

DISTRESS TOLERANCE WORKSHEET 2A

(Distress Tolerance Handout 4)

Practicing the STOP Skill

Due Date: _____ Name: _____ Week Starting: _____

Describe situations that happened to you where you used the STOP skill. Then describe how you used the STOP skill. Try to find a situation each day where you can practice your STOP skill.

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