

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*

1

2

*I was able to
accept somewhat or
for a little while.*

3

4

*Complete
acceptance; I am at
peace with this.*

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: _____