

DISTRESS TOLERANCE WORKSHEET 8

(Distress Tolerance Handouts 10–15a)

Reality Acceptance Skills

Due Date: _____ Name: _____ Week Starting: _____

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

- | | |
|---|--|
| <input type="checkbox"/> Radical acceptance | <input type="checkbox"/> Half-smiling |
| <input type="checkbox"/> Turning the mind | <input type="checkbox"/> Willing hands |
| <input type="checkbox"/> Willingness | <input type="checkbox"/> Mindfulness of current thoughts |

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

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

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

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

Describe how the skill helped or did not help: _____

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

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

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

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

Describe how the skill helped or did not help: _____

DISTRESS TOLERANCE WORKSHEET 8B

(Distress Tolerance Handouts 10–15a)

Reality Acceptance Skills

Due Date: _____ Name: _____ Week Starting: _____

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

No acceptance; I am in complete denial and/or rebellion	I was able to accept somewhat or for a little while.	Complete acceptance; I am at peace with this.
1	2	3

4

5

Day: RADICAL ACCEPTANCE (describe what and how often you practiced)

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

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

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

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

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

Day: HALF-SMILING (describe the situation and how you practiced)

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

Day: WILLING HANDS (describe the situation and how you practiced)

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

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

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