

Module 4 / Distress Tolerance Skills

Teaching Notes

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Distress Tolerance Skills

Goals of the Module

Most approaches to mental health treatment focus on changing distressing events and circumstances. They have paid little attention to accepting, finding meaning for, and tolerating distress. Although the distinction is not as clear-cut as I am making it seem, this task has more often been tackled by religious and spiritual communities and leaders. DBT emphasizes the benefits of learning to bear pain skillfully. The ability to tolerate and accept distress is an essential mental health goal for at least two reasons. First, pain and distress are part of life; they cannot be entirely avoided or removed. The inability to accept this immutable fact itself leads to increased pain and suffering. Second, distress tolerance, at least over the short run, is part and parcel of any attempt to change oneself; otherwise, efforts to escape pain and distress (e.g., through impulsive actions) will interfere with efforts to establish desired changes.

Distress tolerance skills constitute a natural progression from mindfulness skills. They have to do with the ability to accept, in a nonevaluative and nonjudgmental fashion, both oneself and the current situation. Essentially, distress tolerance is the ability to perceive one's environment without putting demands on it to be different; to experience one's current emotional state without attempting to change it; and to observe one's own thoughts and action patterns without attempting to stop or control them. Although the stance advocated here is nonjudgmental, this should not be understood to mean that it is one of approval. It is especially important that this distinction be made clear: Toler-

ance and/or acceptance of reality are not equivalent to approval of reality.

The distress tolerance behaviors targeted in DBT skills training are concerned with tolerating and surviving crises (including crises caused by addictive behaviors) and with accepting life as it is in the moment.

Crisis Survival Skills

The portion of the module devoted to crisis survival skills (Sections II–IX) begins by defining “crisis” and the types of situations in which these skills can be most useful. By definition, crisis survival skills are short-term solutions to painful situations. Their purpose is to make a painful situation more tolerable, so that it is possible to refrain from impulsive actions that can make the situation worse. These skills can be overused and must be balanced by problem solving (see Chapter 9, Section XI). There are six sets of crisis survival strategies.

The STOP Skill

The STOP skill helps individuals refrain from impulsive actions. STOP is a mnemonic for the following steps: Stop, Take a step back, Observe, and Proceed mindfully.

Pros and Cons

Evaluating pros and cons is a decision-making strategy. The focus here is on thinking through the positive and negative consequences of acting on impul-

sive urges in crisis situations and of not acting on them (i.e., tolerating distress).

TIP Skills

The TIP skills can be used to change body chemistry quickly, so as to counteract disabling emotional arousal. TIP is a mnemonic for Temperature, Intense exercise, Paced breathing, and Paired muscle relaxation. (Note that although there are two P skills, the mnemonic remains the word TIP.)

Distracting with Wise Mind ACCEPTS

Distracting methods work by reducing contact with emotional stimuli or, in some cases, with the most painful aspects of the stimuli. They may also work to change parts of an emotional response. There are seven sets of distraction skills. The word ACCEPTS is a mnemonic for these strategies: Activities (discordant to the negative emotion), Contributing, Comparisons, Emotions (opposite to the current negative emotion), Pushing away from the situation, Thoughts, and Sensations.

Self-Soothing

Self-soothing strategies focus on the five senses—vision, hearing, smell, taste, and touch. They consist of sensual activities that feel comforting, nurturing, and soothing. The body scan meditation also falls into this category.

Improving the Moment

The final set of crisis survival skills is an idiosyncratic collection of ways to improve the quality of the moment. The word IMPROVE is a mnemonic for each of these strategies: Imagery, Meaning, Pray, Relaxing actions, One thing in the moment, Vacation, and Encouragement.

Reality Acceptance Skills

Whereas the goal of crisis survival is to get through the crisis without making it worse, the goal of reality acceptance skills (Sections X–XV) is to reduce suffering and increase freedom when painful facts cannot be changed immediately, if ever. There are five sets of reality acceptance skills.

Radical Acceptance

Radical acceptance is *complete and total* acceptance, from deep within, of the facts of reality. It involves acknowledging facts that are true and letting go of a fight with reality. Acceptance is often misunderstood as approval (it is not) or as being against change (it is not).

Turning the Mind

It usually takes multiple efforts over time to accept a reality that feels unacceptable. The skill of turning the mind toward acceptance is *choosing* to accept reality as it is. It is not itself acceptance, but it is the first step toward acceptance, and it must usually be taken over and over again.

Willingness

Willingness and its opposite, willfulness, are concepts derived from the work of Gerald May (1982).¹ May describes willingness as follows:

Willingness implies a surrendering of one's self-separateness, an entering into, an immersion in the deepest processes of life itself. It is a realization that one already is a part of some ultimate cosmic process and it is a commitment to participation in that process. In contrast, willfulness is the setting of oneself apart from the fundamental essence of life in an attempt to master, direct, control, or otherwise manipulate existence. More simply, willingness is saying yes to the mystery of being alive in each moment. Willfulness is saying no, or perhaps more commonly, "yes, but . . ." (p. 6)

May continues:

Willingness and willfulness do not apply to specific things or situations. They reflect instead the underlying attitude one has toward the wonder of life itself. Willingness notices this wonder and bows in some kind of reverence to it. Willfulness forgets it, ignores it, or at its worst, actively tries to destroy it. Thus willingness can sometimes seem very active and assertive, even aggressive. And willfulness can appear in the guise of passivity. (p. 6)

Half-Smiling and Willing Hands

The skills of half-smiling and willing hands are usually taught together and are ways to accept reality

with the body. In half-smiling, facial muscles are relaxed, with lips slightly upturned at the corners. Because emotions are partially controlled by facial expressions,^{2,3} adopting this facial expression helps clients feel more accepting. In willing hands, the hands are unclenched, with palms up and fingers relaxed. Willing hands are the opposite of clenched hands, which are indicative of anger and of fighting to change reality.

Mindfulness of Current Thoughts

Mindfulness of current thoughts is observing thoughts as thoughts (i.e., as neural firing of the brain or as sensations of the brain), rather than as facts about the world. This skill teaches clients to differentiate thoughts from facts—to distance themselves from their thoughts and become less reactive to them, while allowing them to arise and fade away. The approach is different from that of cognitive therapy, which emphasizes analyzing thoughts and changing them when they are irrational or inaccurate.

Skills When the Crisis Is Addiction

The seven sets of skills included in the final portion of the module (Sections XVI–XXI) were developed in a series of studies treating individuals with drug dependence.^{4–6} These skills are dialectical abstinence, clear mind, community reinforcement, burning bridges, building new ones, alternate rebellion, and adaptive denial. When most or all participants of a skills training group have serious addictions, these skills can be integrated into the core DBT skills (as outlined in Schedule 8 in this manual’s Part I Appendices), or they can be taught as a separate skills module either in place of one of the standard modules or in addition to the standard skills modules. The skills can also be taught on an as-needed basis in group or individual therapy.

Dialectical Abstinence

Dialectical abstinence brings together an abstinence approach and a harm reduction approach. This synthesis of approaches has historical roots in the original cognitive-behavioral relapse prevention model proposed by Marlatt and Gordon;⁷ the goal of this maintenance approach was to prevent lapses from occurring (i.e., lapse prevention) and to manage

them when they did occur to prevent a full-blown relapse (i.e., relapse management). Many have critiqued relapse prevention for giving clients “permission” to engage in addictive behaviors, for helping clients plan how to cope with a lapse or relapse, or for describing the abstinence violation effect. However, a harm reduction approach suggests that when a person has relapsed and is ready to drop out or give up, helping the person cope with the lapse and its demoralizing consequences is very often the best course of action.⁸

Clear Mind

“Clear mind” is a synthesis or middle ground between the extremes of “addict mind,” which is governed by the addiction, and “clean mind,” which is abstinent but takes risks and forgets that relapse is possible. Clear mind is abstinent from addictive behaviors, but also knows that relapse is possible.

Community Reinforcement

Community reinforcement focuses on building reinforcers in the community that will reward abstinence instead of addiction.

Burning Bridges and Building New Ones

“Burning bridges” means actively eliminating potential triggers for the addiction. “Building new bridges” refers to finding physical sensations and creating mental images to compete with addiction urges.

Alternate Rebellion and Adaptive Denial

When addictive behavior functions as rebellion, “alternate rebellion” focuses on finding alternative ways to rebel that are expressive but safer. “Adaptive denial” refers to suspending logic and denying—shutting out—urges for addictive behaviors when they hit. Denial can also take the form of believing that the addictive behavior is not possible.

Selecting Material to Teach

As noted above, there is a great deal of material for each skill in the teaching notes that follow. You will not cover most of it the first several times you teach specific skills. The notes are provided to give you a

deeper understanding of each skill, so that you can answer questions and add new teaching as you go. As in Chapters 6–9, I have put a checkmark (✓) next to material I almost never skip. If I am in a huge rush, I may skip everything not checked. Also as in the earlier Part II chapters, I have indicated information summarizing research in special “Research Point” features. The great value of research is that it can often be used to sell the skills you are teaching.

As always, it is important that you have a basic understanding of the specific skills you are teach-

ing. The first several times you teach, carefully study the notes, handouts, and worksheets for each skill you plan to teach. Highlight the points you want to make, and bring a copy of the relevant pages with you to teach from. Be sure to practice each skill yourself, to be sure you understand how to use it. Before long, you will solidify your knowledge of each skill. At that point you will find your own favorite teaching points, examples, and stories and can ignore many of mine.

Teaching Notes

I. GOALS OF THIS MODULE (DISTRESS TOLERANCE HANDOUT 1)

Main Point: Distress tolerance skills enable us to survive immediate crises without making things worse, and to accept reality when we can't change it and it's not what we want it to be.

Distress Tolerance Handout 1: Goals of Distress Tolerance. This handout lists goals, not specific skills. Briefly review the three goals; provide enough information and discussion to orient participants to the module; link the module to participants' own goals; and generate some enthusiasm for learning the distress tolerance skills. An important point is that crisis survival skills are needed for getting through crisis situations, but they are not intended to become a way of life. Over the long term, reality acceptance and problem solving have to be practiced if a client is to have a life worth living.

Worksheet: There is no worksheet for this handout.

Explain the goals of distress tolerance skills to clients as follows.

✓ A. Survive Crisis Situations without Making Them Worse

The skills in this module are ways of surviving and doing well in crisis situations without resorting to behaviors that will make the situation worse. They are needed when we can't immediately change a situation for the better, or when we can't sort out our feelings well enough to know what changes we want or how to make them.

Note to Leaders: If you plan on teaching the skills for addiction (Distress Tolerance Handouts 16–21), it can be useful here to define "addiction" as "any behavior you are unable to stop, despite negative consequences and despite your best efforts to stop." Note that many repetitive behaviors qualify as addictions. Getting over addictions requires immense distress tolerance!

✓ B. Accept Reality As It Is in the Moment

Acceptance of reality—of life as it is in the moment—is the only way out of hell. It is the way to turn suffering that cannot be tolerated into pain that can be tolerated. We can think of it as follows:

- Pain + nonacceptance = Suffering and being stuck
- Pain + acceptance = Ordinary pain (sometimes extremely intense) and the possibility of moving forward

Emphasize to participants that **life is not all crisis**. Although some clients may live as if their lives are a constant crisis, life in its totality is not *all* crisis. Living life as if it is always a crisis perpetuates the experience of crises, because it interferes with problem solving that will resolve problems over the long term; thus it can actually backfire and create more crises. At some point, therefore, we all have to experience and accept the lives that we have in front of us (so to speak). This is ultimately the only way to build a life worth living.

✓ C. Become Free

We are truly free when we can be at peace and content with ourselves and our lives, no matter what circumstances we find ourselves in. In many ways, freedom is an outcome of mastering both crisis survival and radical acceptance. The crisis survival skills are the bulwark keeping us from giving in to cravings on the way to freedom. Radical acceptance skills produce the quieting of intense desire. When we are free, we can look in the face of our cravings and desires and say "I don't have to satisfy

you.” Our intense emotions become like a passing tempest at sea, instead of a demand for action we must give in to.

Note to Leaders: The distress tolerance goal of becoming free is identical to the goal of freedom in practicing mindfulness from a spiritual perspective. The important point is that both mindfulness practice and reality acceptance practice lead inevitably to a greater sense of freedom. In a sense, mindfulness practice is a reality acceptance practice. If you have not covered this goal in teaching mindfulness, you can teach it now. If you have previously taught it, simply make the connection between the two sets of skills. (The teaching notes are very similar.)

- ✓ **Discussion Point:** Either before or after reviewing Distress Tolerance Handout 1, ask participants to check off each goal that is important to them in the boxes on the handout and then share choices.

II. OVERVIEW: CRISIS SURVIVAL SKILLS (DISTRESS TOLERANCE HANDOUT 2)

Main Point: The goal of crisis survival is to get through a crisis without making things worse. Crisis situations are, by definition, short-term. Thus these are not skills to be used all the time or as a lifestyle.

Distress Tolerance Handout 2: Overview: Crisis Survival Skills. This handout can be reviewed quickly. It is simply an overview to orient participants to what is coming next. It can also be skipped and the information written on the board. Do not use this handout to teach the skills.

Distress Tolerance Worksheets 1, 1a, 1b: Crisis Survival Skills. These are three different versions of a worksheet that can be used with Handout 2. Each worksheet covers all of the crisis survival skills and can be employed here if you are using this handout as a review. These worksheets can also be given again and again for each of the crisis survival skills (Distress Tolerance Handouts 4–9a) if you do not want to use the worksheets specific to each skill. Worksheet 1 provides space for participants to practice crisis survival skills only two times between sessions. Thus this can be a good starter worksheet with individuals you are trying to shape into more frequent skills practice. Worksheet 1a provides for practicing each skill twice. Worksheet 1b provides for multiple opportunities to practice each skill. Choose the worksheet that best fits the participants you are teaching. Review the worksheet you assign with participants. Alternatively, you can allow participants to choose the handout they wish to use. Allowing choice gives participants a greater sense of control and may result in higher homework compliance.

A. Crisis Survival Skills

- ✓ **1. What Are Crisis Survival Skills?**
Crisis survival skills are skills for tolerating and surviving a crisis situation.
- 2. When Should These Skills Be Used?**
These skills are for use when a crisis cannot be avoided. The basic idea is to get through crisis situations without making them worse.
- ✓ **3. Six Categories of Crisis Survival Strategies**
There are six groups of crisis survival skills. Each is a series of methods for short-circuiting or coping with overwhelming negative emotions and almost intolerable situations.
- The STOP skill, for stopping oneself from engaging in impulsive behavior.
 - Pros and cons.
 - TIP skills, for changing your body chemistry.

- Distracting.
- Self-soothing.
- Improving the moment.



4. *Effects and Limits of These Skills*

These skills are not a cure for all problems in life. Their beneficial effects may only be temporary (but achieving them is not a small feat, nonetheless). These skills are primarily ways to survive painful emotions. They are not designed to be emotion regulation strategies (i.e., ways to reduce or end painful emotions), although they may help to regulate emotions and to reduce stress. Their central goal is to enable us to survive a crisis without making things worse.

III. KNOWING A CRISIS WHEN YOU SEE ONE (DISTRESS TOLERANCE HANDOUT 3)

Main Point: Crisis survival skills are for crisis situations, which are, by definition, short-term. Thus these are not skills to be used all the time. Overusing them can get in the way of problem solving and change, and thus of building a life worth living.

Distress Tolerance Handout 3: When to Use Crisis Survival Skills. Do not spend much time on this handout, but the core information is important to review and clarify.

Worksheet: There is no worksheet for this handout.

A. What Is a Crisis?

1. *Crises Are Highly Stressful Situations with Potential for Very Negative Outcomes*


Example: “Your rent money was stolen, and you have no other money and are facing eviction. You are overwhelmed and just want the problem to go away. You then run into your old drug dealer, who offers you free drugs. Taking drugs in such a situation is likely to make things worse.”

2. *Crises Are Short-Term*

Crisis survival skills are designed to be used only in the short term. When they are overused (i.e., used in every painful situation or to avoid every unwanted emotion), problems will never be resolved.

When this happens, crisis survival skills can amount to avoidance of building a life worth living and can make things worse rather than better in the long term.

Example: “You may be able to get through a period of urges to use drugs or an urge to attack another person if you distract yourself from the urges by playing loud music, going to a movie, or the like. But if every time a difficult-to-solve problem comes along, you avoid it or distract from it, problems will remain unsolved and life is unlikely to improve.”

 **Discussion Point:** Elicit from participants times when they have used coping strategies that work in the short term but are harmful when overused or used to excess (e.g., eating, ignoring problems, going to sleep, distracting from important work that needs to be done).

3. *Crises Create Intense Pressure for Quick Resolution*

Most crises fall into two broad categories. Explain these to participants:

- “You have a strong desire to engage in a destructive behavior (such as to take drugs, commit suicide, strike out in anger, or quit a job). Acting on these strong urges is ineffective.”

- “You are facing a major demand that will have serious consequences if it goes unmet (such as to write a report before a deadline, submit taxes on time, or pay bills or credit card debt). You feel completely overwhelmed and unable to focus and get it done. Shutting down and avoiding such demands is not effective.”


In both cases, crisis survival skills are needed.

✓ B. When to Use Crisis Survival Skills

1. Having Intense Pain That Cannot Be Helped Quickly

Tell participants: “Use short-term crisis survival strategies to reduce pain to manageable levels so that the crisis can be managed and destructive behavior can be avoided. Once the pain’s intensity is lowered, use more long-term skills—such as emotion regulation skills, reality acceptance and/or mindfulness skills, and/or interpersonal effectiveness skills.”


Example: “You have had an operation and are in a lot of pain. You have taken your prescribed medications, but have a strong urge to take a lot more than prescribed or to get drunk to ease the pain. Using a crisis survival skill (such as distraction, self-soothing, improving the moment) can help you tolerate the pain in the moment.”

 **Discussion Point:** Surviving crisis situations is part and parcel of being effective—“doing what works” (a core mindfulness skill). However, at times people are more interested in proving to others how bad a situation is than in surviving the situation. The problem with proving how bad things are is that it hardly ever works over the long term in meeting any constructive goals. That is, although it may result in short-term gains (e.g., being put in the hospital or getting a lover to return), it usually fails in the long run. Elicit situations where this has been the case with clients. If you can give personal examples here, so much the better.

2. Wanting to Act in Emotion Mind When That Would Make Things Worse

Continue: “Crisis survival skills are useful when you suddenly have an intense urge to do something that you know will make matters worse, and you want to stop yourself before you do it.”

Example: “You are with your family at an outdoor concert, and a man near you pushes and shoves you to get a better seat ahead of you. You immediately have an urge to yell obscenities at this man, but realize it would be poor modeling for your children and might make matters worse if the man yells back at you. Using a crisis survival skill (e.g., STOP) can help you block such a reaction, so that you can enjoy the concert with you family.”

 **Discussion Point:** At some point, all of us have made a crisis worse by our own behavior. Elicit such examples from participants, particularly examples where they would have liked new skills to handle the situation more effectively.

3. Having Emotional Distress Threaten to Become Overwhelming

At times it is more effective to reduce feelings immediately than to experience them fully.

Example: “You are at home alone and are craving a drink. You have an alcohol problem, but you have been clean and sober for 3 months. You don’t have alcohol in the house, but you start thinking about going out and buying some. Crisis survival skills can help you get through the urges without acting on them. For example, you can use distraction by calling a friend and asking him to come over for a while and watch a movie on TV. To distract yourself until he gets there, you put on loud music, remind yourself of how lucky you are compared to others you know who have not gotten so far in sobriety, and start replying to e-mails and surfing the Internet.”

4. *Feeling Overwhelmed but Needing to Meet Demands*

High stress can be so disorganizing that we lose our ability to solve problems and cope well with difficult situations. “Falling apart” emotionally under high stress can create a new crisis, which can then exacerbate the original emotional crisis or dramatically increase destructive urges.

Continuing with effective and functional behavior can be critical to divert an emerging crisis. Crisis survival skills can buy time to regulate distress, so that other DBT skills (e.g., problem solving—see Emotion Regulation Handout 12) can be used.

Example: “There was a fire in your apartment last night, caused by an electrical problem next door. The fire was contained to an outside porch, and you got out OK, but there was a lot of smoke in your apartment. You stayed at a friend’s house overnight. When you come back the next day, everything above waist level is covered with smoke residue. You can see that you are going to have to do a lot of cleaning, sorting what to save and what to throw out, and so on. You are so overwhelmed that you can’t think or organize what to do, so you sit down and read a magazine instead of getting to work on your apartment. Realizing that this is not effective, you use one of the crisis survival skills (such as a TIP skill) to calm yourself down enough to call your sister and ask her to come over and help you clean.”

5. *Having Extreme Arousal and Problems That Can’t Be Solved Immediately*

When emotional arousal is extreme and a situation feels like a crisis, it can sometimes be very difficult to distract and “put a problem on the shelf,” so to speak. The urgency to solve a problem *right now* may make it very difficult to do anything that is not focused on the crisis. If the timing is not right for working on a particular problem, this sense of urgency can create its own problems. Crisis survival skills can be used to distract from the situation until it can be solved.

Example: “You are at home one evening when you get very upset after realizing that you made a big mistake earlier that day at work. However, there is nothing you can do to fix the problem until tomorrow morning, when the building opens again. So to get through until the next day, you play games with your daughter and read her a bedtime story. After she is in bed, you self-soothe by putting bubble bath into a nice hot tub, turning on your favorite music, getting in, and reading something that will take your mind off the day.”

 **Discussion Point:** Elicit from participants examples of coping with crisis situations effectively.

C. **How to Evaluate Whether Crisis Survival Skills Are Working**

1. *Most Important*

Say to participants: “When time passes and you haven’t done anything to make things worse, the skills are working. This is true even if you don’t feel better.”

2. *Next*

Continue: “Skills are working when you start feeling more able to tolerate the problem while using your other skills. To figure this out, rate your distress tolerance from 0 (‘I can’t tolerate it at all’) to 100 (‘Although this is painful, I can definitely tolerate it’).”

3. *Last*

“Crisis survival skills *might* help you feel better (this is emotion regulation). If so, great, but if not, keep your focus on surviving the crisis!”

IV. **STOP PROBLEMATIC BEHAVIOR IMMEDIATELY (DISTRESS TOLERANCE HANDOUT 4)**

Main Point: The STOP skill helps individuals refrain from acting impulsively on their emotions and making a difficult situation worse. The skill does that by helping an individual resist acting on the first impulse

to act (Stop); Take a step back and detach from the situation; Observe to gather information about what is going on; and then Proceed mindfully (by evaluating the most effective option to take, given the goals, and finally following that option).

Distress Tolerance Handout 4: The STOP Skill. This handout gives a brief description for each step of the STOP skill. Teach this handout by first describing each step on the handout and then illustrating with an example.

Distress Tolerance Worksheets 2, 2a: Practicing the STOP Skill. These are alternative worksheets to use with Handout 4. Worksheet 2 gives space for practicing the STOP skill two times, and Worksheet 2a gives space for daily practice. Choose the worksheet that best fits the participants you are teaching. Review the worksheet you assign. Alternatively, you can allow participants to choose the handout they wish to use. Again, allowing choice gives participants a greater sense of control and may result in higher homework compliance.

A. When to Use the STOP Skill

Say to participants: “When emotion mind takes over, you may find that you often act impulsively without thinking. When you react impulsively, you do not have time to use your skills and get to your wise mind. To be able to use your skills, you need first to stop yourself from reacting. To help you stay in control, use the STOP skill.”

✓ B. What Is the STOP Skill?

The STOP skill consists of the following sequence of steps: Stop, Take a step back, Observe, and Proceed mindfully.


1. Stop

Tell participants: “When you feel your emotions are about to take control, stop! Don’t react. Don’t move a muscle! Just freeze. Freezing for a moment helps prevent you from doing what your emotion wants you to do—to act without thinking. Stay in control. Remember, you are the boss of your emotions.”

Note to Leaders: For participants who have visual imagery, instruct them to visualize a STOP sign whenever they want to stop from reacting to a situation. If necessary, participants can be instructed to use paced breathing (see Distress Tolerance Handout 6) after stopping, to get their arousal down.

Example: “If someone says something that provokes your anger (like calling you names or cursing at you), you might have the urge to attack this person physically or verbally. That, however, might not be in your best interest. Doing that might result in getting hurt, being jailed, or being fined. So stop, freeze, and don’t act on your impulse to attack.”

Example: “Your partner, whom you still love, just broke up with you. You see her on the street, and your first impulse might be to go and give her a hug. However, that might not be wise. Given the situation, she is likely to reject you, and that would hurt. So stop. Don’t act on the urge to hug her.”

 **Discussion Point:** Elicit from participants times when they have had strong urges to act on emotions, but when doing that did or would have made the situation worse.



Practice Exercise: Elicit an example of a difficult situation that usually results in an impulsive behavior (e.g., being called names and calling names back). Ask a participant to role-play the situation. First model freezing yourself, and then have the participant practice freezing. Next, challenge the participant by escalating the situation while encouraging him or her to be motionless.

2. Take a Step Back

Continue: “When you are faced with a difficult situation, it may be hard to think about how to deal with it on the spot. Give yourself some time to calm down and think. Take a step back (in your mind and/or physically) from the situation. Get unstuck from what is going on. Take a deep breath. Continue breathing deeply as long as you need to do this (to reduce extreme emotion mind quickly) until you are back in control. Do not let your emotion control what you do. Remember that you are not your emotion. Do not let it put you over the edge.”

Example: “You’re crossing the street and don’t notice a car approaching. The driver stops the car, gets out, starts cursing at you, and physically pushes you. Your urge is to punch him in the face; however, you know that would escalate the situation and get you in trouble. So you first stop and then literally take a step back to avoid confrontation.”



Practice Exercise: Practice taking a step back, using the same situation as in the example above of being pushed by a driver. Model freezing, and then physically take a step back and take a deep breath. Have a participant go through this sequence of steps. Challenge the participant by escalating the situation while encouraging continued deep breathing. Elicit from participants other situations that trigger strong emotional reactions and destructive urges. Role-play with participants some of these situations, and instruct them to practice stopping and taking a step back, both physically and in their minds.

3. Observe

Go on: “Observe what is happening around you and within you, who is involved, and what other people are doing or saying. To make effective choices, it is important not to jump to conclusions. Instead, gather the relevant facts so as to understand what is going on and what the available options are. Use your mindfulness skills of observing and nonjudgmentalness (as described in Mindfulness Handouts 4 and 5).”

4. Proceed Mindfully

Say: “Ask yourself, ‘What do I want from this situation? What are my goals? What choice might make this situation better or worse?’ Ask your wise mind how to deal with this problem. Being mindful is the opposite of being impulsive and acting without thinking. When you are calm, stay in control, and have some information about what is going on, you are better prepared to deal with the situation effectively, without making it worse.”


Example: “You get home really late from work, due to a flat tire. Your partner starts yelling at you, accusing you of cheating on him, and calling you names. You get really angry, and your first impulse is to yell and call him names back. However, you want to deal with this skillfully. So you stop and then take a step back from your partner. You observe that your partner appears drunk, and that there are a lot of empty bottles of beer in the kitchen. You know that when he is drunk, there’s no point arguing, and he’s likely to apologize in the morning. So you proceed mindfully by explaining the flat tire, pacifying your partner, and going to bed. You postpone a discussion till the next morning.”



Practice Exercise: Discuss effective ways of dealing with the situation you have already been practicing (i.e., the angry driver), and then role-play the situation by going through all four steps of the STOP skill. Role-play with participants other difficult situations from the past when they wished they had not reacted impulsively, or situations that are likely to be difficult in the future. Instruct them to put together all four steps of the STOP skill.



Discussion Point: Discuss situations at home, work, school, or other activities where the STOP skill is needed.

 **Discussion Point:** Ask participants if they have difficulty with a specific step of the STOP skills. Instruct participants that they can learn these skills one step at a time (i.e., practicing first Stop, then Stop and Take a step back, etc.) until they've mastered the entire sequence.

V. PROS AND CONS AS A WAY TO MAKE BEHAVIORAL DECISIONS (DISTRESS TOLERANCE HANDOUT 5)

Main Point: The eventual goal of using pros and cons is for the person to see that accepting reality and tolerating distress lead to better outcomes than do rejecting reality and refusing to tolerate distress. This skill consists of thinking about the positive and negative aspects of both acting and not acting on crisis behavior urges.

Distress Tolerance Handout 5: Pros and Cons. Teach this skill by first describing what is meant by pros and cons, and then putting the basic 2 × 2 grid up on the board and working through several examples of pros and cons with participants. In a group whose members have drug addictions, for example, list the pros and cons of using drugs, and then list the pros and cons of resisting the urge to use drugs.

Distress Tolerance Worksheets 3, 3a: Pros and Cons of Acting on Crisis Urges. These two worksheets ask for exactly the same work on pros and cons, but are set up differently. Some people find Worksheet 3 much easier to understand and work with, and others find Worksheet 3a much easier. Review both worksheets with participants, and let participants pick the one they like best. Stress that it is important to fill out each of the four quadrants. Instruct participants to keep a copy of the completed worksheet, since it can be very hard to remember why not to engage in crisis behaviors when they are in emotion mind.


✓ A. When to Use Pros and Cons


1. To Compare the Advantages and Disadvantages of Different Options

Say to participants: “When you have to make a decision between two or more options, and want to examine their advantages and disadvantages, pros and cons can be very important in helping you make a wise choice. All of us use pros and cons some of the time, even if only implicitly, to make decisions.”

Example: My alarm goes off at 6:00 A.M. on a workday. I am tired and want to stay in bed. I say to myself, “Oh, it would feel so good to keep staying in bed,” and then I might say, “Oh! If I stay in bed I will be late for work and then my boss will be really angry with me.” I get up.

Example: A friend keeps me waiting at a restaurant before showing up an hour late. While waiting, I am reviewing in my mind all the pros for just leaving and standing him up, and all the pros for yelling at him when he finally does arrive. In fact, I rehearse in my mind all the reasons I should tell him I am never going to a restaurant with him again. However, I then remember that this is a good friend and that if I get really mad or refuse to eat out with him again, it will be a big loss for me. I start reviewing the pros of tolerating the distress and not yelling at him, even if he is late without much of a reason.

 **Discussion Point:** Elicit from participants times when they automatically (i.e., without deciding to do it) think of consequences, positive and or negative, of doing things.

 **Discussion Point:** Elicit from participants times when they have difficult choices to make and need to evaluate the pros and cons of various choices.

2. To Help Resist Impulsive or Destructive Urges

Continue: “Pros and cons can also help you resist urges to act impulsively or do things that are destructive, particularly when you are in emotion mind. Pros and cons can help us all resist

urges to quit and give up on life. It can help us resist actions such as using drugs, bingeing and purging, or having angry outbursts at others.”

Example: Many individuals react to uncontrollable stress and crises by doing things that in the short run, the long run, or both are damaging to their self-interest and well-being. These might be things such as using drugs or alcohol excessively to escape difficult emotions or situations; overeating when distressed; throwing tantrums or saying things when angry that they later regret; or threatening or attempting suicide when upset or experiencing intensely painful emotions.

Example: “When you are in the middle of a very important task at work that has to be done *now*, you might be tempted to interrupt it to deal with problems in your personal life, such as a friend’s calling you to say she is really angry at you. However, it might be most effective for you to tolerate the distress of knowing your friend is upset without solving that issue right away, and instead to keep working on your urgent task at work. You would resolve the problem with your friend later.”

The eventual goal is for participants to conclude that accepting reality and tolerating distress lead to better outcomes than do rejecting reality and refusing to tolerate distress. It is important to note here that all of us use pros and cons many times during each day, at least implicitly.

✓ B. How to Do Pros and Cons

Doing pros and cons involves writing down the positive and negative consequences of tolerating distress by resisting impulsive behaviors, as well as the positive and negative consequences of not tolerating distress by engaging in impulsive behaviors.

1. Describe the Crisis Behavior

Explain: “Start by describing the crisis behavior you are trying to stop. A crisis behavior is any behavior that in the short run, long run, or both is damaging to your self-interest and well-being.”

2. Examine the Advantages and Disadvantages of the Behavior

Go on: “Next, examine the advantages and disadvantages (pros and cons) of the crisis behavior—of acting on your crisis urges.”

3. Consider Both Short-Term and Long-Term Consequences

“When you are doing pros and cons, don’t forget to consider both the short-term and long-term consequences of the behavior you are examining.”

Example: Relief and feeling better immediately (pros) may be short-term consequences of drinking excessively, using drugs, or yelling at someone, but having a hangover that interferes with work or ruining a relationship due to using substances or yelling in anger (cons) may be the long-term consequences of the same behaviors.

4. Consider Pros and Cons for Each Different Crisis Urge

“Make up separate lists of pros and cons for each different crisis urge you are working on.”

Example: “If you are deciding among using illegal drugs, filing for a divorce, quitting a job, or another impulsive action, it is important to consider the pros and cons of each action (using drugs, filing for a divorce, quitting a job) separately. It is also important to write separate lists for the pros and cons of *not* engaging in these actions.”

Note to Leaders: Participants often find it strange that they are asked to write out separate lists of pros and cons for acting on crisis urges and for resisting crisis urges. They usually believe that the pros of resist-

ing crisis urges and the cons of not resisting crisis urges will be the same. This is often not the case, but the only way to see it is to have participants actually practice working out pros and cons in the session. A good way to do this is with a practice exercise on a class whiteboard (see below). A strategy to help distinguish the lists is to focus on what *does* happen that is a positive or negative consequence of either choice, as opposed to what *does not* happen.



Practice Exercise: Draw a pros-and-cons grid on the board. You can use Figure 10.1 as a model (this type of grid is also seen in Distress Tolerance Handout 5 and Worksheet 3), or you can use the type of grid seen in Distress Tolerance Worksheet 3a and in the pros-and-cons worksheets for other modules. Get participants to generate pros and cons of tolerating a crisis without doing something harmful and/or impulsive. Then have them generate pros and cons for *not* tolerating the crisis (i.e., for engaging in self-injury, substance abuse, impulsively quitting a job, attacking a friend, or other examples of nontolerating behaviors the participants want to analyze). Be sure to focus on both short-term and long-term pros and cons. Compare the two sets.

Note to Leaders: It is helpful to avoid working on suicidal urges as an example, as this can get bogged down in a discussion of what we definitively know or don't know about what occurs once one dies (i.e., we know nothing).

However, if participants have a firm grasp of how to do pros and cons, writing out pros and cons for suicide can be very helpful for some individuals. You will probably need to tolerate a situation where the pros and cons of acting on suicidal urges come out more or less equal in weight and where an individual is undecided. If a person seems to have clearly decided on committing suicide or is leaning toward suicide, it is important to move to suicide risk assessment and crisis management strategies. It is equally important to remember that working through the pros and cons of suicide with a participant in a validating, noncontrolling, and nondemanding manner

	Pros	Cons
Acting on crisis urges	Advantages	Disadvantages
Resisting crisis urges	Advantages	Disadvantages

FIGURE 10.1. Pros and cons for acting versus not acting on urges.

may be your most effective way for the participant to end up choosing life. See Chapter 15 of the main DBT text for crisis strategies and suicidal behavior strategies.

5. *Rehearse Pros and Cons Multiple Times*

Encourage participants: “Rehearse the pros of resisting urges and the cons of giving in to urges multiple times before overwhelming urges hit. Such rehearsal makes it more likely that the pros of avoiding destructive behavior and cons of engaging in destructive behavior will pop into your mind when needed. The idea here is to get thinking about the long-term benefits of avoiding destructive behavior to become stronger, and thinking about immediate benefits of destructive behavior to become weaker.”


6. *Review Earlier Pros and Cons When a Crisis Urge Strikes*


Continue: “Review the pros and cons you have written earlier when an overwhelming emotion or urge hits. If these are not available, then this is the time to write up such pros and cons. However, it can be very difficult to do this in emotion mind, so it is advisable to solicit support from someone else for doing pros and cons while you are in a crisis.”

7. *Say No to Crisis Urges*

“It can be very helpful to say out loud or yell ‘No!’ when an overwhelming emotion or urge hits. Once this is done, it is important to distract yourself from the urge and from tempting events. Say to yourself, ‘No, that’s it; there is no going back,’ or something similar.”

Note to Leaders: The problem with strong urges is that they are associated with a very strong desire to act on the urge. Subliminally, an individual also knows that if he or she actually practices pros and cons, then the desired activity is much less likely. Thus, at this level, the individual realizes that thinking of pros and cons will get in the way of engaging in a reinforcing activity, even if the activity only provides short-term reinforcement and is destructive in the long term. Thus it is very common for clients to resist doing pros and cons, because it gets in the way of desired activities. This might be a good time to discuss with participants the fact that immediate reinforcement is always much more powerful than delayed reinforcement. Engaging in pros and cons strengthens the power of delayed reinforcement (reinforcement for resisting the urge) and weakens the power of immediate reinforcement (reinforcement for giving in to the urge).

 **Discussion Point:** Elicit from participants times when the idea of thinking of pros and cons does not come into their minds, or when even if it does, they resist thinking of pros and cons. Discuss strategies to bring pros and cons to mind when needed, as well as strategies to break down resistance.

 **Practice Exercise:** Ask each person to complete a pros-and-cons exercise for one targeted problem behavior they would like to stop. Use plain paper, or use one of the worksheets (3 or 3a). After each person has completed the exercise, discuss a few examples. Elicit from participants ideas about where to keep the exercise or worksheet for use in a crisis.

Note to Leaders: Pros and cons can be very effective for helping individual participants make difficult decisions about their lives. It is very important at these points that you not communicate a preference for one side or the other of the pros and cons. The task here is to help the person develop a reasonably comprehensive list of all the pros and cons for each side of the decision. It is important, then, to trust the wise mind of the participant in making a decision. A good guide to using pros and cons in these situations is the principle related to a “decisional balance.” This principle comes from Motivational Interviewing, which was developed for clients with substance use disorders, but is useful in other venues as well.⁹

The one exception to relying exclusively on “wise mind” is when the decision is to commit suicide or not. See the earlier Note to Leaders on using pros and cons with suicide.

VI. TIP SKILLS FOR MANAGING EXTREME AROUSAL (DISTRESS TOLERANCE HANDOUTS 6–6C)

Main Point: Very high emotional arousal can make it impossible to use most skills. TIP skills are rapid ways to reduce emotion arousal. These skills are Temperature (use of cold water on the face to elicit the dive response), Intense exercise, Paced breathing, and Paired muscle relaxation. (As noted in the introduction to this chapter, there are two P skills, although there is only one P in TIP.)

Caution: Alert participants that the effect of cold water on the face is to reduce heart rate. Any participants with any heart risk or allergy to cold should not participate in the ice water exercise unless cleared to do so by their physicians.

Distress Tolerance Handout 6: TIP Skills: Changing Your Body Chemistry. This handout lists all the TIP skills and is useful for a review. See the other materials below for teaching individual skills. In particular, progressive relaxation is best taught by conducting a brief relaxation exercise such as described on Handout 6b.

Distress Tolerance Handout 6a: Using Cold Water, Step by Step. This handout recapitulates the steps for the use of cold water. If you do not teach this skill for some reason, this handout can be skipped.

Distress Tolerance Handout 6b: Paired Muscle Relaxation, Step by Step. Use this handout to provide training in how to relax muscles and how to pair relaxation with breathing out. The relaxation training is based on progressive relaxation practice, and the handout summarizes instructions for going from tensing and relaxing individual muscles to tensing and relaxing the whole body. Letting go of muscles is then paired with exhaling while saying internally the word “relax.” If you do not practice relaxation of all the muscle groups in sessions, point out that the rest of the muscles are listed on the handout. This handout may also be useful for individual therapists.

Distress Tolerance Handout 6c: Effective Rethinking and Paired Relaxation, Step by Step. This optional handout integrates cognitive restructuring with paired breathing. It can be very useful when teaching this skill to work with participants in filling out Steps 1–3 on Distress Tolerance Worksheet 4b, described below.

Distress Tolerance Worksheet 4: Changing Body Chemistry with TIP Skills. Review this worksheet with participants. If necessary, teach participants to rate their level of emotional arousal (often called “subjective units of distress” or SUDS) on a 0–100 scale. Make 0 equal to no distress at all, and 100 equal to the most stress ever experienced in their entire lives. Remind participants that they can never go over 100 points. Notice that this worksheet is primarily a recording device, so that participants can describe what they did during homework review. There is room on the sheet for describing each skill only once. Therefore, you might want to have several copies of the worksheet for each person, particularly if you assign daily practice of one or more TIP skills.

Distress Tolerance Worksheet 4a: Paired Muscle Relaxation. Use this worksheet only if you ask participants to practice paired muscle relaxation between sessions. This worksheet can help participants remember how to tense and relax muscles, and also distinguishes between practicing to learn the skill and practicing when the skill is needed. If you assign this worksheet, review it with participants.

Distress Tolerance Worksheet 4b: Effective Rethinking and Paced Relaxation. Assign this worksheet if you have taught Handout 6c.

Other Materials: To teach use of cold water, bring to the session zip-lock bags with a few ice cubes and

water, gel cold packs, or pans of cold water and towels. To teach paced breathing, bring a large clock with a secondhand to the session.

✓ A. What Are TIP Skills?

Tell participants: “There are four TIP skills: tipping the Temperature of your face with cold water, Intense aerobic exercise, Paced breathing, and Paired muscle relaxation. (Note that there are two P skills, though there is only one P in TIP.) Each skill has the effect of rapidly changing your biological response patterns, and thereby causing a reduction in your emotional arousal.”

B. Why Use TIP Skills?

Explain the reasons for using TIP skills as follows:

- ✓
 - “TIP skills change your body chemistry to reduce high emotional arousal and feelings of being overwhelmed.”
- ✓
 - “TIP skills work very fast, within seconds to minutes, to bring down emotional arousal.”
 - “TIP skills are as effective as dysfunctional behaviors (drinking, using drugs, eating, self-harm) at reducing painful emotions, but without the short- and long-term negative results.”
 - “TIP skills work like fast-acting medications, but without the cost of medications or the side effects that some medications cause.”
 - “TIP skills are easy to use and don’t require a lot of thinking.”
 - “Some TIP skills (paced breathing, some parts of paired muscle relaxation) can be used in public without others’ knowing that you are using the skills.”

✓ C. When TIP Skills Are Useful

Go on: “Here are some times when TIP skills are useful.”

- “You are caught in emotion mind and can’t get out.”
- “You are in a crisis—that is, a high urge to engage in destructive behavior hits and you can’t distract yourself.”
- “An important demand needs to be met, and you are too overwhelmed to think of what to do.”
- “You are not processing information effectively.”
- “You are emotionally overwhelmed.”
- “Other skills are not feasible to do, or are not helpful even if you are not in a crisis.”
- “You are at your **skills breakdown point**.”

Note to Leaders: The concept of a skills breakdown point and how to determine it is discussed in Chapter 9, Section XX. See that section and Emotion Regulation Handout 23: Managing Extreme Emotions for instructions on how to teach this concept. Feel free to use that handout or its teaching notes at this point. If emotion regulation has already been taught, refer participants back to that skill.

✓ D. How the TIP Skills Work

The TIP skills are designed to activate the human body’s physiological nervous system for decreasing arousal. The nervous system consists of two parts: a “sympathetic nervous system” and a “parasympathetic nervous system.” These two systems work in opposite directions. The sympathetic system activates the fight-or-flight syndrome and increases arousal. The parasympathetic system increases emotion regulation, which is associated with decreases in emotional arousal. All of the TIP skills regulate emotions by increasing activity of the parasympathetic nervous system and decreasing activity of the sympathetic nervous system.

Note to Leaders: Remind or point out to participants that (1) physiological arousal is an important component of emotions, and (2) changing any part of the emotion system affects the entire system. You can refer to the model of emotions taught in Chapter 9, Section V and in Emotion Regulation Handout 5: A Model for Describing Emotions.

✓ E. Tipping Facial Temperature with Cold Water

Tell participants: “The first TIP skill is tipping the Temperature of your face with cold water or cold packs on the face, while holding your breath. This induces the human dive reflex, which in turn sets off the parasympathetic system and reduces physiological and emotional arousal very quickly.”^{10, 11}

Research Point: The dive reflex is the tendency in humans (and other mammals) for the heart to slow down to below resting heart rate when the person is immersed in very cold water without oxygen. This effect is due to increased activation of the parasympathetic nervous system, which is the body’s physiological system for decreasing arousal (see the explanation of the sympathetic and parasympathetic systems, above). States of emotional overarousal occur when the sympathetic nervous system becomes overactive and the parasympathetic nervous system is underactive. (Milton Brown of the DBT Center of San Diego provides more information and a series of handouts on TIP skills at the Center’s website, www.dbtsandiego.com/current_clients.html.)

1. Procedures

Explain the different ways in which the dive reflex can be induced with cold water.

a. Use a Bowl of Cold Water

Tell participants: “Bend over, hold your breath, and put your face (up to your temples) in a bowl of cold water for between 30 and 60 seconds, or until you start to become uncomfortable. This is usually sufficient to induce the dive reflex. The colder the water and the longer the immersion, the better it works. However, do not have the water too cold. Water below 50°F may cause facial pain during immersion.”

b. Use an Ice Pack, a Zip-Lock Bag of Ice with Water, or a Cold Wet Compress

Say: “Sit in a chair, and hold the ice pack or zip-lock bag (wrapped in a cloth to keep from being too cold) or cold compress over the eyes and upper cheeks. Wet the side touching your face. Standing, bending over, and holding your breath at the same time appears to increase the effect.”

c. Splash Cold Water on the Face

Add: “Splashing cold water on your eyes and cheeks may even be sufficient. To make it work even better, stand, bend over, and hold your breath.”

2. When to Use Cold Water

In addition to times of high emotional arousal, my colleagues and I have found cold water or cold packs to be helpful in the following situations:

- Inability to sleep due to ruminating or “background” anxiety
- Dissociation, including dissociation during therapy or skills training sessions

3. Cautions

- **Heart problems.** Using cold water to induce the dive reflex can reduce heart rate very rapidly. Individuals with any heart disorder, a heart rate below their normal baseline due to medications, other medical problems, anorexia nervosa, or bulimia nervosa should only use

this procedure with permission of their medical providers. In general, recommending that participants check with their medical providers before using the procedure is a good idea. Adolescents should seek parental permission as well.

- **Short-lived effects.** The physical effects of the cold water are actually very short-lived. Thus it is easy for the out-of-control emotion to return if participants are not careful. Once extreme arousal is reduced, it can then be important to practice a different set of skills appropriate for the problem at hand.

Example: “You are very angry, and you use ice water or a cold pack to reduce the intensity of the emotion. If you then start thinking about all the things that set off the anger in the first place, anger is very likely to be set off again. The same is true of any other emotion.”

Example: “You use cold water or a cold pack to interrupt anxiety ruminations that are keeping you awake. It is important to go back to bed and focus on something other than anxiety-inducing thoughts, such as paced breathing [see below] or thoughts of pleasant events.”

Example: “A strong urge to engage in a problem behavior hits, and you use ice water or a cold pack to reduce the urge. Your arousal and urges come down. A little later, you go back to thinking about the problem behavior, and the urge resurfaces. It is thus important to engage in a different activity (problem solving or distracting) immediately after using the ice.”



Practice Exercise: If possible, demonstrate the dive reflex with participants. After screening participants for medical issues, try to get all those for whom the use of cold water is not ruled out to do the exercise once. This is a practice trial and increases the likelihood that they will use it when needed. Another variation is to do this as an experiment. In this case, the procedure is for participants to rate their arousal before and right after putting cold water (in zip-lock bags or cold gel bags) on their upper faces, covering their eyes and upper cheekbones. Alternatively, participants can take their pulses before and after practicing (a procedure used in high school science classes). Make it very clear that participation in the practice session is optional, and that the exercise is in no way an endurance contest.

Supplies needed for each participant are these:

1. One pint-sized plastic storage bag with water, or a gel pack that has been kept cold, and wet paper towels.
2. Alternatively, a cooler of cold water, large bowls or foil roaster pans, a place to dump water, and towels to dry faces.

The **procedure** is as follows:

1. Have each participant sit, put a wet paper towel around the bag or gel pack, and then place the bag or pack over eyes and cheeks for up to 30 seconds.
2. Alternatively, have each participant bend over a bowl or pan of water, hold breath, and put face in water for up to 30 seconds.
3. Once participants have finished either Step 1 or Step 2, have them discuss their experiences.

Another chance to practice the TIP cold water skill may arise if a participant is experiencing high arousal during a group session (even when you are not teaching the TIP skills). In such an instance, you could bring the supplies into the meeting room and ask the participant to try that skill. In our group sessions, when needed, we bring in a cold pack (which we wet on the face side) and a towel. (We keep several cold packs in the refrigerator at all times.)



F. Intense Exercise

The second TIP skill is to engage in Intense aerobic exercise of any kind for at least 20 minutes.

1. Why Intense Exercise?



Research Point: Intense exercise (of any kind) for 20–30 minutes or so can have a rapid effect on mood, decreasing negative mood and ruminative thoughts and increasing positive affect after exercising.¹²

- Tell participants: “State anxiety decreases significantly if you get your heart rate to 70% of the maximum for your age.”
- “Increases in positive emotions are associated with getting your heart rate up to 55–70% of maximum heart rate for your age, but the increases are maintained for a significantly longer time following exercise when you get your heart rate to 70% intensity.”¹²
- “Look up ‘calculating heart rate training zones’ on your search engine. Or go to www.chabotcollege.edu/faculty/kgrace/FitnessCenter/TargetZones.htm for how to estimate maximum recommended heart rate for your age.”

A major characteristic of emotions is that they organize the body for action. Anger organizes the body to attack or defend, fear organizes the body to run, and so on. When the body is highly aroused, it can be difficult to inhibit emotional action even if the action is dysfunctional. Intense exercise, in these situations, can re-regulate the body to a less emotional state.

Note to Leaders: Point out to participants that (1) emotions prepare them for action and that actions themselves are important components of emotions; and (2) inhibiting emotion-linked actions can therefore be very difficult. As noted earlier, you can refer to the model of emotions taught in Chapter 9, Section V, and in Emotion Regulation Handout 5.



2. When to Use Exercise

Say to participants: “Use exercise when you are agitated, when you are angry, when ruminating just won’t stop, when you need to bring up your mood and willingness in the morning, and at any other time it has been useful for you in the past.”

Example: “At the end of your work day, you find out that a report you thought was due in a week is actually due tomorrow. If you don’t get the report done, you’ll have big problems at work. You feel so overwhelmed by this unexpected demand that you don’t know where to start to get things done. You can take a short break, go for a run to decrease the strong negative emotions, and then return and do what is needed to finish the report by its deadline.”



G. Paced Breathing

The third TIP skill is Paced breathing. This refers to slowing down the pace of inhaling and exhaling (to an average of five to six breath cycles per minute) and breathing deeply from the abdomen. Breathing out should be slower than breathing in (e.g., 4 seconds in and 8 seconds out).



Research Point: Generally, the heart beats faster during in-breaths and slows down during out-breaths. This change in heart rate is influenced by sympathetic nervous system activation upon breathing in and parasympathetic nervous system activation upon breathing out.

Paced breathing can itself cause changes in sympathetic and parasympathetic activity. In a way similar to the dive reflex, slowing breathing to approximately five or six breaths per minute (i.e., to one complete breath cycle lasting 10–12 seconds) is effective at reducing emotional arousal by activating the parasympathetic nervous system.^{13–16}



Practice Exercise: Demonstrate paced breathing as an exercise with participants. The goal is to do the exercise once in a session, to increase the likelihood that the skill will be used again when

needed. You can also do this as an experiment by asking participants to rate their arousal before and after practicing paced breathing.

You will need one large clock with a secondhand, to help participants to count breathing in and out.

The **procedure** is as follows:

1. Place the clock facing participants.
2. Instruct participants to watch the clock and count the seconds they inhale and the seconds they exhale. Encourage them to work while counting to get to a comfortable slow breathing rate, where the count is longer breathing out than breathing in. Give an example, such as 5 seconds in and 7 seconds out. They can choose to count the pause at the top of inhaling and at the bottom of exhaling or not. Give participants a few seconds to work on this.
3. Elicit from participants what numbers in and out they chose. Discuss.

Note to Leaders: For a set of breathing pacers that will help you and your clients track breathing in and breathing out, you can again go to Milton Brown's website at the DBT Center of San Diego (www.dbt-sandiego.com/current_clients.html). This site also provides his handout "Regulating Emotions through Slow Abdominal Breathing." In addition, smartphone apps for paced breathing are available for both iPhones and Android phones, and breath pacers are available on YouTube.

✓ H. Paired Muscle Relaxation

Paired muscle relaxation, the fourth TIP skill, is the pairing of muscles relaxing with breathing out.

- Paired muscle relaxation is a variation on progressive muscle relaxation, which is widely used across many behavioral therapies for anxiety disorders.
- The strategy is to tense muscle groups, noticing the sensation of tension while breathing in, and then relax them by letting go of the tension, noticing the sensations as the muscle tension gradually goes down. The goal is to increase awareness of both tension and relaxation.
- The emphasis on noticing muscle sensations is similar to a mindfulness procedure focusing on body sensations (i.e., mindfulness of sensations).
- As a crisis survival skill, paired muscle relaxation teaches participants to notice tension and then relax muscles, and while doing so to pair relaxation with exhaling while saying the word "relax."

Note to Leaders: How you teach paired muscle relaxation depends on how much time you have. If time is short, you can quickly demonstrate (with all participating) how to tense and relax muscles either one by one from the progressive relaxation list in Figure 10.2, or by putting muscle groups together and practicing them in groups. *If you have learned relaxation* through using a different order or grouping of muscles, feel free to use the method you use now. You can also use any of the numerous audio recordings available for muscle relaxation. It can be particularly helpful to have participants mentally rate their arousal before and after the practice and then share any changes. It is important to point out that relaxing is a skill that takes a lot of practice. Practicing on a daily basis can prepare clients for engaging in more functional behaviors during crises.

Orient participants to the procedure as follows:

- "Tensing and then relaxing muscle groups cause your muscles to become more relaxed than they were in the beginning, and more relaxed than you can ordinarily achieve by trying to relax without first tensing."
- "Pairing letting go of tension with saying the word 'Relax' in your mind while exhaling conditions your body to let go of tension and relax in the future when you say 'Relax' in your mind while exhaling."

Large Medium Small		Tense each muscle group for 5–10 seconds and then let go for 5–10 seconds.
{	{	1. Hands and wrists: Make fists with both hands and pull fists up on the wrists.
		2. Lower and upper arms: Make fists and bend both arms up to touch your shoulders.
		3. Shoulders: Pull both shoulders up to your ears.
{	{	4. Forehead: Pull eyebrows close together, wrinkling forehead.
		5. Eyes: Shut eyes tightly.
		6. Nose and upper cheeks: Scrunch up nose; bring upper lips and cheeks up toward eyes.
{	{	7. Lips and lower face: Press lips together; bring edges of lips back toward ears.
		8. Tongue and mouth: Teeth together; tongue pushing on upper mouth.
		9. Neck: Push head back into chair, floor, or bed, or push chin down to chest.
{	{	10. Chest: Take deep breath and hold it.
		11. Back: Arch back, bringing shoulder blades together.
		12. Stomach: Hold stomach in tightly.
{	{	13. Buttocks: Squeeze buttocks together.
		14. Upper legs and thighs: Legs out; tense thighs.
		15. Calves: Legs out; point toes down.
{	{	16. Ankles: Legs out; point toes together, heels out, toes curled under.

FIGURE 10.2. Progressive relaxation: Muscles and muscle groups. Adapted from Smith, R. E. (1980). Development of an integrated coping response through cognitive–affective stress management training. In I. G. Sarason & C. D. Spielberger (Eds.), *Stress and anxiety* (Vol. 7, pp. 265–280). Washington, DC: Hemisphere. Copyright 1980 by Hemisphere Publishing Corporation. Adapted by permission.

Note to Leaders: Some individuals experience a phenomenon of “relaxation-induced panic.” That is, they may panic because of not meeting expectations to relax. To prevent this, it is very important to instruct participants that tensing and relaxing muscles may not result in relaxation, and that the important part of the exercise is to learn awareness of body tension. Individuals should also be instructed to feel free to stop at any time during practice. Allow those who are self-conscious when practicing simply to observe the demonstration and/or to face the wall during practice. In contrast to regular mindfulness practice, participants should be instructed to close their eyes during relaxation practice.



Practice Exercise: Demonstrate and practice tensing and relaxing muscles.
The **procedure** is as follows:

1. Ask participants to rate their current arousal (subjective units of distress) on a scale of 0–100 (0 means no distress or tension at all; 100 means the very highest they could ever imagine).

2. Sit facing participants. Once everyone is in a comfortable position and can stretch out somewhat, ask participants to follow your instructions. Go through each of the muscle groups in Figure 10.2 (these are repeated in Distress Tolerance Handout 6b), tensing each, then letting go of each. Be sure participants see which muscles you are tensing and how to do it. In this demonstration, hold the tension for about 5–10 seconds, saying, “Notice the tension.” Then say, “Let go,” while rapidly letting go of the muscles, and add, “Notice the difference.” Let relaxation go for about 5–10 seconds, and then go on to the next muscle group. Be sure to talk in a slow, steady cadence with an inviting voice tone. You might say something like this:

“Make fists with both of your hands, and pull your fists up toward your wrists; clench them just three-quarters of the way. . . . Pay attention to the tension. . . . Notice the tension in your hands . . . notice the tension . . . notice the tightness . . . just notice. . . . Now LET GO . . . just let go, let your hands drop down . . . let all the tension flow out. . . . Notice as your hands start to relax . . . notice the muscles letting go . . . just notice . . . paying attention to the sensations in your hands and wrists . . . letting all the tension just flow away. . . .” (Continue with the muscle groups in Figure 10.2.)

3. As a final instruction, tell participants to tense all their muscles quickly from head to toe, as if they are stiff robots, while breathing in deeply. Then, while breathing out slowly, they should let go like rag dolls, saying in their minds the word “Relax.”
4. Have participants rate their arousal again.
5. Ask participants whether their arousal went down, stayed the same, or went up. Although we usually do this practice in group sessions for only 5–10 minutes, we have found that many participants have a noticeable reduction in arousal.

After the exercise, explain to participants: “Brief paired muscle relaxation can also be used in a crisis or when you have very, very little time. You can inhale while briefly tensing sets of muscles that can be tensed without being obvious to others—such as your stomach, buttocks, and chest—and then, when exhaling, relaxing them with the internal word ‘Relax.’”



Practice Exercise: If you have the time, you can have participants practice paired muscle relaxation with a CD or other recording. It can be very useful to listen to a relaxation recording. In our clinic, we use one I developed that includes both a 5-minute relaxation and a 20-minute relaxation.¹⁷ Many such recordings can also be found online. Since most participants like to hear their own therapists or skills trainers, you can make a recording, copy it to CDs or thumb drives, and give it out to participants.

Note to Leaders: If teaching relaxation is a major part of your intervention, or if you teach advanced classes, the practice assignments can be as follows:

1. “Practice tensing and relaxing each of the 16 muscle groups, paying attention to the tension for 5–10 seconds and attending to the sensations of relaxing the muscles for 5–10 seconds.”
2. “Practice tensing and relaxing each of the nine larger muscle groups.”
3. “Practice tensing and relaxing each of the four even larger muscle groups until you are proficient at reducing tension.”
4. “Practice tensing the whole body while inhaling and then letting go of all the muscles on exhaling, while saying in your mind the word ‘Relax.’ Practice this paced relaxation throughout the day.”

Note to Leaders: It is important to remind participants that getting relaxation paired with the word “relax” while exhaling can take a fair amount of practice. Once participants learn awareness of both

physical tension and the difference between that and relaxation, they are ready to work on getting relaxation paired with the word relax while breathing out. I generally suggest practicing 5–10 times a day until their bodies and minds “get” the pairing; this usually happens in 5–6 weeks.

I. Effective Rethinking and Paired Relaxation

The combination of effective rethinking with paired relaxation is a method of using both cognitive restructuring and progressive muscle relaxation to bring down arousal rapidly in moments of high stress.



Practice Exercise: If you teach this combination, the procedure is as follows:

1. Say to participants: “Identify a situation (a prompting event) that is often related to distressing emotions, and in which you want to work on reducing your emotional reactions.”
2. “Ask yourself, ‘What must I be telling myself for this situation to be so upsetting?’ For example, if taking difficult exams is a really stressful event for you, you might be telling yourself during the exam things like ‘I am going to fail this,’ ‘If I fail, I might as well quit because I will never go anywhere in life,’ ‘If I fail, people will know it and think I am no good,’ or ‘If I fail, it will mean that I am either a lazy good-for-nothing or am stupid.’”
3. “Now rethink the situation in such a way as to counteract the thoughts and interpretations that cause you so much stress. As you rethink the situation, write down as many effective thoughts as you can to replace each of the stressful thoughts.”
4. “Prepare yourself for the next time the stressful event or one like it occurs. To do this, combine rehearsal of your effective thoughts with paired relaxation. To do this, as you breathe in, imagine the stressful event is happening to you. Be sure to imagine you are in the stressful scene, not watching it as on television. Before breathing out, say to yourself (in a convincing tone) an effective self-statement followed by “SO RELAX,” as you breathe out while intentionally relaxing all your muscles.”
5. “Practice, practice, practice.”
6. “When the stressful situation occurs, practice your effective rethinking and paired relaxing.”
7. Discuss how similar this is to the cope ahead skill.

Note to Leaders: If you are working with just one person, this procedure can be strengthened by working with the client to practice incorporating imaginal exposure to the stressful situation before starting the effective self-statements and paired breathing. The idea here is to get stressful emotions up very high and then have the client practice saying the effective thoughts, followed by “Relax,” while at the same time letting go of muscle tension. It is best not to try this before you are sure the individual has been able to use paired relaxation successfully. A forthcoming book will have further ideas on using paired relaxation.¹⁸

J. Review of TIP Skills

If you have time, review the TIP skills briefly to make sure everyone understands them.

VII. DISTRACTING WITH WISE MIND ACCEPTS

Main Point: Distracting methods work by reducing contact with whatever set off the distress or its most painful aspects. A secondary value is that they also may work to change parts of an emotional response.

Distress Tolerance Handout 7: Distracting. After explaining the value of distracting attention as a

distress tolerance skill in a crisis situation, go through each of the ACCEPTS skills on this handout. Give participants an opportunity to offer their own distracting methods. It can be useful to ask participants to put checkmarks in the boxes for distracting activities they are willing to use or try out.


Distress Tolerance Worksheets 5, 5a, 5b: Distracting with Wise Mind ACCEPTS. These worksheets offer three different ways to record ACCEPTS skills practice. Distress Tolerance Worksheet 5 provides space for practice only two times between sessions. Thus it can be a good starter worksheet with individuals you are trying to shape into more frequent skills practice. Worksheet 5a instructs practicing every skill twice. Worksheet 5b instructs participants to practice and gives multiple opportunities for each skill.

✓ A. When Is Distracting Useful?

Say to participants: “When you are in a crisis, distraction can help you avoid dangerous behaviors, but distracting can easily be overused. Do not use it as a routine method to avoid painful emotions. Here are some effective uses of distraction.”


1. When Emotional Pain Threatens to Become Overwhelming


Tell participants: “When your emotional pain or upset becomes so great that you are in danger of being overwhelmed by it at work, at school, or at meetings, it may be more effective to distract yourself from the feelings in the moment instead of fully experiencing them.”


 **Discussion Point:** Elicit examples from participants of occasions when pain is intense but it is not an appropriate time to work on changing the source of the pain or figuring out and changing the painful emotions.


2. When Problems Can’t Be Solved Immediately

Go on: “You can also use distraction when you have a problem that can’t be solved immediately, and urgency to solve the problem *right now* is making it very difficult to focus on anything except the crisis.”

 **Discussion Point:** Distraction can help a person tolerate a problem until the time is right for problem solving. Elicit from participants times when not tolerating distress and instead trying to solve an emotional problem *immediately* has led to even bigger problems.

 **Discussion Point:** Discuss factors that get in the way of putting problem solving off until a better moment.

 **Discussion Point:** Ask participants whether they have a tendency to distract themselves too much or too little.

 **Practice Exercise:** Ask participants to read through all the items on Handout 7 and check those they think might work for them. Ask people what they checked. (This exercise can be done at the beginning or at the end of reviewing the handout.)

✓ B. Seven Sets of Distracting Skills

Distracting from painful emotion or distress means turning one’s attention to something else. There are seven sets of distracting skills. The sentence “Wise mind ACCEPTS” is a useful way to remember these skills.

1. Activities

Engaging in activities that are neutral or opposite to negative emotions and crisis behaviors can work to reduce impulsive urges and distress in a number of ways. They distract attention and

fill short-term memory with non-crisis-oriented thoughts, images, and sensations. They affect physiological responses and emotional expressive behaviors directly. They can reduce the emotional pain that often drives the crisis behaviors. Treatments that focus on behavioral activation, for example, are very effective in reducing depression.

2. Contributing

Contributing to somebody else's well-being refocuses attention from oneself to others and what one can do for them. Participating fully in the experience of helping someone else can make people completely forget their own problems for a while. For some individuals, contributing also increases a sense of meaning in life, thereby improving the moment (see Distress Tolerance Handout 9). For others, it enhances self-respect.

3. Comparisons

Making comparisons also refocuses attention from oneself to others, but in a different way. In this case, the situations of others—those coping in the same way or less well, or the less fortunate in general—are used to recast one's own situation in a more positive light. Alternatively, one can focus on past problems that are no longer occurring, and compare the present moment to this past difficult time.

Example: “Watch soap operas or other TV shows where people have problems worse than yours.”

4. Emotions

Generating different emotions distracts from the current situation and negative emotion. This strategy interferes with the current mood state. This technique requires first figuring out the current emotion, so that activities for generating a different one can be sought.

Example: “Read an emotional book (such as a thriller). Then, after you put the book down, think back to the story in the book and experience that emotion. However, don't read something that will make you feel worse than you already feel, or that will cue crisis behaviors.”

Note to Leaders: Remind participants that they cannot get a different emotion by simply demanding it or using willpower alone. What is needed is an activity that will reliably set off an emotion different from the one that is generating so much pain.

5. Pushing Away

Pushing away from a painful situation can be done by leaving it physically or by blocking it from one's mind. Leaving the situation decreases contact with its emotional cues. Blocking is a somewhat conscious effort to inhibit thoughts, images, and urges associated with negative emotions. One form of blocking is to repeatedly put off destructive behaviors for brief periods of time. Blocking is a bit like riding a bicycle; people only understand it when they do it. Most individuals seem able to do this and will usually know what you mean as soon as you mention the technique. It is perhaps related to the ability to dissociate or depersonalize. It should not be the first technique tried, but can be useful in an emergency. The secret is not to overuse it.

Example: “Build up an imaginary wall between yourself and others.”

Example: “Put your emotions in a ‘box,’ and put the box on a shelf. This can be done through visualization, or you could make an actual worry box and drop pieces of paper in it with labels of the stressors.”

Example: “Put off smoking a cigarette every 5 minutes for 5 minutes.”

6. *Thoughts*


Distracting with other thoughts fills short-term memory, so that thoughts activated by the negative emotion do not continue to reactivate the emotion.


Example: “Sing a song in your head.”

Example: “You are at a funeral and no one is crying, and you feel that at any minute you are going to burst out sobbing, which you don’t want to do. Distract yourself by counting something at the funeral—for instance, bricks on the wall, people in the pews, or words that are said by the speakers.”

7. *Sensations*

Intense, different sensations can focus attention on something other than the emotional distress, its source, or its crisis urges. Holding ice cubes,¹⁹ in particular, can be very helpful. In a skills training group run by a colleague of mine, a client brought everyone small refreezable ice packs. Several clients would then take them (frozen) to therapy sessions to hold onto when discussing very painful topics (e.g., sexual abuse, which one client had not previously been able to discuss at all). This technique, while at times useful, also needs to be closely monitored so that it does not interfere with exposure to important and relevant cues. Other ideas for eliciting sensations are tasting Tabasco sauce, lemon wedges, and intensely sour candy, or putting on headphones and listening to fast, upbeat music.

 **Discussion Point:** Elicit any objections participants have to using distraction, and discuss these. Cheerleading may be needed.

 **Discussion Point:** Some individuals spend so much time distracting themselves from their own issues and focusing on others’ problems that they never get around to addressing their own. Elicit examples from participants.

VIII. SELF-SOOTHING (DISTRESS TOLERANCE HANDOUTS 8–8A)

Main Point: Self-soothing is doing things that feel pleasant, comforting, and provide relief from stress or pain. It makes it much easier to pass the time without making things worse.

Distress Tolerance Handout 8: Self-Soothing. After describing the value of self-soothing, go through self-soothing methods on this handout, focusing on each of the five senses. Give participants an opportunity to offer their own methods. It can be useful to ask participants to put checkmarks in the boxes for those self-soothing activities they are willing to try out.

Distress Tolerance Handout 8a: Body Scan Meditation, Step by Step (Optional). This handout contains a set of instructions for the body scan. If you do not have time to go through this procedure with participants, you might suggest that they get a recording leading them in a body scan²⁰ or listen to one on YouTube.

Distress Tolerance Worksheet 6, 6a, 6b: Self-Soothing. As with the worksheets for the distraction skills, each of these provides for an increase in the number of practices, from two practices between sessions (Worksheet 6) to practice of every skill twice (Worksheet 6a) to multiple daily practices (Worksheets 6b).

Distress Tolerance Worksheet 6c: Body Scan Meditation, Step by Step. If you assign the body scan meditation as homework, ask participants to use this worksheet to record practice.

Other Materials: It can be useful to bring a few soothing items from one or more of the sense categories to share with participants. Examples for soothing smell are lavender, vanilla, cinnamon, baked cook-

ies, flowers, or pleasant-smelling scratch-and-sniff stickers; for touch, small swatches of fabric with different soothing textures, teddy bears, or other plush toys; for vision, pictures of nature; for sound, soothing music (e.g., lullabies, sound machines); for taste, chocolate or butterscotch candy.

✓ **A. What Is Self-Soothing?**

Self-soothing is being comforting, nurturing, peacemaking, gentle, and mindfully kind to oneself.

✓ **B. When to Self-Soothe**


Self-soothing activities reduce vulnerability to emotion mind and to acting impulsively and they reduce the sense of deprivation that is often a precursor to feelings of vulnerability. They help people tolerate pain and distress without making things worse.

✓ **C. How to Self-Soothe**


1. Soothe the Five Senses

A way to remember the skills for self-soothing is to think of soothing the five senses:


- Vision
- Hearing
- Smell
- Taste
- Touch

- ✓  **Practice Exercise:** Ask participants to read through all the items on Handout 8 and check those they think might work for them. Then ask them what they checked. (This exercise can be done at the beginning or at the end of reviewing the handout.)

Note to Leaders: Go over the specific self-soothing activities on Handout 8, offering a few examples from any materials brought into the session. You need review only a few in each category during the session. Devote more time to the following discussion point.

 **Discussion Point:** Some individuals have difficulties with self-soothing. Some believe that they do not deserve soothing, kindness, and gentleness; they may feel guilty or ashamed when they self-soothe. Others believe that they should get soothing from others; they don't self-soothe as a matter of principle, or feel angry at others when they attempt to self-soothe. For these participants, self-soothing requires opposite action (see Emotion Regulation Handout 10). Elicit examples from each participant.

Note to Leaders: It is important that each participant learn to self-soothe. Even if at first it elicits anger or guilt, self-soothing should be repeatedly attempted. In time, it will become easier. Some clients may be quite resistant to practicing self-soothing. Keep a watchful eye on homework practice, to be sure that each participant is at least trying these skills. Assess and problem-solve difficulties.

 **Discussion Point:** In contrast, other individuals overuse self-soothing or use it in self-destructive ways. Each of the items on Handout 8 can create problems if used to excess. Elicit examples from each participant.

2. Balance Soothing the Senses with Problem Solving

It is important to balance self-soothing with focusing and working on a task. This is especially important during crises, when sudden demands feel overwhelming and keep one from doing

what is required. In such a scenario, self-soothing can be an effective first step to bring down the negative emotions. However, self-soothing is not sufficient for resolving crises. It needs to be followed by working on the task and getting it done. Alternatively, you might suggest one of the TIP skills as a way to reduce feeling overwhelmed, followed by problem solving, and then followed by self-soothing as a reward.

D. Self-Soothing with a Body Scan Meditation

Another option for self-soothing is a more focused attention to body sensations, the body scan (as described in the optional Distress Tolerance Handout 8a). This is a practice commonly used in meditation. Tell participants: “The idea here is to settle the mind by letting go of thoughts about the past or about the future, and instead focus the mind on the present and on your present experiences of your breath and of your body. It is a way of approaching the sensations of your body with the curiosity of a child. Through this process, you will discover a lot about how your body feels, its sensations, and your mental reactions to paying attention to various parts of your body.”

Encourage practice with a CD or web-based recording. Body scan meditation, like paired muscle relaxation, can be very soothing when it is done while listening to a soothing voice’s step-by-step instructions. As noted earlier in regard to paired relaxation, since most participants like to hear their own therapists or skills trainers, you can make a recording, copy it to a CD or thumb drive, and give it out to participants.

Note to Leaders: The body scan is an important part of various insight meditation practices,^{20, 21} and of the mindfulness-based treatments that evolved from these practices.^{22–28} As with paired muscle relaxation and sensory self-soothing, how you teach this depends on how much time you have. The full body scan procedure takes up to 30 minutes. If time is short, you can quickly demonstrate the body scan (with all participating) by instructing participants to focus on just two or three body areas (5–10 minutes). If you do not have an audio recording of a body scan, review and give participants Distress Tolerance Handout 8a to use as a guide for how to move systematically through the body. As noted above, before and after the practice, ask participants mentally to rate their ability to tolerate distress (0–100) without making things worse. Ask them to share any changes.

The steps for teaching body scan meditation are as follows:

1. Orient Participants to the Procedure

Say to participants: “Focusing your mind on your breath and on specific body sensations can be a very soothing experience if it is done slowly, with curiosity and with gentleness. It does not require a lot of effort or use of imagination. Bringing your mind back to the present and focusing on your body sensations can anchor the mind, calming emotions that feel out of control.”

Note to Leaders: As noted previously, some individuals experience “relaxation-induced panic” because of unmet expectations. To prevent this, instruct participants that the body scan may not result in relaxation, and that the important part of the exercise is to learn awareness of their body. Individuals should be instructed to feel free to stop at any time during practice. Allow those who are self-conscious about practicing to simply observe the demonstration and/or face the wall during practice.

2. Demonstrate Scanning Body Sensations

Ask participants to rate their level of distress (0–100) before starting the practice; you can ask them to write it down in case they forget. Then ask them to get in a comfortable position with their eyes partially open. In a slow and easy voice tone, give instructions on which part of the body to focus on, pausing for a minute or so between each instruction. For example, you can

say something like this, speaking slowly and giving participants time to focus on each part of the body:

“Focus your awareness, as if it were a spotlight, on:

- *Where your body is touching the chair, (or the floor, or the bed).*
- *Down the left leg, into the left foot all the way to the toes.*
- *On each toe in turn.*
- *Expand attention into the rest of the foot, to:*
 - *The ankle.*
 - *The top of the foot.*
 - *The bones and joints.*
 - *The lower left leg.*
 - *The calf, shin, knee, and so forth in turn.*
 - *The left thigh.”*

“Move your focus to:

- *The right toes, and on to*
 - *Foot and ankle.*
 - *The right lower leg.*
 - *The right knee.*
 - *The right thigh.*
- *Up to the pelvic area.*
 - *Groin, genitals, buttocks, and hips.*
- *The lower back and the abdomen.*
- *The upper back and the chest and shoulders.*
- *Then move to the hands.*
 - *The sensations in the fingers and thumbs.*
 - *The palms and the backs of both hands.*
 - *The wrists, the lower arms, and the elbows.*
 - *The upper arms, the shoulders, and the armpits.*
- *The neck, the face (jaw, mouth, lips, nose, cheeks, ears, eyes, forehead).*
- *And then the entirety of the head.”*

3. Ask Participants to Rate Distress

Following the end of the exercise, ask participants to rate their level of distress, again on the 0–100 scale.

4. Give Suggestions for a Brief Body Scan

Tell participants: “In a crisis or when you have very, very little time, you can do a brief body scan. Focus your attention completely on just one section of your body, moving to a second and then a third.”

IX. IMPROVING THE MOMENT (DISTRESS TOLERANCE HANDOUTS 9–9A)

Main Point: Improving the moment is an idiosyncratic series of strategies that can be helpful in improving the quality of the present moment, making it easier to survive a crisis without making it worse.

Distress Tolerance Handout 9: Improving the Moment. Review each of the strategies on this handout, and give participants an opportunity to offer their own methods and to share other strategies that work well in a crisis. Ask participants to put checkmarks in the boxes for those activities they are willing to try.

Distress Tolerance Handout 9a: Sensory Awareness, Step by Step (*Optional*). This optional handout can be used as a participant guide for a relaxing action (the R in IMPROVE) or used as a script for recording an audio guided relaxation that is distributed to participants.

Distress Tolerance Worksheets 7, 7a, 7b: IMPROVE the Moment. Review worksheets with participants. As with the worksheets for the previous skills, each of these provides for an increase in the number of practices from two practices between sessions (Worksheet 7) to practice of every skill twice (Worksheet 7a) to multiple daily practices (Worksheet 7b).

✓ A. What Is Improving the Moment?


Improving the moment is replacing immediate negative events with more positive ones by making the moment more positive and easier to tolerate. Some strategies involve changing appraisals of oneself (encouragement) or the situation (creating meaning in the situation, imagining changes in the situation). Some involve changing body responses to events (relaxing). Prayer and focusing on one thing in the moment have to do with acceptance and letting go.

✓ B. When to Practice Improving the Moment

Explain to participants: “Improving the moment is particularly useful when you are feeling overwhelmed in a stressful situation that may be long-lasting, or when distracting activities and self-soothing are not working.”

✓ C. How to Improve the Moment


Tell participants: “A way to remember these skills is the word IMPROVE: Imagery, Meaning, Prayer, Relaxing actions, One thing in the moment, Vacation, Encouragement.”

- ✓  **Practice Exercise:** Ask participants to read through all the items on Handout 9 and check those they think might work for them. Ask people what they checked. (This exercise can be done at the beginning or at the end of reviewing the handout.)

1. Imagery

Mental visualization—imagery—can be used to distract, soothe, bolster courage and confidence, and make future rewards more salient.

Say to participants: “Using imagery, you can create a situation different from the actual one; in this sense, it is like leaving the current situation. With imagery, however, you can be sure that the place you go to is safe and secure. Going to an imaginary safe place or room within yourself can be very helpful during flashbacks. For this strategy to be useful, however, you have to practice it enough times when you are not in a crisis to get it firmly down as a skill.”

-  **Practice Exercise:** Ask participants to breathe deeply and go within themselves to wise mind. Suggest that while there, they begin building a safe room inside themselves. Have them imagine the furniture in the room, the locks on the doors, the things they would put in the room to feel safe. Ask them also to imagine what they would put in the room to protect themselves from destructive urges. What would they keep out of the room? Ask participants to share how they built their room.


Imagery can also be used to cope more effectively with crises. Practicing effective coping in imagination can actually increase one’s chances of coping effectively in real life. It can be helpful first to write out a script outlining how one would cope effectively with a crisis without making it worse, and then practice it in imagination. Used in this way, imagery is very similar to the emotion regulation skill of cope ahead (see Emotion Regulation Handout 19).

Example: “Imagine yourself tolerating a very painful emotion or powerful urge to do some-

thing destructive by visualizing yourself flying away into the clouds, looking down on the pain and intense urges.”


2. Meaning

Finding or creating meaning helps many people in crises. Victor Frankl wrote *Man’s Search for Meaning*, an important book about surviving Nazi concentration camps.²⁹ It is based on the premise that people need to find or create meaning in their lives to survive terrible suffering. Finding or creating meaning is similar to the dialectical strategy of making lemonade out of lemons. (See Chapter 7 of the main DBT text.)

 **Discussion Point:** It is important to note that life is at times unfair for reasons that no one can understand. People do not have to assume that there is a purpose to their suffering, although those who are religious or spiritual may see it this way. Those who do not believe in a higher purpose can still create meaning or purpose, however. Get feedback about participants’ views on the meaning or purpose of suffering.


3. Prayer


The essence of prayer is the complete opening of oneself to the moment. This practice is very similar to the notion of radical acceptance, discussed later in this module. Note that the suggested prayer is not one of begging to have the suffering or crisis taken away. Nor is it a “Why me?” prayer.

 **Practice Exercise:** During the skills training session, have all participants close their eyes, imagine or “get in touch with” current pain or suffering, and then silently try different types of prayer. These might include an acceptance prayer (e.g., “Thy will be done”), a “Deliver me” prayer, or a “Why me?” prayer. Have participants refocus on current suffering (for only a moment) before each attempt at prayer. Discuss afterward. Or suggest that people who are comfortable with praying try each type of prayer during the next crisis, and keep track of which type actually helps.

4. Relaxing Actions

Relaxing actions as part of improving the moment are different from paired muscle relaxation as taught in the TIP skills. In paired relaxation, the emphasis is on directly modifying how the body is reacting to stress. In relaxing actions, the emphasis is on widening activities to include a wider variety of relaxing things to do. Explain to participants: “The key here is to select activities that ordinarily have the effect of calming you down. When you are relaxed, it is usually far easier to resist temptations to engage in crisis behaviors. Being relaxed gives you time to think and review your pros and cons.”

 **Discussion Point:** Many of the skills taught in this module or in the Mindfulness module can be very relaxing. It can be useful to have each participant make a list of activities that are especially relaxing. Elicit from participants types of activities they find relaxing. Discuss types of activities that are relaxing to some but that cause tension, anxiety, or irritation for other people.

 **Practice Exercise:** It can be very relaxing to listen to mindfulness or relaxation exercises recordings. As noted earlier, a wide range of these is available from various sources; as also noted earlier, these are often most useful if a skills trainer or therapist provides the recording. A script that can be used for such a recording is provided in Distress Tolerance Handout 9a and described below.

5. One Thing in the Moment

“One thing in the moment” is another way of describing “one-mindfully,” the second mindfulness “how” skill discussed in Chapter 7 of this manual. Although it can be very difficult to do, focusing on one thing in the moment can be very helpful in the middle of a crisis; it can provide

time to settle down. The secret of this skill is to remember that the only pain one has to survive is “just this moment.” We all often suffer much more than is required by calling to mind past suffering and ruminating about future suffering we may have to endure. But, in reality, there is only “just this moment.” This skill is important in reality acceptance, and a number of specific exercises for improving focus and increasing awareness are taught in the next segment of this module.



Practice Exercise: During the session, have all participants close their eyes and imagine or “get in touch with” some current discomfort, irritation, or anxiety right now, at this moment in the session. Instruct participants to raise a hand slightly when they have the focus. Instruct them to notice their level of current discomfort. Now instruct them to start ruminating about all the past times when they have had to endure such feelings in sessions. Have them also bring to mind and ruminate about how much more these feelings have to be endured in this skills training session and all future sessions. Instruct them to notice now their level of discomfort. Then have them refocus the mind on “just this moment.” Explain: “Say in your mind, ‘Just this moment’; let go of thoughts of the future and the past.” Now have them notice their level of discomfort after doing this. Discuss the exercise.

6. Vacation

Continue: “Taking a ‘vacation from adulthood’ is coping by retreating into yourself or allowing yourself to be taken care of for the moment. Everyone needs a vacation from adulthood once in a while. The trick is to take it in a way that does not harm you, and also to make sure the vacation is brief. It should only last from a few moments to no longer than a day. When you have responsibilities, taking a vacation depends on getting someone else to take over your duties for a while. The idea is similar to the notion of taking a time out to regroup.”



Discussion Point: Some individuals are experts at taking vacations. The problem is that they are not in control of their vacations; that is, they take them at inappropriate times and stay on them too long. When vacation taking becomes a skill to be practiced, this gives them the potential for getting in control. Elicit from participants times when they have taken vacations in an out-of-control fashion. Discuss ways to get in control of vacations and use them effectively.



7. Encouragement

“Encouragement is cheerleading yourself and rethinking situations. The idea is to talk to yourself as you would talk to someone you care about who is in a crisis—or to talk to yourself as you would like someone else to talk to you. In couples, having a higher ratio of positive comments to negative comments predicts the partners’ staying in the relationship.^{30–32} You are in a relationship with yourself, so to increase well-being, you have to say more positive and encouraging things than negatives and put-downs. The idea here is to rethink situations when you start telling yourself they are hopeless, that they won’t ever end, or that you cannot do what is needed.”

Note to Leaders: You may at first need to do quite a bit of modeling of self-encouragement here, as well as cheerleading.



Discussion Point: Mention that it is important to balance improving the moment with staying in the present. Discuss with participants how when this balance is not achieved, the strategies for improving the moment can be overused, particularly in invalidating environments. However, point out that just because they can be overused, this does not mean they have no value at all. Elicit and problem-solve resistance to using these skills.

D. Improving the Moment with Sensory Awareness

Sensory awareness (as described in the optional Distress Tolerance Handout 9a) is aimed at centering oneself to enhance a sense of calmness and peace. It involves focusing attention on various sensations that one might have. Although the procedure is given in the form of questions, the goal is to direct participants' attention to the presence or absence of sensations asked about, and to encourage participants to focus on their experiences. Like body scan meditation, this skill is much easier for participants to learn if they can listen to a recording of the questions or a live reader. You can make a recording yourself and put it on a CD or thumb drive to give to participants, or you can have participants record (on smartphones if they have them) your reciting the questions in the session.

Note to Leaders: How you teach this depends on how much time you have. If time is short, you can quickly demonstrate (with all participating) by asking just ten questions. If you do not have a recording of the questions, give participants Distress Tolerance Handout 9a to use as a guide for asking themselves questions. It can be particularly helpful to have participants mentally rate their distress before and after the practice, and then share any changes. It is important to point out that relaxing is a skill that takes lots of practice. Practiced on a daily basis, however, it can prepare clients for engaging in more functional behaviors during crises.

The steps for teaching sensory awareness are as follows:



1. Orient Participants to the Procedure

Tell participants: "This procedure asks a series of questions about your body sensations. Focusing your mind on body sensations can bring you back into the present. This helps many people feel 'grounded' and more at peace, calming emotions that feel out of control."

The entire procedure, practiced at home or in an individual session, ordinarily takes about 10 minutes, but it can also be done quickly in 5 minutes (by skipping questions).



2. Demonstrate Noticing the Sensations


Start with very simple instructions: "Find a comfortable position. . . . Now, in your mind, rate your current level of distress from 0 to 100. Staying in this position, listen to each question that I ask. Listen to each question, and notice what occurs before I ask the next question. There are no right or wrong responses. Just notice your reaction to each question." Then start asking each question in a modulated but warm voice tone, pausing for several seconds between each question. Questions take between 5 and 7 seconds to read, and pauses should last 10–13 seconds. With 20 seconds per question, all of the questions can be given in 10 minutes.

1. "Can you feel your hair touching your head?"
2. "Can you feel your chest rising and falling as you breathe?"
3. "Can you feel the space between your eyes?"
4. "Can you feel the distance between your ears?"
5. "Can you feel your breath touching the back of your eyes while you inhale?"
6. "Can you picture something far away?"
7. "Can you notice your arms touching your body?"
8. "Can you feel the bottoms of your feet?"
9. "Can you imagine a beautiful day at the beach?"
10. "Can you notice the space within your mouth?"
11. "Can you notice the position of your tongue in your mouth?"
12. "Can you feel a breeze against your cheek?"
13. "Can you feel how one arm is heavier than the other?"
14. "Can you feel a tingling or numbness in one hand?"
15. "Can you feel how one arm is more relaxed than the other?"

16. “Can you feel a change in the temperature in the air around you?”
17. “Can you feel how your left arm is warmer than the right?”
18. “Can you imagine how it would feel to be a rag doll?”
19. “Can you notice any tightness in your left forearm?”
20. “Can you imagine something very pleasant?”
21. “Can you imagine what it would feel like to float on a cloud?”
22. “Can you imagine what it would feel like to be stuck in molasses?”
23. “Can you picture something far away?”
24. “Can you feel a heaviness in your legs?”
25. “Can you imagine floating in warm water?”
26. “Can you notice your body hanging on your bones?”
27. “Can you allow yourself to drift lazily?”
28. “Can you feel your face getting soft?”
29. “Can you imagine a beautiful flower?”^{33*}
30. “Can you feel how one arm and leg are heavier than the other?”³³

3. Give Suggestions for Brief Sensory Awareness

Say to participants: “In a crisis or when you have very little time, ask yourself two or three of these questions.”

 **Discussion Point:** Ask participants after the practice whether their arousal and distress tolerance went down, stayed the same, or went up. Although my colleagues and I often spend only 5 minutes on this exercise in session, we have found that many participants have a noticeable reduction in arousal, which often makes tolerating distress much easier.

E. Summarizing the Crisis Survival Skills

Summarize the crisis survival skills with participants before moving to the next portion of this module.

Note to Leaders: In reviewing the crisis survival skills, note that whereas some of the skills involve distancing from the painful reality (e.g., pushing away and most of the other distraction skills), others allow for some continued contact with the painful circumstance (e.g., encouragement, one thing in the moment, finding meaning, comparisons). In this sense, the latter crisis survival skills involve some reality acceptance. This is a meaningful distinction, as sometimes it is important to interrupt a crisis response (e.g., when one is on the verge of self-harm), while in other situations it is ineffective to distract oneself completely (e.g., while completing a shift at work or while in a therapy session).

X. OVERVIEW: REALITY ACCEPTANCE SKILLS (DISTRESS TOLERANCE HANDOUT 10)

Main Point: The goals of reality acceptance skills are to reduce suffering and increase a sense of freedom through coming to terms with the facts of one’s life.

Distress Tolerance Handout 10: Overview: Reality Acceptance Skills: Review this handout quickly. It can also be skipped and the information written on the board instead. Do not use this handout to teach the skills.

Distress Tolerance Worksheets 8, 8a, 8b: Reality Acceptance Skills. Each of these three worksheets

*Both items marked with note number 33 are adapted from Goldfried, M., & Davison, G. (1976). Clinical behavior therapy. New York: Holt, Rinehart & Winston. Copyright 1976 by Marvin R. Goldfried and Gerald C. Davison. Adapted by permission of the authors.

covers all the reality acceptance skills and can be used here if you are reviewing skills already taught. The worksheets vary in the amount of practice they provide for starting with two practices on Worksheet 8. This worksheet can be a good starter worksheet with individuals you are trying to shape into more frequent skills practice. Worksheet 8a provides for practice of every skill twice, while Worksheet 8a provides for multiple daily practices. These worksheets can be given again and again for each of the reality acceptance skills if you do not want to use the worksheets specific to each skill.

A. Reality Acceptance Skills


1. What Are Reality Acceptance Skills?


Tell participants: “Reality acceptance skills are skills for accepting your life as it is in the moment. They are particularly useful when you are living a life that is not the life you want.”

Note to Leaders: If you have not (or have not yet) taught crisis survival skills, review the goals of reality acceptance below as you start. If you have taught crisis survival skills and discussed the goals of distress tolerance before (Handout 1), then skip point 2 below and remind participants of the goals very briefly here. The value of reality acceptance as outlined below can also be reviewed when you are teaching radical acceptance (see Distress Tolerance Handout 10).

2. Goals of Reality Acceptance Skills

Say to participants: “The goals of reality acceptance skills are to reduce your suffering and increase your sense of freedom.”

 **Discussion Point:** Elicit from participants times when refusing to accept reality as it is has led to more pain and suffering instead of less pain and suffering.

 **Discussion Point:** Elicit from participants times when letting go of having to have whatever they happen to want in a moment in time, and instead allowing reality to be what it is, have led to increased serenity and a sense of freedom.

✓ B. Six Basic Reality Acceptance Skills

There are six basic reality acceptance skills:

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

Note to Leaders: It is tempting to start teaching the skill of radical acceptance on this handout but *don't do it* unless you are *not* planning on using Distress Tolerance Handout 11: Radical Acceptance.

XI. RADICAL ACCEPTANCE (DISTRESS TOLERANCE HANDOUTS 11–11B)

Main Point: Radical acceptance is complete and total openness to the facts of reality as they are, without throwing a tantrum or responding with willful ineffectiveness.

Distress Tolerance Handout 11: Radical Acceptance. A good way to teach this skill is to review and discuss this handout first, but be sure to leave enough time for participants to work on the first one or

two steps of Worksheet 9 during the session. (Do not, however, require sharing.) Most participants will see the relevance of the skill as they work on the worksheet. This also gives you a good chance to coach participants in working with the handout. A common misconception is that people must accept things in life that are not facts. Reviewing the list of what has to be accepted (and, by omission, what does not have to be accepted) can be very important. It can be useful also to have participants decide during the session what facts in their lives they still need to accept and what they will work on accepting during the week. The very concept of accepting the reality of facts that are not in dispute can be difficult for many participants. This is particularly true when participants have been victims of horrific abuse and believe that life has been very unfair to them. A common pattern here is believing that to accept something is to approve of it or to be passive and not change things that are destructive. A number of reasons for accepting reality are included on this handout. Orient participants, and advise them to remain aware that strong primary emotions like sadness may show up when they are practicing acceptance, either in group sessions or in other settings. Also explain to them that a sense of calmness often follows the practice.

Distress Tolerance Handout 11a: Radical Acceptance: Factors That Interfere (*Optional*). Factors that interfere with acceptance are outlined on this optional handout. Information on the handout can be discussed when you are teaching Handout 11.

Distress Tolerance Handout 11b: Practicing Radical Acceptance, Step by Step (*Optional*). It is useful to have this handout available, as it gives instructions for practicing radical acceptance. For some groups of participants, however, the handout may be overwhelming, and the list of practice exercises on Worksheet 9 will be sufficient.

Distress Tolerance Worksheet 9: Radical Acceptance. It can be very useful to have participants fill in the first several questions of this worksheet during the session. Be sure, however, to review the entire worksheet with participants before they leave. If participants have trouble figuring out what they need to accept in their lives, instruct them to do the best they can and to discuss this with their individual therapists or with persons who know them well. It is typical for individuals to decide they need to accept things that are not in reality facts (e.g., “I am a no-good, rotten person”). At times these judgmental thoughts may be hidden behind statements that sound like facts (e.g., “I am a street bum on drugs”). Discuss ratings of level of current acceptance. Point out that if a person writes something down to be worked on, this means that acceptance is already *above* 0. Notice that this worksheet is not only a worksheet, but a recording device to help participants remember what they did, so they can describe it during homework review. Once a person decides what to work on, the practice of radical acceptance is the homework, not the writing down of the practice. The exercises at the end are a summary of the exercises on Handout 11b. If a person is working on accepting more than one life fact, then you can either give out more than one copy of the worksheet or suggest using the back of the sheet.

Distress Tolerance Worksheet 9a: Practicing Radical Acceptance. Review the worksheet with participants. The instructions for how to use this worksheet are similar to those given for Worksheets 5a, 6a, and 7a.

A. Isn't Radical Acceptance Giving Up or Approving?

Pose these two questions to participants:

- “If the point of skills training is to change, why put in radical acceptance?”
- “If you accept evil and wrongdoing, isn't that approving of it?”

Note to Leaders: It is usually important to address these questions first and get them out of the way. Generally, I start with reasonably extreme stories where (1) no one will disagree that acceptance is needed; (2) the pain of the people in the story is severe enough that participants will not feel that you are trivializing their pain by suggesting they accept it; and (3) it is clear that acceptance does not mean approval.

- ✓ ✂ **Story Point:** In reading books on how individuals survived in Nazi concentration camps during World War II, two things became apparent to me. First, a person had to have luck to survive. Second, if a person was lucky (i.e., was not killed for random reasons), then to stay alive the person had to radically accept that he or she was actually in the concentration camp and that the guards had all the power. What was right, wrong, or fair had no relevance. Those who gave up fell down and died or committed suicide. Those who openly rebelled, insisted guards stop breaking the law, or the like also died: The guards shot them or did something else equally brutal. Those who lived had luck, but they also radically accepted the rules imposed by the guards and people in power, and within those rules they did their very best to “work the system” and be effective in the environment they eventually survived.
- ✓ ✂ **Story Point:** A man is in prison with a life sentence for a crime he did not commit. He has used up his appeals, has no money or resources to hire a lawyer, and cannot get the Innocence Project to take up his cause. Accepting that prison is his home for the time being is critical. Without such reality acceptance, the prisoner might not adapt to prison, learn the skills necessary to survive in prison, and get whatever good things he can have while in prison. Tantrums and fighting the system can interfere with problem solving within the system and can lead to more punishment. Lying down on his cot, and giving up and giving in, can be just as problematic for this man and can also lead to punishment and recriminations.

💬 **Discussion Point:** Ask participants for examples in their own lives where radical acceptance of the facts of their lives has been important, either because such acceptance made things a lot better or because failure to accept made things a lot worse.

✓ B. What Is the Difference between Acceptance and Radical Acceptance?

Tell participants that acceptance is:

- “Acknowledging or recognizing facts that are true; conceding the facts.”
- “Letting go of fighting your reality (and also of throwing tantrums).”

And tell them that radical acceptance is:

- “Accepting all the way, with your mind, your heart, and your body.”
- “Accepting something from the depths of your soul.”
- “Opening yourself to fully experiencing reality as it is in this one moment.”

The idea here is to acknowledge what exists without anger or grudge, without bitterness, without meanness. Despair (and passivity when action is needed), bitterness, resentment, and undue shame or guilt are all the results of failures in radical acceptance. They are also often results of accepting distorted facts—facts not in evidence. Thus the goal of radical acceptance is to *fully* accept just those facts that must be accepted. It is this full experience of the moment that ultimately will bring about peace and eventually, with repeated practice, some level of contentment with life.

Note to Leaders: The point of radical acceptance is extremely difficult for some individuals (and some skills training leaders) to see. They have great difficulty seeing that they can accept something without approving of it. They believe that if they accept what is, they cannot change it. Trying to get them to accept the notion of acceptance can become a power struggle. As a shaping strategy, you might suggest the terms “acknowledge,” “recognize,” or “endure,” and discuss these. You will probably have to discuss them over and over again. Great patience is needed, but don’t give up on radical acceptance. Also, as noted above, be prepared to orient participants to the possibility that strong primary emotions like sadness and grief may show up when they are practicing radical acceptance. Again, these emotions are the results of the necessary emotional processing of acceptance and are often followed by a sense of calmness.

✓ C. What Has to Be Accepted?

✓ 1. Reality Is What It Is

We only have to accept actual facts about the present and the past, and reasonable probabilities about the future. Thus we have to be very careful not to accept distortions of the past (e.g., “My mother hated me from the very beginning of my life”), exaggerations (e.g., “I never get what I want,” “I hate everything about where I live”), catastrophes (e.g., “My whole life was ruined when I got fired”), judgmental assertions (e.g., “My wife is a jerk, and my children are no good”), or other similar beliefs or assumptions that are not actual facts.

⊗ **Story Point:** Tell the story of the man who had to learn to love dandelions (see Chapter 9, Section XIX). As noted there, this story is adapted from one I was told by my Zen teacher, who read it in a book by another spiritual teacher, Anthony De Mello.³⁴

Examples: Accepting that a loved one has died is very hard, but also very necessary if one is to build a life without that person. If you are lucky to live long enough, at some point you will have to accept that your hair is turning gray.

⊗ **Story Point:** Marie had a job as a clerk typist for a big insurance company. But she really wanted to be a social worker. So she decided to find a job as a social worker. She went to an employment agency, asked them to help her get a new job, and told them she wanted a job in social work. They found her a job in social work. She gave notice at the job she had, which was a really good job in the sense that the people were fabulous and she got a good salary and benefits. But she really wanted a social work job, so she left.

She was so excited! “Ah! I’ve got a job in social work!” she thought. She went in to work the first day, and they asked her to type up reports and letters. She typed all day and was thinking, “Oh, well, it’s not so terrible; I’m learning what type of work people do here, and I’m not going to have to keep typing.” But the second day, the third day, and then for a whole week, what did they have her do? Typing! So she went to her supervisor and asked, “Well, when am I going to get to do the social work?” The supervisor said, “What do you mean?” Marie said, “Well, I mean when do I get to do something like social work?” The supervisor said, “Your job is typing. That’s what we need. You don’t have the social work degree required to work as a social worker.”

The first thing that went through Marie’s mind was “No, that is not true. I took a job with a social work agency. This can’t be true.”

She actually thought of staying. She thought of staying and trying to make it into a social work job. That would be denying reality. Because the fact of the matter was that this really was a typing job. So what were her options? Well, she could have stayed miserable. She could have gotten hysterical. She could have stayed, fought, and told them that they should make it into a social work job. She could have told them that they were mean for not doing that. She could have done a lot of things.

Marie’s other option was just to radically accept that this was not a social work job. She had made a mistake. She needed to correct the mistake. And the way to correct that mistake was to get another job. So that’s just what she did. When her next break came, she called the people at the employment agency; she told them she had made a mistake. She needed another job. They said that this was fine, and they would help her look for one. When they called her old job for a reference, her old boss said they had not found anyone yet for her old job and would like her to come back. So she went back to the old job and was a lot happier. She decided to start saving money so she could go to graduate school in social work. She also decided to look for a place to volunteer where she could do things like social work until she got into school.

✓ 2. Everyone’s Future Has Limitations

A limitation on the future means that we may be less likely to achieve one or more desired outcomes. Limitations are like probabilities. Accepting these limitations (or probabilities) can

be important in setting goals and in avoiding failures that may only decrease the quality of our lives. The key here is that only highly likely limitations have to be accepted.

Limitations on our futures are caused by factors that have occurred in our lives, in the lives of others, and in our environment. If we do not change the causes that limit our present and future, then we cannot change, and reality itself will not change.



a. We Can Be Limited by Our Biology and by Our Environment

We can be limited by our genes, the biology we are born with, an absence of childhood education or effective parenting, a poor economic background, social status, country of birth, gender, race, sexual orientation, ethnicity, body shape, height, age, physical illness or disabilities, family members who need our care, or any number of other factors that we have little control over.

Examples: If you are born a boy, you cannot do some things girls can do (like get pregnant). If you are a woman, you may be limited by some social expectations that are not applied to men. If you have little artistic talent, it is less likely that you will be a successful artist. If you are born with one leg, it is less likely that you will win the New York Marathon.



b. We Can Be Limited by Our Own Past Behavior

Examples: A person who skipped class a lot in high school, didn't study, and hung out with gang members is less likely to get accepted at a lot of colleges. A person who has been convicted and jailed for a felony is more limited in employment aspirations than one who has not. A person who left a job to stay home and take care of children may have more difficulty finding a high-paying job than one who has been working all along. Psychological disorders such as schizophrenia, bipolar disorders, repeated major depression, phobias, and crippling anxiety can make life more difficult for some than for others; if not effectively treated, these disorders may limit what one does in the future.



c. We Can Be Limited by Known Probabilities

Examples: We all must accept that we will die (this is certain). Most of us have to accept paying taxes (this is almost certain) or having a shortened life if we continue to smoke, avoid exercise, and refuse to manage high blood pressure (these are high probabilities).

Refusing at times to accept that an undesired outcome is almost certainly going to occur if we don't change our behavior is denial of reality and a failure of radical acceptance.

Examples: "You are unlikely to do well on an exam if you refuse to accept that you have to study for it. You are unlikely to keep a job if you refuse to accept that continued hostile behavior at work is likely to get you fired. Facing and accepting the necessity of paying bills on time and saving money are necessary if you want to avoid financial instability."



d. Thoughts about the Future Do Not Have to Be Accepted as High Probabilities


Fearful and hopeless thoughts about the future are not facts about the future. They do not have to be accepted as high probabilities unless the feared event is highly likely and the causes of the event cannot be changed.

Example: "You may have to accept that you will never get a job if you are on your deathbed or if you are unwilling to look for a job, but it does not need to be accepted if you can still work and are willing to apply for jobs."

Example: "No one will ever love me" is an extreme thought and is unlikely to be true for most of us. We may have to accept the fact that we have the thought "No one will ever love me," but this (the existence of the thought going through our minds) is all that must be

accepted. The thought does not make it true. We don't have to accept that "I am a person who will never be loved."

Note to Leaders: That thoughts about the future are not facts about the future is an extremely important point to make. Be sure that participants understand this point.

 **Discussion Point:** Elicit from participants times when they have tried to accept things about the future that they did not need to accept.

e. The Effects of Limitations on Our Lives Can Vary

We all have limitations, but the effects of specific limitations on our lives depend on our dreams and goals and on our willingness to accept not having everything we want in our lives. We cannot always control our own desires. We can wish we did not want something that is unattainable, but wishing does not always make things come true. Thus, when goals and possibilities conflict, it can cause much more pain than when they do not conflict.

Examples: Having limited athletic ability is not a limitation for a person who doesn't like athletics or doesn't care about winning; being tone-deaf is not such an important limitation for a person who doesn't play or sing music; being over 60 may not be a work limitation for a person who has a secure job and doesn't want to change.

✓ 3. Everything in the Universe Has a Cause

The point here is that everything that exists is an outcome of a cause. The point is not to identify specific causes or imply that we can always know the causes of events in reality. Nor is it to define what constitutes a cause. Thus causes can be physical, psychological, spiritual, or any other type of cause we may believe in.

✓ a. For Whatever Happens, We Can Assume a Cause and Effect

If a cause occurs, the effect should also occur. Acceptance from this point of view is saying, "Everything should be as it is." The point of this statement is that accepting what occurs in the universe is acknowledging that it is caused. What is caused should be, in other words. Or we can say, "Everything is as it is," or "Everything is," or "Everything is caused."

b. The Rules of the Universe Are What They Are

✓ Radical acceptance involves saying, "The rules of the universe are the rules of the universe." Then we can try to figure out what caused what. When we say that reality should be different, we are saying that somehow the rules of the universe should be different; not only that, but we are saying that we should get to say what the laws of the universe are. Of course, if we got to make up the rules of the universe, we might make a mistake. There might be some unintended negative consequences as a result. Refusing to accept reality as it is, in essence, is saying that causes (or at least some causes) should not have effects. This would be a remaking of the laws of the universe.


For the most part, we only say, "Things should not be the way they are," when we don't like the way things are. We rarely say that about things we like, we want, or we accept.

✓ ☒ **Story Point:** Imagine that there's a little boy on a bicycle. The child is on a hill, and the child is racing down the hill really fast on his bicycle. He goes into an intersection. Coming from the other direction down a long, empty road is a car. The car is going way over the speed limit. The intersection is unmarked: There's not a stop sign, there's not a stoplight, and there's not a yield sign. The car's coming the other way. The driver sees the child too late to stop, and the car and the child on the bike meet up right in the middle of the intersection. The car hits the child, and the child dies.

Should this have happened? Yes, it should have. There wasn't a stop sign. There wasn't a stop light. There wasn't a yield sign. The car was speeding. The child was going fast. The car was going fast. The driver could not stop the car in time. The child was a child. Children go fast. People speed on long, empty roads. If we want to say that this should not have happened, we would have to create causes for it not to happen. We'd have to do something about all those causes.

That's an example of accepting reality as it is and accepting that reality has causes. We do not, of course, have to approve of this. But, until the causes are different, that event should happen. It was caused.

If we want children biking down a steep hill to stop being hit by cars coming across an intersection, we may need to put up warning and stop signs or lights. We may need more police patrols or speed bumps in the road. Parents may need to teach their children better bike-riding habits. Simply saying that cars should not speed, or drivers should not hit little children, or children should look right and left before crossing an intersection does not cut down on accidents.

 **Discussion Point:** Elicit from participants situations in their lives where they have been saying, "Why me?" or "It shouldn't have happened."

Note to Leaders: Relate the emphasis on "what is caused should be" to nonjudgmentalness as taught in the Mindfulness module.


c. Radical Acceptance Does Not Require Knowing the Causes of Things

In the story above of the car and the bicycle, we don't know if the cause was lack of a stop sign or if the accident could have been avoided if the driver was not speeding. But we can accept that there was a cause, even if we don't know it.




4. Life Can Be Worth Living Even When It Contains Pain


If life had to be pain-free to be worth living, no one would have a life worth living. Acceptance requires finding a way not to say that life is a catastrophe. Suppressing our desires for what we want is not an effective way out of this. When we do that, we are acting as if it would be terrible if we did not get what we want, as if we could not be happy and could not tolerate not having everything we want. These beliefs, of course, just make things worse.

 **Story Point:** "Put yourself in a situation discussed earlier: You are a person in prison for life, for a crime you did not commit. The Supreme Court didn't overturn your conviction. What are your options?"

"You certainly cannot solve the problem. You're not going to get yourself out of jail. And it just doesn't seem possible that you're going to start being happy that you're an innocent person in jail. So we have to rule that one out. So what are your options?"

"You could be miserable, distraught, upset. You could cry every day for the rest of your life. Or you could accept it and figure out a way to build a life worth living inside a prison. To go from unendurable agony to endurable pain, you're going to have to accept that you can build a life. Because if you don't accept it, what will happen? You're not going to build a life. And building a life worth living actually takes a fair amount of work. Believing that you can't do it makes it almost impossible. Believing that you can do it makes it a lot easier—so the chances are a lot higher that if you'll actually accept that you are in prison for a crime you did not commit, you will build a life worth living."

 **Discussion Point:** Elicit from participants times when they have overcome extremely difficult and painful situations or unfair treatment to build something they could bear. Discuss how they did it.

- ✓  **Practice Exercise:** Distribute copies of Distress Tolerance Worksheet 9, and ask participants to complete Item 1: “Make a list of two very important things in your life right now that you need to radically accept. Then put a number [0–5] indicating how much you accept this part of yourself or your life.” It may seem early in the teaching to ask for this, but our experience is that almost all participants can do it. Most individuals have an intuitive understanding of what radical acceptance is and of the necessity of it in their lives. To ensure that group participants encounter what really needs to be accepted in their lives, it can be a good idea to tell them at the start that you will not require them to share what items they wrote down. Discuss participants’ experiences with identifying and writing down what they must accept. Note that if a person writes down what they need to accept, that means they have already accepted it at least a little bit and should choose a number above 0.


D. Why Accept Reality?

✓ 1. Rejecting or Denying Reality Doesn’t Change Reality

Rejecting reality usually involves avoiding seeing or experiencing reality, throwing a tantrum, and insisting (to the universe?) that reality change right this minute. It may simply be denying the facts that are right in front of our eyes. Although avoiding, tantrums, and denying might make us feel better in the moment, they do not change the facts that have occurred.

Example: Some parents have a difficult time accepting that their children have grown up and left for college or a job in a new city. This refusal can lead to unrealistic demands, unwanted advice, and oversolicitous interference in their children’s lives, ultimately damaging their relationships with their children.

Examples: “Refusal to accept that drinking and driving is dangerous can lead to a DUI or a wreck that kills someone and lands you in jail for vehicular manslaughter. Refusal to accept some of your partner’s habits that you dislike can lead to high conflict and ultimately a lost relationship.”


 **Discussion Point:** A great myth is that “If you refuse to accept something—if you just put your foot down and refuse to put up with it—it will magically change.” It is as if resistance and/or will-power alone will change it. Get examples of this. Discuss why participants might believe this. Elicit examples of when tantrums and verbal refusals to accept things have been reinforced.

✓ 2. Changing Reality Requires First Accepting Reality

Rejection of reality is like a cloud that surrounds pain, interfering with being able to see it clearly. Problems that are difficult to see clearly are difficult to solve.

Examples:

- “Refusing to accept an illness can lead you not to take care of yourself, which may cause even more illness or difficulties.”
- “Staying in an abusive relationship for years because you simply cannot accept that your partner is unlikely to stop abusing you is likely to lead only to more abuse.”
- “Insisting that if a person really cares for you, he or she will do what you want—when in so many ways the person already shows he or she does care for you—will probably lead only to disappointment, and perhaps to the end of the relationship too.”
- “Refusing to accept that it could rain on your outdoor wedding, and therefore not making any contingency plans, may lead to a ruined wedding.”


- ✓  **Story Point:** “Imagine that you have a car and the brakes have gone almost completely out. You take the car to a mechanic and tell him what your problem is, and he promises to fix your brakes. You come in the next week to get your car, and all seems fine. Two days later, however, you are driving your car and all of a sudden the same brakes go out again. You take it back to the me-

chanic again. Who do you think will get your brakes fixed faster—the mechanic who says, ‘Oh, no, I fixed them, and they should run fine. You must have messed them up,’ or the mechanic who says, ‘Wow! The brakes went out again? There must be something wrong. Let me look at them again and see what I can do?’”

- ✓ ✂ **Story Point:** “Imagine the following situation. You want to buy a new house, and you finally find the house of your dreams. There’s only one problem with the house: It’s purple, and you hate the color purple. So you make an agreement with the seller before you buy it. You say, ‘All right, I’ll pay you this much money, but you have to repaint the house before I move in so that it is not purple.’ The person agrees, and you sign the papers sealing the deal. The big day comes to move into the house. It’s so exciting! You pick up your new house keys and you go to the house. However, when you get there you find that not only is the house still purple, but the owners have moved to Europe and they are not coming back.” (Pause.)

“All right, you have two options. You can throw a tantrum: ‘Ah! I can’t stand it! This is a disaster. Oh, God! Where are those people? I just can’t believe this has happened to me. Ah! I’m so mad! Well, I’m not going to tolerate this! I’m going to sue and make them paint this house . . .’ And you can go on, and on, and on. You can storm out of the house, get in your car, leave, and say, ‘We’re not buying that house.’ But you signed the papers, and now the house is yours. Now imagine another way. You go in and say, ‘Ah, I’m so disappointed. I didn’t want the house purple. I know I could sue them but it would take a really long time. Where’s the nearest paint store?’”

“How do you think you will get the color of the house changed faster—if you accept that the house is purple, or if you throw a tantrum?”

 **Discussion Point:** Elicit from participants times when failure to accept the facts of a problem interfered with solving the problem.

✓ 3. *Pain Cannot Be Avoided*


Pain cannot be avoided; it is nature’s way of signaling that something is wrong. If we could avoid pain, we would do it. If we did avoid pain, however, we would be highly likely to die young, as we could easily inadvertently get ourselves in dangerous situations that could easily kill us (accidentally burn ourselves to death, go into freezing water that would put us in shock, etc.). Individuals who are born with no sense of pain have very difficult lives, as they must constantly be vigilant so as not to harm themselves inadvertently.³⁵

As discussed in the Emotion Regulation module, emotions, including those that are very painful, also have functions that are critical to human survival.

Example: The pain of a hand on a hot stove causes a person to move the hand quickly. People without the sensation of pain are in deep trouble.

Example: The pain of grief causes people to reach out to find loved ones who are lost. Without it, there would probably be no societies or cultures. No one would look after those who are sick, search for loved ones who are lost, or stay with people who are difficult at times.

Example: Pain of experiencing fear makes people avoid what is dangerous.

 **Discussion Point:** What are the pros and cons of never having painful emotions? Would participants like people who never have painful emotions?

✓ 4. *Rejecting Reality Turns Pain into Suffering*

Suffering is pain plus nonacceptance of the pain. Pain can be difficult or almost impossible to bear, but suffering is even more difficult. Refusal to accept reality and the suffering that goes along with it can interfere with reducing pain.

Suffering comes when:

- People are unable to or refuse to accept pain.
- People cling to getting what they want, refusing to accept what they have.
- People resist reality as it is in the moment.


Radical acceptance transforms unbearable suffering into bearable pain.


In sum, pain is pain. Suffering and agony are pain plus nonacceptance. If we take pain and add nonacceptance, we end up with suffering.

5. *Accepting Reality Can Bring Freedom*

Accepting reality can free us from happiness, bitterness, anger, sadness, shame, and other painful emotions. The drive to stop pain no matter the cost is the opposite of freedom. Much of life involves managing painful situations that cannot be solved immediately. Although it is easy to think that we can just get rid of pain by positive thinking or by ignoring or suppressing pain, the fact is that these strategies often do not work. Our use of these strategies is usually based on the delusion that we cannot stand the pain. We feel compelled to do something to stop the pain. We are slaves to our incessant urges to escape from the present moment.

Example: “You may have experienced the death of someone important to you. Most people, when someone dies, can’t accept it at first. They keep thinking, ‘That can’t have happened,’ and they keep expecting the person to be there. Then eventually they accept it and realize that that person really did die. When you accept it, you’re still in pain, but you can move ahead with your life.”

 **Discussion Point:** When acceptance is used as a technique to create change—as a sort of “bargain with God” (“I’ll accept it, and in return you promise to make it better”)—it is not really acceptance, much less radical acceptance. Elicit examples of bargaining from participants.

 **Practice Exercise:** Ask participants to think of a time when they were very disappointed in something (e.g., they were not accepted somewhere; someone died; they lost something very important; they didn’t get something they wanted)—but they eventually went on with their lives anyway. Ask them first to recall when they first found out about the disappointment. How did it feel? What was their reaction? Then ask them to remember what it felt like once they finally did accept that the event had indeed happened. Discuss any differences in the experience before and after accepting the facts. Focus on whether participants felt better able to move on with their lives after accepting.




6. *Acceptance May Lead to Sadness, but Deep Calm Usually Follows*

Acceptance often comes with a lot of sadness, but even with the sadness, it feels as if a burden has been lifted. Usually once radical acceptance (i.e., acceptance all the way) has taken place, people feel ready to move on with their lives.

Fear of sadness is often at the core of difficulties with acceptance. There is no doubt that finally accepting the facts of a painful or traumatic past, or that one’s present is excruciatingly painful and perhaps even not changeable, can indeed be extremely sad. For many, the fear of falling into the abyss of sadness is too overwhelming even to imagine. This may be why, when losses are severe and irreplaceable, complete acceptance usually unfolds over a very long period of time.

Examples: Acceptance of losing a child can take years. Acceptance of not being accepted to college for the third year in a row can take a long time to be fully integrated. Realizing, finally, that one does not have a childhood home to go home to for holidays can also take a long time to come to terms with.

When the past is tragic or the present is not what we would want, a sense of liberation and freedom followed by a sense of deep calmness often follows once we radically accept the facts of the situation—once we stop fighting it, suppressing it, and catastrophizing it.

 **Discussion Point:** Elicit from participants times when fear of sadness has interfered with acceptance. Has sadness when accepting something ever been followed by calmness or a sense of freedom? Discuss.



7. *The Path Out of Hell Is through Misery*

Say to participants: “The bottom line is that if you are in hell, the only way out is to go through a period of sustained misery. Misery is, of course, much better than hell, but it is painful nonetheless. By refusing to accept the misery that it takes to climb out of hell, you end up falling back into hell repeatedly, only to have to start over and over again.”

Examples: Exposure is a critical component of treatment for PTSD and other anxiety disorders, and it is undeniably painful. Behavioral activation and opposite action are necessary to overcome depression; each requires doing something that depressed people don’t want to do at the time. It takes a lot of distress tolerance (i.e., misery tolerance) to stop self-injury, using drugs and alcohol, and anger outbursts as ways to escape emotional pain.

Research Point: PTSD is primarily a result of trying to avoid all contact with cues that cause discomfort. Pathological grieving—that is, grieving that never ends—is a result of the same avoidance. Avoiding all cues that are associated with pain ensures that the pain will continue. The more people attempt to avoid and shut emotional (as well as physical) pain off, the more it comes back to haunt them. Trying to suppress emotional pain or avoid contact with pain-related cues leads to ruminating about the painful events; paradoxically, trying to get rid of painful thoughts creates painful thoughts. For example, mindfulness is a core part of mindfulness-based stress reduction, an effective program for helping people with chronic physical pain, described in the book *Full Catastrophe Living* by Jon Kabat-Zinn.³⁶ (See also the section on exposure-based treatments in Chapter 11 of the main DBT text.) Experiencing, tolerating, and accepting emotional pain are the ways to reducing pain.

E. When to Use Reality Acceptance Skills

Say to participants: “There are three types of situations when reality acceptance skills are useful.”

- “Life has dealt you major trauma, pain, or difficulty.”

Examples: Many of us may have to accept not having had a loving family, things we have done in the past that we regret, opportunities that we have not had or that we passed up.

Examples: Many people have to accept that they have family members now who do not treat them well, or physical disabilities that cannot be helped.

- “You are in distress *but not in a crisis*. The situation is painful and cannot be changed right now. The absence of reality acceptance here can lead to irritation, grumpiness, and sometimes even tantrums that ruin your whole day. Acceptance soothes the pain.”


Examples: “Reality acceptance skills can help if you are waiting in unmoving traffic and are about to be late for an important appointment; if it is raining on a holiday when you had outdoor plans; or if a person you are planning on going to a party with gets sick and can’t go with you.”

- “Problem solving isn’t working. In this case, you may need to evaluate whether you are actually accepting all the facts of reality. To solve problems, you need reality acceptance skills to see and evaluate the situation clearly (or you might solve the wrong problem), to dream up effective and practical solutions, and to evaluate whether your solution is working.”

Example: “You’ve been planning a vacation for going camping in the mountains for a long time, and you catch the flu 2 days before. You go to the doctor and dutifully follow the treatment, but your symptoms are not improving. This might be a good time to accept the reality that you are sick and should stay home in order to recover.”

Example: “It’s late at night. You’re returning from work and are looking for your keys to enter your apartment. You look in your bag and in all your pockets, and you can’t find the keys. You remember you had them when you left work, because you locked the building door on your way out. You look again in your bag and in all your pockets, and they’re still not there. You keep looking, hoping that the keys will show up, although that’s very improbable after the fourth thorough search. Not accepting that the keys are not in your pockets and not in your bag keeps you from walking the six blocks back to your car to see if you dropped them somewhere in your car.”

Example: “You’re in love with someone who tells you that he or she is in love with someone else and does not want to see you again. You believe in your heart that this is the person for you, and so for months on end you continue to try getting the person to come back to you. Failing at that, you sit in your room each night, pray to God to bring the person back, cry, and write love letters to the person (which you rip up). Not accepting that the person is not coming back keeps you from moving on and finding someone else to love and cherish you.”

 **Discussion Point:** Elicit from participants facts of their lives that they must accept. Discuss difficulties accepting facts that are painful, unfair, or just not right.


✓ **F. What Radical Acceptance Is Not**

✓ **1. It Is Not Approval**

It is easy to accept things we like and approve of. It is very hard to accept things we don’t like. This does not mean that we cannot accept things we do not like or approve of.

Example: “It is a lot easier to discover that the person you married has many more wonderful qualities than you thought than it is to discover the person has many more negative qualities than you thought. However, both are equally important to accept.”

Examples: “People in jail for crimes they did not commit must accept that they are there, but they do not have to approve of the unfairness of this reality. Accepting the fact that you have been traumatized is critical to overcoming PTSD, but it does not mean that you approve of being traumatized. Accepting that you indeed have high blood pressure does not mean you approve of it.”

 **Discussion Point:** Elicit from participants things they have had to accept in their lives that they do not approve of. Discuss.


✓ **2. It Is Not Compassion or Love**

Accepting what people do or say does not mean that we have to love them or even have compassion for them. Compassion is easier when we accept, but it is not a necessary condition of acceptance. We do not have to have loving feelings for people, animals, or things we radically accept.

Examples: “You can radically accept that there are rats in your attic, but you don’t have to love them. You can radically accept that people abuse children, rape women and men, steal from the rich and poor, and start wars without liking or approving in any way. Compassion and love are easier if you radically accept the individuals and their behavior (without approving, of course), but acceptance does not require it.”

✓ **3. It Is Not Passivity, Giving Up, or Giving In**

Many people are afraid to accept things, because they fear that they will then not try to change things—that they will become passive and helpless. This will happen only if, at the same time, they fail to accept (1) their feelings of dislike or disapproval, (2) the possibility that they can make changes if they put in enough effort, and (3) the possibility that it is worth their time to try to change what they don’t like.


 **Discussion Point:** Fighting reality can interfere with problem-solving reality. Some people, however, are afraid that if they ever actually accept their painful situation or emotions, they will become passive and just give up (or give in). Elicit and discuss participants' fears that this might happen. Explain: "Imagine that you have ordered a pair of shoes online, and that when they come they are the wrong size. If you refuse to accept that the shoes are the wrong size, you will never send them back and get the size you want." Elicit examples of when accepting things as they are has helped to reduce suffering and resulted in a greater ability to reduce the source of pain. (This and the next point have been discussed above under "Why Accept Reality?" and are taken up again below in Section XIII.)

✓ **4. It Is Not against Change**

Acceptance alone does not change a difficult situation, but it makes change possible or more likely. In fact, acceptance is essential to bringing about change.

The notion of acceptance is central to every major religion, East and West. Elicit participants' reactions to this and any experiences they have. The idea is also similar to the Alcoholics Anonymous notion of surrendering to a higher power and accepting things one cannot change. (Remember, one can change the future. What one cannot change are the facts of the past and this exact—and fleeting—present moment.)

G. Radical Acceptance: Factors That Interfere

✓  **Practice Exercise:** Ask participants to read through the items on Distress Tolerance Handout 11a, and to check those items on this optional handout that interfere with their own ability to radically accept really painful events and facts. (This exercise can be done at the beginning or at the end of reviewing the handout.) Discuss.

1. Lack of Skills for Acceptance

Say to participants: "As with other skills, you may have no idea how to do radical acceptance at first. Many individuals try to accept, but simply have no idea of how to go about it. Also, because radical acceptance is a skill, you get better at it with practice."

2. Beliefs That Accepting Reality Minimizes or Approves of It

Continue: "People often confuse acceptance with being passive or doing nothing to change or prevent future painful events. The two, however, are not the same. In fact, as we've noted throughout this discussion, you can't change something you don't accept. If you don't face the reality as it is—if you deny it—how are you going to change it? If you think that there is no cause, that it just happened magically through fate or luck, then how are you going to change it?"

"So if you want things to change, accept them, then change them. Because when we talk about accepting reality as it is, we're not saying, 'Accept reality as it is and believe it can never change.' Reality is always changing. If you want to have an influence on how it changes, your interest is to accept how it is right now."

3. Strong Emotions

"Strong emotions may interfere with acceptance, because you may feel that accepting will lead to experiencing unbearable, overwhelming emotions—such as sadness, anger at the person or group that caused the painful event, rage at the injustice of the world, overwhelming shame about who you are, or guilt about your own behavior."


H. Practicing Radical Acceptance, Step by Step

Note to Leaders: Review the ways to practice radical acceptance by going over the optional Distress Tolerance Handout 11b or by reviewing Worksheet 9. If you are short on time, assign reading this handout as homework. If you review this handout, highlight the steps as checked below.

- ✓ **1. Observe That You Are Questioning or Fighting Reality**
 Tell participants: “Describe in detail what you need to accept, without exaggerating or minimizing. Describe factually and without judgment. (See Mindfulness Handout 4b: Suggestions for Practicing Describing.) It is all too easy to fight reality without even realizing you are doing it. This is especially true when you consistently avoid contact with what you have to accept. Acknowledging that you are not accepting, therefore, is the first essential step to acceptance.”

- ✓ **2. Remind Yourself That the Reality Is Just as It Is**
 Say: “Often you can skip past nonacceptance by simply making an accepting statement to yourself. Useful statements might be ‘Everything is as it should be,’ ‘The situation is,’ ‘Reality is,’ or ‘Every day is a good day.’ This last one is a Zen saying meant to convey that everything simply is; it’s neither good nor bad.”

- ✓ **3. Consider Causes of the Reality You Need to Accept**
 Go on: “Acceptance is a lot easier once you understand the causes of the situation you are trying to accept. Sometimes you may need to go far into the past to grasp all of them, but this can be very helpful. People often shy away from analyzing causes, because they equate understanding causes with making excuses. Making excuses is then equated with ‘letting a person off’ without a consequence for the behavior. However, you can ensure consequences for behavior and still understand the causes. In fact, without understanding the causes, it will be almost impossible ever to change the behavior you do not like.”

 **Discussion Point:** Elicit from participants times when people have refused to understand the causes of their behavior. Elicit when participants have found it difficult even to try understanding the causes of others’ behavior. Ask participants whether they have seen understanding causes as making excuses.

- ✓ **4. Practice Accepting with the Whole Self (Mind, Body, and Spirit)**
 Continue: “The basic idea in radical acceptance is that you’ve got to accept all the way. To do this you need to practice ‘letting go.’ If you are not accepting, your body will tighten up and your muscles will tense. Letting go is letting go of the tension in your body.”
 Add: “If your mind screams ‘No! I don’t want to!’ and you tighten back up, don’t worry. That happens. Start over. Just start relaxing again and keep letting go. Practice saying yes to the universe. Practice mindfulness as a way to practice acceptance of the present moment.”

Note to Leaders: Note that the process of “letting go with your body” goes through the same muscles as progressive relaxation. (See Distress Tolerance Handout 6b.) The only difference is that participants do not tense the muscles before letting go.

All major religions and spiritual disciplines have as an important part of their contemplative and/or meditative practice a focus on breathing. The focus is intended to help the individuals accept and tolerate themselves, the world, and reality as it is. A focus on breathing is also an important part of relaxation training and the treatment of panic attacks.

✓ **5. Practice Opposite Action**

“Next, practice opposite action all the way, so that you can accept the present moment.” (See Emotion Regulation Handout 10.)

- “Act as if you have already radically accepted something, and you will find in time that you have accepted it.”
- “Say out loud in a convincing voice tone that you accept; say it over and over.”
- “Do a half-smile and hold your hands in a willing-hands position to make acceptance easier. Do this while thinking or talking about what you are accepting.”
- “Imagine yourself accepting.”

✓ **6. Cope Ahead**

“Cope ahead with events that seem unacceptable.” (See Emotion Regulation Handout 19.)

Often difficulties in accepting things are due to fears that the truth will be a catastrophe. In these situations, cope ahead replaces fear with a sense of mastery. Encourage participants:

- ✓ ■ “Imagine what you would do if you actually did accept what seems unacceptable.”
- ✓ ■ “Rehearse what you would do if you accepted.”
- ✓ ■ “Imagine solving or escaping problems that arise.”

✓ **7. Attend to Body Sensations**

Say: “Attend to your body sensations while you are thinking of what you are trying to accept.”

- “Notice sensations in your chest, your stomach, your shoulders.”
- “Notice places in your body where you feel tight or tense.”
- “Scan your body very slowly. Adopt a curious mind as you think of what you are trying to accept.”
- “Practice mindfulness of current emotions when difficult emotions associated with acceptance arise—sadness, anger, fear, or shame.” (See Emotion Regulation Handout 22.)

✓ **8. Allow Disappointment, Sadness, or Grief to Arise within You**

Acknowledge: “At times, acceptance leads to almost unbearable disappointment, sadness, and grief. It is very important to recognize that although you indeed may feel acute disappointment, sadness, or grief, you can survive it, and acceptance leads to finding peace at the end of the process.”

- ✓ ■ “Notice sadness as it arises within you.”
- “Do your best not to suppress it right away.”
- “If anger follows immediately, notice how anger may be blocking or hiding sadness.”
- “Do your best to let anger go and allow sadness to arise within you.”
- ✓ ■ “Breathe into the sadness, saying in your mind, ‘Sadness is arising within me.’ ”
- ✓ ■ “If it becomes unbearable or ineffective, use crisis survival skills and be kind to yourself.”
- “Come back to sadness at a later point while practicing acceptance.”

✓ **9. Acknowledge That Life Can Be Worth Living Even When There Is Pain**

- “Notice when you are refusing to accept painful events in your life.”
- “Remind yourself that even with painful events, life can be worth living.”
- “With compassion toward yourself, try to let go of resistance to accepting.”
- “Let go of catastrophizing. Say in your mind, ‘I can stand this. I can handle this.’ ”
- “Remind yourself that all lives have some margin of pain.”

✓ **10. Do Pros and Cons**

“Do pros and cons as a way to motivate yourself for acceptance.”

- “Fill out one of the pros-and-cons worksheets for accepting.”
- “Put this worksheet where you can read it when acceptance is hard.”
- “Review your pros and cons when resistance to acceptance arises within you.”

XII. TURNING THE MIND (DISTRESS TOLERANCE HANDOUT 12)

Main Point: In order to accept a reality that feels unacceptable, we usually have to make an effort more than once. We sometimes have to keep choosing to accept reality over and over and over for a very long time.

Distress Tolerance Handout 12: Turning the Mind. A good way to teach this skill is first to discuss times when participants have tried to accept something, thought they did accept it, and then found later that they were not accepting it any more. This is a very simple handout and should not take more than a few minutes. Its goal is simply to make the main point described above.

Distress Tolerance Worksheet 10: Turning the Mind, Willingness, Willfulness. Review this worksheet with participants. When you are using this worksheet with Handout 12, review only the first section on turning the mind. You might also want to work with participants during the session in developing their plans for catching themselves when they drift out of acceptance. If so, have them write these plans down on the worksheet during the session.

Distress Tolerance Worksheets 8, 8a, 8b: Reality Acceptance Skills (Optional). These worksheets cover all the reality acceptance skills. See the box at the start of Section X for instructions on use of these worksheets.

A. What Is Turning the Mind?


Turning the mind is choosing to accept. Acceptance seems to require some sort of choice. People have to turn their minds in that direction, so to speak. Acceptance sometimes only lasts a moment or two, so people have to keep turning the mind over and over and over. The more painful the event, the longer it can take to accept it fully. The choice has to be made every day—sometimes many, many times a day, or even multiple times in an hour or a minute.

Examples: “Accepting that no one wants to see the movie you want to see may be accepted rapidly. Accepting that you did not get into the school you wanted to attend, that you did not get the job offer you were hoping for, that you are disabled after a car accident, or that your child has died will each take progressively more effort and more times turning the mind to acceptance.”

Turning the mind is sometimes like turning the head; it requires just a few degrees of movement. Sometimes, though, it is like turning the whole body; it requires a full turn back to the path.

Example: All of us ultimately have to accept that we are who we are, with all of our imperfections. Not doing so causes no end of suffering, grief, and sadness. For many, however, this takes repeated practice, accepting over and over and over.

Example: Often, especially when we are depressed or overly anxious, we must accept that depressive or anxiety-provoking thoughts are going through our minds. We may need to say, “A thought has arisen in my mind,” and then refocus on another topic. We may need to say this many, many times before it sinks in.

 **Discussion Point:** Elicit reasons participants give themselves for not turning the mind to acceptance of reality as it is. What makes it so difficult to take that first step? Discuss.

✓ B. Turning the Mind, Step by Step

1. Observe That You Are No Longer Accepting

Explain to participants: “The first step in turning the mind is to notice that you’re not accepting something. The tipoff is often anger, bitterness, annoyance, or falling into the sea of ‘Why me?’ Or you might find that you are always trying to escape reality; you’re trying to block things out all the time; you’re hiding behind other things. Or you’re covering up how you’re really feeling. You find yourself saying all the time, ‘Why? Why is this happening? Why is this happening?’”


2. Make an Inner Commitment to Accept Reality As It Is

Continue: “The next step is to make an inner commitment to accept reality as it is. In other words, go inside yourself and turn your mind toward acceptance. The inner commitment isn’t accepting. You don’t have to accept right away. You just have to make the commitment.”

3. Do It Again, Over and Over

Say: “Sometimes you may have to go through the first two steps again, over and over, many times in a minute. Sometimes you have to do it many times in a day.”

Example: “A mundane but common example is losing your keys. You look in your pocket, and they are not there. You accept that and look elsewhere. But soon you lose your acceptance and look in your pocket again. It is still not there, you accept, and . . . you come back to the pocket again.”

 **Discussion Point:** Elicit times participants have had to turn the mind over and over again to accept the facts of reality. Discuss.

4. Develop a Plan for Catching Yourself When You Drift Out of Acceptance

As in the skill of cope ahead (see Emotion Regulation Handout 19), planning for the future can be very helpful in behaving skillfully. Explain: “The idea here is to think through what you usually do when you are not accepting. What cues could you use to alert yourself that you are drifting away from acceptance? You might also decide to check in with yourself on some regular basis—for instance, every night before going to bed or each morning—to review whether you need to turn your mind to acceptance.”

Example: “You have a job in a large store, managing returns. Customers often wait in long lines, and by the time they get to you, they are frequently hostile and angry. They insist you take back returns even when they have no receipts and the items are clearly used. You find yourself getting very judgmental and irritable, and find it very hard to accept that customers are not always nice. ‘It is what it is’ does not come into your mind. Thinking the problem through, you realize that the first clues that you are not accepting reality are a rising sense of irritability, and tense shoulders followed by judgmental thoughts. You then consider how you can turn your mind to acceptance when these customers come to your station. You decide, first, to try and replace judgmental thoughts with nonjudgmental thoughts. ‘How could you act this way?’ can be replaced with ‘It is what it is’ and other similar internal thoughts. ‘I can’t stand this’ could be replaced with ‘All right, this is a pain. But it’s not a catastrophe.’ You could say, ‘I don’t like it. I’m frustrated. I can stand it.’ You could say, ‘Everything has a cause. There’s a reason these customers act this way. Maybe there are problems in their lives. Maybe they were never taught to treat people differently.’ You could turn your mind all the way by relaxing your shoulders at the same time. You might remind yourself that whenever you are annoyed, frustrated, or thinking things should not be the way they are, this is an opportunity for turning the mind. The key idea here is that if you’re trying to get from nonacceptance to radical acceptance, you first have to turn the mind. This will be a lot easier if you know how to identify when you need to turn your mind.”

Add: “Next, practice ‘cope ahead’ by imagining interactions with various difficult customers. While imagining these scenes, notice your judgmentalness, tense shoulders, and irritability, and practice turning your mind by using some of the strategies you developed previously.”

XIII. WILLINGNESS (DISTRESS TOLERANCE HANDOUT 13)

Main Point: Willingness is the readiness to respond to life’s situations wisely, as needed, voluntarily, and without grudge.

Distress Tolerance Handout 13: Willingness. Review the handout with participants. Contrast willingness with willfulness. Most participants will know what willfulness is. Willingness is the complete opposite.

Distress Tolerance Worksheet 10: Turning the Mind, Willingness, Willfulness. When you are using this worksheet with Handout 13, review the second section on willingness. You might also want to work with participants during the session to help them better understand willfulness by filling out the part of the worksheet for willing behaviors they could engage in and willful behaviors they have done in the past. If you do this, then give participants a second copy of the worksheet to use as homework.

Note to Leaders: A good way to introduce the skill of willingness is to introduce willfulness first. You can do this by pantomiming a machine, with arms out, frantically trying to control an object. Then say, “Willfulness is also this,” and sit on your hands. The point is that willfulness is trying to control the universe, as well as sitting on one’s hands when something is needed. Explain that passivity is willfulness, not willingness. Willingness is complete openness to the moment and doing what is needed. Demonstrate this by standing with “willing hands,” palms out.

As noted in the introduction to this chapter, the notion of willingness versus willfulness is taken from Gerald May’s book¹ on the topic. If participants seem to grasp the concepts as defined below and want to hear more, you can use the two quotations from May’s book in the introduction.

A. What Is Willfulness?

Define “willfulness” for participants as follows:



- “Throwing yourself into trying to control events, those around you, and so on.”
- “Trying to control experience, avoid it or escape from it, and so on.”
- “Denying life or refusing to be a part of it. Giving up and sitting on your hands instead of doing what is needed in the moment.”
- “Holding back, saying no, or more commonly saying, ‘Yes, but . . .’ ”¹
- “Imposing your will on reality—trying to fix everything, or refusing to do what is needed. It is the opposite of doing what works.”
- “Focusing on ego, on self-centered wants, on ‘me, me, me.’ ”
- “Holding a grudge or bitterness.”

Note to Leaders: Your best teaching examples here will be times when you yourself have been outrageously willful.


B. What Is Willingness?


Define “willingness” for participants as follows:

- “Willingness is accepting what is and responding to what is in an effective or appropriate way. It is doing what works. It is doing just what is needed in the current situation or moment.”
- “Willingness is focusing on both individual and common needs.”
- “It is throwing yourself into life without reservation, wholeheartedly.”
- “It is saying yes to the mystery of being alive in each moment.”
- “It is responding from wise mind.”
- “It is committing yourself to participation in the cosmic process of the universe.”

Analogy/example: Life is like hitting baseballs from a pitching machine. A person’s job is just to do his or her best to hit each ball as it comes. Refusing to accept that a ball is coming does not make it stop coming. Willpower, defiance, crying, or whimpering does not make the machine stop pitching the balls; they keep coming, over and over and over. A person can stand in the way of a ball and get hit, stand there doing nothing and let the ball go by as a strike, or swing at the ball. Life is like that. People can get as upset as they want about life, but actually life just keeps coming—one moment right after the next.

Analogy/example: Life is like a game of cards. It makes no difference to a good card player what cards are dealt. The object is to play whatever hand one gets as well as possible. As soon as one hand is played, another hand is dealt. The last game is over, and the current game is on. The idea is to be mindful of the current hand, play it as skillfully as possible, and then let go and focus on the next hand of cards. Throwing a tantrum about losing the last game will interfere with winning the current game.


 **Discussion Point:** Elicit examples of willingness and willfulness. If you can point to recent examples of your and/or your participants’ being willful or willing, so much the better. A light touch is needed. Again, if participants seem ready for a more sophisticated discussion, give May’s definitions in full (see the introduction to this chapter); elicit agreements and disagreements.

 **Practice Exercise:** The best way to get the ideas of willingness and willfulness into active use is to start highlighting them during skills training sessions when you and/or the clients are behaving willfully and when willingly. Phrase it as a question: “Do you all think I am being willful here? Hmm, let’s examine this,” or “You’re not by chance being willful about this, are you?” (Clients will usually enjoy catching you in willfulness.) Or when a difficult situation or conflict emerges in a session, you can say, “OK. Let’s all try to be completely willing for the next 5 minutes.”

✓ C. How to Go from Willful to Willing


1. Observe the Willfulness

Explain to participants: “The first thing you want to do when willfulness shows up is to just notice it. You observe it. You identify it. You label it. You describe it. You experience it. You say, ‘Willfulness has shown up.’”

 **Discussion Point:** Elicit examples of when it has been hard to notice willfulness. Discuss what gets in the way of observing it.

2. Radically Accept the Willfulness

Say: “The second step is to radically accept that at this moment you feel (and may be acting) willful. Denying willfulness is not helpful, and you cannot fight willfulness with willfulness. In essence, you have to love the willfulness.”

 **Discussion Point:** Elicit examples of being judgmental of willfulness, either in oneself or in others. Discuss what happens when one is judgmental of willfulness. Does it reduce it or increase it?

3. Turn the Mind

Continue: “Next, turn your mind toward acceptance and willingness. Turn your mind toward participating in reality just as it is.”

4. Try Half-Smiling and a Willing Posture

Go on: “If you’re having trouble getting yourself to turn your mind—that is, you want to do it, but your mind isn’t turning—try half-smiling and a willing posture. Relax your face, let your lips go up just slightly at the corners, and open your hands. It is hard to be willing with clenched fists. It is hard to be willing when you are grimacing and pursing your lips tightly. Half-smiling and a willing posture are opposite actions for willfulness if you have a willful facial expression (a grim tight mouth) and a willful posture. Your mind’s going one way, and your body is going another.”

Note to Leaders: You will be teaching half-smiling and willing hands next. You can quickly teach these skills here, or just tell participants that you will be teaching these next.

5. Ask, “What’s the Threat?”

Say: “When willfulness is intransigent, ask yourself, ‘What’s the threat?’ Usually, immovable willfulness has to do with some sort of threat. We think that if we’re willing, we will lose something big, or something terrible is going to happen to us. There’s something dangerous out there. That may be true also.”

Example: “You and several friends are asked to go to the back of the line while trying to get into a concert. You get angry, because you know someone closer to the entrance and think you should be able to stand in line with them. You refuse to move, and now the people behind you are also angry. You try to let go of willfulness, but are just furious thinking that you ‘should’ be able to join your friends at the front of the line. Then the people nearby get angry at you, so you realize you need to calm down. You ask yourself, ‘What’s the threat?’ and realize your fear is that if you have to go to the back of the line, you won’t get good seats. But then you realize that it’s not true; your friends will save you seats. Immediately your willfulness goes down, and you and your friends walk to the back of the line.”


Example: “You are part of a team at work, and a team member is asking you at the last minute to help out on a really important task that he or she fell behind on but that is due tomorrow. You notice willfulness coming up: ‘Why me? I shouldn’t have to do extra work!’ You are about to say no, but you decide to ask yourself, ‘What’s the threat?’ You realize you are willful because you want to get home and cook a special dinner you were planning for your family, and staying an hour late threatens that. When you notice this, you realize that you can call home and rearrange the special dinner for an hour later or even for tomorrow night, and no one will really mind. You can help your teammate and still have a special dinner. You decide to help out your team and be willing to do the extra task.”

Really immovable willfulness usually also involves some sort of expected catastrophe. We start saying, ‘Not only is there a threat, not only is it dangerous, but I won’t be able to deal with it.’ So we deny it. We push it away. We ignore it. Willfulness allows us to do that.

Example: Mary hates her job, but is afraid to apply for a different job. She complains about it constantly at home, and her family is adamant that she should stop complaining or look for a new job. Mary is just furious at her family for putting pressure on her to do a job search. Finally she asks herself, “What’s the threat?” and realizes her fear is that she will not be able to tolerate job rejections. Her family points out that her misery now is worse than any misery she will have looking for a job. She agrees, and begins looking for a new job.

Conclude: “Willingness is active participation in reality. Willingness is what you need to overcome a threat. Willingness isn’t approval. And it’s definitely not lying down and letting yourself

get rolled over. Usually you will find that even if there is a realistic threat, it will not be a catastrophe. You will be able to use many other skills—check the facts, problem solve, cope ahead, build mastery, and so on—to avert a catastrophe.”

 **Discussion Point:** Elicit examples of times when participants have found it really hard to let go of willfulness, due to fear of some threat. Discuss how hard it can be sometimes to actually figure out what the threat is.

XIV. HALF-SMILING AND WILLING HANDS (DISTRESS TOLERANCE HANDOUTS 14–14A)

Main Point: Half-smiling and willing hands are ways of accepting reality with the body.

Distress Tolerance Handout 14: Half-Smiling and Willing Hands. Demonstrate how to do half-smiling and willing hands before reviewing the handout. It is essential to practice both of them when you teach. The key to each is to relax the muscles of your face (in half-smiling) and of your shoulders, arms, and hands (in willing hands).

Distress Tolerance Handout 14a: Practicing Half-Smiling and Willing Hands. Review one or more of the exercises on this handout in the session.

Distress Tolerance Worksheet 11: Half-Smiling and Willing Hands. Review the worksheet with participants. Remind participants that when they practice these skills “while contemplating a source of anger,” it is important that the anger not be overwhelming. See also the Note to Leaders at the end of this section.

Distress Tolerance Worksheet 11a: Practicing Half-Smiling and Willing Hands. This is an alternative worksheet to Worksheet 11. It is somewhat simpler conceptually than Worksheet 11, but also requires more writing.

✓ A. Why Half-Smile?

Tell participants: “Half-smiling is a way of accepting reality with your body.”


Explain that emotions are partially controlled by facial expressions.^{2, 3} By adopting a half-smile—a serene, accepting face—people can control their emotions somewhat. For example, they can feel more accepting if their faces express acceptance. (See Chapter 9 of this manual and Chapter 11 of the main DBT text for further discussion.)

Example: “Half-smiling when thinking about someone you dislike helps you feel more accepting of them, more understanding.”

✓ B. How to Practice Half-Smiling

Instruct participants: “To half-smile, relax your face, neck, and shoulder muscles, and then half-smile with your lips. Try to adopt a serene facial expression. Remember to *relax* the facial muscles.”

Add: “It is not necessary that anyone else see the half-smile, but it is essential that you feel it. The half-smile is mainly a communication to yourself—that is, to your brain—and not to other people.”

✓  **Practice Exercise:** Ask participants to imagine that they are at a party where they do not want to be. Ask them to put on a phony grin, as if they are trying to make everyone think they are enjoying themselves. Ask them to notice how their faces feel.

Then stop and instruct them to relax their faces, starting with their foreheads and going down their faces to the lower jaw. Then, with relaxed faces, they should turn their lips just slightly up at the corners—just until they feel it. Discuss the differences in the two smiles.

Note to Leaders: It is important that you do the exercise above with participants, as they may be too shy to do it. If necessary, tell participants they can face the wall when they first try half-smiling. The key to teaching this is to be sure they see that the “grinning” is phony smiling, but half-smiling is not.

It can take some individuals several practices of this skill before they experience the effect. It can be helpful for such individuals to hear feedback from others who have the experience of acceptance and lightness as they practice this. Then encourage them to continue practicing the skill with an open mind.



Practice Exercise: Have participants sit very still and try to make a very impassive face—one with no expression. Ask them to experience how that feels. Then have them relax the muscles of the face—from the forehead, to the eyes, to the cheeks, to the mouth and jaw—and experience how that feels. Finally, have them half-smile and experience how that feels. Discuss the differences.

In discussing both the “grinning” and “impassive” exercises, you can say to participants: “When your face is tense and you are grinning, you are sending your brain two conflicting messages: ‘This is awful’ and ‘This is nice.’ Another instance of sending conflicting messages is when you try to make your face into an impassive mask so that your actual emotions are not expressed. Masking, however, can have a boomerang effect. It leads to increased distress.”^{37, 38}

✓ C. Why Willing Hands?

Explain willing hands to participants as follows:

- “Willing hands is another way of accepting reality with your body.”
- “The essence of willing hands is this physical position: hands unclenched, palms up, fingers relaxed.”
- “Willing hands is part of opposite action all the way for anger. Clenched hands are indicative of anger. Anger is often the opposite of accepting reality. Anger says, ‘What is should not be.’ Anger is an emotion that motivates you to *change* reality, to fight it, to overcome it. Anger has its place. But here we are practicing reality acceptance.”



Practice Exercise: Have participants sit very still with their eyes closed. First, have them imagine a conflict with someone that happened as recently as possible—one where they got really angry at the other person. Let them do this for a few moments. Then instruct them to put their hands on their thighs in a willing-hands position as they continue to imagine the conflict situation. Ask them to open their eyes and discuss the exercise. Anger is almost always a reflection of a belief or assumption that some current reality “should” be different than it is. As acceptance goes up, anger will go down, and a sense of understanding and sometimes peace will increase.

Note to Leaders: Almost always, it is difficult for people to stay as angry and nonaccepting as they were, once they move their hands to a willing-hands position. It is very helpful if you try this yourself before teaching it and then discuss how it went for you (assuming that it was helpful in reducing anger). See Emotion Regulation Handout 11: Figuring Out Opposite Actions.

D. Ways to Practice Half-Smiling and Willing Hands: Exercises

Suggest to participants these ways of practicing half-smiling or willing hands:

- “When you first awake in the morning.”
- “During your free moments.”
- “While you are listening to music.”
- “When you are irritated.”
- “In a lying-down position.”
- “In a sitting position.”
- “While you are contemplating a person you hate or despise.”

Note to Leaders: Before participants practice the final exercise listed above, it is essential that you discuss with each of them which hated or despised person they are planning to think about. Unfailingly, participants with severe problems will select the person they have had the most extreme experiences with, such as a person who has raped or abused them. They then frequently become overwhelmed while doing the exercise, and their ability to accept and tolerate goes down instead of up. Caution participants to start with “easy” people, and to move to more “extreme” people only as their skill develops. This should be presented as a shaping exercise. Compare using this skill with learning to drive a car: “You don’t start learning to drive on the expressway.”

XV. ALLOWING THE MIND: MINDFULNESS OF CURRENT THOUGHTS (DISTRESS TOLERANCE HANDOUT 15–15A)

Main Point: When we “allow the mind,” we simply let thoughts come and go—noticing them as they come and go, but not trying to control or change them. Mindfulness of current thoughts is observing thoughts as thoughts (i.e., as neural firing of the brain or sensations of the brain) rather than as facts about the world, so that observing thoughts becomes similar to observing any other behavior.

Distress Tolerance Handout 15: Mindfulness of Current Thoughts. The key skill to teach here is the skill of differentiating thoughts about oneself and the world from facts about oneself and the world. You may need to do repeated exercises until participants can reliably notice or observe thoughts as they go through their minds. It is essential that you differentiate this skill from the emotion regulation skill of checking the facts, as well as from efforts at cognitive modification. When observing thoughts, one is in essence allowing the mind to be itself, a thought-generating, pattern-making machine as Pat Hawk, my Zen and contemplative prayer teacher used to say.

Distress Tolerance Handout 15a: Practicing Mindfulness of Thoughts (Optional). This is a list of examples of how one can practice mindfulness of current thoughts. This can be skipped or reviewed very briefly and then given out to read between sessions.

Distress Tolerance Worksheet 12: Mindfulness of Current Thoughts. Review this worksheet with participants. If necessary, work with participants in identifying distressing thoughts. The thoughts identified can be accurate or inaccurate. Be sure participants see that the point of the worksheet is to describe thoughts running through their minds, rather than describing the events that set off the thoughts. Regardless of whether the thoughts fit the facts or not, the idea is to be more mindful of and less reactive to thoughts.

Distress Tolerance Worksheet 12a: Practicing Mindfulness of Thoughts. This is an alternative worksheet to Worksheet 12. It is somewhat simpler conceptually than Worksheet 12, but also requires more writing.

Note to Leaders: It can be helpful as you start this skill to relate mindfulness of current thoughts to Emotion Regulation Handout 22: Mindfulness of Current Emotions: Letting Go of Emotional Suffering, as well as Interpersonal Effectiveness Skills Handout 12: Mindfulness of Others.

✓ A. What Is Mindfulness of Current Thoughts?

1. It Is Noticing and Radically Accepting Thoughts

Explain to participants that mindfulness of current thoughts is noticing our thoughts and radically accepting them for what they are—sensations of the brain that come and go. The focus here is on thoughts that simply come into our minds. When these thoughts are negative or worry thoughts, we often either react to them immediately or grab hold of them and can’t let go.



Practice Exercise: Because some individuals may not know how to observe their thoughts, this is a good first exercise to be sure all can do it. Instruct participants to close their eyes and then notice thoughts that come into their minds immediately after you say a word out loud. Then, pausing between words, say five or six words (e.g., “salt,” “high,” “red,” “circle,” “up,” “good”). Select some words that are likely to elicit a thought quickly (e.g., “salt” to elicit “pepper”). Ask participants what words came into their minds.



Practice Exercise: We can differentiate thoughts that come into our minds from those that we choose when we decide to think about something. Instruct participants to close their eyes and then review in their minds what they have done today. Give them a minute or so. Discuss what they thought about and how thinking about something on purpose is different from observing thoughts that come to mind.

2. *It Is Changing Our Relationship to Thoughts*

Observing thoughts is about changing our relationship to our own thoughts, rather than on changing the thoughts themselves. Painful and distressing thoughts, both accurate and inaccurate, go through everyone’s mind at some point. The task is to find a new way of relating to negative or painful thoughts so that they do not induce so much suffering.

Note to Leaders: Observing thoughts means observing not only thoughts, but also beliefs, assumptions, interpretations, internal descriptions/labels, and any other cognitive concepts. If you also have participants who are hearing voices, the same strategies can be used to be mindful of current voices: Participants can learn to react to them as simple firings of the brain, not beacons of truth.

3. *The Goal Is Not a Mind Empty of Thoughts*

Both secular and spiritual mindfulness practices have as an important part of their instructions simply noticing thoughts as they come and go while practicing mindfulness. Everyone, when learning to meditate or be mindful to the present moment, becomes distracted by thoughts at times. Many people erroneously believe that when practicing mindfulness they should suppress thoughts. They believe that the goal of mindfulness practice is to have an empty mind (i.e., a mind with no thoughts). Nothing could be further from the truth. Human brains generate thoughts, beliefs, assumptions, and concepts of all sorts. The idea in mindfulness is to notice thoughts—while neither becoming attached to them nor pushing them away.



Discussion Point: Learning to let go of thoughts is extremely difficult. It takes a lot of practice. Letting go of thoughts is not the same as pushing them away. Trying to suppress painful thoughts usually makes them worse. Instead, it is allowing them to be as they are, coming and going. Discuss difficulties in letting go of thoughts.

B. *Why Observe Thoughts?*



Research Point: More and more research is showing that trying to block or suppress thoughts actually makes them worse.^{39–41} One of the effective treatments for excessive worries and ruminations has individuals set aside a specific period each day to take time out and focus completely on worry thoughts.^{42, 43} The treatment for obsessional thoughts involves consciously focusing on the obsessional thoughts, over and over and over.

1. *Unnecessary Suffering and Reactive Problem Behaviors Are Often Caused by Thoughts*

We react to thoughts instead of to the facts they are meant to represent.

Note to Leaders: Relate this to the same point made in Emotion Regulation Handout 8: Checking the Facts. This idea is also the central idea underlying cognitive therapy, which focuses on the role of thoughts in eliciting negative emotions. The difference between cognitive therapy and mindfulness of current thoughts is that cognitive therapy emphasizes analyzing thoughts and, when they are irrational or inaccurate, changing the thoughts. Mindfulness of current thoughts observes but does not change thoughts.

2. *Observing Thoughts Provides Distance from Them*

Tell participants: “Observing your thoughts helps you separate yourself from your thoughts. It makes it easier for you to figure out what is a thought, what is a fact, and what is your emotional reaction to the thought.”

Go on: “Distance also allows you to discover that you are *not* your thoughts. You are not defined by your thoughts (or by others’ thoughts about you). Many people cannot separate themselves from their thoughts; they become their thoughts. Thoughts often masquerade as facts. We respond to our thoughts as if they are facts about ourselves, others, or the world. The problem here, inevitably, is that people have great difficulty accepting that a thought is just that, a thought. Most of us are attached to the belief that our thoughts represent facts about reality. Or we are attached to the idea that meaning and concepts are important—more important than the facts of ‘what is.’”

✓ 3. *Observing Thoughts Reveals Them for What They Are*

Say: “Observing thoughts helps you see that thoughts are just thoughts. That is, they are sensations of the mind, coming and going. All thoughts are temporary, just as all sensations are temporary. A thought might come back to mind often, but it is still temporary; it comes and goes away.”

✓ 4. *Reacting to a Thought As If It Is a Fact Obscures Seeing “What Is”*

Analogy/example: “Asking why (an intellectual question) is usually not helpful. Life is often like mountain climbing. If you are climbing high on a mountain and you come across a crevasse, you need to know how to get across it, not why the crevasse is there.”

Note to Leaders: If you are including a spiritual perspective in your teaching, consider the following point that supports this rationale for mindfulness of thoughts: Experiencing reality (“what is”) directly, without attending to thoughts or concepts, is the essential mystical experience. Indeed, it is the core spiritual experience across religions and spiritual traditions. If you want to expand this topic, put “mystical experience” into your search engine, and review the many sites that discuss mystical experiences.

✓ 5. *Observing Thoughts Shows That They Are Not So Catastrophic*

Continue: “Observing thoughts and maintaining your attention on them, instead of avoiding them or trying to get rid of them, can help you become less reactive to thoughts. Although events in life can be catastrophic, thoughts about these events are not themselves catastrophic.”

6. *Observing Thoughts Is the Path to Freedom*

Reassure participants: “Over time and with practice, you will gradually feel more and more free, less controlled by your thoughts about the world. Letting go of trying to control thoughts or trying to get rid of them is a path to freedom. Many people believe that they should have control over their thoughts at all times. When you believe this, it is easy to become controlled by your thoughts. You lose your freedom to think as you do. Other people believe that they simply cannot bear painful thoughts; they think that they will fall into the abyss or they will die if they do not control their thoughts and what they believe. This is the road to losing freedom. Wisdom and freedom require the ability to allow the natural flow of thoughts, beliefs, and assumptions

to come and go. They require experiencing thoughts but not being controlled by them. Always having to prevent or suppress thoughts is a form of being controlled by thoughts.”

✓ C. How to Be Mindful of Current Thoughts

1. Observe Your Thoughts

Tell participants: “The first step is to observe your thoughts (beliefs, assumptions, interpretations, and internal descriptions or labels). Acknowledge their presence. Step back. Imagine you are on top of a mountain looking down on your thoughts below.”

2. Adopt a Curious Mind about Your Thoughts

Say: “Next, try to observe your thoughts coming and going. Watch in your mind and ask: Where do the thoughts come from? Where do they go? Notice that every thought you have ever had has both come into your mind and also left your mind. Notice your thoughts, but do not evaluate your thoughts. Let go of judgments.”

3. Remember That You Are Not Your Thoughts

Go on: “Do not necessarily act on a thought. Remind yourself that you have had thousands and thousands of thoughts in your life. All are gone. You are not gone. You are not your thoughts.”

4. Try Not to Block or Suppress Thoughts

“Open yourself to the flow of the thoughts. Do not try to get rid of the emotions that go along with the thoughts. Don’t push them away. Don’t judge or reject them. Be willing to have your thoughts. Trying to build a wall to keep thoughts, particularly worry or other disturbing thoughts, out of your mind always has the effect of keeping thoughts coming back.”

Note to Leaders: These general instructions for mindfulness of current thoughts are often not useful at first. Remind participants that the point of mindfulness is to become free, so that even very distressing thoughts are not so disturbing. This takes a lot of practice. It is important to practice this skill with participants. Throughout skills training in this and other modules, often refer back to mindfulness of current thoughts, mindfulness of current emotions, mindfulness of others, and mindfulness of this one moment.

D. Practicing Mindfulness of Current Thoughts

Note to Leaders: For each of the mindfulness exercises on Distress Tolerance Handout 15a, you can substitute other words for “thoughts” (“emotions,” “sensations,” “urges,” etc.).



Practice Exercise: Select one or two of the practice ideas for allowing thoughts “by observing them” from the optional Distress Tolerance Handout 15a. Instruct participants in how to do the exercise, using the instructions on the handout. Allow several minutes for each exercise. Discuss experiences.



Practice Exercise: Go over one or several of the methods for practicing “by using words and voice tone.” Practice as a group and then discuss experiences.



Practice Exercise: Practice one or more of the methods for practicing “with opposite action.” Discuss experiences.

XVI. OVERVIEW: WHEN THE CRISIS IS ADDICTION (DISTRESS TOLERANCE HANDOUTS 16–16A)

Main Point: The skills in this portion of the module are specifically designed for dealing with various addictions. The skills can be taught to individual clients or added to a DBT skills program when the majority of participants in a group have serious addictions or repetitive dysfunctional behaviors they cannot stop.

Distress Tolerance Handout 16: Overview: When the Crisis Is Addiction. This handout can be reviewed very quickly, or skipped and the information written on the board. Orient participants to what is coming next. Do not use this handout to teach the skills.

Distress Tolerance Handout 16a: Common Addictions (Optional). This handout can be used to help participants identify whether they have an addiction that might not be obvious (different from substance use disorders, etc.) and that they would like to work on.

Distress Tolerance Worksheet 13: Skills When the Crisis Is Addiction. Review this worksheet with participants. This worksheet covers all of the skills for dealing with addictive behaviors. Use it for participants who are likely not to do a lot of homework. Bring extra copies when you teach new skills from the list.

✓ A. Seven Basic Skills for Addiction-Related Behaviors

List the seven basic skills for use when the crisis is addiction:

- Dialectical abstinence
- Clear mind
- Community reinforcement
- Burning bridges
- Building new ones
- Alternate rebellion
- Adaptive denial

✓ B. Backing Down from Addiction

Emphasize that these skills focus on “backing down from addiction.” They can be remembered by starting at D and reciting the alphabet backward: D, C, B, A.

✓ C. Common Addictions

The definition of “addiction” is very broad and includes any repetitive behavior that an individual is unable to stop, despite the negative consequences of the behavior and the person’s best efforts to stop. Individuals may have more than one addiction, but it is usually most helpful to focus on one addiction at a time.

Research Point: Scientists have traditionally confined their use of the term “addiction” to substances that clearly foster physical dependence. That’s changing, however. New knowledge suggests that as far as the brain is concerned, a reward is a reward, regardless of whether it comes from a chemical or an experience. And where there’s a reward (as in gambling, eating, sex, or shopping, among others), there’s the risk of getting trapped in a compulsion.⁴⁴ Once people get addicted, however, the pleasure of the addictive behavior may go down—but the urge to engage in the addictive behavior will not only increase, but will intensify. At that point, the addictive behavior may become reinforced not by pleasure, but by relief from the intense and unpleasant urges. Some people say that when they engage in addictive behaviors, they feel “normal” again. In these cases, a behavior that may have started with positive reinforcement (i.e., it gives pleasure) comes to be maintained by negative reinforcement (i.e., it stops unbearable distress).



Practice Exercise: Ask participants to read over the list of addictions on Handout 16a and check those that apply to them. Elicit from participants the number of addictions they checked. Asking participants to share what their addictions are can be risky, since several of the addictions may be very difficult to share publicly, and this can lead to shame, lying, or not participating. If all members of a group share the same addiction (e.g., drugs or gambling), you may want to skip this exercise until later in therapy.

Note to Leaders: It is tempting to start teaching the skills from Handout 16 or 16a, but *don't do it* unless you are *not* planning on using the individual handouts for each skill.

XVII. DIALECTICAL ABSTINENCE (DISTRESS TOLERANCE HANDOUTS 17–17A)

Main Point: Dialectical abstinence is a skill that synthesizes two approaches for dealing with addictive behaviors: abstinence (swearing off addictive behavior completely) and harm reduction (acknowledging that there will be slips and minimizing the damage). You and each client shift strategies between 100% absolute abstinence as long as the client stays off the addictive behavior, and relapse management should the client lapse.

Distress Tolerance Handout 17: Dialectical Abstinence. The key idea here is that participants do not have to choose between abstinence and relapse prevention; a dialectical perspective suggests a synthesis of both. This synthesis can be difficult for some clients to accept, particularly those who are very active in Alcoholics Anonymous and other similar associations. Thus, it is important to teach the concepts clearly.

Distress Tolerance Handout 17a: Planning for Dialectical Abstinence. The skills listed in the box “Plan for Abstinence” correspond to the skills covered in Handouts 18–21. If you do not have time to review each of these handouts in detail, you can teach the major content from this handout. A number of suggestions and DBT skills that might be helpful in putting together a harm reduction plan are also listed on this handout.

Distress Tolerance Worksheet 14: Planning for Dialectical Abstinence. Review this worksheet with participants. Depending on how much time you have, instruct participants during the session to fill the worksheet with at least one entry for a number of the items. In session, discuss responses to the items so far. Assign worksheet as homework to be done more completely.

Note to Leaders: Start by discussing the dilemma posed by alternating a commitment to abstinence with occasional or even frequent lapses.

The focus in treating addictions here follows a relapse prevention model: The intent is to foster abstinence from addictive behaviors, prevent relapse, and maximize harm reduction if there is a relapse. Relapse prevention^{45–47} identifies high-risk situations and uses problem-solving skills to develop ways to both avoid and to cope skillfully with such situations and focuses on eliminating myths regarding the effects of addiction behaviors. Similar to building a life worth living as described in the Emotion Regulation module, relapse prevention focuses on building a life worth living without addictions.

✓ A. What Is Dialectical Abstinence?

Dialectical abstinence is a relapse prevention approach that incorporates a synthesis of focusing on absolute abstinence whenever one is abstinent even for a moment, and harm reduction following every slip even when it is very small.

1. **Abstinence**

Abstinence here means complete abstinence, which is never again engaging in the addictive behavior at any time for any reason.

2. **Harm Reduction**

Harm reduction, as the term is used here, has as its goal minimizing the harm done by a slip into the addictive behavior. It acknowledges that there may be slips, tries to minimize the damage, and is sympathetic to failures of complete abstinence. The basic goal is to manage lapses such that a lapse does not turn into a relapse.

3. **The Dialectical Tension**

Explain to participants: “The dialectical tension here is that on the one hand, you have agreed that you value living up to your potential and building a life worth living, and that your addictive behavior is incompatible with this goal. On the other hand, even with this commitment, you accept that you might have a lapse and once again engage in the addictive behavior. Thus you need a harm reduction plan.”

4. **Dialectical Abstinence as a Synthesis**

In dialectical abstinence, the search is for a synthesis between abstinence and harm reduction that is more than the sum of the parts. The dialectical approach recognizes that both sides exist, and accepts both. It replaces the “either–or” relationship between abstinence and harm reduction with a “both–and” stance.

Example: Positive and negative poles on a battery are opposites, yet exist side by side.

Example: The yin and yang symbol is black and white, yet the synthesis of these is not the color gray. The synthesis transcends both.

5. **Pros and Cons**

The pro of abstinence is that people who commit to abstinence stay abstinent from their addictive behavior longer. The con of abstinence is that it usually takes people longer to recommit to abstinence once they’ve slipped. People who commit to harm reduction usually get back “on the wagon” faster after a slip, but also relapse quicker.



Discussion Point: When it comes to addiction, people want to stop their addictive behaviors on the one hand, and on the other hand they very much want to engage in the addictive behaviors. When people are making a commitment to abstinence, there is usually a very intense desire to stay abstinent. After a lapse back to the addictive behavior, there is often an equally intense desire to continue with the addictive behavior. Discuss.

Discussion Point: Ask participants whether they’ve tried either complete abstinence or harm reduction techniques in the past. Discuss the pros and cons of dialectical abstinence.

B. How to Do Dialectical Abstinence

Dialectical abstinence is a three-step process. First, participants must find a way to make a strong commitment to abstinence. Second, they need to plan for how to stay abstinent. And, third, they must plan for harm reduction if a lapse occurs. A shorthand version of how to do both abstinence and harm reduction is outlined on the optional Distress Tolerance Handout 17a. If you use this handout, ask participants to read through all the items and check those they think might work for them, both for staying abstinent and for harm reduction if there is a lapse. Ask people what they checked. (This exercise can be done at the beginning or at the end of reviewing the handout.)

✓ **1. Make a Strong Verbal Commitment to Abstinence in Wise Mind**

Tell participants: “Set a goal for yourself to stop your addictive behavior. Set a specific date to stop cold turkey. Make a verbal commitment to yourself, and share it publicly with other people. Because the urge to engage in addictive behavior is so strong, your commitment must be 100%. Anything short of that would set you up for failure. When faced with the urge to engage in your addictive behavior, you cannot have the idea that it is OK to give in for the moment, lapse just a little (for instance, have just one cigarette), and then plan to ‘go right back on the wagon.’ Such thinking undermines commitment and will make it more likely that you will decide to ‘fall off the wagon’ and slip back to addictive behavior.”

This step can be viewed as “slamming the door shut” to addictive behaviors (see Distress Tolerance Handout 20: Burning Bridges and Building New Ones for more on this topic).

✓ Consider vegetarians. They never say “just this one time” and then eat meat or other prohibited food. Imagine you have become an “abstinitarian” who like vegetarians also never says “just this one time.”

✓ ☒ **Story Point:** “Stopping addictive behavior is like trying to win a major Olympic event. So imagine that you are like Olympic athletes and we, the skills trainers, are your coaches. For Olympic athletes, absolutely nothing is discussed before the race except winning or ‘going for the gold.’ If Olympic athletes thought or said that winning a bronze medal ‘would be just fine,’ then their training mentality, performance, and push would all be affected. Olympic athletes must also not think about falling down in a race or about what would occur if they should twist an ankle before the race. Those types of thoughts must stay out of their minds, even though these are possible outcomes. The athletes must only strive for the gold. In other words, think of yourselves as Olympic athletes in the Stop Addictive Behavior Event. The only thing you can possibly allow yourselves to think about and discuss is absolute and total abstinence.”

✓ **2. Plan for Abstinence**

These points correspond to the points in the “Plan for Abstinence” sections of Distress Tolerance Handout 17a and Worksheet 14.

- “Enjoy your success, but with a clear mind; plan for temptations to relapse.”
- “Spend time or touch base with people who will reinforce you for abstinence.”
- “Plan reinforcing activities to do instead of addictive behaviors.”
- “Burn bridges: Avoid cues and high-risk situations for addictive behaviors.”
- “Build new bridges: Develop images, smells, and mental activities (such as urge surfing) to compete with information associated with craving.” (Urge surfing is discussed in Section XX.)
- “Find alternative ways to rebel.”
- “Publicly announce abstinence; deny any idea of lapsing to addiction” (as discussed above).

✓ **3. Prepare a Harm Reduction Plan, and Be Sure to Put It into Action Immediately after a Lapse**

Abstinence over the long run requires planning for abstinence and planning for lapses.

Example: A person practicing dialectical abstinence is like the quarterback in a football game. Quarterbacks are never fully content to obtain a few extra yards for a first down in each play; they are always striving in each play to obtain a touchdown. After the play is initiated, all efforts are oriented to run the full distance to the goal. The person practicing dialectical abstinence takes a similar approach—running like mad in the direction of the goal (abstinence), stopping only if he or she falls, and ready to resume full intent to obtain a touchdown in the next play.

Say to participants: “Adopt a dialectical view, and prepare for the possibility of failure. You

must keep in your mind (way back in your mind in the very farthest part, so that it never interferes with your resolve) that if you do slip, you will deal with it effectively by accepting it nonjudgmentally and picking yourself back up. This means making a relapse prevention plan ahead of time for what you will actually do if you do slip. Who will you call? How will you remember to get right back to abstinence? What will you do to motivate yourself to get right back to abstinence? What skills will you use? Rehearse in your mind going through your crisis plan. Imagine success and a sense of mastery.” Encourage participants to use the skill of cope ahead (see Emotion Regulation Handout 19).

Continue: “If you do slip, immediately fight with all your might the ‘abstinence violation effect.’ This can occur after a lapse when a person feels guilty, ashamed, and out of control, and wants to give up and give in. Common thoughts are ‘I’m a loser,’ or ‘I might as well keep going now that I’ve started,’ or ‘A little more won’t make a difference.’ This kind of thinking can turn lapses into full-blown relapses.”

Go over possible harm reduction skills for participants to rehearse and be ready to use. (These correspond to those listed in the “Plan for Harm Reduction” sections of Distress Tolerance Handout 17a and also Worksheet 14.)

- “Call your therapist, sponsor, or mentor for skills coaching.”
- “Get in contact with other effective people who can help.”
- “Get rid of temptations; surround yourself with cues for effective behaviors.”
- “Review skills and handouts from DBT.”
- “Practice opposite action (Emotion Regulation Handout 10) for shame. That is, make your lapse public among people who will not reject you once they know. If no other option works, go to an anonymous meeting of any sort and publicly report your lapse.”
- “Build mastery and cope ahead (Emotion Regulation Handout 19), and checking the facts (Emotion Regulation Handout 8), can be used to fight feelings of being out of control.”
- “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.”
- “You can conduct a chain analysis to analyze what prompted the lapse (General Handouts 7 and 7a).”
- “Problem solving right away (Emotion Regulation Handout 12) will suggest ways to ‘get back on the wagon’ and repair any damage you have done.”
- “Distract yourself, self-soothe, and improve the moment (Distress Tolerance Handouts 7, 8, and 9) to let time pass without engaging in the addictive behavior again right away.”
- “Cheerlead yourself.”
- “Do pros and cons of stopping addictive behaviors.”
- “Stay away from extreme thinking. Don’t let one slip turn into a disaster.”
- “Keep a list of all these harm reduction ideas with you all the time, ready if needed.”



4. After a Lapse, Recommit to Total Abstinence

Emphasize: “After a lapse, recommit yourself to 100% total abstinence, knowing this was the last time that you will ever slip.”

5. Cautions

Tell participants: “It is possible to do these two seemingly contradictory things—commit to absolute abstinence from addictive behavior, and accept a lapse should such behavior occur. This does not mean accepting a lapse before you have one. It will undermine your commitment to say to yourself, in the back of your mind, ‘Oh, I guess it is really OK if I go ahead and engage in my addictive behavior, because if I do, I’ll just do a chain analysis and recommit.’ The possibility of a lapse must be buried somewhere outside of your awareness. You’ll respond according to your plan, if it happens, but it will never happen.”

XVIII. CLEAR MIND (DISTRESS TOLERANCE HANDOUTS 18–18A)

Main Point: “Clear mind” is a middle ground between the extremes of “addict mind” (being governed by an addiction) and “clean mind” (thinking that the problems of addiction are over and there is no need to worry any more). Clear mind is the safest place to be, since it involves being clean and not engaging in the addiction, while remaining vigilant about the temptation to do so.

Distress Tolerance Handout 18: Clear Mind. Review this handout, stressing the difference between clean mind and clear mind in particular.

Distress Tolerance Handout 18a: Behavior Patterns Characteristic of Addict Mind and of Clean Mind. Review this handout with participants. Instruct participants to check the behaviors they engage in while in clean mind and while in addict mind.


Distress Tolerance Worksheet 15: From Clean Mind to Clear Mind. Review this worksheet with participants. If time allows, practice with participants how they could replace one of the clean mind behaviors they marked on Handout 18a with a clear mind behavior. Assign the rest of the worksheet as homework.

✓ **A. Addict Mind, Clean Mind, and Clear Mind**

1. Addict Mind

Explain to participants: “Addict mind is your state of mind when you have given in to your addiction. You may have never tried to stop your addictive behavior, or you may have tried but relapsed. In addict mind, you are ruled by your addiction; urges to engage in the addictive behavior govern your thoughts, emotions, and behaviors. In addict mind, you are not even trying to resist your addictive behavior—or, when you are, the effort is half-hearted and ineffective.”

Emphasize: “The danger of addict mind is that you are not engaging in any of the steps necessary to stop the addictive behavior. In addict mind, you are willing to do whatever is necessary to get the high that addictive behaviors bring. You may lie, steal, hide, break promises, and deny that you are in fact addicted.”

 **Discussion Point:** Elicit examples from participants of behaviors or personal characteristics indicating that they are in the grip of addict mind.


2. Clean Mind

Continue: “Clean mind occurs when you are ‘clean’ and have not engaged in the problem behavior for a period of time, but you are oblivious to the dangers and temptation of relapsing. In clean mind, you may feel invincible in your fight against your addiction, and immune to the temptation to engage in the addictive behavior ever again. The distortion of clean mind is believing that you don’t have an addiction problem any more.”

Emphasize: “The danger of clean mind is that you may not avoid temptations and addiction cues, and may fail to use relapse prevention strategies you have developed at other times. In clean mind, you lower your guard and defenses against urges, and so you are not prepared when they hit.”

3. Clear Mind

Go on: “Clear mind represents the synthesis between clean mind and addict mind. In clear mind, you are clean, while at the same time you stay aware of the dangers of relapse and actively engage in behaviors to prevent a lapse or relapse. It is the safest place to be. Clear mind is very similar to wise mind when addiction is involved.”

- ✓  **Discussion Point:** Elicit examples of times when participants have been in clean mind and were not vigilant to the dangers of relapsing. If you can point to examples of clean mind from your own life, do so.


Note to Leaders: Be careful that the discussion stays at a general level as much as possible, so that it does not lead to an increase in participants' urges to engage in addictive behavior.

✂ **Story Point:** “Overcoming addiction is like fighting a long war against urges to engage in the addictive behavior. The urges win a battle when you end up doing the addictive behavior, and you win when, despite the urges’ attacks on you, you don’t do the addictive behavior. Clean mind is forgetting the war once a few battles are over; it’s thinking that because you’ve repelled the urges a few times, they will not come back, or that if they do come back they will be easy to repel. When you are in clean mind, you don’t prepare for battle, and your defenses are down. Urges can catch you unprepared and win. Addict mind is like being under siege by the urges and believing that you can never repel them again. When you are in addict mind, you don’t remember your victories; when you are defeated, you don’t regroup and fight back. Clear mind is remembering both your victories and your defeats, fighting with all your might, and staying prepared for battle even when you are experiencing no urges.”

✓ **B. Behavior Patterns Characteristic of Addict Mind, Clean Mind, and Clear Mind**

1. Addict Mind Behaviors

Say: “Behaviors characteristic of addict mind include engaging in the addictive behavior; glamorizing addiction; stealing to pay for addictive behaviors; lying, hiding, and isolating; stealing; not making eye contact with people; avoiding doctors, therapists, or people or groups who can help you; and so on.”

- ✓  **Practice Exercise:** Ask participants to read through the list of addict mind behaviors on Distress Tolerance Handout 18a, and to check those behaviors they remember doing. (This exercise can be done at the beginning or at the end of reviewing the handout.)

2. Clean Mind Behaviors

Go on: “Behaviors characteristic of clean mind include thinking you have now learned your lesson and do not have to worry any more about the addiction; going into environments where others engage in addictive behaviors; seeing or living with people who have your addictions; acting as if all you need to get over addictions is willpower; isolating yourself; and so on.”

a. Apparently Irrelevant Behaviors

Emphasize that **apparently irrelevant behaviors** are common in clean mind. Say: “These are actions that take you closer to engaging in the addictive behavior; they are steps toward addictive behaviors. On the surface, they look reasonable and unrelated to the addiction, but, collectively, they help set up a slip back into addictive behaviors. They are usually based on not thinking about your behavior and its consequences, on flat-out denial, or on delusion.” Alan Marlatt⁴⁵ coined the term “apparently irrelevant decisions.”

Example: “You are having a party for a close friend. Thinking that you really want to have her favorite foods, you buy her favorite cookies and ice cream for the party. You get a lot of each because you want to be sure you don’t run out at the party. You have problems with bingeing and purging (and these are your usual binge foods).”

Example: “You are currently abstinent from alcohol. You have a craving for a hamburger, and you decide to go out to dinner at your corner bar, where they have really good hamburgers.”

Continue: “Often the problem is not the first behavior, but rather a multiple set of behaviors in a sequence, all of which bring you closer to an overwhelming cue for addictive behavior.”

Example: “Gambling is your addiction. You decide to go to visit a friend’s country house north of your home. On the way, you decide to stop off at a shopping center. On the way out of the shopping center, you realize you are hungry for lunch. There is a really nice hotel next to the shopping center that serves good food in a relaxing environment. You go there and have a nice lunch. You have several hours before your friend is expecting you, so you decide you will just look in on the casino in the same hotel. As you look in, you decide you will just walk around but not gamble. Before you know it, you are gambling and never make it to your friend’s house.”



Practice Exercise: Ask participants to review the list of clean mind behaviors on Handout 18a. Ask them to add any behaviors that are indicative of clean mind for them.



Discussion Point: Elicit from participants examples of apparently irrelevant behaviors they engage in.

3. Clear Mind Behaviors

Conclude: “Clear mind behaviors are abstinent and vigilant for temptation. You are acutely aware that without skills, intense urges can return at any moment.”

XIX. COMMUNITY REINFORCEMENT (DISTRESS TOLERANCE HANDOUT 19)

Main Point: Community reinforcement focuses on restructuring the environment so that it will reinforce abstinence instead of addiction.

Distress Tolerance Handout 19: Community Reinforcement. Review this handout, stressing the importance of reinforcement in changing and maintaining behavior.

Distress Tolerance Worksheet 16: Reinforcing Nonaddictive Behaviors. Briefly review this worksheet with participants, and assign the worksheet as homework. Focus on replacing reinforcers for addiction with reinforcers for abstinence, and also on noticing the positive events that occur when participants are not engaging in addictive behaviors. Suggest (but do not assign) abstinence sampling.



A. Reinforcement Maintains Addictive Behavior

Note to Leaders: A very good description of the community reinforcement approach by William R. Miller and Robert J. Meyers, with Susanne Hiller-Sturmhofel, is available online (<http://pubs.niaaa.nih.gov/publications/arh23-2/116-121.pdf>).

1. Immediate Reinforcement Is Stronger Than Delayed Consequences


Unfortunately, the immediate reinforcement of an emotional high or emotional relief that an addictive behavior provides has a stronger effect than the delayed aversive consequences (such as remorse, guilt, and depression), which is why the addiction is maintained.



Discussion Point: Elicit from participants whether and how their addictive behavior leads to immediate pleasure or immediate relief from distress.

2. As Addictive Behavior Increases, Other Activities Decrease


As addictive behavior increases, other activities (e.g., sports, community involvement, social activities) decrease, and isolation increases. When this happens, the addictive behavior becomes more and more associated with the immediate reinforcing consequences, and thus becomes stronger and more entrenched.

 **Discussion Point:** Elicit from participants both positive and negative consequences of their addictive behaviors.

B. Replace Addiction Reinforcers with Abstinence Reinforcers

Stopping addictive behaviors requires replacing addiction reinforcers with abstinence reinforcers. Why? It is because willpower is not sufficient to change behavior, or else we would all be perfect. In the long run, it requires making a lifestyle *without* the addictive behavior more rewarding than a lifestyle *with* that behavior. Go over the following action steps that can be helpful:

- ✓
- ✓
- “Search for people to spend time with who aren’t addicted.”
- “Increase the number of pleasant activities you engage in that do not involve your addiction.” (See Emotion Regulation Handouts 16 and 17.)
- “If you cannot decide what addiction-free people or activities you like, sample a lot of different groups of people and a lot of different activities.”

 **Practice Exercise:** Ask participants to read through the “Replace Addiction Reinforcers . . .” section of Distress Tolerance Handout 19 (the list just above corresponds to this part of the handout) and check those they think might work for them. Ask people what they checked. (This exercise can be done at the beginning or at the end of reviewing the handout.)

✓ C. Get Reinforcement from Others for Not Engaging in Addictive Behaviors

1. Stay Away from Other Addicted People

Tell clients: “Stay away from other addicts who are uncomfortable with you if you are not also engaging in addictive behaviors.”

2. Talk to People Who Really Love You

Say: “Teach your nonaddicted loved ones about reinforcement (if you have to). Then ask them to be vigilant for when you appear to be abstinent, and give you lots of reinforcing comments or other things they have available that could function as reinforcers.”

3. Try a “Deprive, Then Reinforce” Strategy

The following strategy is designed for (1) people who do not have many potential reinforcers for abstinence in their lives; (2) people who already have most of the things that could be used as reinforcers (usually people with a fair amount of money); or (3) people who are so poor that they cannot add anything reinforcing to their lives. Say to such participants: “The basic idea is first to deprive yourself of something important that you would work hard to get back, and then give it back to yourself as a reward if you engage in the behavior you want to reinforce.” Go over the steps with participants.

- “Decide on three things in your life that you really like, but that you could deprive yourself of for a week if you really had to.”

Examples: Coffee; toothpaste; use of a car; carrying cash and/or credit cards; all jewelry; all but one pair of socks or underwear; texting or calling others on cell phones; sitting in chairs; watching TV; playing games.

- Week 1: “Deprive yourself of one item (Item 1) for the week.” This is the equivalent of B. F.

Skinner’s depriving rats of food before putting them in an experiment where food was the reinforcer. Note that the deprivation is not contingent on anything, and thus it is not being used as a punishment.

- Week 2: “For each day you are abstinent, give yourself back Item 1 the day after. Deprive yourself of a second item (Item 2) for the week.”
- Week 3: “For each day you are abstinent, give yourself back Item 2 the day after. Give yourself back Item 1, but deprive yourself of a third item (Item 3) for the week.”
- Week 4: “For each day you are abstinent, give yourself back Item 3 the day after. Give yourself back Item 2, but deprive yourself of Item 1 again for the week.”
- “Continue to repeat the sequence.”

Note to Leaders: It is important to make it clear that this is not a punishment system, but a reinforcement system. For some people, this can only be done with a coach or another person to be accountable to. Suggest doing this with a counselor or therapist, a nonaddicted close friend, or a nonaddicted family member. Stress that the consequences have to be big enough that participants would actually work hard to get them.

4. Monitor Your Abstinence Motivation

“When your abstinence motivation starts to drop off, do these things.”

- “Review your plan for dialectical abstinence.”
- “Review your pros and cons for abstinence versus addictive behaviors.”

D. Abstinence Sampling

Say to participants: “Abstinence sampling is deciding to try out abstinence to see what it is like and to see if there are any benefits to you of abstinence. This is like doing a personal experiment. You do not have to commit for the long term until you see how it goes. Although the short-term emotional high and relief of addiction will not be there, neither will the terrible consequences of addictive behavior.”

- “Commit to a specific number of days of abstinence, to *sample* what it would be like to live without addictive behavior.”
- “To get through abstinence sampling, implement your dialectical abstinence plan.”
- “Observe all the extra positive events occurring when you are not engaging in addictive behaviors.”

XX. BURNING BRIDGES AND BUILDING NEW ONES (DISTRESS TOLERANCE HANDOUT 20)

Main Point: “Burning bridges” means actively eliminating from one’s life any and every connection to potential triggers for addictive behaviors. “Building new ones” refers to creating new mental images and smells to compete with the addiction urges.

Distress Tolerance Handout 20: Burning Bridges and Building New Ones. First review the strategies for burning bridges and encourage participants to be completely honest about what bridges need to be burned to stop addiction behavior. Building new bridges here focuses on creating visual images and smells to compete with cravings. You can also discuss how building a community that will reinforce abstinence is another form of building bridges.

Distress Tolerance Worksheet 17: Burning Bridges and Building New Ones. It can be very useful to have participants fill out at least one item in each section during the session and also have them write down the imagery they will use to help reduce cravings. The homework is then to fill out the rest of the items and also carry out the tasks of both burning bridges and building new ones.

✓ A. What Is Burning Bridges?

Say to participants: “Burning bridges is ultimately a skill of radical acceptance, commitment, and action, all directed toward never engaging in the addictive behavior again. The action component refers to actively cutting off, and removing from your life, all connections to potential triggers for the addictive behavior. You burn the bridge to addictive behavior so that this behavior is no longer an option.

- ✓ ✂ **Story Point:** “Imagine that you are in front of your house and a huge, angry elephant is closing in on you. You race into your garage and slam the door shut. The elephant is outside; you are inside. As long as you stay inside, the elephant can’t harm you. But what if you’ve left the garage door slightly open at the bottom—just enough for the elephant to get its trunk in and lift up the door? What then? The elephant will get you. Or what if you are curious and hit the garage door opener just a little bit to see what’s going on? In comes the elephant. Wham!” (Pause.)

“Burning your bridges is like going into the garage of abstinence and slamming that door shut in front of the elephant (urges to engage in the addictive behaviors). It is slamming that door down hard and not wavering or even considering opening it. It is shutting your mind to addictive behavior; it is putting up an iron wall between you and the addiction. What happens a lot of times is that you are still curious to see what the elephant is doing. So you don’t close the garage door completely, or you decide after a while to open it just a little. As soon as the door is opened even a little, the elephant can get its trunk in and open the door.”

✓ B. Burning Bridges: How to Do It

1. *Make a Commitment to Getting Rid of Everything in Your Life That Makes Your Addiction Possible*

Say: “First, make an absolute commitment to discarding all treats to abstinence. Walk into the garage of abstinence and slam the garage door shut.”

2. *List Everything in Your Life That Makes Addiction Possible*

Go on: “Now make a list of all the things in your life that make your addiction possible.” Now is the time for complete honesty; no holding back.

3. *Get Rid of These Things*


“Next, get rid of all these things. Consider getting rid of some things you might not have thought of before.”


- “Phone numbers, e-mail addresses, and other contact information of people who will collude with your addiction.”
- “People on social networking sites who might collude with you on your addiction.”
- “Clothes and household items associated with or communicating addiction.”
- “Cash that can be used to fuel addiction or secret credit cards.”
- “Items in your house: food (e.g., Oreos, chocolate); drink (e.g., alcohol, coffee); magazines and catalogs; your computer, or at least your Internet connection; videos, CDs, and TV channels; smartphone apps; gym memberships; tobacco; and so on.”
- Paraphernalia for your addictive behavior.
- Memberships in clubs, hotels, casinos, and so forth.

4. *List and Do Things That Will Interfere with the Addiction*

“Finally, list and do all the things you can do that will make it hard to continue your addiction.”

- “Tell the truth about your behavior ruthlessly to others.”
- “Tell your friends and family that you have quit your addictive behavior.”

- ✓  **Practice Exercise:** Ask participants to read through the “Burning Bridges” section of Distress Tolerance Handout 20 and check those they think might work for them. Ask people what they checked. (This exercise can be done at the beginning or at the end of reviewing the handout.)

 **Discussion Point:** Ask participants if they’ve had the experience of leaving a bridge intact toward addiction and having this end up contributing to a lapse or relapse. Discuss the difficulty of burning bridges and what gets in the way. Discuss pros and cons of burning bridges.

✓ C. What Is Building New Bridges?

Building new bridges is the strategy of actively imagining, as vividly as possible, visual images and smells that compete with those associated with the addictive behavior.

Research Point: People who crave an addictive behavior start experiencing images and smells in their minds that are linked to the addiction. The more they focus on the addiction images, the more the craving increases, and the more difficult it gets to resist engaging in the addictive behavior. This means that the visual system and olfactory system are loaded with information when a craving occurs, so if new images and smells compete for “space” with that information, the craving can be reduced. Actively imagining images and smells that are very different from the addictive ones competes for attention with, and decreases the power of, the craved images.^{48, 49}

✓ D. Building New Bridges: How to Do It

1. Create Nonaddictive Images and Smells

Say: “First, create new, nonaddictive images and smells to think about when you have an unwanted craving. These need to engage the visual and olfactory (smell) systems of your brain, and so ‘steal’ the space from the craving.”

Example: “Whenever you crave a cigarette, imagine being on the beach. Keep the visual images and the smells of the beach in mind to reduce the craving for cigarettes.”

2. Look at Moving Images; Surround Yourself with New Smells

“Also, when you have a craving, look at moving images or surround yourself with smells that are unrelated to the addiction. They will compete with information associated with your cravings.”

Example: “When you crave chocolate, look at moving images or something that will engage the visual part of your brain. Or smell something that you find pleasant but that is not chocolate, such as perfume or pine needles.”

3. Engage in Urge Surfing

The term “urge surfing” was coined by Alan Marlatt^{50, 51} as a relapse prevention strategy for individuals addicted to alcohol and other drugs. It can be used to help with any addictive behaviors or destructive impulses.

a. Urge Surfing Is Like Surfing or Riding Out a Wave

Say: “The urge is the wave. Instead of trying to stop its movement, you surf on top of it.”

b. Urge Surfing Is a Form of Mindfulness

Urge surfing involves using the mindfulness skills of observing and describing to “surf” over urges to engage in addictive behavior. Mindful urge surfing is a mindful, nonattached observing of these urges. With this skill, individuals learn over time to accept urges, cravings, and preoccupations without reacting to them, judging them, or acting on them.

c. **The Key to Urge Surfing Is Not Reacting**

Tell participants: “The key to urge surfing is stepping back and not reacting. Notice the urge moment by moment, particularly how, like a wave, it evolves and shifts over time.”

d. **Urge Surfing Involves Retraining the Brain**

When people give in to their urges and engage in addictive behaviors, they reinforce the link between having an urge and acting on it. Urge surfing detaches the urge from the object of the urge (the food, drug, sex, casino, etc.). Over time, the brain learns that it is possible to experience an urge without acting on it.

e. **Urge Surfing Involves Imagery**

Say: “Imagine yourself on a surfboard riding the waves. Keep this image in your mind to help you remember that urges don’t last forever—that this urge will go away, as others have done before it.”

XXI. ALTERNATE REBELLION AND ADAPTIVE DENIAL (DISTRESS TOLERANCE HANDOUT 21)

Main Point: Alternate rebellion and adaptive denial, as their names indicate, are adaptive alternatives to addictive behavior. If addictive behavior functions as a form of rebellion, some other type of rebellious behavior can be used as a more effective alternative to the addiction. In adaptive denial, persons with addictions convince themselves that they actually don’t crave the addictive behavior (denial). For this to work, the individuals must be adamant in telling themselves that they don’t have an urge for the addictive behavior.

Distress Tolerance Handout 21: Alternate Rebellion and Adaptive Denial. The first half of this handout lists possible alternative options for rebellion. Have participants read and check off which of the examples they would be willing to try. The second half of the handout describes steps for adaptive denial.

Distress Tolerance Worksheet 17: Practicing Alternate Rebellion and Adaptive Denial. Review this worksheet with participants. It can be very useful to have participants fill out the plans for alternate rebellion during the session, and also have them come up with something they could want or crave instead of their addictive behaviors. The homework is then to try these skills and record the outcomes.

A. Alternate Rebellion⁵²



1. **What Is Alternate Rebellion?**

Say to participants: “When addiction functions as rebellion, giving up addiction can be hard, because it implies that you need to give up rebelling. With alternate rebellion, you can satisfy the wish to rebel without destroying yourself or blocking your way to achieving important goals. ‘Alternate rebellion’ means finding another rebellious but nondestructive behavior to substitute for the addictive behavior.”




2. **Why Engage in Alternate Rebellion?**

Emphasize to clients: “Addiction as rebellion is ineffective. It does not help you toward your overall goal of a higher quality of life. Rebelling against a person, society, rules, boredom, or conventions, with addictive behavior is ‘cutting off your nose to spite your face.’ This is the opposite of the mindfulness ‘how’ skill of effectiveness.” (See Mindfulness Handout 5.)




Discussion Point: Elicit from participants reasons why addictive behavior is not an effective strat-

egy for rebelling. Discuss how overall objectives for obtaining a higher quality of life are not kept in mind when addictive behavior is used to rebel.


 **Discussion Point:** Ask participants whether addictive behavior functions in their lives partially or totally as a way to rebel. Prompt that this might be the case even if they did not intentionally choose the addiction for this purpose.

3. How to Do It

Again, alternate rebellion means rebelling *effectively*—finding a way to honor the desire to rebel in a creative way, instead of suppressing it, judging it, or mindlessly giving in to it through addiction. Make clear that there are many ways to employ this skill, and invite participants to use their imaginations.

 **Discussion Point:** Ask participants to review the suggestions for alternate rebellion in Distress Tolerance Handout 21 and check ones they might like to try. Discuss the various alternatives.

 **Discussion Point:** Ask participants for other effective ways to rebel.

 **Practice Exercise:** Ask participants who don't buy into alternate rebellion (even if their addiction functions as rebellion) to do pros and cons for giving alternate rebellion a try. Point out that willfulness can get in the way of alternate rebellion.

Note to Leaders: Since I originally developed this skill, a number of people have developed lists of options for alternate rebellion and put them on the Internet. Look up “alternative rebellion” or “alternate rebellion” on your search engine. Check these options out yourself before recommending any.

B. Adaptive Denial



1. What Is Adaptive Denial?

Explain to participants: “‘Adaptive denial’ refers to adamantly convincing yourself that you don’t want to engage in the addictive behavior when an urge hits, or that the addictive behavior is not a possibility.”




2. How to Do

- Begin: “Give logic a break when you are doing adaptive denial. Don’t argue with yourself about believing that the urge is not there or that doing the addictive behavior is not possible.”
- “Convince yourself that you want something else other than the addictive behavior.”

Example: “Fill a glass jar with dimes. Put the glass jar with dimes and another glass jar that is empty near you at all times. When you have a craving, say to yourself and out loud, ‘Oh, I have to have a dime.’ Then open the jar with dimes, take one out, and put it into the other jar.”

- “Put off addictive behavior. Put it off for 5 minutes, then put it off for another 5 minutes, and so on. Each time, tell yourself that you only have to stand this for 5 minutes.”
- “Do not replace craving for one addictive behavior with craving for another addictive behavior or for a behavior that is itself destructive.”
- “Remember that replacing craving for one thing with craving for something else is to be used *only in a crisis*, when it appears clear that you are unable to tolerate intense cravings without giving in to it. Suppressing desire over the long run increases the level of desire rather than reduces it.”

 **Discussion Point:** Review the examples in Distress Tolerance Handout 21, and then ask participants to see if they can think up other examples.

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