am at peace with this)</td>
<td>Negative emotion intensity (0–100)</td>
</tr>
</tbody>
</table>

Adapted from an unpublished worksheet by Seth Axelrod, with his permission.

Worksheets for Skills When the Crisis Is Addiction
DISTRESS TOLERANCE WORKSHEET 13
(Distress Tolerance Handouts 16–21)

Skills When the Crisis Is Addiction

Due Date: __________ Name: ________________________________________ Week Starting: __________

Check off two skills for backing down from addiction to practice this week during a stressful situation:

- Plan for abstinence
- Plan for harm reduction
- Practice clear mind
- Search for abstinence reinforcers
- Increase non-addicting pleasant events
- Sample abstinence for ___ days
- Burn bridges
- Build new bridges
- Practice alternate rebellion
- Practice adaptive denial

Skill 1. Describe the situation and how you practiced the skill:

How effective was the skill in helping you cope with the situation (keeping you from doing something to make the situation worse)? Circle a number below.

<table>
<thead>
<tr>
<th>I still couldn’t stand the situation, even for one more minute.</th>
<th>I was able to cope somewhat, at least for a little while. It helped somewhat.</th>
<th>I could use skills, tolerated distress, and resisted problem urges.</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td></td>
<td>4</td>
<td>5</td>
</tr>
</tbody>
</table>

Did this skill help you cope with uncomfortable emotions or urges, or avoid conflict of any kind? Circle YES or NO.

Describe how the skill helped or did not help:

Skill 2. Describe the situation and how you practiced the skill:

How effective was the skill in helping you cope with the situation (keeping you from doing something to make the situation worse)? Circle a number below.

<table>
<thead>
<tr>
<th>I still couldn’t stand the situation, even for one more minute.</th>
<th>I was able to cope somewhat, at least for a little while. It helped somewhat.</th>
<th>I could use skills, tolerated distress, and resisted problem urges.</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>2</td>
<td>3</td>
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<td>4</td>
<td>5</td>
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</tbody>
</table>

Did this skill help you cope with uncomfortable emotions or urges, or avoid conflict of any kind? Circle YES or NO.

Describe how the skill helped or did not help:

Planning for Dialectical Abstinence

Due Date: _______  Name: ___________________________  Week Starting: _______

Problem Behavior: ___________________________

Check each activity and describe what you did.

PLAN FOR ABSTINENCE

To maximize the chances I’ll stop __________________________, I need to aim for abstinence.

- Plan activities to do instead of problem behaviors (e.g., work, find a hobby, go to a support meeting, volunteer). These will include:

- Spend time or touch base with people who will reinforce my not engaging in problem behaviors and my engaging in effective behaviors (e.g., effective friends or family members, co-workers, employers, my therapist, people from group). These people include:

- Remind myself of reasons to stay abstinent and be effective (e.g., to reach long-term goals, to keep/get relationship, to save money, to avoid shame). These include:

- Burn bridges with people who represent a temptation (e.g., lose their numbers, unfriend them, tell them to stop contacting me, make them not want to hang out with me). These people include:

- Avoid cues for problem behaviors. Cues include:

(continued on next page)
Use skills (things to do to avoid urges, interpersonal effectiveness, distress tolerance, emotion regulation, mindfulness). The most useful skills for me include:

__________________________________________________________________________

__________________________________________________________________________

__________________________________________________________________________

Find alternative ways to rebel. These include:

__________________________________________________________________________

__________________________________________________________________________

__________________________________________________________________________

Publicly announce I’ve embraced abstinence and effective behavior.

PLAN FOR HARM REDUCTION

If I have a slip, I don’t want the slip to turn into a slide. To avoid a slide, I must have plans to regain my balance and get back to abstinence and effectiveness.

Call my therapist, sponsor, or mentor for skills coaching. His or her number is: ________________

Get in contact with other effective people who can help (e.g., friends or family, people from group). These people include (with contact information):

__________________________________________________________________________

__________________________________________________________________________

Get rid of the temptations (e.g., drugs, comfort food); surround myself with cues for effective behaviors (e.g., workout clothes, fruit).

Review skills and handouts from DBT. The most helpful skills/handouts for me are:

__________________________________________________________________________

__________________________________________________________________________

Opposite action (Emotion Regulation Handout 10) can be rehearsed to fight guilt and shame. If no other option works, go to an anonymous meeting of any sort and publicly report your lapse.

Building mastery and coping ahead for emotional situations (Emotion Regulation Handout 19), and checking the facts (Emotion Regulation Handout 8), can be used to fight feelings of being out of control.

(continued on next page)
Interpersonal skills (Interpersonal Effectiveness Handouts 5–7), such as asking for help from family, friends, sponsors, ministers, or counselors, can also be helpful. If you are isolated, help can often be found via online support groups. These people or groups include:

- Conduct a chain analysis to analyze what prompted the lapse (General Handouts 7, 7a).
- Problem-solve right away to find a way to “get back on the wagon” and repair any damage you have done (Emotion Regulation Handout 12).
- Distract yourself, self-soothe, and improve the moment.
- Cheerlead myself (e.g., “One slip is not a disaster,” “Don’t give up,” “Don’t get willful,” “I can still climb back on the wagon.”) My cheerleading statements will include:
- Do pros and cons of stopping again now.
- Stay away from extreme thinking. Always look for the middle ground. Don’t let one slip turn into a disaster. (Check each extreme thought I am giving up and the middle ground I am accepting.)

<table>
<thead>
<tr>
<th>Extreme thinking:</th>
<th>Middle ground:</th>
</tr>
</thead>
<tbody>
<tr>
<td>I have not quit yet; therefore I am doomed and might as well give up.</td>
<td>Relapsing once does not doom me to never stopping.</td>
</tr>
<tr>
<td>Now that I’ve relapsed, I might as well keep going.</td>
<td>I relapsed, but that does not mean I have to stay relapsed. I can be effective and get up now.</td>
</tr>
<tr>
<td>I missed an appointment, so I’m done with treatment.</td>
<td>I missed an appointment, but I can get in to see my therapist ASAP.</td>
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<tr>
<td>Other:</td>
<td>Other:</td>
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<td>Other:</td>
<td>Other:</td>
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</table>

- Recommit to 100% total abstinence.
DISTRESS TOLERANCE WORKSHEET 15

(Distress Tolerance Handouts 18, 18a)

From Clean Mind to Clear Mind

Due Date: __________ Name: ____________________________ Week Starting: __________

Check off each clean mind behavior you plan on changing this week. During the week, write down the clear mind behavior you did to replace clean mind.

<table>
<thead>
<tr>
<th>CLEAN MIND BEHAVIORS</th>
<th>CLEAR MIND BEHAVIORS AS REPLACEMENTS</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Engaging in apparently irrelevant behaviors that in the past inevitably led to problem behavior.</td>
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<tr>
<td>2. Thinking, “I’ve learned my lesson.”</td>
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<tr>
<td>3. Believing, “I can control my addiction.”</td>
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<tr>
<td>4. Thinking, “I don’t really have an addiction.”</td>
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<tr>
<td>5. Stopping or cutting back medication that helps with addiction.</td>
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<tr>
<td>7. Seeing friends who are still addicted.</td>
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<td>8. Living with people who are addicted.</td>
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<td>10. Carrying around extra money.</td>
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<td>11. Being irresponsible with bills.</td>
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<tr>
<td>12. Dressing like an addict.</td>
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<tr>
<td>13. Not going to meetings.</td>
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<tr>
<td>15. Believing, “I can do this alone.”</td>
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<tr>
<td>16. Ignoring problems fueling addiction.</td>
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<tr>
<td>17. Acting as if I only need willpower.</td>
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<td>18. Thinking, “I don’t need to say anything about my addiction.”</td>
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<tr>
<td>19. Thinking, “I can’t stand this!”</td>
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<td>20. Other: ____________________________</td>
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<tr>
<td>21. Other: ____________________________</td>
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DISTRESS TOLERANCE WORKSHEET 16
(Distress Tolerance Handout 19)

Reinforcing Nonaddictive Behaviors

Due Date: _______ Name: ___________________________ Week Starting: _______

Check off and describe each effort you made to replace addiction reinforcers with abstinence reinforcers.

☐ 1. Sought for people to spend time with who aren’t addicted. Describe what you did and who you found.

☐ 2. Increased number of enjoyable, nonaddictive activities. Describe activities.

☐ 3. Sampled different groups and different activities. Describe what you did and what you found.

☐ 4. Took one or more action steps to build positive events to replace addiction. Describe.

Check off and describe your abstinence-sampling efforts.

☐ 5. Committed to _____ days of abstinence. (Stayed abstinent _____ days.)

Describe abstinence plan and how you implemented it. (See Distress Tolerance Worksheet 14.)

☐ 6. Observe and describe positive events that occurred when you were not engaging in addictive behaviors.

<table>
<thead>
<tr>
<th>Nonaddictive activity</th>
<th>Positive events and consequences</th>
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DISTRESS TOLERANCE WORKSHEET 17

(Distress Tolerance Handout 20)

Burning Bridges and Building New Ones

Due Date: _______  Name: _____________________________  Week Starting: _______

Rate the strength of your slamming the door on your addiction, from 0 (no intention of quitting addictive behavior) to 100 (complete and absolute commitment): _______. Go into Wise Mind and rate your level of slamming the door again: _______.

List all the things in your life that make addiction possible. Check those you get rid of.

☐ __________________________________________________________________________

☐ __________________________________________________________________________

☐ __________________________________________________________________________

List all tempting people, websites, and other contact information you need to continue addictive behaviors. Check those you erase or otherwise get rid of.

☐ __________________________________________________________________________

☐ __________________________________________________________________________

☐ __________________________________________________________________________

List all the things that would make addiction impossible. Check those that you do.

☐ __________________________________________________________________________

☐ __________________________________________________________________________

☐ __________________________________________________________________________

Describe imagery you can use to help reduce cravings:

Check and describe each strategy you have used to battle addiction urges.

☐ Kept new imagery in mind when urges hit: _______________________________________

☐ Looked at moving images: _____________________________________________________

☐ Surrounded self with new smells: ______________________________________________

☐ Urge-surfed: __________________________________________________________________
DISTRESS TOLERANCE WORKSHEET 18
(Distress Tolerance Handout 21)

Practicing Alternate Rebellion and Adaptive Denial

Due Date: __________ Name: ___________________________ Week Starting: __________

Check and describe plans for alternate rebellion when the urge for addictive behaviors arises:

- 1. ____________________________________________
- 2. ____________________________________________
- 3. ____________________________________________

Check and describe what you actually did as alternative behaviors instead of giving in to addictive behaviors:

- 1. ____________________________________________
- 2. ____________________________________________

Circle how effective alternate rebellion was at helping you survive the urges without giving in to addiction.

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<th>4</th>
<th>5</th>
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</thead>
<tbody>
<tr>
<td>Not effective</td>
<td>Somewhat effective</td>
<td>Very effective</td>
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</table>

Check off and describe adaptive denial skills below that you used to manage urges:

- 1. Reframing an urge for a problem behavior as an urge for something else: ________________

Circle how effective this was at helping you survive the urges without giving in to addiction.

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<th>4</th>
<th>5</th>
</tr>
</thead>
<tbody>
<tr>
<td>Not effective</td>
<td>Somewhat effective</td>
<td>Very effective</td>
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</table>

- 2. Putting off addictive behavior for ____ minutes, ____ times: ________________

Circle how effective this was at helping you survive the urges without giving in to addiction.

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<th>5</th>
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<tbody>
<tr>
<td>Not effective</td>
<td>Somewhat effective</td>
<td>Very effective</td>
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</table>

- 3. Reminded myself I only had to be abstinent for an hour, a day, or ________________.

Circle how effective this was at helping you survive the urges without giving in to addiction.

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</tr>
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<tbody>
<tr>
<td>Not effective</td>
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<td>Very effective</td>
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