

**All Worksheets**

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# General Worksheets

## *Orientation Worksheet*

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# 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.

**Describe the situation or problem:**

**Describe your goal in this situation:**

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.

<b>PROS</b>	<b>Practicing Skills</b>	<b>Not Practicing Skills</b>
	_____	_____
	_____	_____
	_____	_____
	_____	_____
<b>CONS</b>	<b>Practicing Skills</b>	<b>Not Practicing Skills</b>
	_____	_____
	_____	_____
	_____	_____
	_____	_____

**What did you decide to do in this situation?** \_\_\_\_\_

**Is this the best decision (in Wise Mind)?** \_\_\_\_\_



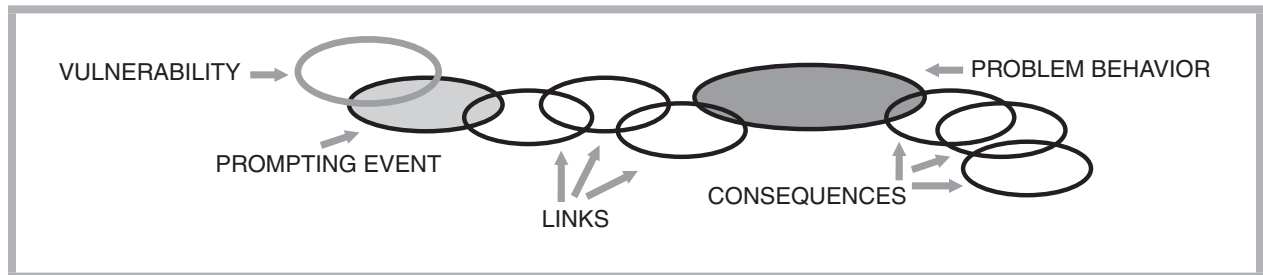
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## *Worksheets for Analyzing Behavior*

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## 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**.

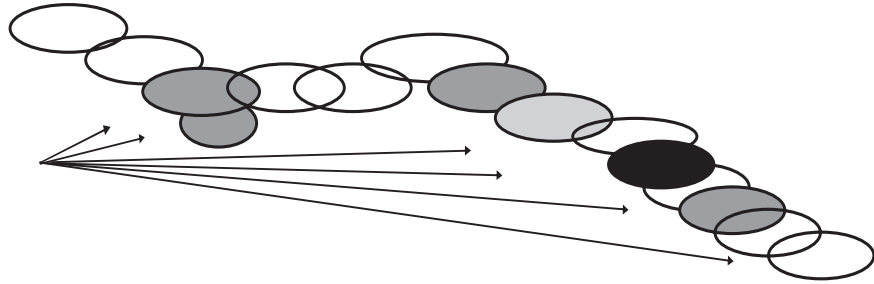
Day the events making me vulnerable started: \_\_\_\_\_

*(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

- 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. \_\_\_\_\_

\_\_\_\_\_

2nd. \_\_\_\_\_

\_\_\_\_\_

3rd. \_\_\_\_\_

\_\_\_\_\_

4th. \_\_\_\_\_

\_\_\_\_\_

5th. \_\_\_\_\_

\_\_\_\_\_

6th. \_\_\_\_\_

\_\_\_\_\_

7th. \_\_\_\_\_

\_\_\_\_\_

8th. \_\_\_\_\_

\_\_\_\_\_

9th. \_\_\_\_\_

\_\_\_\_\_

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

1st. \_\_\_\_\_

\_\_\_\_\_

2nd. \_\_\_\_\_

\_\_\_\_\_

3rd. \_\_\_\_\_

\_\_\_\_\_

4th. \_\_\_\_\_

\_\_\_\_\_

5th. \_\_\_\_\_

\_\_\_\_\_

6th. \_\_\_\_\_

\_\_\_\_\_

7th. \_\_\_\_\_

\_\_\_\_\_

8th. \_\_\_\_\_

\_\_\_\_\_

9th. \_\_\_\_\_

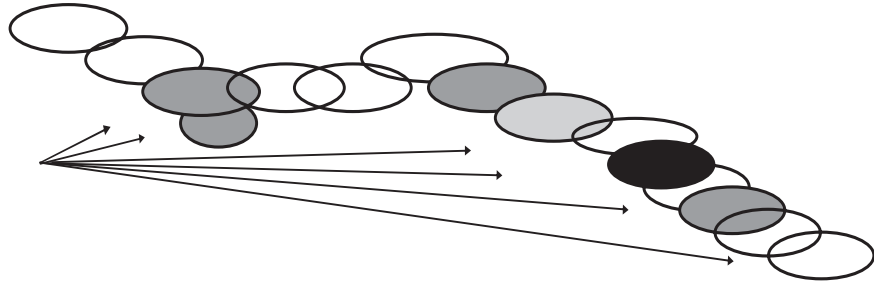
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## LINKS IN THE CHAIN OF EVENTS: Behaviors (Actions, Body sensations, Cognitions/Thoughts, Feelings) and Events (in the environment)

### Possible Types of Links

- 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.

10th. \_\_\_\_\_

\_\_\_\_\_

11th. \_\_\_\_\_

\_\_\_\_\_

12th. \_\_\_\_\_

\_\_\_\_\_

13th. \_\_\_\_\_

\_\_\_\_\_

14th. \_\_\_\_\_

\_\_\_\_\_

15th. \_\_\_\_\_

\_\_\_\_\_

16th. \_\_\_\_\_

\_\_\_\_\_

17th. \_\_\_\_\_

\_\_\_\_\_

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

10th. \_\_\_\_\_

\_\_\_\_\_

11th. \_\_\_\_\_

\_\_\_\_\_

12th. \_\_\_\_\_

\_\_\_\_\_

13th. \_\_\_\_\_

\_\_\_\_\_

14th. \_\_\_\_\_

\_\_\_\_\_

15th. \_\_\_\_\_

\_\_\_\_\_

16th. \_\_\_\_\_

\_\_\_\_\_

17th. \_\_\_\_\_

\_\_\_\_\_

(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:

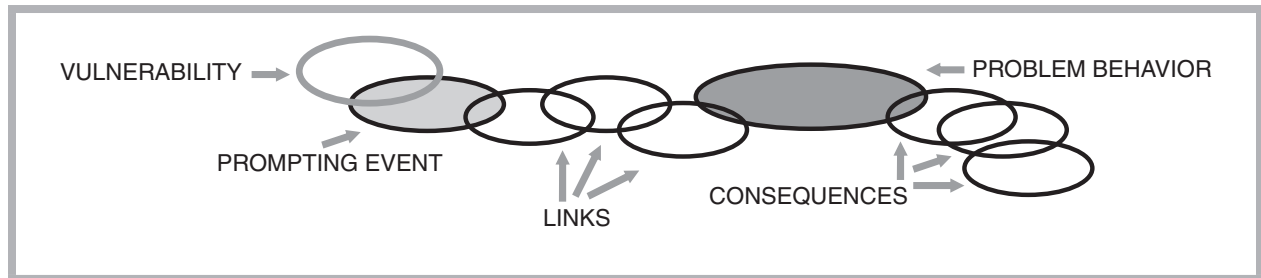
Ways to prevent *precipitating event* from happening again:

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

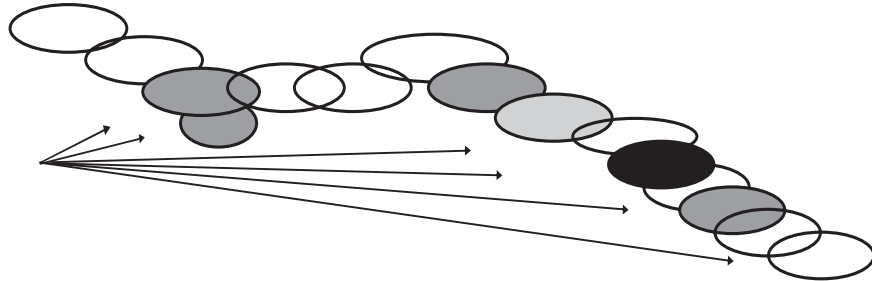
*My boyfriend said he had to take a business trip sometime in the next month.*

*(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?

STOP

Describe problem solving: \_\_\_\_\_

STOP

.....

# Mindfulness Worksheets

*Worksheets for Core  
Mindfulness Skills*

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# MINDFULNESS WORKSHEET 1

(Mindfulness Handouts 1, 7)

## Pros and Cons of Practicing Mindfulness

Due Date: \_\_\_\_\_ Name: \_\_\_\_\_ Week Starting: \_\_\_\_\_

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?

<b>PROS</b>	<b>Stay Mindless, Judgmental, Ineffective</b>	<b>Practice Mindfulness</b>
	_____	_____
	_____	_____
	_____	_____
	_____	_____
<b>CONS</b>	<b>Stay Mindless, Judgmental, Ineffective</b>	<b>Practice Mindfulness</b>
	_____	_____
	_____	_____
	_____	_____
	_____	_____

**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 WORKSHEET 2

(Mindfulness Handouts 2–5c)

## 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*:

- |   |   |   |
|---|---|---|
| <input type="checkbox"/> Reduced suffering    | <input type="checkbox"/> Increased happiness                  | <input type="checkbox"/> Increased ability to focus |
| <input type="checkbox"/> Decreased reactivity | <input type="checkbox"/> Increased wisdom                     | <input type="checkbox"/> Increased experiencing the |
| <input type="checkbox"/> Increased connection | <input type="checkbox"/> Increased sense of personal validity | 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*:

- |   |   |   |
|---|---|---|
| <input type="checkbox"/> Reduced suffering    | <input type="checkbox"/> Increased happiness                  | <input type="checkbox"/> Increased ability to focus |
| <input type="checkbox"/> Decreased reactivity | <input type="checkbox"/> Increased wisdom                     | <input type="checkbox"/> Increased experiencing the |
| <input type="checkbox"/> Increased connection | <input type="checkbox"/> Increased sense of personal validity | 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.*

**1**

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

**2**

**3**

**4**

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

**5**

**Day** \_\_\_\_\_ **Wise Mind**

\_\_\_\_\_/\_\_\_\_\_ Mindfulness: \_\_\_\_\_

\_\_\_\_\_/\_\_\_\_\_ Mindfulness: \_\_\_\_\_

\_\_\_\_\_/\_\_\_\_\_ Mindfulness: \_\_\_\_\_

**Day:** \_\_\_\_\_ **Observe**

\_\_\_\_\_/\_\_\_\_\_ Mindfulness: \_\_\_\_\_

\_\_\_\_\_/\_\_\_\_\_ Mindfulness: \_\_\_\_\_

\_\_\_\_\_/\_\_\_\_\_ Mindfulness: \_\_\_\_\_

**Day:** \_\_\_\_\_ **Describe**

\_\_\_\_\_/\_\_\_\_\_ Mindfulness: \_\_\_\_\_

\_\_\_\_\_/\_\_\_\_\_ Mindfulness: \_\_\_\_\_

\_\_\_\_\_/\_\_\_\_\_ Mindfulness: \_\_\_\_\_

**Day:** \_\_\_\_\_ **Participate**

\_\_\_\_\_/\_\_\_\_\_ Mindfulness: \_\_\_\_\_

\_\_\_\_\_/\_\_\_\_\_ Mindfulness: \_\_\_\_\_

\_\_\_\_\_/\_\_\_\_\_ Mindfulness: \_\_\_\_\_

**Day:** \_\_\_\_\_ **Nonjudgmentally**

\_\_\_\_\_/\_\_\_\_\_ Mindfulness: \_\_\_\_\_

\_\_\_\_\_/\_\_\_\_\_ Mindfulness: \_\_\_\_\_

\_\_\_\_\_/\_\_\_\_\_ Mindfulness: \_\_\_\_\_

**Day:** \_\_\_\_\_ **One-mindfully**

\_\_\_\_\_/\_\_\_\_\_ Mindfulness: \_\_\_\_\_

\_\_\_\_\_/\_\_\_\_\_ Mindfulness: \_\_\_\_\_

\_\_\_\_\_/\_\_\_\_\_ Mindfulness: \_\_\_\_\_

**Day:** \_\_\_\_\_ **Effectively**

\_\_\_\_\_/\_\_\_\_\_ Mindfulness: \_\_\_\_\_

\_\_\_\_\_/\_\_\_\_\_ Mindfulness: \_\_\_\_\_

\_\_\_\_\_/\_\_\_\_\_ Mindfulness: \_\_\_\_\_

**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:

When did you practice this skill, and what did you do to practice?	What was going on that prompted practicing mindfulness (if anything)?	How much time passed when you were doing this skill?	Rate before/after skill use		Conclusions or questions about this skills practice
			Degree of focusing my mind (0–100)	Degree of being centered in Wise Mind (0–100)	
Wise Mind:			/	/	
			/	/	
Observe:			/	/	
			/	/	
Describe:			/	/	
			/	/	
Participate:			/	/	
			/	/	
Nonjudgmentally:			/	/	
			/	/	
One-mindfully:			/	/	
			/	/	
Effectively:			/	/	
			/	/	

List any and all wise things you did this week: \_\_\_\_\_

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

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## MINDFULNESS WORKSHEET 2C (p. 1 of 2)

(Mindfulness Handouts 2–5c)

### 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.

Name(s) of skill(s)	How did you practice the skill?	Describe your experience, including body sensations, emotions, and thoughts while practicing the skill	What is your experience now, after using the skill?
<b>Example:</b> <i>Participating</i>	<i>I went to a party and joined in conversations with other people.</i>	<i>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.</i>	<i>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.</i>
<b>Monday:</b>			
<b>Tuesday:</b>			
<b>Wednesday:</b>			

(continued on next page)

## MINDFULNESS WORKSHEET 2C (p. 2 of 2)

Name(s) of skill(s)	How did you practice the skill?	Describe your experience, including body sensations, 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 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.
- ☐☐☐☐ 5. Breathed “wise” in, “mind” out.
- ☐☐☐☐ 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:**

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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.*

**1**

**2**

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

**3**

**4**

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

**5**

**Describe the situation and how you practiced Wise Mind:**

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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.*

**1**

**2**

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

**3**

**4**

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

**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:**

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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:** \_\_\_\_\_

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

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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:** \_\_\_\_\_

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

# MINDFULNESS WORKSHEET 4A

(Mindfulness Handouts 4–4c)

## 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.
- ☐☐☐☐ 4. The taste of what you eat and the act of eating.
- ☐☐☐☐ 5. Urges to do something: \_\_\_\_\_ Urge-surf, \_\_\_\_\_ notice urge to avoid, \_\_\_\_\_ notice where in body urge is.
- ☐☐☐☐ 6. Body sensations: \_\_\_\_\_ Body scan, \_\_\_\_\_ sensation of walking, \_\_\_\_\_ body touching something.
- ☐☐☐☐ 7. Thoughts coming in and out of your mind: \_\_\_\_\_ Imagine your mind as a river, \_\_\_\_\_ as a conveyor belt.
- ☐☐☐☐ 8. Your breath: \_\_\_\_\_ Movement of stomach, \_\_\_\_\_ sensations of air in and out nose.
- ☐☐☐☐ 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:** \_\_\_\_\_

## MINDFULNESS WORKSHEET 4B (p. 1 of 2)

(Mindfulness Handouts 4–4c)

### 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.

Name(s) of skill(s)	How did you practice the skill?	Describe your experience, including body sensations, emotions, and thoughts while practicing the skill	What is your experience now, after using the skill?
<b>Example:</b> <i>Observing</i>	<i>I took a walk in the park and observed the trees I encountered.</i>	<i>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.</i>	<i>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.</i>
<b>Monday:</b>			
<b>Tuesday:</b>			
<b>Wednesday:</b>			

(continued on next page)

## MINDFULNESS WORKSHEET 4B (p. 2 of 2)

Name(s) of skill(s)	How did you practice the skill?	Describe your experience, including body sensations, 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 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:**

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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:** \_\_\_\_\_

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

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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:** \_\_\_\_\_

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**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:**

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**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:**

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

- ☐ ☐ ☐ ☐ 17. Give up being right
- ☐ ☐ ☐ ☐ 18. Drop willfulness
- ☐ ☐ ☐ ☐ 19. Doing what is effective

**Describe the situation and how you practiced effectiveness:**

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

## MINDFULNESS WORKSHEET 5B (p. 1 of 2)

(Mindfulness Handouts 5–5c)

### 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.

Name(s) of skill(s)	How did you practice the skill?	Describe your experience, including body sensations, emotions, and thoughts while practicing the skill	What is your experience now, after using the skill?
<b>Example:</b> <i>One-mindfully</i>	<i>I dusted my house and focused only on that task while doing it.</i>	<i>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.</i>	<i>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.</i>
<b>Monday:</b>			
<b>Tuesday:</b>			
<b>Wednesday:</b>			

(continued on next page)



**MINDFULNESS WORKSHEET 5B** (p. 2 of 2)

<b>Name(s) of skill(s)</b>	<b>How did you practice the skill?</b>	<b>Describe your experience, including body sensations, emotions, and thoughts while practicing the skill</b>	<b>What is your experience now, after using the skill?</b>
<b>Thursday:</b>			
<b>Friday:</b>			
<b>Saturday:</b>			
<b>Sunday:</b>			

List any and all wise things you did this week: \_\_\_\_\_

## MINDFULNESS WORKSHEET 5C (p. 1 of 2)

(Mindfulness Handouts 5–5c)

### 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.

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

(continued on next page)

## MINDFULNESS WORKSHEET 5C (p. 2 of 2)

Did you practice observing judgmental thoughts?	Did you count judgmental thoughts? If so, how many?	If you replaced a judgmental thought or assumption, what was the judgmental thought or assumption?	What was the replacement thought or assumption?	If you replaced judgmental with nonjudgmental facial or other physical expressions, please describe.	Describe any change after practicing.
Thursday:					
Friday:					
Saturday:					
Sunday:					

List any and all wise things you did this week: \_\_\_\_\_

.....

*Worksheets for Other Perspectives  
on Mindfulness Skills*

.....

# MINDFULNESS WORKSHEET 6

(Mindfulness Handout 8)

## 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:** \_\_\_\_\_

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

# MINDFULNESS WORKSHEET 7

(Mindfulness Handouts 9, 9a)

## 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:**

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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.*

**1**

**2**

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

**3**

**4**

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

**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.*

**1**

**2**

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

**3**

**4**

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

**5**

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

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## MINDFULNESS WORKSHEET 7A (p. 1 of 2)

(Mindfulness Handouts 9, 9a)

### 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.

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

*(continued on next page)*

## MINDFULNESS WORKSHEET 7A (p. 2 of 2)

What was the experience?	What was the one activity in just one moment that you could bring your attention to?	How did your body feel doing one thing at a time?	Describe your experience of 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 WORKSHEET 8 (p. 1 of 2)

(Mindfulness Handouts 9, 9a)

### 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.

What was the experience?	Were you aware of the pleasant feelings <i>while</i> 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?
<b>Example:</b> <i>Seeing a bird while walking around green lake.</i>	<i>Yes.</i>	<i>Lightness across the face, aware of shoulders dropping, uplift of corners of mouth.</i>	<i>Relief, pleasure, "That's good," "How lovely (the bird) sings," "It's so nice to be outside."</i>	<i>It was such a small thing but I'm glad I noticed it.</i>
<b>Monday:</b>				
<b>Tuesday:</b>				
<b>Wednesday:</b>				

(continued on next page)

## MINDFULNESS WORKSHEET 8 (p. 2 of 2)

What was the experience?	Were you aware of the pleasant feelings <i>while</i> 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 WORKSHEET 9 (p. 1 of 2)

(Mindfulness Handouts 9, 9a)

### 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.

What was the experience?	Were you aware of the unpleasant feelings <i>while</i> 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?
<b>Example:</b> My boyfriend forgot my birthday.	Yes.	<i>Tears just behind my eyes, sinking feeling in stomach, drooping of face and shoulders, tired.</i>	<i>Hurt, sadness, "He doesn't care enough to remember me," "Does he really love me?" Wanting to go to sleep until tomorrow.</i>	<i>He is a pretty forgetful guy. Maybe I need to remind him a lot.</i>
<b>Monday:</b>				
<b>Tuesday:</b>				
<b>Wednesday:</b>				

(continued on next page)

## MINDFULNESS WORKSHEET 9 (p. 2 of 2)

What was the experience?	Were you aware of the unpleasant feelings <i>while</i> 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 WORKSHEET 10

(Mindfulness Handouts 3, 10)

## Walking the Middle Path to Wise Mind

Due Date: \_\_\_\_\_ Name: \_\_\_\_\_ Week Starting: \_\_\_\_\_

**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.*

**1**

**2**

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

**3**

**4**

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

**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.*

**1**

**2**

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

**3**

**4**

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

**5**

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

# MINDFULNESS WORKSHEET 10A

(Mindfulness Handout 10)


## Analyzing Yourself on the Middle Path

Due Date: \_\_\_\_\_ Name: \_\_\_\_\_ Week Starting: \_\_\_\_\_

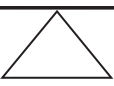
1. **Figure out where you are off the middle path, toward one extreme or the other.** For each of the following Wise Mind dilemmas, put an X on the line that represents where you think you are most of the time. If you are fairly balanced, put the X in the middle. If you are out of balance, put the X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

<div style="border: 1px solid black; padding: 5px; width: 150px; margin: 0 auto;">Too much</div> <div style="border: 1px solid black; height: 40px; width: 100%; margin-top: 5px;"></div>		<div style="border: 1px solid black; padding: 5px; width: 150px; margin: 0 auto;">Too little</div> <div style="border: 1px solid black; height: 40px; width: 100%; margin-top: 5px;"></div>
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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.

<div style="border: 1px solid black; padding: 5px; width: 150px; margin: 0 auto;">Do less</div> <div style="border: 1px solid black; height: 40px; width: 100%; margin-top: 5px;"></div>		<div style="border: 1px solid black; padding: 5px; width: 150px; margin: 0 auto;">Do more</div> <div style="border: 1px solid black; height: 40px; width: 100%; margin-top: 5px;"></div>
--	---	--

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:** \_\_\_\_\_

## MINDFULNESS WORKSHEET 10B (p. 1 of 2)

(Mindfulness Handout 10)

### Walking the Middle Path Calendar

Due Date: \_\_\_\_\_ Name: \_\_\_\_\_ Week Starting: \_\_\_\_\_

Day	Describe the tension between the:		Describe in detail how you managed the tension between the pulls of the two sides.
	Pull to one side	Pull to opposite side	
<b>Example:</b> <i>Doing projects around the house</i>	<i>Desperately working on lots of projects to renovate my house.</i>	<i>Watching TV, eating ice cream, leaving projects needed to sell house undone</i>	<i>I decided to do one small project each day and one medium project each week to improve the house. I also decided to have at least 1 hour each day of not thinking or worrying about the house, and instead doing something pleasant for myself.</i>
<b>Monday:</b>			
<b>Tuesday:</b>			
<b>Wednesday:</b>			

(continued on next page)

## MINDFULNESS WORKSHEET 10B (p. 2 of 2)

Day	Describe the tension between the:		Describe in detail how you managed the tension between the pulls of the two sides.
	Pull to one side	Pull to opposite side	
Thursday:			
Friday:			
Saturday:			
Sunday:			

List any and all wise things you did this week: \_\_\_\_\_



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# Interpersonal Effectiveness Worksheets

*Worksheets for Goals and Factors  
That Interfere*

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# 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.

PROS	Using Skills	Demanding, Attacking, Stonewalling	Giving In, Acting Passively
	_____	_____	_____
	_____	_____	_____
	_____	_____	_____
CONS	Using Skills	Demanding, Attacking, Stonewalling	Giving In, Acting Passively
	_____	_____	_____
	_____	_____	_____
	_____	_____	_____

**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: \_\_\_\_\_

Challenge: \_\_\_\_\_

Other myth: \_\_\_\_\_

Challenge: \_\_\_\_\_

**(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: \_\_\_\_\_

.....

*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.**

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# 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? \_\_\_\_\_

\_\_\_ Expressed feelings/opinions? \_\_\_\_\_

\_\_\_ Asserted? \_\_\_\_\_

\_\_\_ Reinforced? \_\_\_\_\_

\_\_\_ Mindful? \_\_\_\_\_

\_\_\_ Broken record? \_\_\_\_\_

\_\_\_ Ignored attacks? \_\_\_\_\_

\_\_\_ Appeared confident? \_\_\_\_\_

\_\_\_ Negotiated? \_\_\_\_\_

**GIVE** (Keeping the relationship):

\_\_\_ Gentle? \_\_\_\_\_

\_\_\_ No threats? \_\_\_\_\_

\_\_\_ No attacks? \_\_\_\_\_

\_\_\_ No judgments? \_\_\_\_\_

\_\_\_ Interested? \_\_\_\_\_

\_\_\_ Validated? \_\_\_\_\_

\_\_\_ Easy manner? \_\_\_\_\_

**FAST** (Keeping my respect for myself):

\_\_\_ Fair? \_\_\_\_\_

\_\_\_ (No) Apologies? \_\_\_\_\_

\_\_\_ Stuck to values? \_\_\_\_\_

\_\_\_ Truthful? \_\_\_\_\_

**How effective was the interaction?** \_\_\_\_\_



# INTERPERSONAL EFFECTIVENESS WORKSHEET 6 (p. 1 of 2)

(Interpersonal Effectiveness Handout 8)

## 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.

Decide how strongly to ask for something.			Decide how strongly to say no.	
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.			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.	
10¢	Is this person able to give or do what I want?	<b>Capability</b>	Can I give the person what is wanted?	10¢
10¢	Is getting my objective more important than my relationship with this person?	<b>Priorities</b>	Is my relationship more important than saying no?	10¢
10¢	Will asking help me feel competent and self-respecting?	<b>Self-respect</b>	Will saying no make me feel bad about myself?	10¢
10¢	Is the person required by law or moral code to do or give me what I want?	<b>Rights</b>	Am I required by law or moral code to give or do what is wanted, or does saying no violate this person's rights?	10¢
10¢	Am I responsible for telling the person what to do?	<b>Authority</b>	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?)	<b>Relationship</b>	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?	<b>Goals</b>	In the long term, will I regret saying no?	10¢
10¢	Do I give as much as I get with this person?	<b>Give and take</b>	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?	<b>Homework</b>	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?)	<b>Timing</b>	Should I wait a while before saying no?	10¢
\$	<b>Total value of asking</b> (Adjusted ± ____ for Wise Mind)		<b>Total value of saying no</b> (Adjusted ± ____ for Wise Mind)	
				\$

(continued on next page)

## INTERPERSONAL EFFECTIVENESS WORKSHEET 6 (p. 2 of 2)

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ASKING		SAYING NO
Don't ask; don't hint.	0–10¢	Do it without being asked.
Hint indirectly; take no.	20¢	Don't complain; do it cheerfully.
Hint openly; take no.	30¢	Do it, even if you're not cheerful about it.
Ask tentatively; take no.	40¢	Do it, but show that you'd rather not.
Ask gracefully, but take no.	50¢	Say you'd rather not, but do it gracefully.
Ask confidently; take no.	60¢	Say no firmly, but reconsider.
Ask confidently; resist no.	70¢	Say no confidently; resist saying yes.
Ask firmly; resist no.	80¢	Say no firmly; resist saying yes.
Ask firmly; insist; negotiate; keep trying.	90¢	Say no firmly; resist; negotiate.
Don't take no for an answer.	\$1.00	Don't do it.

## 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*

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# 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?** \_\_\_\_\_

# INTERPERSONAL EFFECTIVENESS WORKSHEET 9

(Interpersonal Effectiveness Handout 12)

## 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? \_\_\_\_\_

\_\_\_\_\_

# INTERPERSONAL EFFECTIVENESS WORKSHEET 10 (p. 1 of 2)

(Interpersonal Effectiveness Handout 13)

## 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)*



## INTERPERSONAL EFFECTIVENESS WORKSHEET 10 (p. 2 of 2)

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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).

	Rating (1–5)
<b>Looked at both sides:</b>	
<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 1. Asked Wise Mind: “What am I missing?”	_____
<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 2. Looked for the kernel of truth in another person’s side.	_____
<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 3. Stayed away from extremes (such as “always” or “never”), and instead thought or said: _____	_____
<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 4. Balanced opposites in my life: <input type="checkbox"/> Validated both myself and a person I disagreed with <input type="checkbox"/> Accepted reality and tried to change it <input type="checkbox"/> Stayed attached and also let go <input type="checkbox"/> Other (describe): _____	_____
<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 5. Made lemonade out of lemons (describe): _____	_____
<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 6. Embraced confusion (describe): _____	_____
<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 7. Played devil’s advocate by arguing both my side and also the other side (describe): _____	_____
<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 8. Used a metaphor or story to describe my own point of view (describe): _____	_____
<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 9. Did 3-minute Wise Mind to slow down “doing mind” in my everyday life.	_____
<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 10. Other (describe): _____	_____
<b>Stayed aware of my connection:</b>	
<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 11. Treated others as I want to be treated (describe): _____	_____
<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 12. Looked for similarities between myself and others (describe): _____	_____
<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 13. Noticed the physical connections between all things (describe): _____	_____
<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 14. Other (describe): _____	_____
<b>Embraced change:</b>	
<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 15. Practiced radical acceptance of change (describe): _____	_____
<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 16. Purposely made changes in small ways to get used to change (describe): _____	_____
<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 17. Other (describe): _____	_____
<b>Remembered that change is transactional:</b>	
<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 18. Paid attention to my effect on others (describe): _____	_____
<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 19. Paid attention to effect of others on me (describe): _____	_____
<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 20. Practiced letting go of blame (describe): _____	_____
<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 21. Reminded myself that all things, including all behaviors, are caused	_____
<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 22. Other (describe): _____	_____

# INTERPERSONAL EFFECTIVENESS WORKSHEET 11B

(Interpersonal Effectiveness Handouts 15, 16)

## 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):**

- ☐ 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 needed but did not use, and describe here the experience of not using the skill.

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):**

- ☐ 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 needed but did not use, and describe here the experience of not using the skill.

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: \_\_\_\_\_

# INTERPERSONAL EFFECTIVENESS WORKSHEET 12

(Interpersonal Effectiveness Handouts 17, 18)

## Validating Others

Due Date: \_\_\_\_\_ Name: \_\_\_\_\_ Week Starting: \_\_\_\_\_

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:

- |   |  |
|---|--|
| <input type="checkbox"/> 1. Paid attention.   | <input type="checkbox"/> 4. Expressed how what was felt, done, or said made sense, given the causes. |
| <input type="checkbox"/> 2. Reflected back what was said or done, remaining open to correction. | <input type="checkbox"/> 5. Acknowledged and acted on what was valid.                                |
| <input type="checkbox"/> 3. Was sensitive to what was unsaid.                                   | <input type="checkbox"/> 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.

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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? \_\_\_\_\_

---

# INTERPERSONAL EFFECTIVENESS WORKSHEET 13

(Interpersonal Effectiveness Handout 19)

## 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:** \_\_\_\_\_

---

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**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?** \_\_\_\_\_

---

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# 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 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 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? \_\_\_\_\_

\_\_\_\_\_



# INTERPERSONAL EFFECTIVENESS WORKSHEET 15

(Interpersonal Effectiveness Handouts 21–22)

## 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.

<b>Pros</b>	Stay in emotion mind, acting emotionally	Regulate emotions and emotion actions
	_____	_____
	_____	_____
	_____	_____
<b>Cons</b>	Stay in emotion mind, acting emotionally	Regulate emotions and emotion actions
	_____	_____
	_____	_____
	_____	_____

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.

Emotions	Motivate	Communicate to others			Communicate to me	
Emotion name	What did my emotion motivate me to do (i.e., what goal did my emotion serve)?	How was my emotion expressed to others (my nonverbal appearance, my words, my actions)?	What message did my emotion express to others?	What was the effect of my emotion on others?	What was my emotion saying to me?	How did I check the facts?

## 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.

Emotions	Motivate	Communicate to others			Communicate to me	
Emotion name	What did my emotion motivate me to do (i.e., what goal did my emotion serve)?	How was my emotion expressed to others (my nonverbal appearance, my words, my actions)?	What message did my emotion express to others?	What was the effect of my emotion on others?	What was my emotion saying to me?	How did I check the facts?
<i>Fear/ anxiety</i>	<i>Not to go to skills training group.</i>	<i>I did not go to group.</i>	<i>That group was not important to me.</i>	<i>(1) They called to encourage me to come. (2) They wonder if I am committed. (3) They might be concerned.</i>	<i>That group is unsafe.</i>	<i>I didn't. I could have evaluated if my life, health, or well-being was in danger. I could have done pros and cons of going to group.</i>
<i>Shame</i>	<i>To keep to myself, to not draw attention to myself. I wanted to go home from the office party at work.</i>	<i>I didn't make much eye contact, I didn't say much or initiate conversation, or do anything to attract attention.</i>	<i>There are several possibilities: (1) I want to be left alone. (2) I am feeling bad.</i>	<i>Most everyone at work left me alone. One person tried to talk to me but gave up.</i>	<i>That I was uninteresting, a failure with nothing to contribute.</i>	<i>I tried to recall times when people have listened to me. I tried to talk to others and notice if they seemed interested.</i>
<i>Sadness</i>	<i>Withdraw. Isolate. Cry.</i>	<i>My expression was downcast. My mouth turned down.  I was tearful. I told someone I was sad.</i>	<i>That I was sad.</i>	<i>(1) My boyfriend approached me, soothed me, and invited me to sit with him. (2) Some people avoided me.</i>	<i>I am so sad. I am alone. No one cares.</i>	<i>I reached out and noticed if someone responded. I thought about a time when I did not feel sad.</i>



# EMOTION REGULATION WORKSHEET 3 (p. 1 of 2)

(Emotion Regulation Handout 4a)

## 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:* \_\_\_\_\_

## EMOTION REGULATION WORKSHEET 3 (p. 2 of 2)

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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.

<b>Vulnerability Factors:</b> What happened before to make me vulnerable to the prompting event? Tell the story up to the event. _____ _____				
<div><b>Interpretation of Event:</b> Thoughts, beliefs, assumptions, appraisals? _____ _____ _____</div>	<b>Biological Changes</b> <b>Face and Body Changes and Experiences:</b> What am I or was I feeling in my face and body? _____ _____ _____ _____	<b>Expressions</b> <b>Face and Body Language:</b> What is or was my facial expression? Posture? Gestures? _____ _____ _____	<b>Emotion Name:</b> _____ <b>Intensity (0–100)</b> _____	
	<b>Prompting Event:</b> What set off the emotion? What happened in the few minutes right before the emotion started? Just the facts! _____ _____ _____	<b>Action Urges</b> What do I or did I feel like doing? What do I or did I want to say? _____ _____ _____ _____		<b>Expression with Words:</b> What I SAID _____ _____ _____
	<b>Aftereffects:</b> Emotions, behavior, thoughts, etc.? _____ _____ _____	<b>Actions: What I DID</b> _____ _____ _____ _____		

# EMOTION REGULATION WORKSHEET 4A

(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.

**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*

.....

# EMOTION REGULATION WORKSHEET 5 (p. 1 of 2)

(Emotion Regulation Handouts 8, 8a)

## 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)

## EMOTION REGULATION WORKSHEET 5 (p. 2 of 2)

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?

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### CHECK THE FACTS!

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

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**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.

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Facts  
→

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.

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**DESCRIBE WAYS TO COPE** if the worst does happen.

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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:**

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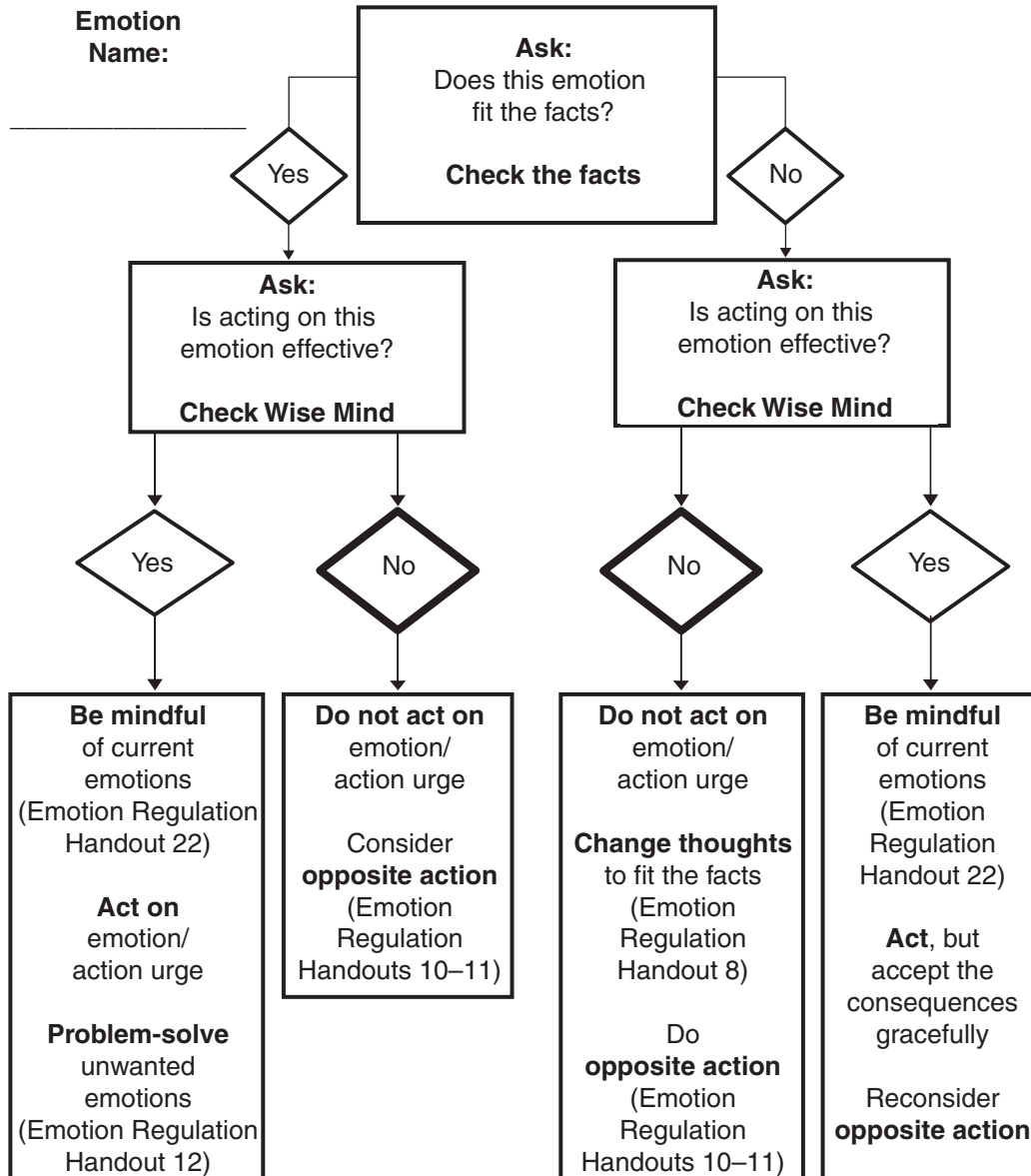
# EMOTION REGULATION WORKSHEET 6

(Emotion Regulation Handout 9)

## 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.



Describe what you did to manage the emotion:



# EMOTION REGULATION WORKSHEET 7

(Emotion Regulation Handouts 10, 11)

## 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.

Justified	Not justified
_____	_____
_____	_____

☐ **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.)?

# EMOTION REGULATION WORKSHEET 8 (p. 1 of 2)

(Emotion Regulation Handout 12)

## 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?

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- 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.)*

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**REWRITE the problem** if needed to stick with the facts.

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

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

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*(continued on next page)*

## EMOTION REGULATION WORKSHEET 8 (p. 2 of 2)

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

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

<b>PROS</b>	<b>Solution 1</b>	<b>Solution 2</b>
	_____	_____
	_____	_____
	_____	_____
	_____	_____
<b>CONS</b>	<b>Solution 1</b>	<b>Solution 2</b>
	_____	_____
	_____	_____
	_____	_____
	_____	_____

6. **CHOOSE** the solution to try; list the steps needed; check the steps you do and how well they work.

Step	Describe	✓ Done	What happened?
1.	_____	_____	_____
2.	_____	_____	_____
3.	_____	_____	_____
4.	_____	_____	_____
5.	_____	_____	_____
6.	_____	_____	_____
7.	_____	_____	_____

7. **DID YOU REACH YOUR GOAL?** If so, describe. If not, what can you do next?

\_\_\_\_\_

\_\_\_\_\_

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

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

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*Worksheets for Reducing  
Vulnerability to Emotion Mind*

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# 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):

AVOIDED 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? \_\_\_\_\_

\_\_\_\_\_

## EMOTION REGULATION WORKSHEET 10

(Emotion Regulation Handouts 15, 16)

### 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.

Day of week	Pleasant event(s) planned	Pleasant event(s) I actually did	Mindfulness of pleasant event (0–5)	Letting go of worries (0–5)	Pleasant experience (0–100)	Comments

## 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.

	<u>Importance</u>	<u>Priority</u>
VALUE: _____	( )	( )
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: \_\_\_\_\_

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What goal can you work on now? \_\_\_\_\_

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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: \_\_\_\_\_

---

# EMOTION REGULATION WORKSHEET 11A

(Emotion Regulation Handouts 17, 18)

## 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.

Day	Value	Goal	Value and Priority Actions Today	Next Step
	What value am I working on?	What is my goal related to this value?	What action did I do today to achieve this goal? (Be specific.)	What will my next action be to achieve this goal? (Be specific.)

## EMOTION REGULATION WORKSHEET 12

(Emotion Regulation Handout 19)

### Build Mastery and Cope Ahead

Due Date: \_\_\_\_\_ Name: \_\_\_\_\_ Week Starting: \_\_\_\_\_

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.

Day	Build Mastery		Cope Ahead	
	Activities planned for building mastery	Activities I actually did for building mastery	Future problem situation	How I imagined coping effectively (describe)
			1.	Helpful? <input type="checkbox"/> YES <input type="checkbox"/> NO
			2.	Helpful? <input type="checkbox"/> YES <input type="checkbox"/> NO

# 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): \_\_\_\_\_

Daytime Hours	PLANNED ACTIVITIES			WHAT I ACTUALLY DID		
	<u>A</u> ccumulate Positive Emotions	A <u>B</u> ility to <u>B</u> uild Mastery	<u>C</u> ope-Ahead Task	<u>A</u> ccumulate Positive Emotions	A <u>B</u> ility to <u>B</u> uild Mastery	<u>C</u> ope-Ahead Task
Before 8 A.M.						
8 A.M. to 12 noon						
12 noon to 4 P.M.						
4 P.M. to 8 P.M.						
After 8 P.M.						
<b>Total Number of Activities</b>						

## EMOTION REGULATION WORKSHEET 14

(Emotion Regulation Handout 20)

### Practicing PLEASE Skills

Due Date: \_\_\_\_\_ Name: \_\_\_\_\_ Week Starting: \_\_\_\_\_

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.

Day	Describe treating <u>Physical</u> illness	Describe balanced <u>E</u> ating efforts	List mood- <u>A</u> ltering substances used	Hours of <u>S</u> leep (time to bed; time up)	Describe <u>E</u> xercise (hours and/or minutes)
	Helpful? <input type="checkbox"/> YES <input type="checkbox"/> NO	Helpful? <input type="checkbox"/> YES <input type="checkbox"/> NO	Helpful? <input type="checkbox"/> YES <input type="checkbox"/> NO	Helpful? <input type="checkbox"/> YES <input type="checkbox"/> NO	Helpful? <input type="checkbox"/> YES <input type="checkbox"/> NO





## 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, \_\_\_\_\_

*(continued on next page)*

**EMOTION REGULATION WORKSHEET 14A** (p. 3 of 3)

## 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.

[illegible]

## 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.

Day	Time to bed/ time up	Hours/ minutes in bed during the day	Food, drink, exercise within 4 hours of bed	Starting emotion/ rumination intensity (0–100)	Describe strategies used to get to sleep (or back to sleep)	Ending emotion/ rumination intensity (0–100)	Usefulness of strategies (0–100)
	_____ _____	Hrs: _____ Min: _____					
	_____ _____	Hrs: _____ Min: _____					
	_____ _____	Hrs: _____ Min: _____					
	_____ _____	Hrs: _____ Min: _____					
	_____ _____	Hrs: _____ Min: _____					
	_____ _____	Hrs: _____ Min: _____					
	_____ _____	Hrs: _____ Min: _____					

.....

*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.
- ☐ **NOT SURE:** Review Emotion Regulation Handout 3/Worksheets 2, 2a.
- ☐ **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**

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# Distress Tolerance Worksheets

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.....

## *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:

*I still couldn't stand  
the situation, even  
for one more minute.*

1

2

*I was able to cope somewhat,  
at least for a little while.  
It helped somewhat.*

3

4

*I could use skills,  
tolerated distress, and  
resisted problem urges.*

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?

- ☐ **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.*

1

2

*I was able to cope somewhat,  
at least for a little while.  
It helped somewhat.*

3

4

*I could use skills,  
tolerated distress, and  
resisted problem urges.*

5

# 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:

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

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# 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:

*I still couldn't stand  
the situation, even  
for one more minute.*

1

2

*I was able to cope somewhat,  
at least for a little while.  
It helped somewhat.*

3

4

*I could use skills,  
tolerated distress, and  
resisted problem urges.*

5

**Day: STOP**

\_\_\_\_\_/\_\_\_\_\_ Effectiveness: \_\_\_\_\_

\_\_\_\_\_/\_\_\_\_\_ Effectiveness: \_\_\_\_\_

\_\_\_\_\_/\_\_\_\_\_ Effectiveness: \_\_\_\_\_

**Day: Pros and cons**

\_\_\_\_\_/\_\_\_\_\_ Effectiveness: \_\_\_\_\_

\_\_\_\_\_/\_\_\_\_\_ Effectiveness: \_\_\_\_\_

\_\_\_\_\_/\_\_\_\_\_ Effectiveness: \_\_\_\_\_

**Day: TIP**

\_\_\_\_\_/\_\_\_\_\_ Effectiveness: \_\_\_\_\_

\_\_\_\_\_/\_\_\_\_\_ Effectiveness: \_\_\_\_\_

\_\_\_\_\_/\_\_\_\_\_ Effectiveness: \_\_\_\_\_

**Day: Distract with ACCEPTS**

\_\_\_\_\_/\_\_\_\_\_ Effectiveness: \_\_\_\_\_

\_\_\_\_\_/\_\_\_\_\_ Effectiveness: \_\_\_\_\_

\_\_\_\_\_/\_\_\_\_\_ Effectiveness: \_\_\_\_\_

**Day: Self-soothe**

\_\_\_\_\_/\_\_\_\_\_ Effectiveness: \_\_\_\_\_

\_\_\_\_\_/\_\_\_\_\_ Effectiveness: \_\_\_\_\_

\_\_\_\_\_/\_\_\_\_\_ Effectiveness: \_\_\_\_\_

**Day: IMPROVE the moment**

\_\_\_\_\_/\_\_\_\_\_ Effectiveness: \_\_\_\_\_

\_\_\_\_\_/\_\_\_\_\_ Effectiveness: \_\_\_\_\_

\_\_\_\_\_/\_\_\_\_\_ Effectiveness: \_\_\_\_\_

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# 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: \_\_\_\_\_

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

Behavior you are trying to stop: \_\_\_\_\_

- ☐ **Stop**
- ☐ **Take a step back**
- ☐ **Observe**
- ☐ **Proceed mindfully**

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.*

1

2

*I was able to cope somewhat,  
at least for a little while.  
It helped somewhat.*

3

4

*I could use skills,  
tolerated distress, and  
resisted problem urges.*

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?

Behavior you are trying to stop: \_\_\_\_\_

- ☐ **Stop**
- ☐ **Take a step back**
- ☐ **Observe**
- ☐ **Proceed mindfully**

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.*

1

2

*I was able to cope somewhat,  
at least for a little while.  
It helped somewhat.*

3

4

*I could use skills,  
tolerated distress, and  
resisted problem urges.*

5

## DISTRESS TOLERANCE WORKSHEET 2A

(Distress Tolerance Handout 4)

### Practicing the STOP Skill

Due Date: \_\_\_\_\_ Name: \_\_\_\_\_ Week Starting: \_\_\_\_\_

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.

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

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# 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.

Problem behavior	PROS	CONS
Acting on crisis urges	1.	1.
	2.	2.
	3.	3.
	4.	4.
	5.	5.
Resisting crisis urges	1.	1.
	2.	2.
	3.	3.
	4.	4.
	5.	5.

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.

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# DISTRESS TOLERANCE WORKSHEET 3A

(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.

Problem behavior	Acting on crisis urges	Resisting crisis urges
PROS	1.	1.
	2.	2.
	3.	3.
	4.	4.
	5.	5.
CONS	1.	1.
	2.	2.
	3.	3.
	4.	4.
	5.	5.

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.

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# 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.

**T** { **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): \_\_\_\_\_  
\_\_\_\_\_

**I** { **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): \_\_\_\_\_  
\_\_\_\_\_

**P** { **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): \_\_\_\_\_  
\_\_\_\_\_

**P** { **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): \_\_\_\_\_  
\_\_\_\_\_



# DISTRESS TOLERANCE WORKSHEET 4A

(Distress Tolerance Handout 6b)

## 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, your 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.

Day	Number of times <i>practiced</i> paired muscle relaxation	Average level of relaxation before/after (0–100)	Number of times <i>used</i> <i>skill</i> when tense or overwhelmed	Average level of relaxation before/after (0–100)	Check which muscles you tensed and relaxed (check more than one if necessary)
		/		/	<input type="checkbox"/> Individual muscles <input type="checkbox"/> Groups <input type="checkbox"/> All at once
		/		/	<input type="checkbox"/> Individual muscles <input type="checkbox"/> Groups <input type="checkbox"/> All at once
		/		/	<input type="checkbox"/> Individual muscles <input type="checkbox"/> Groups <input type="checkbox"/> All at once
		/		/	<input type="checkbox"/> Individual muscles <input type="checkbox"/> Groups <input type="checkbox"/> All at once
		/		/	<input type="checkbox"/> Individual muscles <input type="checkbox"/> Groups <input type="checkbox"/> All at once
		/		/	<input type="checkbox"/> Individual muscles <input type="checkbox"/> Groups <input type="checkbox"/> All at once

Describe your experience:

Conclusions about practice and/or questions about this skills practice:

# DISTRESS TOLERANCE WORKSHEET 4B

(Distress Tolerance Handout 6c)

## 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:

# DISTRESS TOLERANCE WORKSHEET 5

(Distress Tolerance Handout 7)

## 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?

- ☐ **A**ctivities
- ☐ **C**ontributions
- ☐ **C**omparisons
- ☐ **E**motions
- ☐ **P**ushing away
- ☐ **T**houghts
- ☐ **S**ensations

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:

*I still couldn't stand  
the situation, even  
for one more minute.*

1

2

*I was able to cope somewhat,  
at least for a little while.  
It helped somewhat.*

3

4

*I could use skills,  
tolerated distress, and  
resisted problem urges.*

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?

- ☐ **A**ctivities
- ☐ **C**ontributions
- ☐ **C**omparisons
- ☐ **E**motions
- ☐ **P**ushing away
- ☐ **T**houghts
- ☐ **S**ensations

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.*

1

2

*I was able to cope somewhat,  
at least for a little while.  
It helped somewhat.*

3

4

*I could use skills,  
tolerated distress, and  
resisted problem urges.*

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:

When did you practice this skill, and what did you do to practice?	What was the crisis (what prompted needing the skill)?	How much time passed in doing this skill?	Rate before/after skill use			Conclusions or questions about this skills practice
			Distress tolerance (0 = I can't stand it; 5 = I can definitely survive)	Emotion		
				Negative emotion intensity (0–100)	Positive emotion intensity (0–100)	
<u>A</u> ctivities:			/	/	/	
			/	/	/	
<u>C</u> ontributions:			/	/	/	
			/	/	/	
<u>C</u> omparisons:			/	/	/	
			/	/	/	
<u>E</u> motions:			/	/	/	
			/	/	/	
<u>P</u> ushing away:			/	/	/	
			/	/	/	
<u>T</u> houghts:			/	/	/	
			/	/	/	
<u>S</u> ensations:			/	/	/	
			/	/	/	

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# 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:

*I still couldn't stand  
the situation, even  
for one more minute.*

1

2

*I was able to cope somewhat,  
at least for a little while.  
It helped somewhat.*

3

4

*I could use skills,  
tolerated distress, and  
resisted problem urges.*

5

### Day: \_\_\_\_\_ ACTIVITIES

\_\_\_\_\_/\_\_\_\_\_ Effectiveness: \_\_\_\_\_  
\_\_\_\_\_/\_\_\_\_\_ Effectiveness: \_\_\_\_\_  
\_\_\_\_\_/\_\_\_\_\_ Effectiveness: \_\_\_\_\_

### Day: \_\_\_\_\_ CONTRIBUTIONS

\_\_\_\_\_/\_\_\_\_\_ Effectiveness: \_\_\_\_\_  
\_\_\_\_\_/\_\_\_\_\_ Effectiveness: \_\_\_\_\_  
\_\_\_\_\_/\_\_\_\_\_ Effectiveness: \_\_\_\_\_

### Day: \_\_\_\_\_ COMPARISONS

\_\_\_\_\_/\_\_\_\_\_ Effectiveness: \_\_\_\_\_  
\_\_\_\_\_/\_\_\_\_\_ Effectiveness: \_\_\_\_\_  
\_\_\_\_\_/\_\_\_\_\_ Effectiveness: \_\_\_\_\_

### Day: \_\_\_\_\_ EMOTIONS

\_\_\_\_\_/\_\_\_\_\_ Effectiveness: \_\_\_\_\_  
\_\_\_\_\_/\_\_\_\_\_ Effectiveness: \_\_\_\_\_  
\_\_\_\_\_/\_\_\_\_\_ Effectiveness: \_\_\_\_\_

### Day: \_\_\_\_\_ PUSHING AWAY

\_\_\_\_\_/\_\_\_\_\_ Effectiveness: \_\_\_\_\_  
\_\_\_\_\_/\_\_\_\_\_ Effectiveness: \_\_\_\_\_  
\_\_\_\_\_/\_\_\_\_\_ Effectiveness: \_\_\_\_\_

### Day: \_\_\_\_\_ THOUGHTS

\_\_\_\_\_/\_\_\_\_\_ Effectiveness: \_\_\_\_\_  
\_\_\_\_\_/\_\_\_\_\_ Effectiveness: \_\_\_\_\_  
\_\_\_\_\_/\_\_\_\_\_ Effectiveness: \_\_\_\_\_

### Day: \_\_\_\_\_ SENSATIONS

\_\_\_\_\_/\_\_\_\_\_ Effectiveness: \_\_\_\_\_  
\_\_\_\_\_/\_\_\_\_\_ Effectiveness: \_\_\_\_\_  
\_\_\_\_\_/\_\_\_\_\_ Effectiveness: \_\_\_\_\_

# DISTRESS TOLERANCE WORKSHEET 6

(Distress Tolerance Handout 8)

## 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:

*I still couldn't stand  
the situation, even  
for one more minute.*

1

2

*I was able to cope somewhat,  
at least for a little while.  
It helped somewhat.*

3

4

*I could use skills,  
tolerated distress, and  
resisted problem urges.*

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?

- ☐ 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:

*I still couldn't stand  
the situation, even  
for one more minute.*

1

2

*I was able to cope somewhat,  
at least for a little while.  
It helped somewhat.*

3

4

*I could use skills,  
tolerated distress, and  
resisted problem urges.*

5

# 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:

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

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# DISTRESS TOLERANCE WORKSHEET 6B

(Distress Tolerance Handout 8)

## Self-Soothing

Due Date: \_\_\_\_\_ Name: \_\_\_\_\_ Week Starting: \_\_\_\_\_

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:

*I still couldn't stand  
the situation, even  
for one more minute.*

1

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.*

4

5

Day:

### VISION

_____ / _____	Effectiveness: _____
_____ / _____	Effectiveness: _____
_____ / _____	Effectiveness: _____
_____ / _____	Effectiveness: _____

Day:

### HEARING

_____ / _____	Effectiveness: _____
_____ / _____	Effectiveness: _____
_____ / _____	Effectiveness: _____
_____ / _____	Effectiveness: _____

Day:

### SMELL

_____ / _____	Effectiveness: _____
_____ / _____	Effectiveness: _____
_____ / _____	Effectiveness: _____
_____ / _____	Effectiveness: _____

Day:

### TASTE

_____ / _____	Effectiveness: _____
_____ / _____	Effectiveness: _____
_____ / _____	Effectiveness: _____
_____ / _____	Effectiveness: _____

Day:

### TOUCH

_____ / _____	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.

Day	Describe your experience	How much time passed doing this skill?	Rate before and after body scan		
			Distress tolerance (0 = I can't stand it; 5 = I can definitely survive)	Negative emotion intensity (0–100)	Positive emotion intensity (0–100)
1	<input type="checkbox"/> Alone <input type="checkbox"/> Recording <input type="checkbox"/> Person guiding <input type="checkbox"/> YouTube		/	/	/
2	<input type="checkbox"/> Alone <input type="checkbox"/> Recording <input type="checkbox"/> Person guiding <input type="checkbox"/> YouTube		/	/	/
3	<input type="checkbox"/> Alone <input type="checkbox"/> Recording <input type="checkbox"/> Person guiding <input type="checkbox"/> YouTube		/	/	/
4	<input type="checkbox"/> Alone <input type="checkbox"/> Recording <input type="checkbox"/> Person guiding <input type="checkbox"/> YouTube		/	/	/
5	<input type="checkbox"/> Alone <input type="checkbox"/> Recording <input type="checkbox"/> Person guiding <input type="checkbox"/> YouTube		/	/	/

Conclusions or questions about this skills practice:

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# 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?

- ☐ **I**magery
- ☐ **M**eaning
- ☐ **P**rayer
- ☐ **R**elaxation
- ☐ **O**ne thing
- ☐ **V**acation
- ☐ **E**ncouragement

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:

*I still couldn't stand  
the situation, even  
for one more minute.*

1

2

*I was able to cope somewhat,  
at least for a little while.  
It helped somewhat.*

3

4

*I could use skills,  
tolerated distress, and  
resisted problem urges.*

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?

- ☐ **I**magery
- ☐ **M**eaning
- ☐ **P**rayer
- ☐ **R**elaxation
- ☐ **O**ne thing
- ☐ **V**acation
- ☐ **E**ncouragement

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.*

1

2

*I was able to cope somewhat,  
at least for a little while.  
It helped somewhat.*

3

4

*I could use skills,  
tolerated distress, and  
resisted problem urges.*

5

# DISTRESS TOLERANCE WORKSHEET 7A

(Distress Tolerance Handout 9)

## IMPROVE the Moment

Due Date: \_\_\_\_\_ Name: \_\_\_\_\_ Week Starting: \_\_\_\_\_

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

When did you practice this skill, and what did you do to practice?	What was going on that was painful or stressful (if anything)?	How much time passed in doing this skill?	Rate before/after skill use			Conclusions or questions about this skills practice
			Distress tolerance (0 = I can't stand it; 5 = I can definitely survive)	Emotion		
				Negative emotion intensity (0–100)	Positive emotion intensity (0–100)	
<u>I</u> magery:			/	/	/	
			/	/	/	
<u>M</u> eaning:			/	/	/	
			/	/	/	
<u>P</u> rayer:			/	/	/	
			/	/	/	
<u>R</u> elaxation:			/	/	/	
			/	/	/	
<u>O</u> ne thing:			/	/	/	
			/	/	/	
<u>V</u> acation:			/	/	/	
			/	/	/	
<u>E</u> ncouragement:			/	/	/	
			/	/	/	

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# DISTRESS TOLERANCE WORKSHEET 7B

(Distress Tolerance Handout 9)

## IMPROVE the Moment

Due Date: \_\_\_\_\_ Name: \_\_\_\_\_ Week Starting: \_\_\_\_\_

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:

*I still couldn't stand  
the situation, even  
for one more minute.*

1

2

*I was able to cope somewhat,  
at least for a little while.  
It helped somewhat.*

3

4

*I could use skills,  
tolerated distress, and  
resisted problem urges.*

5

Day:

### IMGERY

\_\_\_\_\_/\_\_\_\_\_  
\_\_\_\_\_/\_\_\_\_\_  
\_\_\_\_\_/\_\_\_\_\_ Effectiveness: \_\_\_\_\_  
Effectiveness: \_\_\_\_\_  
Effectiveness: \_\_\_\_\_

Day:

### MEANING

\_\_\_\_\_/\_\_\_\_\_  
\_\_\_\_\_/\_\_\_\_\_  
\_\_\_\_\_/\_\_\_\_\_ Effectiveness: \_\_\_\_\_  
Effectiveness: \_\_\_\_\_  
Effectiveness: \_\_\_\_\_

Day:

### PRAYER

\_\_\_\_\_/\_\_\_\_\_  
\_\_\_\_\_/\_\_\_\_\_  
\_\_\_\_\_/\_\_\_\_\_ Effectiveness: \_\_\_\_\_  
Effectiveness: \_\_\_\_\_  
Effectiveness: \_\_\_\_\_

Day:

### RELAXATION

\_\_\_\_\_/\_\_\_\_\_  
\_\_\_\_\_/\_\_\_\_\_  
\_\_\_\_\_/\_\_\_\_\_ Effectiveness: \_\_\_\_\_  
Effectiveness: \_\_\_\_\_  
Effectiveness: \_\_\_\_\_

Day:

### ONE THING IN THE MOMENT

\_\_\_\_\_/\_\_\_\_\_  
\_\_\_\_\_/\_\_\_\_\_  
\_\_\_\_\_/\_\_\_\_\_ Effectiveness: \_\_\_\_\_  
Effectiveness: \_\_\_\_\_  
Effectiveness: \_\_\_\_\_

Day:

### VACATION

\_\_\_\_\_/\_\_\_\_\_  
\_\_\_\_\_/\_\_\_\_\_  
\_\_\_\_\_/\_\_\_\_\_ Effectiveness: \_\_\_\_\_  
Effectiveness: \_\_\_\_\_  
Effectiveness: \_\_\_\_\_

Day:

### ENCOURAGEMENT

\_\_\_\_\_/\_\_\_\_\_  
\_\_\_\_\_/\_\_\_\_\_  
\_\_\_\_\_/\_\_\_\_\_ Effectiveness: \_\_\_\_\_  
Effectiveness: \_\_\_\_\_  
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:

- |   |  |
|---|--|
| <input type="checkbox"/> Radical acceptance | <input type="checkbox"/> Half-smiling                    |
| <input type="checkbox"/> Turning the mind   | <input type="checkbox"/> Willing hands                   |
| <input type="checkbox"/> Willingness        | <input type="checkbox"/> 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.*

1

2

*I was able to cope somewhat,  
at least for a little while.  
It helped somewhat.*

3

4

*I could use skills,  
tolerated distress, and  
resisted problem urges.*

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.*

1

2

*I was able to cope somewhat,  
at least for a little while.  
It helped somewhat.*

3

4

*I could use skills,  
tolerated distress, and  
resisted problem urges.*

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:

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

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# 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:

*No acceptance; I am  
in complete denial  
and/or rebellion*

1

2

*I was able to  
accept somewhat or  
for a little while.*

3

4

*Complete  
acceptance; I am at  
peace with this.*

5

**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.

- |  |   |
|--|---|
| <input type="checkbox"/> Observed that I was questioning or fighting reality.                                  | <input type="checkbox"/> Attended to my body sensations as I thought about what I need to accept. |
| <input type="checkbox"/> Reminded myself that reality is what it is.   | <input type="checkbox"/> Allowed myself to experience disappointment, sadness, or grief.          |
| <input type="checkbox"/> Considered the causes of the reality, and nonjudgmentally accepted that causes exist. | <input type="checkbox"/> Acknowledged that life can be worth living even when there is pain.      |
| <input type="checkbox"/> Practiced accepting all the way with my whole being (mind, body, spirit).             | <input type="checkbox"/> Did pros and cons of accepting versus denial and rejection.              |
| <input type="checkbox"/> Practiced opposite action.  | <input type="checkbox"/> Other: _____   |
| <input type="checkbox"/> Coped ahead with events that seemed unacceptable.                                     | _____   |

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.

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

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# DISTRESS TOLERANCE WORKSHEET 10

(Distress Tolerance Handouts 12, 13)

## Turning the Mind, Willingness, Willfulness

Due Date: \_\_\_\_\_ Name: \_\_\_\_\_ Week Starting: \_\_\_\_\_

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.**

# DISTRESS TOLERANCE WORKSHEET 11

(Distress Tolerance Handouts 14, 14a)

## 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.

- |  |   |
|--|---|
| <input type="checkbox"/> 1. Half-smiled when I first woke up in the morning.               | <input type="checkbox"/> 8. Half-smiled with willing hands when my feelings were hurt.              |
| <input type="checkbox"/> 2. Half-smiled during my free moments.                            | <input type="checkbox"/> 9. Half-smiled with willing hands when I did not want to accept something. |
| <input type="checkbox"/> 3. Half-smiled with willing hands while I was listening to music. | <input type="checkbox"/> 10. Half-smiled with willing hands when I started getting really angry.    |
| <input type="checkbox"/> 4. Half-smiled with willing hands when I was irritated.           | <input type="checkbox"/> 11. Half-smiled when I had negative thoughts.                              |
| <input type="checkbox"/> 5. Half-smiled in a lying-down position.                          | <input type="checkbox"/> 12. Half-smiled when I couldn't sleep.                                     |
| <input type="checkbox"/> 6. Half-smiled in a sitting position.                             | <input type="checkbox"/> 13. Half-smiled with another person.                                       |
| <input type="checkbox"/> 7. Half-smiled when I was walking down the street.                | <input type="checkbox"/> 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
<i>Not effective</i>		<i>Somewhat effective</i>		<i>Very effective</i>

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
<i>Not effective</i>		<i>Somewhat effective</i>		<i>Very effective</i>

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
<i>Not effective</i>		<i>Somewhat effective</i>		<i>Very effective</i>

# 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.)

What did you do to practice allowing your thoughts?	What were you having trouble accepting (if any)?	How much time passed in doing this skill?	Rate before/after skill use		Conclusions or questions about this skills practice	
			Acceptance (0 = none at all; 5 = I am at peace with this)	Emotion		
				Negative emotion intensity (0–100)		Positive emotion intensity (0–100)
Mon			/	/	/	
			/	/	/	
Tues			/	/	/	
			/	/	/	
Wed			/	/	/	
			/	/	/	
Thurs			/	/	/	
			/	/	/	
Fri			/	/	/	
			/	/	/	
Sat			/	/	/	
			/	/	/	
Sun			/	/	/	
			/	/	/	

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# 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."
- ☐ 9. Asked, "Where did the thought come from?" and watched my mind to find out.
- ☐ 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

# DISTRESS TOLERANCE WORKSHEET 12A

(Distress Tolerance Handouts 15, 15a)

## Practicing Mindfulness of Thoughts

Due Date: \_\_\_\_\_ Name: \_\_\_\_\_ Week Starting: \_\_\_\_\_

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.

What did you do to practice allowing your thoughts?	What were you having trouble accepting (if any)?	How much time passed in doing this skill?	Rate before/after skill use			Conclusions or questions about this skills practice
			Acceptance (0 = none at all; 5 = I am at peace with this)	Emotion		
				Negative emotion intensity (0–100)	Positive emotion intensity (0–100)	
Mon			/	/	/	
			/	/	/	
Tues			/	/	/	
			/	/	/	
Wed			/	/	/	
			/	/	/	
Thurs			/	/	/	
			/	/	/	
Fri			/	/	/	
			/	/	/	
Sat			/	/	/	
			/	/	/	
Sun			/	/	/	
			/	/	/	

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*Worksheets for Skills When the Crisis  
Is Addiction*

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# 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:

- |   |  |
|---|--|
| <input type="checkbox"/> Plan for abstinence                    | <input type="checkbox"/> Sample abstinence for ____ days |
| <input type="checkbox"/> Plan for harm reduction                | <input type="checkbox"/> Burn bridges                    |
| <input type="checkbox"/> Practice clear mind                    | <input type="checkbox"/> Build new bridges               |
| <input type="checkbox"/> Search for abstinence reinforcers      | <input type="checkbox"/> Practice alternate rebellion    |
| <input type="checkbox"/> Increase non-addicting pleasant events | <input type="checkbox"/> Practice adaptive denial        |

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

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---

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.*

1

2

*I was able to cope somewhat,  
at least for a little while.  
It helped somewhat.*

3

4

*I could use skills,  
tolerated distress, and  
resisted problem urges.*

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: \_\_\_\_\_

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

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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.*

1

2

*I was able to cope somewhat,  
at least for a little while.  
It helped somewhat.*

3

4

*I could use skills,  
tolerated distress, and  
resisted problem urges.*

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: \_\_\_\_\_

---

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# **DISTRESS TOLERANCE WORKSHEET 14** (p. 1 of 3)

(Distress Tolerance Handout 17)

## **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:

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- ☐ 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:

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- ☐ 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:

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- ☐ 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:

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- ☐ Avoid cues for problem behaviors. Cues include:

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**(continued on next page)**

## **DISTRESS TOLERANCE WORKSHEET 14** (p. 2 of 3)

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

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- ☐ Find alternative ways to rebel. These include:

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- ☐ 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):

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- ☐ 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:

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- ☐ 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)*

## DISTRESS TOLERANCE WORKSHEET 14 (p. 3 of 3)

- ☐ 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:

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- ☐ 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:

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- ☐ 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.)

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

- ☐ 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**.

### CLEAN MIND BEHAVIORS

- ☐ 1. Engaging in **apparently irrelevant** behaviors that in the past inevitably led to problem behavior.
- ☐ 2. Thinking, "I've learned my lesson."
- ☐ 3. **Believing, "I can control my addiction."**
- ☐ 4. **Thinking, "I don't really have an addiction."**
- ☐ 5. Stopping or cutting back medication that helps with addiction.
- ☐ 6. Being in addiction environments.
- ☐ 7. Seeing friends who are still addicted.
- ☐ 8. Living with people who are addicted.
- ☐ 9. Keeping addiction paraphernalia.
- ☐ 10. Carrying around extra money.
- ☐ 11. Being irresponsible with bills.
- ☐ 12. Dressing like an addict.
- ☐ 13. Not going to meetings.
- ☐ 14. Isolating.
- ☐ 15. Believing, "I can do this alone."
- ☐ 16. Ignoring problems fueling addiction.
- ☐ 17. Acting as if I only need willpower.
- ☐ 18. Thinking, "I don't need to say anything about my addiction."
- ☐ 19. Thinking, "I can't stand this!"
- ☐ 20. Other: \_\_\_\_\_
- ☐ 21. Other: \_\_\_\_\_

### CLEAR MIND BEHAVIORS AS REPLACEMENTS

_____
_____
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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. Searched for people to spend time with who aren't addicted. Describe what you did and who you found.

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

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

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

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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.

**Nonaddictive activity**

**Positive events and consequences**

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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.

- |                                |                                |
|--------------------------------|--------------------------------|
| <input type="checkbox"/> _____ | <input type="checkbox"/> _____ |
| <input type="checkbox"/> _____ | <input type="checkbox"/> _____ |
| <input type="checkbox"/> _____ | <input type="checkbox"/> _____ |

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

- |                                |                                |
|--------------------------------|--------------------------------|
| <input type="checkbox"/> _____ | <input type="checkbox"/> _____ |
| <input type="checkbox"/> _____ | <input type="checkbox"/> _____ |
| <input type="checkbox"/> _____ | <input type="checkbox"/> _____ |

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

- |                                |                                |
|--------------------------------|--------------------------------|
| <input type="checkbox"/> _____ | <input type="checkbox"/> _____ |
| <input type="checkbox"/> _____ | <input type="checkbox"/> _____ |
| <input type="checkbox"/> _____ | <input type="checkbox"/> _____ |

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.

1	2	3	4	5
<i>Not effective</i>		<i>Somewhat effective</i>		<i>Very effective</i>

**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.

1	2	3	4	5
<i>Not effective</i>		<i>Somewhat effective</i>		<i>Very effective</i>

- ☐ 2. Putting off addictive behavior for \_\_\_\_ minutes, \_\_\_\_ times: \_\_\_\_\_

Circle how effective this was at helping you survive the urges without giving in to addiction.

1	2	3	4	5
<i>Not effective</i>		<i>Somewhat effective</i>		<i>Very effective</i>

- ☐ 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.

1	2	3	4	5
<i>Not effective</i>		<i>Somewhat effective</i>		<i>Very effective</i>