

DISTRESS TOLERANCE WORKSHEET 6A

(Distress Tolerance Handout 8)

Self-Soothing

Due Date: _____ Name: _____ Week Starting: _____

Practice each self-soothing skill twice, and describe your experience as follows:

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

Adapted from an unpublished worksheet by Seth Axelrod, with his permission.

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