

### APPENDIX 4.1. Inpatient Diary Card

<b>Dialectical Behavior Therapy DIARY CARD</b>	<b>Name:</b> _____	<b>Date started:</b> _____
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Date	Alcohol		Over-the-Counter Medications				Street/Illicit Drugs		Suicidal Ideation (0-5)	Misery (0-5)	Self-Harm		Used skills (0-7)*
	#	Specify	#	Specify	#	Specify	#	Specify			Urges (0-5)	Action Yes/No	
Mon													
Tues													
Wed													
Thurs													
Fri													
Sat													
Sun													

- |   |  |   |
|---|--|---|
| * 0 = Not thought about or used             | 3 = Tried, but couldn't use them               | 6 = Didn't try, used them, they didn't help |
| 1 = Thought about, not used, didn't want to | 4 = Tried, could do them, but they didn't help | 7 = Didn't try, used them, helped           |
| 2 = Thought about, not used, wanted to      | 5 = Tried, could use them, helped              |   |

### SKILLS DIARY CARD INSTRUCTIONS: Circle the days you worked on each skill.

	Mon	Tues	Wed	Thurs	Fri	Sat	Sun
1. Wise mind							
2. Observe: just notice							
3. Describe: put words on							
4. Nonjudgmental stance							
5. One-mindfully: in-the-moment							
6. Effectiveness: focus on what works							
7. Objective effectiveness: DEAR MAN							
8. Relationship effectiveness: GIVE							
9. Self-respect effectiveness: FAST							
10. Reduce vulnerability: PLEASE							
11. Build MASTERY							
12. Build positive experiences							
13. Opposite-to-emotion action							
14. Distract							
15. Self-soothe							
16. Improve the moment							
17. Pros and cons							
18. Radical acceptance							

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APPENDIX 4.2. Generic Inpatient Diary Card

Name:  Date Started:  Date of Admission:

# Diary Card

STAGE OF TREATMENT: (circle) Getting In Getting In Control Getting Out  
 GOALS FOR WEEK: (circle all relevant) Orientation Commitment Behav. Control Emotl. Regulation D/C Planning Discharge

Date	Level of Misery 0-5	Emotions (name them)	Suicidal/Self-Harm: Urges (0-5), Actions? Y/N	Alcohol or Drug Use: Urges (0-5), Actions? Y/N	Other Behaviors to Reduce		Actions toward Goals		Skills Used
					: Urges (0-5), Actions? Y/N	: Urges (0-5), Actions? Y/N	Name Actions	Name Actions	
Mon	AM / PM	AM / PM	AM / PM	AM / PM	AM / PM	AM / PM			0 1 2 3
Tues	AM / PM	AM / PM	AM / PM	AM / PM	AM / PM	AM / PM			0 1 2 3
Wed	AM / PM	AM / PM	AM / PM	AM / PM	AM / PM	AM / PM			0 1 2 3
Thurs	AM / PM	AM / PM	AM / PM	AM / PM	AM / PM	AM / PM			0 1 2 3
Fri	AM / PM	AM / PM	AM / PM	AM / PM	AM / PM	AM / PM			0 1 2 3
Sat	AM / PM	AM / PM	AM / PM	AM / PM	AM / PM	AM / PM			0 1 2 3
Sun	AM / PM	AM / PM	AM / PM	AM / PM	AM / PM	AM / PM			0 1 2 3

0 = No attempt to use skills 1 = Tried skills without success 2 = Tried skills with success 3 = Used skills automatically (continued)

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**SKILLS DIARY CARD** Instructions: Check the days you worked on each specific skill by filling in "Skills Used" scale.

	Mon	Tues	Wed	Thurs	Fri	Sat	Sun
<i>Mindfulness Skills</i>							
OBSERVE: JUST NOTICE							
DESCRIBE: PUT WORDS ON							
PARTICIPATE: IN PRESENT EXPERIENCE							
NONJUDGMENTAL							
MINDFULLY: IN THE MOMENT							
URGE SURFING							
ALTERNATE REBELLION							
WISE MIND							
<i>Distress Tolerance Skills</i>							
DISTRACT: WISE MIND "ACCEPTS"							
SELF-SOOTHE THE FIVE SENSES							
"IMPROVE" THE MOMENT							
RADICAL ACCEPTANCE							
PROS AND CONS							
BURNING YOUR BRIDGES							
ADAPTIVE DENIAL							
<i>Interpersonal Effectiveness Skills</i>							
OBJECTIVES EFFECTIVENESS: "DEAR MAN"							
RELATIONSHIP EFFECTIVENESS: "GIVE"							
SELF-RESPECT EFFECTIVENESS: "FAST"							
<i>Emotion Regulation Skills</i>							
REDUCE VULNERABILITY: "PLEASE"							
BUILD MASTERY:							
BUILD POSITIVE EXPERIENCES							
OPPOSITE TO EMOTION ACTION							

### How to Complete the Diary Card: Instructions for Therapists and Clients

- **Initials/ID #:** The client's initials are the first letter of the first name and the first letter of the last name. The client's ID# is a unique 6-digit randomly generated number.
- **Filled out in session?:** If the client filled the card out during the session, circle Y. Otherwise, circle N.
- **How often did you fill out this side?:** In the past week, did the client fill out the card daily, 2–3 times, 4–6 times, or once?
- **Started:** Note the first date the card was started, including year (e.g., 07/01/04).
- **Urges to commit suicide (0–5):** The client rates the intensity with which he or she experienced urges to commit suicide on a scale from 0 (no urges at all) to 5 (the strongest, most intense urges possible). High scores may indicate either an intense or a pervasive occurrence of urges to commit suicide. The client rates the *most intense* or *highest* urges experienced on that particular day. For example, if the client experienced several instances of urges rated 3/5, but one instance of urges rated 5/5, he or she would put a “5” in the column for Urges to Commit Suicide.
- **Urges to self-harm (0–5):** The client rates the highest intensity with which he or she experienced urges to self-harm on a scale from 0 (no urges at all) to 5 (the strongest, most intense urges possible) on that particular day.
- **Urges to binge (0–5):** For the urge to binge, rate 0–5 according to intensity where 0 indicates no urge and 5 the strongest urge to binge. Rate your greatest urge in the day.
- **Urges to use drugs (0–5):** The client rates the intensity with which he or she experienced urges to use drugs (this includes alcohol, over-the-counter meds, prescription meds, and street/illicit drugs) on a scale from 0 (no urges at all) to 5 (the strongest, most intense urges possible). High scores may indicate either an intense or a pervasive occurrence of urges to use drugs. The client rates the *most intense* or *highest* urges experienced on that particular day. For example, if the client experienced several instances of urges rated 3/5, but one instance of urges rated 5/5, he or she would put a “5” in the column for Urges to Use Drugs.
- **Emotional misery:** Emotional misery refers to a subjective emotional state experienced by the client as misery. Emotional misery may involve a conglomeration of several different unpleasant emotional experiences, such as sadness, despair, depression, fear, and so on. The client rates the intensity with which he or she experiences emotional misery on a scale from 0 (no experience of the emotion at all) to 5 (the strongest, most intense experience of the emotion possible).
- **Physical misery:** Physical misery refers to a physical state experienced by the client as misery. Physical misery may involve intense or prolonged pain, aches, cramps, symptoms of short- or long-term physical illnesses (e.g., a cold, the flu), acute injuries, and so on.
- **Joy (0–5):** Rate the intensity of joy from 0–5.
- **Eating disorder behavior:**
  - **Objective binges.** Write in the number of objective binge episodes that occurred in the day. An objective binge involves eating an unusually large amount of food for a situation very quickly (2 hours maximum) with a sense of loss of control (e.g., eating a quart of ice cream very quickly alone).
  - **Subjective binges.** Write in the number of subjective binge episodes that occurred in the day. A subjective binge involves eating an average-size or less-than-average-size meal but feeling a loss of control (e.g., eating a sandwich at lunch but feeling a loss of control).
  - **Vomiting.** Write in the number of vomiting episodes in response to bingeing that occurred in the day.
  - **Laxatives (L), diuretics (D), or diet pills (DP).** Write in whether or not you used any of these pills for the purpose of getting rid of food. Write in the # of pills in the day.

(continued)

**FIGURE 7.2.** University of Washington instructions for filling out skills diary card. Reprinted with permission of Marsha M. Linehan in *Dialectical Behavior Therapy in Clinical Practice*, edited by Linda A. Dimeff and Kelly Koerner. Copyright 2007 by The Guilford Press. Permission to reproduce this figure is granted to purchasers of this book for personal use only (see copyright page for details).

- **Dieting.** Describe whether fasting or restriction occurred in the day. Fasting (F) is no eating outside the times of an objective binge and not eating 8 waking hours or more; restriction (R) is either eating infrequently or only eating low-calorie foods but eating less than 1200 kcal per day outside the times when one objectively binges.
- **Note for overexercising.** If a client compensates for bingeing by overexercising, place this in the blank column at the end of the table. Write in the type of exercise and the number of times in the day and for how long it occurred.
- **Drugs/Medications:**
  - **"#".** The number of drugs (as described in the specify column) used on this date (e.g., "3" for three beers).
  - **What?** For **alcohol**, specify the type of drink (e.g., beer, cocktails, mixed drinks, whiskey, wine). For **illicit drugs**, specify the type of illicit drug (e.g., Valium, marijuana, heroin, methadone, methamphetamine, cocaine). In the case of prescription drugs, it's acceptable to write "ditto" in subsequent specify boxes, to indicate daily use.
  - **Meds as prescribed.** Write Y (Yes) or N (No) to indicate whether prescribed medications were taken as prescribed.
  - **PRN/over-the-counter.** Under the # column, write down the number of prn drugs that were taken on that particular day. Under the **What** column, write down the name of the prn drug(s) that was/were taken on that day.
  - You can use horizontal lines through rows and vertical lines through columns to indicate no use (e.g., if the client didn't use any prescription meds this week, lines down the #, specify, and 0 columns under prescription meds are okay. Or, if the client didn't use alcohol, over-the-counter meds, or prescription meds on Wednesday, then a horizontal line may be drawn through the corresponding boxes for Wednesday).
- **Actions**
  - **Self-harm.** The client writes Y (Yes) or N (No) to indicate whether he or she has engaged in any self-harm behavior. Self-harm here is the same as "parasuicidal behavior," or any overt, acute, self-injurious act that, without outside intervention, would result in tissue damage, illness, or death. The act of self-harm must be *intentional*: the client intended to inflict tissue damage, illness, or death.
  - **Reinforce.** The client places a checkmark in this column to indicate that he or she actively reinforced him- or herself, or successfully got others in his or her social environment to provide reinforcement. The reinforcement should be for effective behavior (e.g., skillful behavior, not bingeings, not self-harming).
- **Blank column:** This column may be used to keep a record of any additional behavior.
- **Used skills:** The client circles the number that best corresponds to his or her experience of using/not using skills.
- **Urge to:** Quit therapy, binge, commit suicide before and after session. The client rates the intensity of his or her *current* urges to engage in these behaviors, at the beginning of the session, on a scale from 0 (no urges at all) to 5 (the strongest, most intense urges possible).
- **Ability to self-regulate/self-control: emotions, actions, thoughts:** The client rates the extent to which he or she feels capable of regulating his or her emotions, behaviors (actions), or thoughts at the beginning of the session, on a scale from 0 (no ability to regulate at all; absolutely no control over thoughts, behaviors, or emotions) to 5 (totally and completely able to regulate thoughts, behaviors, or emotions).
- **Chain analysis notes:** In this section, the therapist jots down any important notes based on a chain analysis conducted during the session.
- **Med changes/other:** The client writes down any changes in prescribed medications. These changes may consist of modifications in the dosage (increase or decrease) of the medications (e.g., increase from 5mg to 10mg; a decrease from 20mg to 10mg), the dropping of a medication, or the addition of a new medication.

FIGURE 7.2. (continued)



DBT Skills Diary Card		Filled out this side? _____ Daily _____ 2-3x _____ 4-6x _____ Once _____ In session _____						
Homework:		Check Skill (if more than one) and Circle days skill was practiced						
1. Wise mind		MON	TUE	WED	THUR	FRI	SAT	SUN
2. Observe: just notice		MON	TUE	WED	THUR	FRI	SAT	SUN
3. Describe: put words on, just the facts		MON	TUE	WED	THUR	FRI	SAT	SUN
4. Participate: enter into the experience		MON	TUE	WED	THUR	FRI	SAT	SUN
5. Nonjudgmental stance		MON	TUE	WED	THUR	FRI	SAT	SUN
6. One-mindfully: present moment		MON	TUE	WED	THUR	FRI	SAT	SUN
7. Effectiveness: focus on what works		MON	TUE	WED	THUR	FRI	SAT	SUN
8. Describe: Express _____ Assert _____ Reinforce _____	DEAR	MON	TUE	WED	THUR	FRI	SAT	SUN
9. Mindful: Broken record _____ Ignore attacks _____	MAN	MON	TUE	WED	THUR	FRI	SAT	SUN
10. Appear confident _____ Negotiate _____		MON	TUE	WED	THUR	FRI	SAT	SUN
11. Gentle _____ Interested _____ Validate _____ Easy manner _____	GIVE	MON	TUE	WED	THUR	FRI	SAT	SUN
12. Fair _____ no-Apologies _____ Stick to values _____ Truthful _____	FAST	MON	TUE	WED	THUR	FRI	SAT	SUN
13. Attend to relationships		MON	TUE	WED	THUR	FRI	SAT	SUN
14. Figure out interpersonal goals and priorities		MON	TUE	WED	THUR	FRI	SAT	SUN
15. Opposite-to-emotion action		MON	TUE	WED	THUR	FRI	SAT	SUN
16. Temperature _____ Intense exercise _____ Progressive relaxation _____	TIP	MON	TUE	WED	THUR	FRI	SAT	SUN
17. Mindfulness of current emotion		MON	TUE	WED	THUR	FRI	SAT	SUN
18. Problem-solve		MON	TUE	WED	THUR	FRI	SAT	SUN
19. Accumulate positives _____ Build mastery _____ Cope ahead _____	ABC	MON	TUE	WED	THUR	FRI	SAT	SUN
20. Care: Physical ills _____ Eating _____ Avoid drugs _____ Sleep _____ Exercise _____	PLEASE	MON	TUE	WED	THUR	FRI	SAT	SUN
21. Mindful of current thoughts, _____ Challenge thinking _____	PREVENT	MON	TUE	WED	THUR	FRI	SAT	SUN
22. Distract		MON	TUE	WED	THUR	FRI	SAT	SUN
23. Self-soothe	CRISIS	MON	TUE	WED	THUR	FRI	SAT	SUN
24. Improve the moment	SURVIVAL	MON	TUE	WED	THUR	FRI	SAT	SUN
25. Pros and cons		MON	TUE	WED	THUR	FRI	SAT	SUN
26. Radical acceptance		MON	TUE	WED	THUR	FRI	SAT	SUN

FIGURE 7.3. (continued)

### **Therapist's Treatment Agreements**

1. I agree that I will keep confidential the information discussed, including the names of group members.
2. I agree not to form private relationships with other group members outside of group sessions.
3. I agree to arrive at group sessions on time.
4. I agree to attend group sessions each week and to stay for the entire 2 hour session.
5. I agree to inform the group if I will miss or be late for a session. If I miss a session I agree to listen to the audiotaped session.
6. I agree to practice the skills taught.
7. I agree to do my absolute best to deliver the best treatment that I can to help group members stop binge eating.

---

Therapist's signature

---

Date

### **Group Member's Treatment Agreements**

1. I agree that I will keep confidential the information discussed during group sessions, including the names of other group members.
2. I agree not to form private relationships with other group members outside of the group sessions.
3. I agree to arrive at sessions on time.
4. I agree to attend sessions each week and to stay for the entire 2-hour session.
5. I agree to call ahead of time if I will miss or be late for a session. If I miss a session, I agree to come to the clinic to listen to the audiotaped session and to complete the skills practice and share this practice during the homework review.
6. I agree to practice the skills taught.
7. I agree to do my absolute best to stop binge eating and to help other group members to stop binge eating.
8. I agree to complete the homework assignments and bring them with me to each session.
9. I agree to complete the research questionnaires and interviews that are part of this treatment program.

---

Group Member's signature

---

Date

**FIGURE 7.7.** Therapist and client treatment agreements.

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### Instructions for Completing Your Diary Card

Completing your diary card on a daily basis is an essential component of your treatment. “Mindful” completion of the diary card (i.e., paying attention *without* judging) increases awareness of what is going on for you. Therefore, completing the diary card is a skillful behavior. You will derive the greatest benefit if you complete the diary card on a daily basis. We suggest that you complete it at the end of each day, but if another time is more convenient for you, that is fine. Here’s how you complete the card:

**Initials:** Write in your initials.

**ID#:** Do not write in this space. We will complete this.

**How Often Did You Fill Out This Side?:** Place a check mark to indicate how frequently you filled in the diary card during the past week.

**Day and Date:** Write in the calendar date (month/day/year) under each day of the week.

**Urge to Binge:** Refer to the legend and choose the number from the scale (0–6) that best represents your highest rating for the day. The key characteristics of the urge to consider when making your rating are intensity (how strongly you felt the urge) and duration (how long the urge lasted).

**Binge Episodes:** Write the number of binge episodes you had each day. A “binge” refers to an eating episode in which you felt a loss of control during the eating.

**Mindless Eating:** Write in the number of “mindless” eating episodes that you had each day. “Mindless eating” refers to not paying attention to what you are eating, although you do not feel the sense of loss of control that you do during binge episodes. A typical example of mindless eating would be sitting in front of the TV and eating a bag of microwave popcorn without any awareness of the eating (i.e., somehow the popcorn was gone and you were only vaguely aware of having eaten it). Again, however, you didn’t feel a sense of being out of control during the eating.

**Apparently Irrelevant Behaviors (AIBs) :** Circle either “Yes” or “No” depending on whether you did or did not have any AIBs that day. If you did, briefly describe the AIB in the place provided or on another sheet of paper. An “AIB” refers to behaviors that, upon first glance, do not seem relevant to binge eating and purging but which actually are important in the behavior chain leading to these behaviors. You may convince yourself that the behavior doesn’t matter or really won’t affect your goal to stop bingeing and purging when, in fact, the behavior matters a great deal. A typical AIB might be buying several boxes of your favorite Girl Scout cookies because you wanted to help out a neighbor’s daughter (of course, you could buy the cookies and donate them to the neighbor).

**Capitulating:** Refer to the legend and choose the number from the scale (0–6) that best represents your highest rating for the day. The key characteristics to consider when making your rating are intensity (strength of the capitulating) and duration (how long it lasted). “Capitulating” refers to giving up on your goals to stop binge eating and to skillfully cope with emotions. Instead, you capitulate or surrender to bingeing, acting as if there is no other option or way to cope than with food.

**Food Preoccupation:** Refer to the legend and choose the number from the scale (0–6) that best represents your highest rating for the day. “Food preoccupation” refers to your thoughts or attention being absorbed or focused on food. For example, your thoughts about a upcoming dinner party and the presence of your favorite foods may absorb your attention so much that you have trouble concentrating at work.

**Emotion Columns:** Refer to the legend and choose the number from the scale (0–6) that best represents your highest rating for the day. The key characteristics to consider when making your rating are intensity (strength of the emotion) and duration (how long it lasted).

(continued)

**FIGURE 7.8.** Stanford University instructions for filling out diary card. Reprinted with permission of Marsha M. Linehan in *Dialectical Behavior Therapy in Clinical Practice*, edited by Linda A. Dimeff and Kelly Koerner. Copyright 2007 by The Guilford Press. Permission to reproduce this figure is granted to purchasers of this book for personal use only (see copyright page for details).

**Used Skills:** Refer to the legend and choose the number from the scale (0–6) that best represents your attempts to use the skills each day. When making your rating, consider whether or not you thought about using any of the skills that day, whether or not you actually used any of the skills, and whether or not the skills helped.

**Weight:** Weigh yourself once each week and record your weight in pounds in the space provided. Please write in the date you weighed. It is best if you choose the same day each week to weigh. Many women find that arriving a few minutes early to the session and weighing at the clinic is a good way to remember to weigh.

**Urge to Quit Therapy:** Indicate your urge to quit therapy before the session and after the session each week. Both of these ratings should be made for the same session as the one in which you received the diary card. It is best to make both of these ratings as soon as possible following that day's session. Use a 0–6 scale of intensity of the urge, with 0 indicating no urge to quit and a 6 indicating the strongest urge to quit.

**Completing the Skills Side of the Diary Card:**

**How Often Did You Fill Out This Side?** Place a check mark to indicate how frequently you filled out the skills side of the diary card during the week.

**Skills Practice:** Go down the column for each day of the week and circle each skill that you

**FIGURE 7.8.** *(continued)*

Diary Card			Initials		ID #		How often did you fill out this side?								
Day and Date	Urge <sup>1</sup> to binge (0-6)	Binge episodes		Mindless eating # episodes	AIB <sup>2</sup> Circle one	Capitulating <sup>1</sup> (0-6)	Food <sup>1</sup> craving (0-6)	Food <sup>1</sup> preoccupation (0-6)	Anger <sup>1</sup> (0-6)	Sadness <sup>1</sup> (0-6)	Fear <sup>1</sup> (0-6)	Shame <sup>1</sup> (0-6)	Pride <sup>1</sup> (0-6)	Happiness <sup>1</sup> (0-6)	Used <sup>3</sup> (0-7)
		# OBE lg	# SBE sm												
Mon					yes / no										
Tues					yes / no										
Wed					yes / no										
Thurs					yes / no										
Fri					yes / no										
Sat					yes / no										
Sun					yes / no										

1 Use the following scale to indicate the highest rating for the day:  
0 = urge/thought/feeling not experienced  
1 = urge/thought/feeling experienced slightly and briefly  
2 = urge/thought/feeling experienced moderately and briefly  
3 = urge/thought/feeling experienced intensely and briefly  
4 = urge/thought/feeling experienced slightly and endured  
5 = urge/thought/feeling experienced moderately and endured  
6 = urge/thought/feeling experienced intensely and endured

2 Describe Apparently Irrelevant Behaviors (AIBs):  
<sup>3</sup> USED SKILLS:  
0 = Not thought about or used  
1 = Thought about, not used, didn't want to  
2 = Thought about, not used, wanted to  
3 = Tried but couldn't use them  
4 = Tried, could do them, but they didn't help  
5 = Tried, could use them, helped  
6 = Didn't try, used them, didn't help  
7 = Didn't try, used them, helped

Weight \_\_\_\_\_ Date Weighed \_\_\_\_\_  
Urge to quit therapy (0-5): Before therapy session: \_\_\_\_\_ After therapy session: \_\_\_\_\_  
**NIMH 1997-2000**  
**ER BED TELCH**

(continued)

**FIGURE 7.9.** Stanford University diary card and skills diary card. Reprinted with permission of Marsha M. Linehan in *Dialectical Behavior Therapy in Clinical Practice*, edited by Linda A. Dimeff and Kelly Koerner. Copyright 2007 by The Guilford Press. Permission to reproduce this figure is granted to purchasers of this book for personal use only (see copyright page for details).

SKILLS DIARY CARD	Instructions: Circle the days you worked on each skill.							How often did you fill out this side?						
	Mon	Tues	Wed	Thurs	Fri	Sat	Sun	Daily	4-6x	2-3x	Once	Sat	Sun	
1. Diaphragmatic breathing	Mon	Tues	Wed	Thurs	Fri	Sat	Sun							
2. Wise Mind	Mon	Tues	Wed	Thurs	Fri	Sat	Sun							
3. Observe: just notice	Mon	Tues	Wed	Thurs	Fri	Sat	Sun							
4. Describe: put words on	Mon	Tues	Wed	Thurs	Fri	Sat	Sun							
5. Participate: enter into the experience	Mon	Tues	Wed	Thurs	Fri	Sat	Sun							
6. Mindful eating	Mon	Tues	Wed	Thurs	Fri	Sat	Sun							
7. Nonjudgmental stance	Mon	Tues	Wed	Thurs	Fri	Sat	Sun							
8. One-mindfully: in-the-moment	Mon	Tues	Wed	Thurs	Fri	Sat	Sun							
9. Effectiveness: focus on what works	Mon	Tues	Wed	Thurs	Fri	Sat	Sun							
10. Urge surfing	Mon	Tues	Wed	Thurs	Fri	Sat	Sun							
11. Alternate rebellion	Mon	Tues	Wed	Thurs	Fri	Sat	Sun							
12. Mindful of current emotion	Mon	Tues	Wed	Thurs	Fri	Sat	Sun							
13. Loving your emotions	Mon	Tues	Wed	Thurs	Fri	Sat	Sun							
14. Reduce vulnerability: PLEASE	Mon	Tues	Wed	Thurs	Fri	Sat	Sun							
15. Build MASTERY	Mon	Tues	Wed	Thurs	Fri	Sat	Sun							
16. Build positive experiences	Mon	Tues	Wed	Thurs	Fri	Sat	Sun							
17. Mindful of positive experiences	Mon	Tues	Wed	Thurs	Fri	Sat	Sun							
18. Opposite-to-emotion action	Mon	Tues	Wed	Thurs	Fri	Sat	Sun							
19. Observing your breath	Mon	Tues	Wed	Thurs	Fri	Sat	Sun							
20. Half-smiling	Mon	Tues	Wed	Thurs	Fri	Sat	Sun							
21. Awareness exercises	Mon	Tues	Wed	Thurs	Fri	Sat	Sun							
22. Radical acceptance	Mon	Tues	Wed	Thurs	Fri	Sat	Sun							
23. Turning the mind	Mon	Tues	Wed	Thurs	Fri	Sat	Sun							
24. Willingness	Mon	Tues	Wed	Thurs	Fri	Sat	Sun							
25. Burning your bridges	Mon	Tues	Wed	Thurs	Fri	Sat	Sun							
26. Distract	Mon	Tues	Wed	Thurs	Fri	Sat	Sun							
27. Self-soothe	Mon	Tues	Wed	Thurs	Fri	Sat	Sun							
28. Improve the moment	Mon	Tues	Wed	Thurs	Fri	Sat	Sun							
29. Pros and cons	Mon	Tues	Wed	Thurs	Fri	Sat	Sun							
30. Commitment	Mon	Tues	Wed	Thurs	Fri	Sat	Sun							
30. Did not practice any skills	Mon	Tues	Wed	Thurs	Fri	Sat	Sun							

FIGURE 7.9. (continued)

<p><b>Basic Principles of RADICAL OPENNESS</b></p> <ul style="list-style-type: none"> <li>• Freedom from feeling “stuck” requires OPENNESS to new behaviors.</li> <li>• BEING CLOSED to different ways has not worked—otherwise you would not be here.</li> <li>• Being OPEN does not mean rejecting the past.</li> <li>• Deciding to be in the moment and staying available to all possibilities is OPENNESS.</li> <li>• OPENNESS is looking forward without preconception or expectation.</li> <li>• OPENNESS is looking back without judgment or blame.</li> <li>• To be OPEN to something is not the same as judging it good.</li> </ul>
<p><b>RADICAL OPENNESS</b></p> <p>IS <u>NOT</u>:</p> <ul style="list-style-type: none"> <li>Approval</li> <li>Expecting good things to happen</li> <li>Being naive</li> <li>Always changing</li> </ul> <p>IS <u>NOT</u>:</p> <ul style="list-style-type: none"> <li>Being rigid about being open</li> </ul>
<p><b>WHY BE OPEN TO NEW THINGS?</b></p> <ol style="list-style-type: none"> <li>1. Rejecting and denying that things are different doesn't make it so.</li> <li>2. Changing reality requires being OPEN to new facts about reality.</li> <li>3. Old habits have not worked.</li> </ol> <p>Other: _____</p>

**FIGURE 10.3.** Radical openness handout 1 <sup>D+PD</sup>.

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**Pros and Cons of Being Open to New Experience**

Name \_\_\_\_\_ Week starting \_\_\_\_\_

Make Pros and Cons list for being open to new experience, trying out new things, tolerating the distress of not having an answer or being seen as inexperienced, and Pros and Cons of being closed to new experience and basing decisions on the past.

	Being Open to New Experience	Being Closed to New Experience (describe _____)
<b>PROS</b>	Short term _____ _____ _____	Short term _____ _____ _____
	Long term _____ _____ _____	Long term _____ _____ _____
<b>CONS</b>	Short term _____ _____ _____	Short term _____ _____ _____
	Long term _____ _____ _____	Long term _____ _____ _____

**FIGURE 10.4.** Radical openness handout 2 <sup>D+PD</sup>.

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Name \_\_\_\_\_ Week Starting \_\_\_\_\_

### FIGURE OUT WHAT YOU NEED TO BE RADICALLY OPEN TO

**1st**, make a list of three things in your life right now that **you do not want to change but fluid mind knows you should**. Helpful hint: what have caring others told you in the past that would be helpful for you to change but you have resisted? Helpful hint: use adjectives to describe yourself, now list the opposite adjective; these may be clues to what you need to be open to. Helpful hint: what are your “buttons,” what can someone say to you that will make you angry? These might be hints to areas that need work on being open.

Then put a number indicating how open you are to trying this new behavior or idea out:

0 = fixed mind, I am in completely inflexible about and/or unwilling to change . . .

5 = complete fluid-minded openness

	What I need to be open to.	(Openness, 0–5)
1.	_____	(_____)
2.	_____	(_____)
3.	_____	(_____)

### REFINE YOUR LIST

**2nd**, review your two lists above. **Check for judgments**. Avoid good, bad, and judgmental language. Rewrite any items above if needed so that they are **factual and nonjudgmental**.

### PRACTICE RADICAL OPENNESS

**3rd**, choose one item from the list to practice on.

1. \_\_\_\_\_
2. \_\_\_\_\_

**4th**, focus your fluid mind on the new behavior or thought. *Check off* any of the following exercises that you did.

- 1. Reminded myself to behave opposite to my old way of doing things
- 2. Allowed thoughts of what I have to be open to enter my mind and attended to sensations
- 3. Imagined being open to and “loving” any accompanying humiliation
- 4. Wrote it out in detail what I need to be open to, not exaggerating or minimizing, factually and without judgment
- 5. Relaxed my face and body while imagining being open
- 6. Tried out something small that is related to the new behavior or way of thinking
- 7. Rehearsed in my mind the things that I would do
- 8. Reminded myself that you have to “break an egg to make an omelet”
- 9. Other: \_\_\_\_\_

**5th**, describe your experiences and what happened next.

1. \_\_\_\_\_  
\_\_\_\_\_
2. \_\_\_\_\_  
\_\_\_\_\_

**FIGURE 10.5.** Radical openness worksheet 3 <sup>D+PD</sup>.

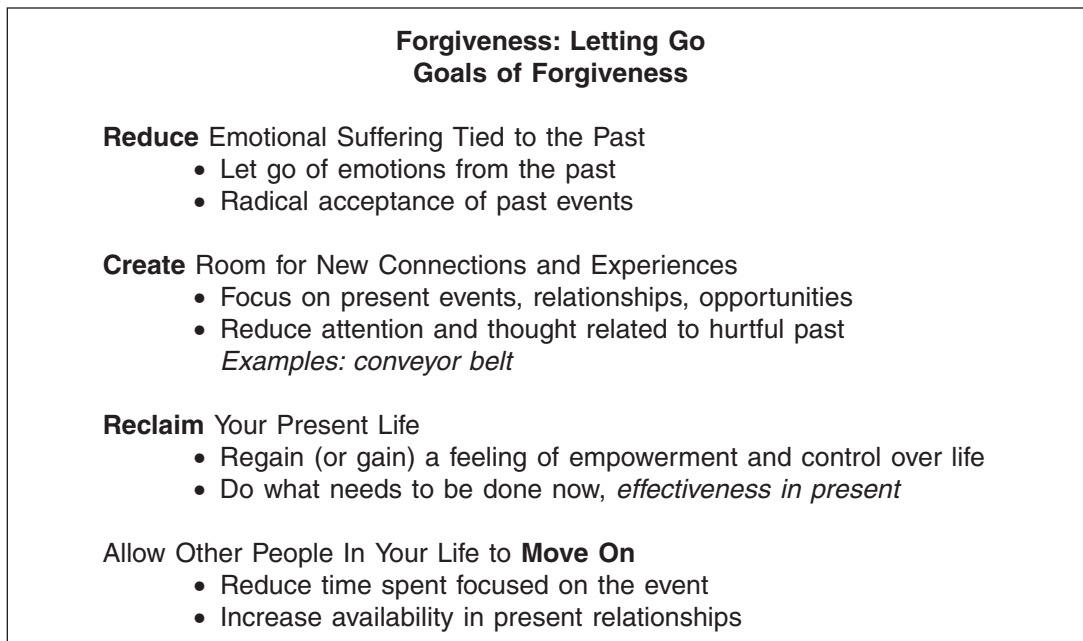
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### Myths of a Fixed Mind

1. Being open means being gullible. Only idiots are open.  
Challenge: \_\_\_\_\_
2. If you don't have an opinion on how things should be, you'll get hurt.  
Challenge: \_\_\_\_\_
3. I am too old to try something new.  
Challenge: \_\_\_\_\_
4. There is a right and wrong way to do things and that's the way it is.  
Challenge: \_\_\_\_\_
5. Being naïve means being a fool.  
Challenge: \_\_\_\_\_
6. I have tried everything there is to try. There is nothing new out there.  
Challenge: \_\_\_\_\_
7. Even if I tried something new, it won't help.  
Challenge: \_\_\_\_\_
8. You can't teach an old dog a new trick.  
Challenge: \_\_\_\_\_
9. If I try something new and it works, I was a fool for not trying it before.  
Challenge: \_\_\_\_\_
10. If I try something new, then it means I was wrong.  
Challenge: \_\_\_\_\_
11. New things are for gullible young people.  
Challenge: \_\_\_\_\_
12. Doing something different means giving up my values.  
Challenge: \_\_\_\_\_
13. It doesn't matter what you say or how things seem, I know I am right.  
Challenge: \_\_\_\_\_
14. Doing what I always do just feels right.  
Challenge: \_\_\_\_\_
15. It is more comfortable to do what I have always done.  
Challenge: \_\_\_\_\_
16. You have to resign yourself to the fact that you can't change.  
Challenge: \_\_\_\_\_
17. Myth: \_\_\_\_\_  
Challenge: \_\_\_\_\_

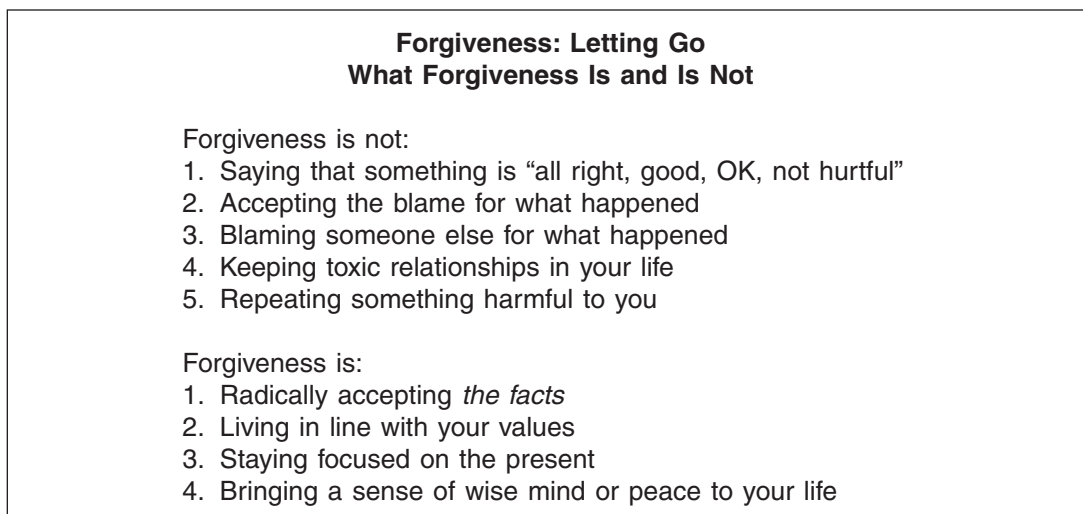
**FIGURE 10.7.** Myths of a Fixed Mind.

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**FIGURE 10.8.** Interpersonal effectiveness handout 9<sup>D+PD</sup>.

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**FIGURE 10.9.** Interpersonal effectiveness handout 10<sup>D+PD</sup>.

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## Steps to Forgiveness

1. **Is there something that happened in the past (e.g., event, decision, hurtful outcome) that you still think about often? Do you have feelings of guilt, anger, sadness?**

---

---

2. Describe how these feelings and holding on to these feelings influences your life now.

---

---

3. Figure out who or what you want to forgive:

- Forgive yourself for something you did, a decision you made, etc.
- Forgive someone else for something he or she did to you or another person
- Forgive the environment, higher power, a corporation, another country, etc.

4. **Radically accept that the event happened.** *Go over radical acceptance*

5. **Nonjudgmentally label your feelings associated with the event**

- When the event happened: \_\_\_\_\_
- Now: \_\_\_\_\_

6. **Think of the people involved at the time of the event (including you)**

- What was your perspective then? Has it changed?

---

---

- What was the perspective of other people involved?

---

---

- Any information about the person to be forgiven that you are leaving out?

---

---

7. **Let go**

- Forgive yourself—Practice justified and unjustified guilt skills
- Forgive others—What do you want to hear/have done from this person? Can you get this in your life now?
- Forgive environment—Work to reduce judgment and increase radical acceptance

8. **Loving Kindness Exercises**

**FIGURE 10.10.** Interpersonal effectiveness worksheet 4 <sup>D+PD</sup>.

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Dialectical Behavior Therapy D + PD Skills Diary Card										Started: Date ____/____/____				
		Initials/Name												
		ID #												
Circle Start Day	Highest Urge To:			Highest Rating for Each Day			Medications			Behavior				
	Commit Suicide	Give Up	Deactivate	Emotion. Misery	Physical Misery	Joy	Home Remedy	Med as Prescribed	PRN/Over the Counter	Active	Sleep	Skills	Self-critical	Tried New
Day of Week	0-5	0-5	0-5	0-5	0-5	0-5	What?	Y?N	#.	Y/N	Hrs #	0-7	0-5	✓
MON														
TUE														
WED														
THUR														
FRI														
SAT														
SUN														
Chain Analysis Notes													<b>USED SKILLS:</b> 0 = Not thought about or used 1 = Thought about, not used, didn't want to 2 = Thought about, not used, wanted to 3 = Tried but couldn't use them 4 = Tried, could do them, but they didn't help 5 = Tried, could use them, helped 6 = Didn't try, used them, didn't help 7 = Didn't try, used them, helped	
Med Changes/Other:													Openness to New . . . Coming into Session (0-5) Urge to: Coming into Session (0-5)	
													Emotions:	
													Action:	
													Thoughts:	
													Quit therapy:	
													Give up:	
													Commit suicide:	

FIGURE 10.11. DBT skills diary card.

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<b>Phase I: Qualitative System Screening Questions</b>				
<b>Possible Indicators of Insufficient Care “As Usual”</b>				
<ul style="list-style-type: none"> <li>• Does it feel like you’re constantly “putting out fires” with the consumers with BPD behaviors?</li> <li>• Do you receive pressure to reduce your state hospital census, but find that there are few adequate community treatment options?</li> <li>• Do you find yourself intervening with staff and asking them to provide more services to prevent termination of residential placements, to reduce hospitalizations, or to thwart ongoing complaints (by staff and the consumers themselves)?</li> <li>• Do you review incident reports on the same consumers over and over?</li> <li>• Do you get frequent requests for difficult case reviews on the same consumers?</li> <li>• Do administrators frequently ask, “Why are these consumers not improving when I send staff to workshops?”</li> </ul>				
<b>Possible Indicators of Provider Burnout</b>				
<ul style="list-style-type: none"> <li>• Do you question why frequent and intense services are provided but outcomes show little improvement?</li> <li>• Does your staff state they are burned out because they feel they are unable to provide adequate treatment?</li> <li>• Do you and/or your staff feel uninterested or “hardened” to the emotional pain of consumers with BPD behaviors?</li> <li>• Do you question whether consumers with BPD even <i>want</i> to get better, and perhaps think their most difficult and frustrating behaviors are done to <i>purposely</i> frustrate and annoy.</li> <li>• Are you convinced that these consumers cannot benefit from community treatment and need to reside long term in a state institution due to high-risk self-injurious behaviors?</li> </ul>				
<b>Phase II: Gather Numerical Data to Quantify System Need</b>				
<b>Identify consumers without-of-control behaviors, high utilization</b>	<b>Estimated number in past year</b>	<b>Estimated annual costs</b>	<b>Past/current proposed solutions to reduce costs</b>	<b>Resolved? Yes/No</b>
Consumers in state mental hospital for 90+ days in past 12 months				
Consumers with > three psychiatric and/or substance use admissions in past 12 months				
Consumers with > five crisis/emergency encounters in past 12 months				
Consumers with > one suicide attempt/instance of self-injurious behavior in past 12 months				
Consumers evicted from a community mental health residential program				
Consumers with costly individual wraparound plans or additional supports				
<b>Calculate cost of staff time</b>	<b>Estimated amount in past 3 months</b>	<b>Estimated Annual Costs</b>	<b>Past/current proposed solutions to reduce costs</b>	<b>Resolved? Yes/No</b>
Number of extra meetings that have been held to develop crisis plans and treatment plans				
Amount of staff time each week handling after-hours crisis calls				
Amount of staff time developing individual wraparound plans				
Number of conflicts that have occurred between staff, departments, or external providers regarding how to best manage high-risk behaviors?				

**FIGURE 11.1.** Sample self-assessment tool.

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## APPENDIX 11.1. DBT Coaching Sheet

The following is a checklist to assist with providing DBT coaching. Check the steps you used and briefly answer each question. Teams have found it useful to review in morning meeting. It can also be helpful to give a copy to consumer.

The goal is to assist the person in identifying and committing to using skills instead of engaging in suicidal and/or other impulsive behaviors. **\*\*FOCUS** of coaching is applying skills.

Date \_\_\_\_\_ Consumer \_\_\_\_\_ Time Called \_\_\_ to \_\_\_ Staff \_\_\_\_\_

### 1) Problem definition:

What is going on? Event \_\_\_\_\_  
Thought/feelings \_\_\_\_\_

When did it start? \_\_\_\_\_

#### Assess for suicidal lethality and/or harm to others.

- 2) Assess for vulnerabilities:  Physical illness  Eating, when ate last  
 Mood-altering drugs (caffeine, alcohol, marijuana . . .)  
 Sleep, too much, not enough  Any physical activity

### 3) What skills have you tried ? \_\_\_\_\_

**\*\*Label skills you see client trying even if he or she doesn't identify them as skills.**

- Reinforce effort.  
 Trouble-shoot noneffort and coach on need of effort—remind goal is to reduce impulsive behaviors.

### 4) Generate alternative skills:

#### **Core mindfulness**

- Wise Mind  Nonjudgmental stance  
 Observe  One-mindfully in-the-moment  
 Describe  Effectiveness: focus on what works

#### **Emotion regulation**

- Reduce vulnerabilities \_\_\_\_\_  
 Build mastery \_\_\_\_\_  
 Build positive experiences \_\_\_\_\_  
 Opposite action \_\_\_\_\_

#### **Distress tolerance**

##### **Distracting: Wise Mind accepts**

- Activities (task that will help distract)  
 Contributions (i.e., do something for someone else)  
 Comparisons (compare to yourself or someone else)  
 Emotions (an event that creates different emotions)  
 Pushing away (i.e., put pain on a shelf)  
 Thoughts (count to 10, read, puzzles)  
 Sensations (ice in hand, squeeze rubber ball, walk briskly)

##### **Self-soothing**

- Vision (look at something pretty)  
 Hearing (music, hum, listen to nature)  
 Smell (potpourri, candles, bake)  
 Taste (have a meal or sip favorite tea)  
 Touch (wrap up in blanket, bath, pet cat)

##### **Improve the moment**

- Imagery (imagine a relaxing safe place)  
 Meaning (find or create some purpose)  
 Prayer (meditation)  
 Relaxation (hot bath, breathing exercise)  
 One thing in the moment  
 Vacation (get in bed for 20 mins)  
 Encouragement (Cheerlead yourself: "I can stand this!")

##### **Pros and cons**

##### **Radical acceptance**

\*Skills coached on phone (i.e., breathing exercise) \_\_\_\_\_

#### **Interpersonal effectiveness**

- Objective effectiveness: DEAR MAN  
 Relationship effectiveness: GIVE  
 Self-respect effectiveness: FAST

\*List skills committed to using \_\_\_\_\_

### 5) In case plan doesn't work, troubleshoot a plan B \_\_\_\_\_

### 6) Plan a check-in on outcome of skills tried Scheduled call Discuss at next contact

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**APPENDIX 11.2. Consumer and Clinician Agreement with ACT/DBT Services**

ACT/DBT agrees to provide a qualified DBT therapist for weekly 1:1 psychotherapy.

ACT/DBT agrees to provide group or individual skills training by qualified skills trainer(s).

ACT/DBT agrees to provide therapist with weekly peer consultation.

ACT/DBT agrees to provide phone consultation to \_\_\_\_\_.

\_\_\_\_\_ agrees to attend scheduled therapy sessions.

\_\_\_\_\_ agrees to attend scheduled skills training group.

\_\_\_\_\_ agrees to disclose information regarding other therapies currently receiving and agrees to terminate on a schedule negotiated with his or her individual therapist.

ACT/DBT providers and \_\_\_\_\_ are committed to making treatment effective and agree on the following treatment targets:

1. To decrease suicidal, parasuicidal, and self-harm activities.
2. To decrease therapy-interfering behavior.
3. To decrease quality-of-life-interfering behaviors.
4. To increase interpersonal effectiveness.
5. To increase the ability to tolerate stress.
6. To increase the ability to manage strong emotions.
7. To increase core mindfulness skills.
8. Others as agreed to by \_\_\_\_\_ and DBT therapist.

ACT/DBT providers and \_\_\_\_\_ agree to give each other 24 hours' notice if an appointment is going to be missed or needs to be rescheduled.

Missing four consecutive sessions of individual therapy or four consecutive skills training groups means \_\_\_\_\_ may not remain in ACT/DBT treatment.

If \_\_\_\_\_ engages in suicidal behavior, \_\_\_\_\_ agrees to the contingency that there will be no contact aside from assessment of lethality for 24 hours, or as agreed upon.

\_\_\_\_\_ agrees to structure \_\_\_\_\_ hours per week of time participating in an activity negotiated between \_\_\_\_\_ and \_\_\_\_\_ by \_\_\_\_\_.

This agreement is valid for the period of 1 year or as negotiated. Starting from \_\_ to \_\_ . At the end of the agreed-upon time, this agreement can be renewed, revised, or terminated.

\_\_\_\_\_  
Date / /

\_\_\_\_\_  
Date / /

DBT Primary Therapist

\_\_\_\_\_  
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