

SKILLS FOR IMPROVING DISTRESS INTOLERANCE



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Therapist Notes

- Inform the participant at the start of the first treatment session that all of the sessions will be tape recorded. Provide assurance that no one outside of the study will have access to the tapes.
- The time limits provided for each section are a general guideline as to how the time should be distributed within the session. It is most important that the participant understands the information.
- If the participant would like to address another topic within any of the treatment sessions that is not relevant to the protocol, assess the individual's concern for this problem. Politely inform the participant that because this is an experimental study, the clinical session has a structured format.
- Homework Completion: At the beginning of each treatment session check the completion of the participant's homework. Completion is rated on a scale from 1-5. A form for this purpose is attached in the appendix. Additional forms will be available in the clinic. After each session, place the completed sheet inside the participant's file.
- The manual is provided as a guideline for treatment. It is not a script. Although it is important to make sure to address all of the topics outlined, it is not necessary to do so verbatim.
- A checklist is provided that will be used to assess treatment integrity. It is not necessary to complete this form, it is meant to be used by the therapist as a guideline for what is to be covered in the treatment sessions.



Session I

- ❖ **Program Overview**
- ❖ **Welcome/orientation to Treatment Research Program**
- ❖ **Treatment Breakdown**
- ❖ **Distress Model**
- ❖ **Identification of Distressful Situations**
- ❖ **Application of Skills to Distress Model**
- ❖ **Homework**
 - **Complete: Self-Monitoring of Distress**
 - **WORKSHEET 1-3**

**SKILLS FOR IMPROVING DISTRESS INTOLERANCE:
Treatment Integrity Checklist**

Session 1 Checklist

<u>Component</u>	<u>Description</u>	<u>Is the content present? (Yes/No)</u>
<i>Program Overview</i>	Structural Details of Program	_____
<i>Confidentiality</i>	Includes suicidal/abuse ethical standards	_____
<i>The Distress Model</i>	Presentation of model: Trigger→ Distressful feelings→ Behavior→ Consequences	_____
	Explain each component and elicit examples from participants	
	<ul style="list-style-type: none"> • Go over Worksheet 1-1 	_____
<i>Distressing Situation Identification?</i>	Go over Worksheets 1-2a-2d (i.e., provide examples and elicit more. Have them rank level of distress for each situation)	_____
<i>Application of Skills to Distress Model</i>	Again, Worksheet 1-1 is used, more examples of distressing situations (using their most recent ones). Explain to patients how it ties into behavior and consequences.	_____
<i>Homework</i>	Self-Monitoring of Distress (Worksheet 1-3, prospective monitoring)	_____

SKILLS FOR IMPROVING DISTRESS INTOLERANCE

SESSION 1: (1.5 HOURS)

I. Welcome/orientation to treatment research program

A. Introduction of the Therapist

“Welcome to Coping Skills Training. I am _____ and I will be your therapist for this specific treatment.”

B. Explain to participants why they have been chosen for this therapy

- **“Do you know why you are here?”** *Make sure to verify here in reference to THIS treatment as opposed to why they are at the Salvation Army.*
- *Allow the participant to try and answer, using it as information related to the participant’s insight, then clarify all answers given:*
- **“You are here to work on developing skills for coping with distressing situations. We will go into detail about what we will be doing specifically in a moment.”**

C. Review structural details of program

- **“The treatment is 6 sessions long; each session will last around an hour and a half. All of the sessions will take place over the next three weeks.”**
- **“During this time you’ll be learning skills or given tools to help you cope with stressful situations and emotions.”**
- **More importantly, you will be given the opportunity to practice these skills in order to make it so that you will be better at applying them when it’s important, in distressing situations.”**—*Be prepared to field questions that the participant raises here; if they ask “what does this or that mean?” Tell them “We will be going over exactly what the treatment consists of in just a few minutes, anything that I don’t explain you can let me know and we can go over it at the end”*
- *Hand out patient manuals*
- **“Treatment programs such as this one are only effective if you play an active role in it. That means that you have to make sure you do ALL of the readings, and complete the handouts and practice exercises, they are the most important part of the treatment. It is also important that you bring your manual to every session. Basically, this is like anything else in life: the more you put into it—the more you can get out of it!”**

II. Treatment Breakdown— Let’s talk about what we will be doing during each of the sessions

A. Session 1 Breakdown

- **And let’s start with what we will be doing for the rest of today:**
 - **As I mentioned earlier, we plan on providing you with the tools to better handle upsetting and stressful situations, and giving you the opportunity to practice these skills during distressing situations.**
 - **There is a bigger picture of distress and today we are going to go over this bigger picture, which we call the Upsetting Emotions Model, which includes not just upsetting feelings, but also everything else that happens before and after you feel distressed or upset.**

B. Sessions 2-6

- **Sessions 2-6 will consist of coping skills training and practice exercises**

- We'll start with a review of previous material. Then we will move on to introduction of new skills.
- Then, we are going to do some practice exercises, where you will be asked to imagine a distressing situation. This will allow for immediate practice of the skills “in the moment” to show you that this is possible. So, the next time you are distressed (outside of here), you will be able to use these skills then.
- Don't worry about the other sessions yet, we will go over everything as it comes up. This was just an overview so you would know what to expect.

III. Identification of Upsetting Emotions—what are Upsetting Emotions?

- First, we should talk about why you should even want to identify when you are upset. Can you tell me why it's important? *Let the client come up with some sort of answer before clarifying. The answer should include something like “Recognizing that you are upset is important, because it will serve as an “alarm” that you need to do something to cope, and also which coping strategy to use.”*
- Next, we should talk about what we mean by upsetting emotions. So why don't you tell me what you think this means?
 - *Target answers should include: fear, anger, depression, sadness, anxiety, frustration, and so on. Allow participants to answer first to maintain participant investment. Fill in blanks for the emotions they don't include:*
- Ok, those are good. Upsetting emotions can include any negative emotion such as: all the different levels of anger (like rage), frustration, sadness, disappointment, betrayal, fear, anxiety, etc. Also, keep in mind that most of the time, you'll have more than one feeling – so, for example, you may be very angry or enraged because you are also frustrated and feel betrayed; so, that is why we call all of these feelings “distress”. Just to make it clear, upsetting emotions do not just mean feeling stressed out.
- Now I would like to try an exercise to help you learn how to identify some upsetting situations that led to particular emotions. You can turn to worksheet 2. As you can see, we want you to come up with situations that have made you feel a variety of different emotions in the past. Think about some things that have made you distressed – that is, upset – in the past two weeks.
 - *If subjects are not able to come up with responses, prompt them by asking: well, have you had any situations that have made you feel sad in the past week? What about angry or pissed? Or ashamed and guilty? Or anxious and afraid? Maybe some thoughts or memories that have made you feel this way?*
- Ok, that's good, now tell me how on a scale from 1-10 where 1 is barely and 10 is most ever, how upset did these situations make you feel?

*Each of the highest ranked situations will be used for mood induction in subsequent sessions

IV. Upsetting Emotions Model

➤ *Trigger → Unpleasant/upsetting feelings → Behavior → Consequences*

- Now, let's talk about the bigger picture. Distress does not occur in a vacuum; it has causes and effects that are important to consider. So I wanted to give you an outline of the “bigger picture” of distress, which we call the Upsetting Emotions Model, please

turn to **WORKSHEET 1** in your manual.

- **Upsetting emotions start with a Trigger—which can be anything that elicits upsetting feelings**
 - **Triggers can be obvious, like losing a job, losing a loved one, an argument, being treated unfairly, getting a parking ticket, or things that happen at Salvation Army – for example, getting an LE, not getting your smoking break, not being able to use the phone when you want to, etc. But they can also be less obvious—thoughts or memories that cause pain, sadness, frustration, guilt, or additional emotions like fear or anger, or thoughts like “I can’t do anything right” of “I am not good enough”**
 - *Ask for examples of triggers, that can be used on row 1 of the worksheet that include both the ones at Salvation Army and ones from before Salvation Army (“so, what are some triggers you experienced before you got here? What about here?)*
- **Triggers lead to all those different feelings of unpleasant emotions that we just talked about.**
- **So, for example, how would you feel if you did not get your smoking break or if you are not allowed to use the phone? Draw from the triggers that they just provided, then ask how they felt about those. Focus on the multiple feelings that they had – “is this all you felt, or is there more?”**
- **Usually, when we are upset, we do some things to make ourselves feel better. Of course everything that we do has consequences, and usually, things that we do have positive short-term consequences, but negative long-term consequences. So, while these things can work at first, in the end, they might make things worse for us.**
 - *Ask them for examples of behaviors to alleviate distress again in first example row.*
- **Finally, it is important to remember that the behaviors that we engage in to manage or cope with the negative emotions have consequences**
 - **These consequences can be both positive and negative—so you may feel better in the moment (positive), you may also have negative consequences such as jail, loss of employment, increased likelihood for more distressful emotions.**
 - *Again, examples filled out on first example row of worksheet*
 - **We are going to come back to this a little later so let me know if you have any questions.**

V. Application of skills to Upsetting Emotions Model

- **Ok, now that we have gone over some examples of different upsetting emotions, let’s go back over model. Turning back to WORKSHEET 1, I want to go through a couple of examples of distressful situations that you experienced. But now I want to do it using the whole model and I want you to focus on the emotion or emotions experienced during the situation.**
- *Once that is finished, show them WORKSHEET 3, Monitoring Form.*
 - **WORKSHEET 3 will be your homework. Between now and the next time we meet I want you to fill out this form. You know how we just went over situations in the past that were distressing, well for this homework you should fill out this form just like we did the situations in WORKSHEET 1, but this time I want you to keep track of distressing situations as they happen instead of writing down things that happened in the past. Do you have any questions?**

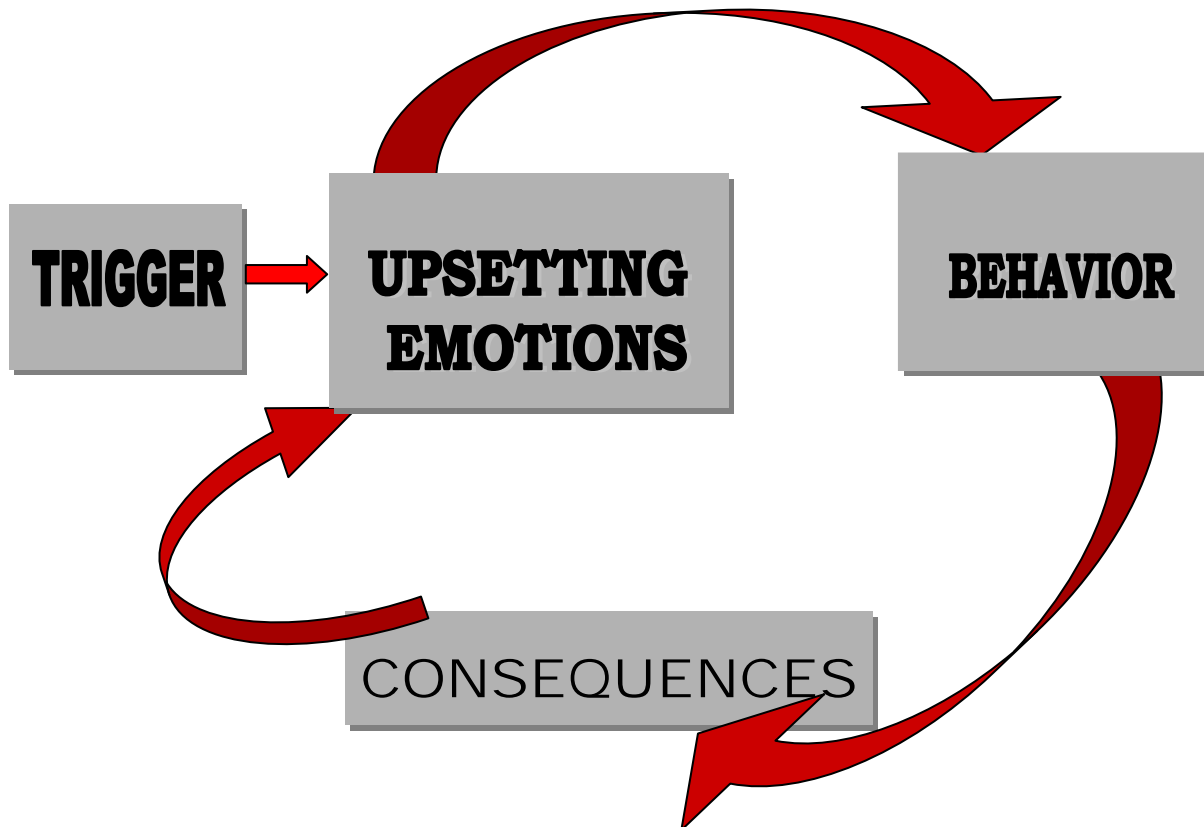
VI. Scheduling of future Sessions

- Before you walk out of here feeling overwhelmed, you should know that the first session is always the most hectic. Every other session will start with a review and we will answer any questions you may have. So let's schedule your other sessions and then we are done for today.

VII. Homework:

A. Self-Monitoring of Distress Worksheet (Prospective)

UPSETTING EMOTIONS MODEL





Assignments...

To be completed before session 2

Complete: Self-Monitoring of Distress

HOMEWORK 1

WORKSHEET 1-1. SELF-MONITORING OF DISTRESS

Distress Model	Triggers	Feelings of Distress	Behaviors	Consequences
Definition & Description	<i>Internal and external situations that may cause distress—Can be internal and external</i>	<i>Full range of negative feelings that are a result of the trigger</i>	<i>What is done to manage or resolve the distress—includes escape and avoidance behaviors</i>	<i>What occurs as a result of the behaviors—short term and long term/positive and negative</i>
Situation 1				
Situation 2				
Situation 3				

SESSION 1 HOMEWORK. SELF-MONITORING OF DISTRESS

	<p align="center">Internal and External Triggers</p> <p><i>Situations, thoughts, and memories that caused you distress (What happened to make you upset)</i></p>	<p align="center">Feelings of Distress & Ratings of Intensity</p> <p><i>List all the EMOTIONS that you felt as a result of the trigger <u>and</u> rate each from 1-100</i></p>	<p align="center">Behavioral Response</p> <p><i>What did you do to manage or cope with the distress (includes escape and avoidance behaviors)</i></p>	<p align="center">Consequences Of Behavioral Response</p> <p><i>Positive/Negative Short term/ long term</i></p>
1.				
2.				



Session II

- ❖ **Brief Review of Previous Session**
- ❖ **Check and Review Homework**
- ❖ **Lecture: Control is the Problem**
- ❖ **Lecture: Willingness/Acceptance as Solution**
- ❖ **Homework**
 - **Complete: Worksheet 2-3: Self-Monitoring**
 - **WORKSHEET 2-3**
 - **Re-Read: Emotional Willingness versus Unwillingness**
 - **WORKSHEET 2-1**

SKILLS FOR IMPROVING DISTRESS INTOLERANCE: Treatment Integrity Checklist

Session 2 Checklist

<u>Component</u>	<u>Description</u>	<u>Present (Yes/No)</u>
<i>Review of Homework and Previous Session</i>	Go over homework focusing on the client’s ability to identify negative emotions associated with distressful situations	_____
<i>Control is the Problem</i>	<p>Provide psychoeducation on the paradoxical consequences of attempts to directly control/avoid emotions</p> <ul style="list-style-type: none"> ➤ Have clients think of a time they tried to avoid or directly control their feelings. ➤ Have clients identify consequences (cognitive, emotional, behavioral) of past attempts to directly control/avoid emotions ➤ Complete the “Emotional Unwillingness: Think of a time you were unwilling to have, or tried to avoid, your feelings” worksheet 	<p>_____</p> <p>_____</p> <p>_____</p>
<i>Willingness/ Acceptance as Solution</i>	<p>Introduce willingness/acceptance as an alternative to unwillingness/avoidance</p> <ul style="list-style-type: none"> ➤ Discuss the “Emotional Unwillingness versus Willingness (continued)” handout in session ➤ ➤ Focus on defining emotional willingness and distinguishing this from giving up ➤ Have clients reflect on the consequences of willingness, as compared to unwillingness; ask them to reflect on their own experiences of each 	<p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p>
<i>Introduction of Behavioral Exposure:</i>	<p>Mood Induction: Drawing from the choice of “distressful situations” and utilizing the imaginary exposure guide, guide patient through mood induction. Use situations that are at about “6” or “7” intensity.</p> <p>Immediately after mood induction, get SUDS ratings.</p> <p>Guide patient through the practice of acceptance/willingness of this emotion. Have them journal about how they are currently feeling to make sure they are actually engaging in willingness/acceptance for about 20 minutes.</p> <p>Get SUDS ratings once after journaling, then once after PMR. Complete PMR with client and check that SUDS has declined to a half-point from peak of distress.</p>	<p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p>
<i>Homework:</i>	<p>Complete worksheet 2-3</p> <p>Re-read: emotional willingness versus unwillingness</p>	<p>_____</p> <p>_____</p>

SKILLS FOR IMPROVING DISTRESS INTOLERANCE

SESSION 2:

(1.5 HOURS AND UP, UNTIL CLIENT SHOWS SENSE OF MASTERY OF SKILL)

Review of Homework/Identification of Emotions

- **Let's start today by going over your homework. You were supposed to keep track of any distressing situations that you experienced between our first session and today. Do you have it with you?**
- **Ok, let's go over the first situation. Read over the form, help the client clarify what emotions were present. Check for additional emotions they may have experienced but did not list. Really focus on what they did to focus on the distress and then what the consequences were. Highlight the times where the behaviors employed to avoid distress resulted in negative consequence (e.g., higher levels of distress and maladaptive behaviors). Also, highlight times when what they did really worked.**

Attempts to Control Emotions Can Make Unpleasant Emotions Worse

- **So, some things worked, and others did not, right? (if they used emotion suppression, use their example and point to what they did; if not, say the following): One common approach people use to lower distress is attempting to avoid their emotions by telling themselves “I cannot deal with this right now” or by doing something impulsive. Can you think of times when you have tried to do this? (Elicit examples and get a sense of how well it worked or not worked for them; if they already mentioned it in their worksheet, you don't have to spend a lot of time on this, just say – see? This did not really work for you.)**
- **Although this seems, on the surface, to be a reasonable goal, there are some problems with this strategy:**
 - **The first problem is that suppressing emotion is not always possible**
 - **In general, it is hard to actively sit and not think about something; as an example, pick a topic...ok now sit here and don't think about it (give them 15 seconds) It's quite difficult, right? As another example, when someone says, “Hey I have something to tell you but don't worry about it, I will tell you later” it's hard to not think about it, right?**
 - **It's similar with feelings and emotions. It is usually the case that when we try to control our emotions by suppressing them, we actually increase the likelihood of having these feelings; that is, we become more focused on any possible indication of their presence and more acutely aware of even their slightest presence. Worse, is that on top of still experiencing that particular negative emotion, we are also more upset because we are adding a sense of failure from our inability to control them. Can you think of an example of when this may have happened to you? solicit example to make sure they understand...if they stress the fact that they understand but can't relate, move on to next section**
 - **Now, it is the case that there are certain times when, in the short-term, we may be able to suppress feelings. Unfortunately, even when we are “successful” in doing so, there are negative long-term consequences that result from this coping strategy. For example:**
 - **Pressure-cooker—you hold everything in until you burst with negative emotion that feels overwhelming and uncontrollable (this often happens at very inconvenient times)**
 - **Feelings of Emptiness—emotional void from cutting off good and bad emotions**

- **Over time, there are also serious health problems that are associated with suppressed negative emotion including heart disease, high cholesterol, high blood pressure, chronic pain, even cancer.**
- *Use worksheet 2-2 to illustrate: Think of a time when you were unwilling to have negative emotions; what happened as a result?*
- **In addition, attempts to avoid emotions can result in behaviors that have negative consequences. Can you come up with some examples of this? Can you think of times when, because you were not willing to feel something, you did something you later regretted? (For example, when you were starting to feel sad or angry, but just refused to deal with it right then – so you used.**
 - *Have patients come up with several examples. Some target answers may be drug use, verbal and physical aggression.*
- **Let me give you an analogy. Imagine your feelings are like a radio station – call it EMOTIONS 101.9. This station is rather annoying – sometimes you have depression come on, sometimes anxiety, sometimes anger or shame. So, most of the time, you don’t want to listen to it. Let me ask you – do you think this radio station has an off and on button? (At this point, most clients will say yes). Well, actually it does not. Not only does it not have an off/on button, it never did – so it’s not like it broke off – it was never there in the first place. And that is exactly what we know about emotions now – that they come and go as they please, and you cannot turn them on or off. So, with that said, the question here is: are you going to spend your time fiddling with the radio station trying to turn it off, even though it does not have an “off” button while you miss out everything that is going on around you Or are you going to let it play in the background while you focus on other things in your life?**
- **What’s also interesting, is that if you do this – focus on things in your life rather than try to turn this radio station off, you’ll find that many of these emotions fade out on their own.**
- **The other interesting thing about this analogy is this: many people get upset at themselves for feeling a certain way – for example, being mad that you let some one get to you, or feeling ashamed for being angry. Well, if your feelings are a radio have no off/on button, is there any reason to feel mad at yourself for getting mad, for example, or judging your feelings at all? If there is no “on” button, you could not have created these feelings in the first place – right?**

So, what’s the take-away message here? (*Have patients tell you, or try to*). Given these negative consequences you just identified, we think that there is another strategy that can work better.

Willingness

- **This alternative approach to avoidance is practicing willingness to experience negative emotions.**
 - **To give you a better idea of what I am talking about, let’s start with talking about what Willingness *is not*:**
 - **Willingness *is not* about giving up**
 - **Willingness *is not* about resigning yourself to living with unbearable emotional pain**
 - **Willingness *does not* mean you will feel constantly overwhelmed.**
 - **Basically, Willingness is not about being a martyr; it’s not about carrying the burden of distress forever, and it’s not about becoming content with your discontent**
 - **Willingness simply refers to how open you are to experiencing your own experience as**

- it happens – without trying to avoid it, escape it, or change it
- It is allowing yourself to be ok with what you are feeling – because, really – what’s the alternative? First, there’s a saying: “if you are not willing to have it, you’ve got it”. Second, if you ARE willing to have a certain feeling, there’s less of a chance of you feeling bad about having this feeling (for example, getting mad at yourself for letting something get to you).
 - In fact, willingness may actually help you feel less overwhelmed, and lessen suffering because being unwilling to have our feelings, attempting to control and/or avoid them, can actually make us feel worse and increase our distress
 - Let me give you another analogy. Have you ever swam in the ocean? Well, what do you think you should do if you get caught in a riptide? (*Let participants struggle with this one for a second, make a few guesses*). Well, do you think you should try to swim out of it? *Most people here will say yes*. Well, actually, if you try to fight a riptide and try to swim out of it, you are going to drown – because you are basically remaining in the same place and wasting your energy. What you are actually supposed to do is swim into it, and let it carry you out beyond its reach. Well, feelings are like that – if you fight feelings, you will basically be remaining in the same place, but if you “swim into them” then time itself will carry out of them.
 - Let me give you an example of unwillingness, to help you understand what willingness IS better. For example, getting into an altercation with someone – yelling at someone, hitting them – it often makes you feel better in the moment, doesn’t it? Believe it or not, that is unwillingness. Because willingness in this case is not opting for immediate relief by yelling at someone, but instead sitting with your feelings and allowing yourself to be angry or frustrated for a while.
 - Some common strategies for practicing willingness include:
 - Journaling (writing down how you feel in the moment)
 - Actively observing one’s internal experience (including physical and mental components: for example, “my heart is racing, I’m shaking, I want to scream, I want to punch someone or something, I’m yelling at someone – I must be mad”.
 - Talking to someone who you know is non-judgmental, and who will not give you advice immediately. BUT, there’s something you should keep in mind – the goal of talking is not to wallow or have a pity-party. It’s to allow yourself to experience the emotion for what it is.
 - Different strategies are useful for different people. You’ll have a chance to do journaling at Salvation Army in the next few weeks, so let’s start with “active observation”. What I’m going to have you do is describe to me a situation that made you upset in the past, and most likely will make you upset now, and after that, you will practice describing how you are feeling.
 - So, the take-home message for the entire lesson is “It is ok to FEEL your emotions – but it is not healthy to ACT on them”. *Write this down on an index card and have patient carry this around*. You can put this in your pocket to remind you to use willingness.
 - So, your homework will be to practice willingness as much as you can. Think about it this way – willingness is your hammer, and every situation is a nail. Record how you practice it and how successful you are on the practice sheet (*show clients practice sheet*). Another homework assignment – a more difficult one – is this. I would like you to pick a situation that is difficult for you – for example, going in the TV room while people are switching channels all the time. Instead of leaving or saying something to them, I would like you to practice willingness – sit there, notice if you get angry, what thoughts

go through your mind, what feelings you have – and let time take its course with your emotions. Sit there in this difficult situation for a while, and you notice that your feelings will slowly become less intense.

Begin Mood Induction (see below for protocol)

Engagement/Acquisition:

- *After the SUDS rating has reached a peak, tell the client:*
 - **Now, I would like you to try to use the skills that I have just taught you – the Willingness skills. In a second, you will see that it is possible to do this, even when you are distressed. So, as a way of practicing, I want you to describe, out loud how you are feeling. Talk and describe how you are feeling, how your body feels, what thoughts you are having, if you are having any urges. Remember, this has to be a non-judgmental observation – so you cannot beat yourself up for feeling something – and there are NO RIGHT OR WRONG EMOTIONS.**
- *Have client engage in active observation for 20 minutes, get SUDS ratings again. While they are engaging in the acquisition exercise, if they voice any judgmental statements, remind them that there are no right or wrong emotions.*
 - **We cannot stress enough that HAVING and EXPERIENCING an emotion is not the same thing as ACTING on it. And, although we believe that willingness to have an emotion is really, really helpful, it is also very important to control behaviors. (So, it is HEALTHY to be willing to feel angry, but it that does not mean that you should go and punch your roommate).**

Progressive Muscle Relaxation:

- *Tell client:*
 - **Ok, I want to point out to you that you have just been able to actually do Willingness – despite being distressed. The session is almost over. But, I don't want you leaving the session tense and upset, so let's do a brief exercise to help you relax.**

Mood Induction Script

Participants will be asked to think of a distressing recent event (intensity should be about 6 or 7). They will be asked to take a moment to recall the events surrounding the episode and their feelings at the time. When the participant has identified an incident, he/she will then be asked to picture the situation in his/her mind, and to try and remember as vividly as he/she can what the incident entailed.

Participants will be asked to describe the incident in as much detail as he/she can (e.g., *"In your own words, describe what happened, starting at the beginning of the interaction/incident."*)

The interviewer will probe for key aspects of the interaction, including the following questions: *When did this occur?; Where were you?; Who were you distressed at?; What precipitated your distress-- What did he/she say (do)?; What did you say/do?; What happened next?; How did you respond?; Did you experience the distress immediately or later, after the event? How long did you continue to feel distressed?*

The interviewer will probe for emotional experiences during the interview: *"Try to recall how you felt (describe all emotions that you felt). Try to recall how your body felt—(heart racing, muscles tightening, sweating, etc). How intense was your distress? Rate on a scale from 1 to 10, with 1 being very mild, and 10 being very intense-as distressed as you can imagine."* Probes will also be used to help elicit recall of the incident, for example: *Try to recall the expression on his/her face. What was he/she wearing? Describe your surroundings. What were you thinking?*

***Note: If participants ask for your feedback for events that they are recounting, make sure to NOT give it (no response).

Progressive Muscle Relaxation

Procedure: The Benson procedure.

1. Preliminary steps.
 - a. Choose a quiet, comfortable environment.
 - b. Choose a quiet time of day, for example, two hours after a meal
 - c. Choose a word or phrase to repeat to yourself (e.g., "one").
 - d. Develop a passive attitude.
 - e. Choose a comfortable position.
2. Description of the procedure.
 - a. Sit quietly in a comfortable position.
 - b. Close your eyes.
 - c. Progressively relax your muscles (if success with relaxation is not achieved immediately, have clients tense a particular muscle group, hold for 5-7 seconds, and then release).
 - d. Breathing-say "one" as you breathe out.
 - e. Do this for 10 minutes-then sit quietly for a few minutes.

SUBJECTIVE UNITS OF DISTRESS SCALE

Patient Initials_____

Date_____

Subject #_____

Session #_____

Time	SUDS Rating	Comments
<i>Baseline</i>		
<i>Post-Mood Induction</i>		
<i>10-minute post induction</i>		
<i>20-minute post induction</i>		
<i>30-minute post induction</i>		
<i>40-minute post induction</i>		
<i>50-minute post induction</i>		
<i>60-minute post induction</i>		



Handouts and Assignments...

To be completed before session 3:

Complete: Emotional Willingness Monitoring Form

WORKSHEET 2-3

Re-Read: Emotional Willingness versus Unwillingness

HANDOUT 2-1

Handout 2-1: Emotional Unwillingness versus Willingness

It is not possible to gain complete control over feelings

- Attempts to control/avoid feelings are not effective in the long-term
- Attempts to control/avoid feelings don't seem to work when you really need them to
- Attempts to control/avoid feelings often backfire
 - Increase the likelihood of these feelings
 - Make us more bothered by them when we have them
 - "If you are not willing to have it, you've got it"

In fact, attempts to avoid or control emotions may actually make us feel worse

- Increases physiological arousal
- Can lead us to secondary negative emotions (feeling bad about feeling bad)
- Failures at control/avoidance (which are inevitable) will increase distress

In an attempt to avoid emotions, we are more likely to engage in behaviors that result in negative consequences (e.g., using drugs so you don't feel sad)

So what do we do?

- We don't need to control our feelings in order to do the things in life we want to do
- We need to change our focus

Answer: Willingness

- Willingness refers to how open you are to experiencing your own emotions as they happen – without trying to avoid, escape, or change them
- Willingness is not about giving up
- Willingness is not about resigning yourself to living with unbearable emotional pain
- Willingness does not mean you will feel constantly overwhelmed
 - Willingness will ultimately help you feel less overwhelmed because it cuts out all the secondary negative emotions

Remember:

- Being unwilling to have our feelings – attempting to control them – makes us feel worse and more distressed
- You can be willing to have your feeling without choosing to act on it!

Guidelines for Journaling, Talking, and Active Observation

- 1. What emotions are you feeling?**
- 2. What thoughts and urges are you having right now?**
- 3. What physical sensations are you feeling? (For example, racing heart, elevated blood pressure, sweaty palms, shaky hands)**
- 4. What memories do these feelings bring up for you?**

Worksheet 2-3: Emotional Willingness Monitoring Form:

Situation	Emotion	Initial distress level (0-100)	Willingness: Were you willing to have your emotions?	As a result of this choice, did you engage in any unhealthy behaviors? If yes, what did you do?	As a result of this choice, did you experience any other feelings? (<i>e.g., fear, etc.</i>)	As a result of this choice, did you experience any thoughts?	Subsequent distress level (0-100)
			<p>NO, I avoided: Attempted to avoid and get rid of feelings</p>				
			<p>YES, Willing: Allowed myself to experience feelings</p>				



Session III

- ❖ **Review of Homework**
- ❖ **Discussion of Distraction as a Healthy Coping Skill**
- ❖ **Choice of Distracting Activities**
- ❖ **Behavioral Exposure**
- ❖ **Homework**
 - **Re-Read: Effective Ways to Self-Regulate: Distraction Strategies**
 - **HANDOUT FORM 3-1**
 - **Complete: Distraction Practice: Monitoring Form**
 - **WORKSHEET 3-4**

**SKILLS FOR IMPROVING DISTRESS INTOLERANCE:
Treatment Integrity Checklist
Session 3 Checklist**

<u>Component</u>	<u>Description</u>	<u>Present (Yes/No)</u>
<i>Review of Homework</i>	Go over homework focusing on the client’s ability to identify times when they were willing or unwilling to have negative emotions, and related consequences.	_____
Introduce distraction as an important skill	<p>Discuss “Emotion Regulation Strategies: Effective Ways to Distract” handout</p> <ul style="list-style-type: none"> ➤ It is useful to know that there are things we can do to take the edge off our emotions so that they don’t overwhelm us ➤ It is useful to know that there are things we can do so that feelings of sadness do not turn into long-lasting depression or feelings of anger do not become ruminative or turn into rage 	<p>_____</p> <p>_____</p> <p>_____</p>
<i>Choose distraction activities (individualized list)</i>	<p>Identify different healthy distraction strategies that can be used to modulate emotions</p> <p>Have patients brainstorm FEASIBLE activities and identify activities from list of options (Worksheet 3-3)</p> <p style="padding-left: 40px;">Mood Induction: Drawing from the choice of “distressing situations” and utilizing the imaginary exposure guide, guide patient through mood induction.</p>	<p>_____</p> <p>_____</p>
<i>Behavioral Exposure:</i>	<p style="padding-left: 40px;">Mood Induction: Drawing from the choice of “distressful situations” (especially ones from the prospective monitoring form) and utilizing the imaginary exposure guide, guide patient through mood induction. Use situations that are at about “6” or “7” intensity.</p> <p style="padding-left: 40px;">Immediately after mood induction, get SUDS ratings.</p>	<p>_____</p> <p>_____</p>
<i>Homework</i>	<p>Guide patient through the practice of distraction. Have them talk about something positive for 20 minutes to make sure they are actually using the skill.</p> <p>Get SUDS ratings once after exercise, and once after PMR. Complete PMR with client and check that SUDS has declined to a half-point from peak of distress.</p> <p>Handout Form 3-1 Effective Ways to Regulate Emotions: Distraction Strategies</p> <p>Worksheet 3-4 Distraction Practice: Monitoring Form</p>	<p>_____</p> <p>_____</p>

SKILLS FOR IMPROVING DISTRESS INTOLERANCE

SESSION 3: Healthy Distractions

(FROM 1.5 HOURS AND UP, DEPENDING ON SUDS RATINGS)

Review of Homework/Session 1 & 2 Skills

- **Let's start today by going over your homework. You were supposed to keep track of any distressing situations that you experienced between our first session and today. Do you have it with you?**
- **Ok, let's go over the first situation. Read over the form; help clients clarify emotional responses; check for additional emotions they may have experienced but did not list. See if they were able to employ any Willingness strategies and what the outcomes were. Proceed with teaching distraction skills only when you feel comfortable with the client's ability to apply lessons from first two sessions.**

Distraction Versus Avoidance

- **So today, I wanted to talk about distraction and how it is different from avoidance.**
 - **You know how when you are upset, you do something to take your mind off of whatever is upsetting you? Well, that's sort of what distraction is. The goal of distraction is to take the edge off your emotion and calm down a little bit. Just as important, it can keep you from doing something impulsive that you will later regret, such as yelling at someone, or punching someone, walking off a job, and drug use. It can also give you time to put things in perspective, so you can deal with it more effectively later.**
 - **Which brings me to the next point. You need to come back to your emotions, because after all, you cannot distract forever. This is one of the ways in which distraction is different from avoidance. Distraction involves putting aside distress *for awhile* (by focusing attention on something else), but it also means that you come back to it in the near future – Distraction is time-limited!!! Another thing to keep in mind when we say “focusing your attention on something else” – that may just mean really throwing yourself into what you are doing (for example, you are sitting in class and you are worried about an upcoming court date – throw yourself into listening to the instructor).**
 - **So, back to the fact that distraction is time limited – remember - if you are not coming back to it, then what you are doing is avoiding your emotions. Like we talked about last week, avoiding emotions doesn't work because it prevents us from dealing with our feelings.**
 - **The second way that distraction differs from avoidance is that distraction does not involve unhealthy behaviors – anything unhealthy cannot be distraction.**
 - **It is very important to be able to tell the difference between distraction and avoidance. To make sure you understand this difference, I would like you to come up with past examples of times when you used healthy distraction strategies to cope with distress. Have them fill out distraction portion of form 3-1. Now, can you give a couple of examples of times when you tried to avoid negative emotions? Have them fill out avoidance portion of form 3-1.**
 - **So, the take-home message is “Distraction is healthy and time-limited”. Write this down on an index card and have patient carry this around. You can put this in your pocket to remind you to use healthy distraction.**

Useful Activities for Healthy Distractions

- **So now that we understand what distraction is, we need to find useful activities that you**

can engage in as a healthy distraction. Why don't you tell me what some ways that you can distract are? Turn to worksheet 3-3, and come up with some options. *Have patients generate some options for distraction on worksheet 3-3.* Also, if you turn to Form 3-4, you will see a list of activities you can choose from. I would like you to select 8-10 activities from this list that you think you would like to try. Make sure you are choosing activities that you can and would actually do while here in the center.

Begin Mood Induction

Engagement/Acquisition:

- *After the SUDS rating has reached a peak, tell the client:*
 - **Now, I would like you to try to use the Distraction skills that I have just taught you. So, as a way of practicing, I want you to tell me about something positive – a recent positive experience that made you very happy.** *If patient has difficulty coming up with something positive, you can give example of playing with their kids or grandkids, something new or interesting that they have learned, etc.*
 - *Have client describe (in detail) the positive experience; you can use the questions from the mood induction script to make it more real for them; some example prompts/questions may be: **When did this occur?; Where were you?; Who were you with?; What precipitated what did this person do to make you feel happy or positive?; What did you say in response?; What happened next?; How did you respond?; How long did you continue to feel happy?***
- *Have them do this for 20 minutes, then get SUDS ratings again.*

Progressive Muscle Relaxation:

- *Tell client:*
 - **Ok, I want to point out to you that you have just been able to actually distract yourself in a healthy way. The session is almost over. But, I don't want you leaving the session tense and upset, so let's do a brief exercise to help you relax.**

Mood Induction Script

Participants will be asked to think of their most distressing recent event in the past 2 weeks (draw preferably from their daily mood monitoring form, or alternatively, from the list of situations they came up in session 1). They will be asked to take a moment to recall the events surrounding the episode and their feelings at the time. When the participant has identified an incident, he/she will then be asked to picture the situation in his/her mind, and to try and remember as vividly as he/she can what the incident entailed.

Participants will be asked to describe the incident in as much detail as she can (e.g., *"In your own words, describe what happened, starting at the beginning of the interaction/incident."*)

The interviewer will probe for key aspects of the interaction, including the following questions: *When did this occur?; Where were you?; Who were you distressed at?; What precipitated your distress-- What did he/she say (do)?; What did you say/do?; What happened next?; How did you respond?; Did you experience the distress immediately or later, after the event? How long did you continue to feel distressed?*

The interviewer will probe for emotional experiences during the interview: *"Try to recall how you felt (describe all emotions that you felt). Try to recall how your body felt—(heart racing, muscles tightening, sweating, etc). How intense was your distress? Rate on a scale from 1 to 10, with 1 being very mild, and 10 being very intense-as distressed as you can imagine."* Probes will also be used to help elicit recall of the incident, for example: *Try to recall the expression on his/her face. What was he/she wearing? Describe your surroundings. What were you thinking?*

***Note: If participants ask for your feedback for events that they are recounting, make sure to NOT give it (no response).

Progressive Muscle Relaxation

Procedure: The Benson procedure.

1. Preliminary steps.
 - a. Choose a quiet, comfortable environment.
 - b. Choose a quiet time of day, for example, two hours after a meal
 - c. Choose a word or phrase to repeat to yourself (e.g., "one").
 - d. Develop a passive attitude.
 - e. Choose a comfortable position.
2. Description of the procedure.
 - a. Sit quietly in a comfortable position.
 - b. Close your eyes.
 - c. Progressively relax your muscles (if success with relaxation is not achieved immediately, have clients tense a particular muscle group, hold for 5-7 seconds, and then release).
 - d. Breathing-say "one" as you breathe out.
 - e. Do this for 10 to 20 minutes-then sit quietly for a few minutes.

SUBJECTIVE UNITS OF DISTRESS SCALE

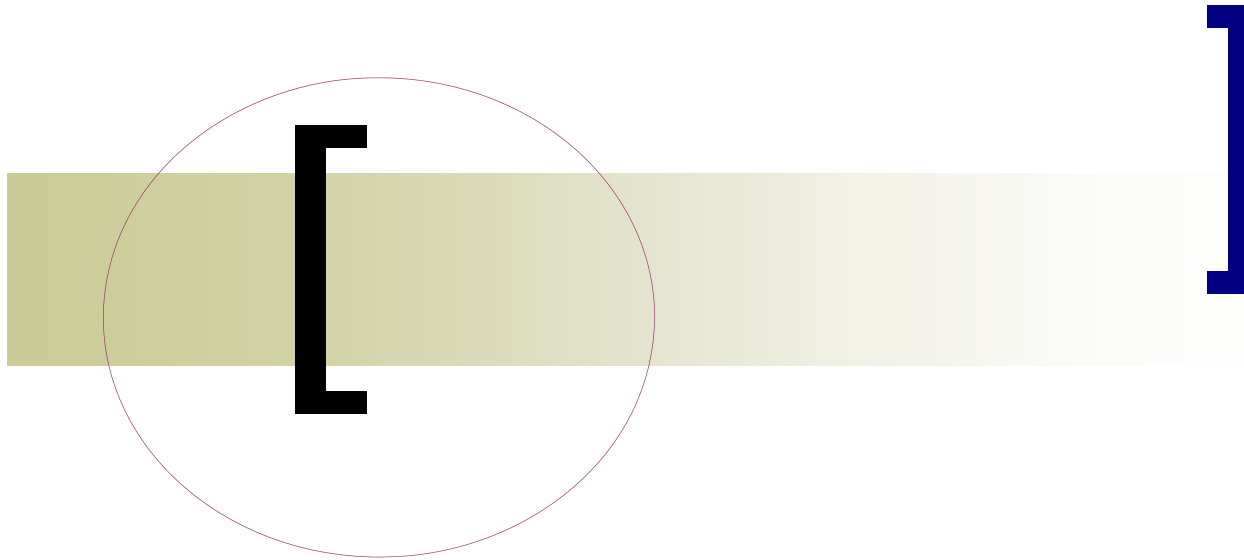
Patient Initials _____

Date _____

Subject # _____

Session # _____

Time	SUDS Rating	Comments
<i>Baseline</i>		
<i>Post-Mood Induction</i>		
<i>10-minute post induction</i>		
<i>20-minute post induction</i>		
<i>30-minute post induction</i>		
<i>40-minute post induction</i>		
<i>50-minute post induction</i>		
<i>60-minute post induction</i>		



Handouts and Assignments...

To be completed before session 4

Re-Read: Effective Ways to Self-Regulate: Distraction Strategies

HANDOUT FORM 3-1

Complete: Distraction Practice: Monitoring Form

WORKSHEET 3-4

Handout Form 3-1 Healthy Distraction Strategies

What is the point of distraction?

- To take the edge off your emotions/calm down a little bit
- To keep you from doing something impulsive that you will later regret
- To give you time to put things in perspective, so you can deal with a situation or emotions more effectively later

How long should I use distraction for?

- Put the emotion aside for *awhile* (not forever), and come back to it
- Distract until the intensity of the emotion lessens somewhat
- Distract until it is safe to experience the emotion
- Distract until you have the resources to manage the emotion
- Distract until the risk of doing something impulsive is not so high

Distraction versus Avoidance: How do I know which is which?

- By definition, distraction is *healthy* behaviors (e.g., sports, self-care), and avoidance is *unhealthy* behaviors (yelling at someone, drug use)
- Distraction is *time-limited*; you cannot avoid your emotions forever. If you are trying to avoid them permanently, then this is avoidance!

WORKSHEET 3-2. Distraction versus Avoidance

Distraction	
Situation	Outcome
1.	1.
2.	2.
3.	3.

Avoidance	
Situation	Outcome
1.	1.
2.	2.
3.	3.

WORKSHEET 3-3. CHOOSE YOUR DISTRACTION STRATEGIES

When:	Activities
When you are by yourself	
When you are with other people	
During Mid-Day	
During Classes	
At Night	

WORKSHEET 3-4 ACTIVITIES CHECKLIST *2

WHEN YOU ARE BY YOURSELF		√	WHEN YOU ARE WITH OTHER PEOPLE	√	
Education	<i>Learning something new (a language, how to play a musical instrument, etc.)</i>		<i>Pool, Billiards or Shuffleboards</i>		Sports and Games
	<i>Learning something artistic (painting, pottery, etc.)</i>		<i>Going to a sporting event</i>		
	<i>Reading an interesting book</i>		<i>Volleyball or Basketball</i>		
	<i>Reading a "How To Do It" book</i>		<i>Ping-pong</i>		
	<i>Reading the newspaper or magazine</i>		<i>Starting a game with someone new</i>		
Spirituality and Creativity	<i>Meditating or doing yoga</i>		<i>Bingo</i>		Friendship and Intimacy
	<i>Praying</i>		<i>Playing card games</i>		
	<i>Listening to gospel music</i>		<i>Playing board games</i>		
	<i>Daydreaming</i>		<i>Having a frank and open conversation</i>		
	<i>Reading sacred works (e.g., bible)</i>		<i>Discussing a topic of interest (sports, fashion, politics, news)</i>		
	<i>Writing in a journal or diary or keeping a scrapbook or photo album</i>		<i>Volunteering for special cause</i>		
Health, Recreation, and Self-Care	<i>Breathing fresh air</i>		<i>Giving gifts (handmade)</i>		Just Relaxing
	<i>Jogging, Hiking or Walking</i>		<i>Reminiscing, talking about old times</i>		
	<i>Taking a soothing bath or shower</i>		<i>Visiting friends or having friends visit</i>		
	<i>Listening to music</i>		<i>Listening to another person vent</i>		
	<i>Sleeping late</i>		<i>Doing favors for others</i>		
	<i>Watching TV</i>		<i>Telling and listening to jokes</i>		
	<i>Playing Computer Games</i>		<i>Watching a movie</i>		
			<i>Getting a manicure or pedicure</i>		

	DURING MID-DAY/REC TIME			
Education	<i>Taking a course on something of interest</i>		IN THE DORM	
	<i>Going to a lecture or to listen to a speaker of interest</i>		<i>Reading a car/boat/music magazine</i>	
Health, Recreation, and Self-Care	<i>Read gossip magazine</i>		<i>Read gossip/fashion magazine</i>	
	<i>Working in the yard, gardening, landscaping</i>		<i>Getting a makeover or facial</i>	
	<i>Washing the car</i>		<i>Getting a manicure or pedicure</i>	
	<i>Getting hair cut, going to the hairdresser</i>		<i>Putting on makeup or purchasing it</i>	
	<i>Improving one's health (having teeth fixed, new glasses, eating healthier, exercising)</i>		<i>Writing stories, novels, plays, poetry, essays, reports, etc.</i>	
	<i>Getting a makeover or facial</i>		<i>Writing in a journal or diary</i>	
	<i>Getting a manicure or pedicure</i>		<i>Work on 12 Step Assignments</i>	
	<i>Putting on makeup or purchasing it</i>		<i>Talk to someone after H& I Panel or NA Meeting</i>	
Treats	<i>Chocolates</i>		DURING CLASSES	
	<i>Favorite candy</i>		<i>Daydreaming</i>	
	<i>Ice cream</i>		<i>Asking speaker questions</i>	
	<i>Cake</i>		<i>Doodling/drawing</i>	
	<i>Beverage</i>		<i>Writing in a journal or diary</i>	
Spirituality and Creativity	<i>Going to a place of worship</i>		AT NIGHT	
	<i>Joining a prayer or spiritual group</i>		<i>Meditating, doing yoga, or relaxation exercises</i>	
	<i>Singing</i>		<i>Daydreaming</i>	
	<i>Dancing</i>		<i>Writing in a journal or diary or keeping a scrapbook or photo album</i>	
	<i>Craft and art work (drawing, painting, sculpting, pottery, movie making)</i>		<i>Reading the newspaper or magazine</i>	
	<i>Playing a musical instrument</i>		<i>Reading sacred works (e.g. bible)</i>	
	<i>Woodworking or Carpentry</i>		<i>Praying</i>	
				Relaxing, Self-Care, Sobriety, and Emotional Health
				Spirituality/ Emotional Health

Worksheet 3-4 Distraction Practice: Monitoring Form

Situation: Include a description of contextual factors (time, situation, etc.)	Emotional response: What emotions did you experience in response to the situation?	Emotional intensity: Intensity of the emotion (0 to 100)	Distraction strategy: What distraction strategy did you use?	Effectiveness of strategy: Was this strategy effective in modulating your emotion? Why or why not?	Emotional intensity: Intensity of the emotion (0 to 100)



Session IV

- ❖ **Review of Homework**
- ❖ **Using Values Directions, rather than Avoidance of Emotions, to guide behavior in Interpersonal Situations**
- ❖ **Interpersonal Effectiveness skills**
- ❖ **“Layering” Skills**
- ❖ **Homework**
 - Re-Read and review your responses to each of the past weeks forms
 - Complete self-monitoring of distress: focus on interpersonal situations

Worksheet 4-3

**SKILLS FOR IMPROVING DISTRESS INTOLERANCE:
Treatment Integrity Checklist
Session 4 Checklist**

<u>Component</u>	<u>Description</u>	<u>Present (Yes/No)</u>
<i>Review of Homework</i>	Review homework in detail, focusing on healthy distraction	_____
<i>Cover Values with Respect to Interpersonal Relationships</i>	Explain how acting on emotions or attempting to avoid distress may take them in a direction that is not consistent with where they want to go. Need to consider desired outcomes and valued directions before acting during interpersonal situations	_____ _____
Introduce interpersonal effectiveness skills	Cover skills and hand out worksheet 4-1; go over worksheet 4-2 to help with decision making Short role-play	_____ _____
<i>“Layering Skills”</i>	Use willingness and/or distraction skills before, during, and after a difficult interpersonal interaction Planning to self-regulate Sometimes, difficult interactions/altercations come out of the blue. Then, need to know how to engage in effective interpersonal problem-solving in spite of high levels of distress.	
<i>Behavioral Exposure:</i>	Mood Induction: Drawing from the choice of “distressful situations” or situations that they have encountered in the past few days (from worksheets) and utilizing the imaginary exposure guide, guide patient through mood induction. Use situations that are at about “6” or “7” intensity. Immediately after mood induction, get SUDS ratings.	_____ _____
<i>Homework</i>	Guide patient through the DEAR MAN skills. Have them think of a recent conflict and DEAR MAN the therapist, pretending the therapist is the adversary; do this for 20 minutes. Get SUDS ratings once after exercise, and once after PMR. Re-Read and review your responses to each of the past weeks forms Complete self-monitoring of distress: focus on interpersonal situations	_____ _____

SKILLS FOR IMPROVING DISTRESS INTOLERANCE

SESSION 4: ASSERTIVENESS TRAINING **(FROM 1.5 HOURS AND UP)**

Review of Homework/ Skills from Previous Sessions

- **Let's start today by going over your homework. You were supposed to keep track of any distressing situations that you experienced between our last session and today. Do you have it with you?**
- **Ok, let's go over the first situation.** *Read over the form, help clients clarify emotions; check for additional emotions they may have experienced but did not list. See if they were able to employ any Willingness strategies and/or Distraction strategies and address the outcomes. Proceed with Assertiveness lesson only when you feel comfortable with the client's ability to apply lessons from first three sessions.*

- **So far, we have been discussing ways of dealing with negative emotions, without making yourself feel worse and/or doing something you will later regret. However, in any situation, it is also important to keep in mind what you want out of it. That is, many times, being willing to experience your emotions is just the first step; we also need to focus on where we want to go and what we want out of a situation. So before we engage in an interaction with another person, it is helpful to consider: what do I want out of this?**

- **After considering this question, it can be helpful to engage in what we would call "interpersonal effectiveness" skills. These skills can be used instead of avoiding the situation or being aggressive, which we may be tempted to do when conflict is involved. However, these behaviors are not useful, because they often, they will not resolve situations or make them worse. Assertiveness is likely more effective in the long run.**

- **Assertiveness skills are an example of interpersonal effectiveness skills, and may help you achieve your goals in an effective manner.**
 - **The idea behind assertiveness skills is to get what you want out of an interaction. They include:**
 - **Standing up for your rights in such a way that they are more likely to be taken seriously.**
 - **Requesting others to do something in such a way that they are more likely to do it.**
 - **Refusing requests.**
 - **Resolving an interpersonal conflict.**
 - **Getting your opinion or point of view taken seriously.**

- **We are going to teach you some skills for getting what you want out of interaction, but before we do this, there are very important things to remember. There is a context and a bigger picture to keep in mind – that is, we want to make sure that in addition to achieving your goals you can keep both the relationship and your self-respect intact.**

- **Ask yourself:**
 - **"How do I want the other person to feel about me after the interaction is over?"**
 - **"What do I have to do to get/keep this relationship?"**
 - **"How do I want to feel about myself after the interaction is over?"**
 - **"What do I have to do to feel that way about myself? What will work best?"**

- Now, before I even begin teaching you the skills, please remember: any time you deal with someone else or try to resolve a conflict, ask yourself:
 - What do I want out of this?
 - What do I have to do to get the results? What will work?
- So, after you consider these questions, let's move on to the skills: A way to remember these skills is to remember the term "DEAR MAN"

Describe
Express
Assert
Reinforce

(stay) Mindful
Appear consistent
Negotiate

- Please refer to WORKSHEET 4-1. It gives examples of each of these skills. We will use this form as a guideline for assertiveness skills.
 - **Describe** the situation. When necessary, briefly describe the situation you are reacting to. Stick to the facts. No judgmental statements. Be objective.
 - *Example:* "You have been yelling at me for the last few minutes, and I have not raised my voice".
 - **Express** feelings or opinions about the situation clearly. Describe how you feel or what you believe about the situation. Don't expect the other person to read your mind or know how you feel. For instance, give a brief rationale for a request or for saying no.
 - *Example:* "This is making me feeling very angry and upset, and it puts me on the defensive. It is also hurting my feelings"
 - **Assert** Wishes. Ask for what you want. Say no clearly. Don't expect people to know that you want them to do if you don't tell them. Ask them for what you want. Don't tell them what they should do. Don't beat around the bush, never really asking or saying no. Also, don't threaten.
 - *Example:* "I would really like it if you could lower your voice and just speak to me in a calmer way."
 - **Reinforce**. Remember to reward people who respond positively to you when you ask for something, say no, or express an opinion. Sometimes it is effective to reinforce people before they respond to you positively by telling them the positive effects of getting what you want or need.
 - *Example:* "If you lower your voice, I will be less likely to be defensive and more likely to hear your point."
 - (stay) **Mindful**: Keep your focus on your objectives in the situation. Maintain your position and don't be distracted onto another topic.
 - Keep asking, saying no, or expressing your opinion over and over and over.
 - Don't raise your voice. Try to "kill them with kindness" being careful not to sound condescending or sarcastic.
 - Ignore. If another person attacks, threatens, or tries to change the subject, ignore their threats, comments, or attempts to divert you. Just keep making your point.
 - **Appear** confident. Use a confident voice tone and display a confident physical manner with appropriate eye contact. Such a manner conveys to both the other

person and yourself that you are serious and deserve respect for what you want. No stammering, whispering, staring at the floor, retreating, saying you are not sure. **BUT**, be careful not to seem arrogant.

- **Negotiate.** Be willing to vie to get. Offer and ask for alternative solutions to the problem. Reduce your request. Maintain your no, but offer to do something else or solve the problem another way. An alternative technique is to turn the tables.
 - Turn the table: turn the problem over to the other person. Ask for alternative solutions. Give examples: What do you think we should do? I'm not able to say yes, and you really seem to want me to. What can we do here? How can we solve this problem? Specific to the example that I used before – “How can we make it so this will work? Do you think you are able to speak to me calmly right now, or should we take a break and come back to this conversation when you are feeling calmer?”
- Now, it is important to remember that sometimes your feelings of distress in an interpersonal situation may be so intense that it may be harmful to confront that person right that moment. In this case, you would begin to “layer” the skills you were taught – for example, if you are in the midst of a difficult interpersonal interaction and are experiencing very intense emotions as a result, it may be useful to practice willingness of those emotions (so as to not exacerbate them) and/or to distract yourself by focusing your attention on something else until your emotions lessen in intensity. After you have taken the edge off, you may be more ready to use interpersonal effectiveness skills with the person in question.
- Let's come up with a situation in your life that you can apply this to using **WORKSHEET 4-2**. Go over each step with the person carefully, making sure they understand the concept.

Begin Mood Induction

Engagement/Acquisition:

- After the SUDS rating has reached a peak, tell the client:
 - Now, I would like you to try to use the skills that I have just taught you. In a second, you will see that it is possible to do this, even when you are distressed. So, as a way of practicing, I want you to practice these things on me. Think of a recent situation where you have had a conflict with someone, your counselor or another patient perhaps, and pretend that I am him/her.
- Have client do the DEAR MAN skills for 20 minutes; don't let them off the hook too easily within the framework of the conflict situation that they are thinking about, but if you see that they are beginning to get disappointed, give in to give them a sense of mastery.
- After 20 minutes of doing this, get SUDS ratings again.

Progressive Muscle Relaxation:

- Tell client:
 - Ok, I want to point out to you that you have just been able to resolve a conflict, even while you were very distressed. The session is almost over. But, I don't want you leaving the session tense and upset, so let's do the exercise that we have been doing to help you relax.

Mood Induction Script

Participants will be asked to think of their most distressing recent event resulting in very intense feelings of distress (again, draw from either the mood monitoring form that they have been doing – a recent situation – or one of the situations they generated in session 1). They will be asked to take a moment to recall the events surrounding the episode and their feelings at the time. When the participant has identified an incident, he/she will then be asked to picture the situation in his/her mind, and to try and remember as vividly as he/she can what the incident entailed.

Participants will be asked to describe the incident in as much detail as she can (e.g., *“In your own words, describe what happened, starting at the beginning of the interaction/incident.”*)

The interviewer will probe for key aspects of the interaction, including the following questions: *When did this occur?; Where were you?; Who were you distressed at?; What precipitated your distress-- What did he/she say (do)?; What did you say/do?; What happened next?; How did you respond?; Did you experience the distress immediately or later, after the event? How long did you continue to feel distressed?*

The interviewer will probe for emotional experiences during the interview: *“Try to recall how you felt (describe all emotions that you felt). Try to recall how your body felt—(heart racing, muscles tightening, sweating, etc). How intense was your distress? Rate on a scale from 1 to 10, with 1 being very mild, and 10 being very intense-as distressed as you can imagine.”* Probes will also be used to help elicit recall of the incident, for example: *Try to recall the expression on his/her face. What was he/she wearing? Describe your surroundings. What were you thinking?*

Progressive Muscle Relaxation

Procedure: The Benson procedure.

1. Preliminary steps.
 - a. Choose a quiet, comfortable environment.
 - b. Choose a quiet time of day, for example, two hours after a meal
 - c. Choose a word or phrase to repeat to yourself (e.g., "one").
 - d. Develop a passive attitude.
 - e. Choose a comfortable position.
2. Description of the procedure.
 - a. Sit quietly in a comfortable position.
 - b. Close your eyes.
 - c. Progressively relax your muscles (if success with relaxation is not achieved immediately, have clients tense a particular muscle group, hold for 5-7 seconds, and then release).
 - d. Breathing-say "one" as you breathe out.
 - e. Do this for 10 to 20 minutes-then sit quietly for a few minutes.

SUBJECTIVE UNITS OF DISTRESS SCALE

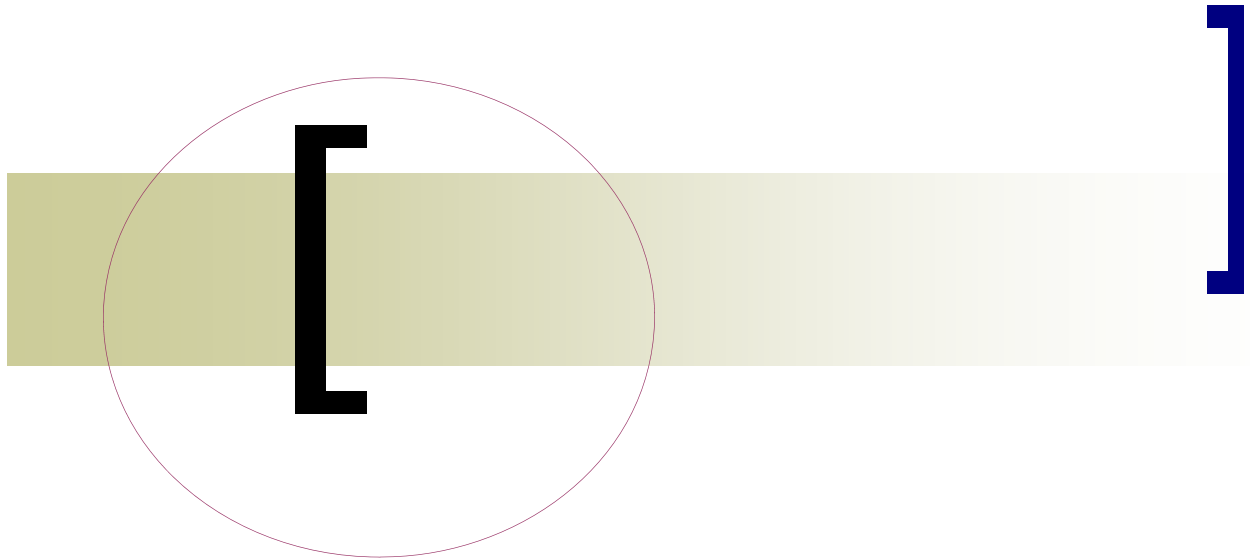
Patient Initials _____

Date _____

Subject # _____

Session # _____

Time	SUDS Rating	Comments
<i>Baseline</i>		
<i>Post-Mood Induction</i>		
<i>10-minute post induction</i>		
<i>20-minute post induction</i>		
<i>30-minute post induction</i>		
<i>40-minute post induction</i>		
<i>50-minute post induction</i>		
<i>60-minute post induction</i>		



Handouts and Assignments...

To be completed before session 5...

Re-Read and review your responses to each of the past weeks forms

Complete self-monitoring of distress: focus on interpersonal situations

WORKSHEET 4-3

WORKSHEET 4-1. D.E.A.R. M.A.N.¹

DESCRIBE
EXPRESS
ASSERT
REINFORCE

(stay) MINDFUL
APPEAR CONFIDENT
NEGOTIATE

- Describe** Describe the current SITUATION (if necessary).
Tell the person exactly what you are reacting to. Stick to the facts.
- Express** Express your FEELINGS and OPINIONS about the situation.
- Assume that your feelings and opinions are not self-evident. Give a brief rationale. Use phrases such as “I want”, “I don’t want,” instead of “I need,” “you should,” or “I can’t.”
- Assert** Assume that others will not figure it out or do what you want unless you ask. Assume that others cannot read your mind. Don’t expect others to know how hard it is for you to ask directly for what you want.
- Reinforce** Reinforce or reward the person ahead of time by explaining the CONSEQUENCES. Tell the person the positive effects of getting what you want or need. Tell him or her (if necessary) the negative effects of your not getting it. Help the person feel good ahead of time for doing or accepting what you want. Reward him or her afterwards.
-
- (stay) Mindful** Keep you focus ON YOUR OBJECTIVES. Maintain your position. Don’t be distracted.
- “Broken Record”** Keep asking, saying no, or expressing your opinion over and over and over. Keep your voice calm and even while doing this.
- Ignore** If another person attacks, threatens, or tries to change the subject, Ignore the threats, comments, or attempts to divert you. Don’t respond to attacks. Ignore distractions. Just keep making your point.
- Appear Confident** Appear EFFECTIVE and competent. Use a confident voice tone and physical manner; make good eye contact. No stammering, whispering, staring at the floor, retreating, saying “I’m not sure,” etc.
- Negotiate** Be willing to GIVE to GET. Offer and ask for alternative solutions to the problem. Reduce your request. Maintain no, but offer to do something else or to solve the problem another way. Focus on what will work.
- Turn the tables** Turn the problem over to the other person. Ask for alternative solutions: “What do you think we should do?” “I’m not able to say yes, and you seem to really want me to. What can we do here?” “How can we solve this problem?”

WORKSHEET 4-2. ASKING FOR WHAT I WANT OR REFUSING A REQUEST¹

D.E.A.R. M.A.N.

Describe the current situation. Tell the person exactly what you are reacting to. Stick to the facts.

Express your feelings and opinions about the situation. Assume that others cannot read your mind. Don't expect others to know how hard it is for you to ask directly for what you want.

Assert yourself by asking for what you want or saying no clearly. Assume that others cannot read your mind. Don't expect others to know how hard it is for you to ask directly for what you want.

Reinforce the reward to the person ahead of time. Tell the person the positive effects of getting what you want or need. Help the person feel good ahead of time for doing what you want.

Mindfully keep your focus on your objectives. Maintain your position. Don't be distracted.

Appear Confidant Use a confident voice tone and physical manner; make good eye contact. No stammering, whispering, staring at the floor, retreating, saying "I'm not sure," etc.

Negotiate by being willing to give to get. Offer and ask for alternative solutions to the problem. What am I willing to "settle for" or "give up" in order to gain what I want in the situation?

WORKSHEET 4-3. SELF-MONITORING OF DISTRESS: FOCUS ON INTERPERSONAL SITUATIONS

	<p align="center">Interpersonal Situation/Interpersonal Trigger</p> <p><i>Situations (What happened to make you upset)</i></p>	<p align="center">Distressing Emotions & Ratings</p> <p><i>List all the EMOTIONS that you are feeling as a result of the trigger <u>and</u> rate each from 1-10</i></p>	<p align="center">Behavioral Response</p> <p><i>What is done to manage the distress (use the DEAR MAN skill every time that it is possible)</i></p>	<p align="center">Consequences & Ratings</p> <p><i>What occurs as a result of the behaviors and rate how you feel from 1-10 as a result of the consequences</i></p>



Session V

- ❖ **Review of Homework**
- ❖ **Describe Skills Practice Module**
- ❖ **Exposure**
- ❖ **Homework**
 - **Re-Read over worksheets from other sessions**
 - **Complete Self-Monitoring Form**
 - **Worksheet 5-1**

**SKILLS FOR IMPROVING DISTRESS INTOLERANCE:
Treatment Integrity Checklist
Session 5 Checklist**

<u>Component</u>	<u>Description</u>	<u>Present (Yes/No)</u>
<i>Review of Homework</i> <i>Detailed review of ALL previous lessons</i> <i>“Layering Skills”</i>	Review homework in detail, focusing on the use of interpersonal effectiveness skills	_____
	Review worksheets: Willingness and Acceptance, Healthy Ways to Distract, “DEAR MAN”	_____
	Identification of what one is feeling is always first step (and why) Point out to client that it can be useful to use skills in conjunction with one another (e.g., practice willingness and then distract self for awhile) Go through examples of layering	_____
<i>Behavioral Exposure:</i>	Mood Induction: Drawing from the choice of situations that clients have encountered in the past few days and utilizing the imaginary exposure guide, guide patient through mood induction. Use situations that are at about “6” or “7” intensity. Immediately after mood induction, get SUDS ratings.	_____
	Have client pick two strategies to practice (distraction, DEAR MAN, or willingness), and guide them through it. Depending on the skill that they pick, make sure that they are practicing it for 20 minutes (i.e., journaling for willingness, memory of positive events for distraction, and DEAR MAN-ing the therapist for interpersonal effectiveness) Get SUDS ratings once after exercise, and once after PMR. Complete PMR with client and check that SUDS has declined to a half-point from peak of distress.	_____
	Re-Read and review your responses to each of the past weeks forms Complete self-monitoring of distress (worksheet 5-2)	_____
<i>Homework</i>		

SKILLS FOR IMPROVING DISTRESS INTOLERANCE

SESSION 5: SKILLS REHEARSAL (FROM 1.5 HOURS AND UP)

- Today we are going to start with a detailed review of ALL the skills we have gone over from the previous lessons and talk about how to bring it all together. You should keep in mind that it will often be the case that in order to successfully cope with and manage distress, you may need to employ more than one strategy; we briefly discussed this “layering” of skills last session. Remember when we covered interpersonal effectiveness, we talked about how it may not be a great idea to go into a situation when you are at the peak of feeling upset? Instead, it may be more useful to do distraction first, and when your feelings are not as intense, then you can use the assertiveness skills more effectively.
- So let’s start with identification that you are experiencing distress. Can you tell me why it’s important? *Let the client come up with some sort of answer before clarifying. The answer should include something like “Recognizing that you are upset is important, because it will serve as an “alarm” that you need to do something to cope, and also which coping strategy to use.”*
 - Identification is always the first step
- So now I want to go over the rest of the skills that we covered in previous sessions and figure out how to put them together.
- Let me give you an example. Let’s say there is a situation where a fellow client pisses you off. In this situation, you might be too upset in the moment not to yell at that person or punch them in the face. Instead, it may be better to first take the edge off by doing distraction. But of course, that is not all that needs to be done in this situation. It may also be useful to approach this person and let them know what has upset you using your DEAR MAN skills. However, this will require willingness, because you have to be willing to experience the emotions that will come up as a result of being assertive. So really, here you are combining all three strategies – distraction, willingness, and assertiveness.
- Imagine you are watching a program on TV, and a fellow client comes in and just turns it to a different channel, and plops right in front of you. So, here, DEAR MAN skills would be good. But, the other person may not be immediately responsive to what you are saying – so you have to use willingness - which means not going for the immediate relief of screaming or threatening. Basically, if you are willing to feel what you are feeling, you can stay on topic and not respond to threats or yelling, and still get your point across.
- Another good example is the death of someone you love. Obviously, you are going to feel lots of very intense emotions – sadness, anger, guilt, grief. In this situation, willingness is pretty much a necessity, because you cannot do much else than be willing, and trying to run away from it by using drugs would just make it worse. But, there are times that you will really need to focus on what you have to do, for example, go to work, take care of your children – and in these times, it may be really helpful to distract.
- So, why don’t you try some layering in imaginary situations? *(It is up to the therapist to decide which skills are best to layer in the following situations, depending on client’s*

experiences)

- **being brushed off by a counselor in front of others in group/being criticized in group;**
- **Here is another example. Being asked to borrow personal stuff (of which you have a limited quantity)**
- **not getting smoke break b/c were busy doing an assessment, or were in a counseling session);**
- **being told that instead of the requisite (30, 60, days), you are going to have to stay here for 90 or 180 days;**

Review of Homework/ Skills from Previous Sessions

- **Now let's review your monitoring forms. What I would like you to do is let me know which skills you think would be best for the different upsetting situations you describe. Talk answers through with client asking why they think specific combinations of skills would be most useful for specific situations. Emphasize that they don't have to limit themselves to one skill, and indeed, in interpersonal conflicts, often there is a need to take a few minutes and apply acceptance or distraction skills before proceeding in an interaction.**

Mood induction

Engagement/Acquisition:

- *After the SUDS rating has reached a peak, tell the client:*
 - **Now, I would like you to try to use the skills that I have taught you over the last few sessions. As a way of practicing, I want you to pick two skills to use. What skills do you want to use to manage this feeling of distress?**
 - *Have client pick two strategies to practice (distraction, DEAR MAN, or willingness), and guide them through it. Depending on the skill that they pick, make sure that they are practicing it for 20 minutes (i.e., journaling for willingness, memory of positive events for distraction, and DEAR MAN-ing the therapist for interpersonal effectiveness)*
- *Have client actually use the skills for 20 minutes, get SUDS ratings again.*

Progressive Muscle Relaxation:

- *Tell client:*
 - **Ok, this is great – I want to reintegrate that you have just been able to “layer” skills, so you can see that it is possible to use more than one skill at a time. The session is almost over. But, I don't want you leaving the session tense and upset, so let's do the brief exercise that we always do at the end of the session to help you relax.**

Progressive Muscle Relaxation

Procedure: The Benson procedure.

1. Preliminary steps.
 - a. Choose a quiet, comfortable environment.
 - b. Choose a quiet time of day, for example, two hours after a meal
 - c. Choose a word or phrase to repeat to yourself (e.g., "one").
 - d. Develop a passive attitude.
 - e. Choose a comfortable position.
2. Description of the procedure.
 - a. Sit quietly in a comfortable position.
 - b. Close your eyes.
 - c. Progressively relax your muscles (if success with relaxation is not achieved immediately, have clients tense a particular muscle group, hold for 5-7 seconds, and then release).
 - d. Breathing-say "one" as you breathe out.
 - e. Do this for 10 to 20 minutes-then sit quietly for a few minutes.

Begin Mood Induction

Mood Induction Script

Participants will be asked to think of their most distressing recent event resulting in very intense feelings of distress (draw from a recent situation on mood monitoring form, or from list of situations they generated in the beginning during session 1). They will be asked to take a moment to recall the events surrounding the episode and their feelings at the time. When the participant has identified an incident, he/she will then be asked to picture the situation in his/her mind, and to try and remember as vividly as he/she can what the incident entailed.

Participants will be asked to describe the incident in as much detail as she can (e.g., *"In your own words, describe what happened, starting at the beginning of the interaction/incident."*)

The interviewer will probe for key aspects of the interaction, including the following questions: *When did this occur?; Where were you?; Who were you distressed at?; What precipitated your distress-- What did he/she say (do)?; What did you say/do?; What happened next?; How did you respond?; Did you experience the distress immediately or later, after the event? How long did you continue to feel distressed?*

The interviewer will probe for emotional experiences during the interview: *"Try to recall how you felt (describe all emotions that you felt). Try to recall how your body felt—(heart racing, muscles tightening, sweating, etc). How intense was your distress? Rate on a scale from 1 to 10, with 1 being very mild, and 10 being very intense-as distressed as you can imagine."* Probes will also be used to help elicit recall of the incident, for example: *Try to recall the expression on his/her face. What was he/she wearing? Describe your surroundings. What were you thinking?*

***Note: If participants ask for your feedback for events that they are recounting, make sure to NOT give it (no response).

SUBJECTIVE UNITS OF DISTRESS SCALE

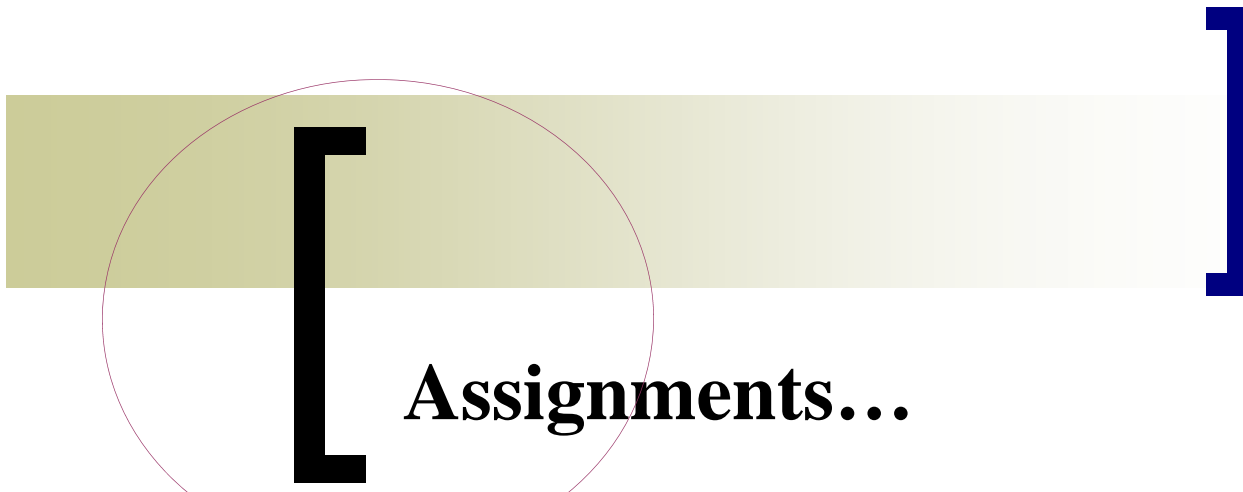
Patient Initials _____

Date _____

Subject # _____

Session # _____

Time	SUDS Rating	Comments
<i>Baseline</i>		
<i>Post-Mood Induction</i>		
<i>10-minute post induction</i>		
<i>20-minute post induction</i>		
<i>30-minute post induction</i>		
<i>40-minute post induction</i>		
<i>50-minute post induction</i>		
<i>60-minute post induction</i>		



Assignments...

To be completed before session 6

Re-Read over worksheets from other sessions

Complete: Self-Monitoring of Distress

WORKSHEET 5-1

**WORKSHEET 5-1. Self-Monitoring of Distress:
“Layering”**

	<p align="center">Situation</p> <p><i>Situations, thoughts, and memories that may cause distress (What happened to make you upset)</i></p>	<p align="center">Distressing Emotions & Ratings</p> <p><i>List all the EMOTIONS that you are feeling as a result of the trigger <u>and</u> rate each from 1-10</i></p>	<p align="center">Behavioral Response</p> <p><i>What is done to manage the distress (focus on what skills you chose – if more than one – and why; is this the right context?)</i></p>	<p align="center">Consequences & Ratings</p> <p><i>What occurs as a result of the behaviors and rate how you feel from 1-10 as a result of the consequences</i></p>
1.				
2.				
3.				
4.				



Session VI

- ❖ **Review of Homework**
- ❖ **Brief Review of Skills**
- ❖ **Choosing From Your Toolbox: “Layering” Skills-Revisited**
- ❖ **Exposure**
- ❖ **Homework**
 - **Re-Read over forms from all sessions**

**SKILLS FOR IMPROVING DISTRESS INTOLERANCE:
Treatment Integrity Checklist
Session 6 Checklist**

<u>Component</u>	<u>Description</u>	<u>Present (Yes/No)</u>
<i>Review of Homework</i>	Review homework in detail, focusing on skills that were used and their consequences	_____
<i>Brief review of learned skills</i>	Review worksheets: Willingness and Acceptance, Healthy Ways to Distract, "DEAR MAN"	_____
<i>Review of "Layering Skills" (Choosing Skills from Your Toolbox)</i>	Review that skills can be most useful when used in combination with one another "Ordering" skills (e.g., distraction before "DEAR MAN") Using situationally appropriate skills from your toolbox	_____
<i>Behavioral Exposure:</i>	Mood Induction: Drawing from the choice of situations that clients have encountered in the past few days and utilizing the imaginary exposure guide, guide patient through mood induction. Use situations that are at about "6" or "7" intensity. Immediately after mood induction, get SUDS ratings. Have client pick one or more strategies to practice (distraction, DEAR MAN, or willingness), and guide them through it. Depending on the skill that they pick, make sure that they are practicing it for 20 minutes (i.e., journaling for willingness, memory of positive events for distraction, and DEAR MAN-ing the therapist for interpersonal effectiveness) Get SUDS ratings once after exercise, and once after PMR. Complete PMR with client and check that SUDS has declined to a half-point from peak of distress.	_____ _____
<i>Homework</i>	Re-Read and review your responses to each of the past weeks forms	_____

SKILLS FOR IMPROVING DISTRESS INTOLERANCE

SESSION 6: Trouble-shooting and Skill Mastery (FROM 1.5 HOURS AND UP)

Begin with review of Session 5:

Today we are going to briefly review layering (“how to combine strategies”) and then we are going to review your monitoring forms, and we can discuss any situations where you tried to use a strategy but it didn’t seem to work for you.

Review of Homework/ Skills from Previous Sessions

- **Now let’s review your homework monitoring forms. Were there any situations where you tried to use a particular skill and it did not seem to work? This is important because none of this is useful to you if you can’t use it when it counts.** *Make sure clients come up with at least one situation, even if they didn’t write it down. If they say that every time they used a strategy it worked, then ask them for a situation where they failed to employ a strategy that may have been useful for a specific situation. Discuss it with them helping them to brainstorm about how to make each skill most useful for them.*

Skills Practice Using Past Worksheets

- **So today, I REALLY want you to practice this idea of layering. So, for this purpose, why don’t we go through your monitoring forms from the past weeks, and see what combinations of strategies you could have used?** *Go through past forms, starting from session 1. If clients say that they have already done that, point out to them that during these sessions, you asked them to use one particular strategy – now you are using these scenarios to see what combination s would work best.*

Anticipation of Future Difficulties/Troubleshooting for Future High-Risk Situations

- **So finally – this is our last session together, so I thought it may be useful if we could talk about some high-risk situations that might come up in the future and figure out in advance the combination of strategies that may work. What do you think some problem situations may be for you in the very near future?** *If client has difficulty identifying future high-risk situations, use their worksheets from past as prompts for yourself, but other helpful categories may be: lack of privacy/violation of personal space; feeling of being disrespected by fellow client; legal issues – change in treatment length; counselor issues – not getting along with counselor, not being able to take a cigarette break, differential treatment; finally, being ordered around by other clients and/or feeling like many people other than client do not follow rules they advocate.*

Begin Mood Induction

Engagement/Acquisition:

- *After the SUDS rating has reached a peak, tell the client:*
 - **Now, I would like you to try to use the skills that I have taught you over the last few sessions. As a way of practicing, I want you to pick two skills to use. What skills do you want to manage this feeling of distress?**
 - Have client pick two strategies to practice (distraction, DEAR MAN, or willingness), and guide them through it. Depending on the skill that they pick, make sure that they are practicing it for 20 minutes (i.e., journaling for willingness, memory of positive

events for distraction, and DEAR MAN-ing the therapist for interpersonal effectiveness)

- *Have client actually use the skills for 20 minutes, get SUDS ratings again.*

Progressive Muscle Relaxation:

- *Tell client:*
 - **Ok, this is great – I want to reintegrate that you have just been able to “layer” skills, so you can see that it is possible to use more than one skill at a time. The session is almost over. But, I don’t want you leaving the session tense and upset, so let’s do the brief exercise that we always do at the end of the session to help you relax.**

Mood Induction Script: _____

Participants will be asked to think of their most distressing recent event resulting in very intense feelings of _____ (have client pick an emotion/situation from their homework; preferably, where the emotions are intense, mixed, and complicated). They will be asked to take a moment to recall the events surrounding the episode and their feelings at the time. When the participant has identified an incident, he/she will then be asked to picture the situation in his/her mind, and to try and remember as vividly as she can what the incident entailed.

Participants will be asked to describe the incident in as much detail as she can (e.g., *"In your own words, describe what happened, starting at the beginning of the interaction/incident."*)

The interviewer will probe for key aspects of the interaction, including the following questions: *When did this occur?; Where were you?; Who were you distressed at?; What precipitated your distress-- What did he/she say (do)?; What did you say/do?; What happened next?; How did you respond?; Did you experience the distress immediately or later, after the event? How long did you continue to feel distressed?*

The interviewer will probe for emotional experiences during the interview: *"Try to recall how you felt (describe all emotions that you felt). Try to recall how your body felt—(heart racing, muscles tightening, sweating, etc). How intense was your distress? Rate on a scale from 1 to 10, with 1 being very mild, and 10 being very intense-as distressed as you can imagine."* Probes will also be used to help elicit recall of the incident, for example: *Try to recall the expression on his/her face. What was he/she wearing? Describe your surroundings. What were you thinking?*

***Note: If participants ask for your feedback for events that they are recounting, make sure to NOT give it (no response).

Progressive Muscle Relaxation

Procedure: The Benson procedure.

1. Preliminary steps.
 - a. Choose a quiet, comfortable environment.
 - b. Choose a quiet time of day, for example, two hours after a meal
 - c. Choose a word or phrase to repeat to yourself (e.g., "one").
 - d. Develop a passive attitude.
 - e. Choose a comfortable position.
2. Description of the procedure.
 - a. Sit quietly in a comfortable position.
 - b. Close your eyes.
 - c. Progressively relax your muscles (if success with relaxation is not achieved immediately, have clients tense a particular muscle group, hold for 5-7 seconds, and then release).
 - d. Breathing-say "one" as you breathe out.
 - e. Do this for 10 to 20 minutes-then sit quietly for a few minutes.

SUBJECTIVE UNITS OF DISTRESS SCALE

Patient Initials _____

Date _____

Subject # _____

Session # _____

Time	SUDS Rating	Comments
<i>Baseline</i>		
<i>Post-Mood Induction</i>		
<i>10-minute post induction</i>		
<i>20-minute post induction</i>		
<i>30-minute post induction</i>		
<i>40-minute post induction</i>		
<i>50-minute post induction</i>		
<i>60-minute post induction</i>		



HOMework COMPLETION FORMS

Homework Completion Form

- 1= 20% complete
- 2=40% complete
- 3=60% complete
- 4=80% complete
- 5=100% complete

Subject #:

SESSION 1: Homework to be checked before the start of session 2

WORKSHEET 1-3:

Completion: 1 2 3 4 5

SESSION 2: Homework to be checked before the start of session 3

HANDOUT 2-1:

Read: Yes No

WORKSHEET 2-3:

Completion: 1 2 3 4 5

SESSION 3: Homework to be checked before the start of session 4

HANDOUT 3-1:

Read: Yes No

WORKSHEET 3-4:

Completion: 1 2 3 4 5

SESSION 4: Homework to be checked before the start of session 5

HANDOUT 3-1:

Read: Yes No

WORKSHEET 3-4:

Completion: 1 2 3 4 5

SESSION 5: Homework to be checked before the start of session 6

WORKSHEET 4-3:

Completion: 1 2 3 4 5

Footnotes:

- ¹Linehan, M.M. (1993b) Skills Training Manual for Treating Borderline Personality Disorder. The Guilford Press, New York and London.
- ²Averill, P. M., & Schmitz, J. M. (1997). Treatment of dually diagnosed patients using relapse prevention and depression management. Workshop presented at the American Psychological Association Annual Convention, Chicago, Illinois.