(Emotion Regulation Handout 20a)

Target Nightmare Experience Forms (Set of 3)

Due Date: _____ Name: _____ Week Starting: _____

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

In my dream, _____

(***continued on next page***)

From *DBT Skills Training Handouts and Worksheets, Second Edition,* by Marsha M. Linehan. Copyright 2015 by Marsha M. Linehan. Permission to photocopy this worksheet is granted to purchasers of *DBT Skills Training Handouts and Worksheets, Second Edition,* and *DBT Skills Training Manual, Second Edition,* for personal use and use with individual clients only. (See page ii of this packet for details.)

Changed Dream Experience Form

Due Date: _____ Name: _____ Week Starting: _____

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

In my dream, _____

(***continued on next page***)

Dream Rehearsal and Relaxation Record

Due Date: _____ Name: _____ Week Starting: _____

In the left column, put down the days of the week. Then write down what you did to practice dream rehearsal and relaxation during the week. In the morning write down the intensity of your nightmare. (Put a 0 if you did not have the nightmare.) Continue practicing until you do not have the nightmare again.

Day	Describe daytime visual rehearsal and relaxation	Negative emotion intensity (0–100)	Describe daytime visual rehearsal and relaxation	Negative emotion intensity (0–100)	Describe daytime visual rehearsal and relaxation	Nightmare intensity (0–100)
		Start: _____ End: _____		Start: _____ End: _____		
		Start: _____ End: _____		Start: _____ End: _____		
		Start: _____ End: _____		Start: _____ End: _____		
		Start: _____ End: _____		Start: _____ End: _____		
		Start: _____ End: _____		Start: _____ End: _____		
		Start: _____ End: _____		Start: _____ End: _____		
		Start: _____ End: _____		Start: _____ End: _____		