Modified Dialectical Behavioural Therapy Group Material for Individuals With Intellectual Disabilities

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The procedures in this workbook are meant to be used by agency staff, as part of the broader services they provide, or under supervision of agency staff.
Abstract

Dialectical behaviour therapy (DBT) is an effective treatment for individuals who have been diagnosed with borderline personality disorder. There has been minimal research on the effectiveness of DBT for individuals with comorbid personality disorders and intellectual disabilities. DBT could be applicable for dually diagnosed clients if it were modified to meet the needs of the population. The Personality Disorders Services through Providence Care, provide a DBT skills building group which focuses on two of DBT’s core modules: distress tolerance and emotion regulation. A workbook for the DBT skills building group run by Personality Disorders Services was created for those with an intellectual disability or a below average IQ. The aim of the workbook was to provide an additional resource for the staff to use with clients to facilitate their understanding of materials and to increase the treatment effectiveness. The workbook was modified directly from the dialectical behaviour therapy skills training manual (Linehan, 2015) and contains 12 sections, each focusing on a different aspect of either distress tolerance or emotion regulation skills. Some of the skills taught in the workbook include radical acceptance, general distress tolerance techniques, the distress tolerance box, pros and cons sheets, and emotion regulation sheets. Professionals working at the Personality Disorders Services completed a survey to give feedback on the workbook. They stated that the workbook was appropriate for the intended demographic, practical and comprehensive. In future research, it is recommended to incorporate feedback from individuals who would be using the modified materials.
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Chapter 1: Introduction

Swales, Heard, and Williams (2000) state that one of the main goals of dialectical behaviour therapy (DBT) is to teach clients skills to help them cope with their emotions in a wide range of situations. According to Swales et al., DBT includes four modules to teach clients coping skills: mindfulness, distress tolerance, emotion regulation, and interpersonal effectiveness.

DBT was originally developed for the treatment of borderline personality disorder (BPD) (Swales, Heard, & Williams, 2000). DBT is an adapted form of cognitive behavioural therapy that integrates psychotherapy with skills training and team consultation for the therapists (Swales, Heard, & Williams, 2000). Feigenbaum (2007) suggests that while still practical and most commonly used with individuals with BPD, DBT is currently being used for people with a range of disorders including substance use disorder, binge eating disorder, attention deficit hyperactivity disorder (ADHD), depression, suicidal behaviour and individuals in the correctional system.

The DSM – V (American Psychiatric Association, 2013) lists nine different for the diagnosis of BPD. These criteria include avoiding abandonment, unstable relationships, an unstable sense of self, impulsivity, suicidal behaviour, emotion dysregulation, feeling empty, difficulty controlling emotions, and dissociative symptoms. However, emotional dysregulation is the symptom that normally provides the most difficulties to the client (Feigenbaum, 2007). Feigenbaum (2007) suggests that this is because people who have BPD experience emotions stronger than those who do not have BPD; therefore, it effects their cognitive regulation. Poor cognitive regulation due to emotional dysregulation can then effect a person’s problem solving abilities. People who have BPD may also lack the skills to think of the results derived from their behaviours (Feigenbaum, 2007).

There is minimal research on the comorbidity of personality disorders and intellectual disabilities (ID). Individuals with an intellectual disability tend to have a delay in their personality development therefore a diagnosis of a personality disorder would not be typically made until the client was at least 21 years old (Pridding & Procter, 2008). Additionally, many mental health professionals have a tendency to view clients with a dual diagnosis of an ID and a personality disorder as displaying challenging behaviour as opposed to displaying symptoms of the personality disorder (Pridding & Procter, 2008). Pridding and Procter (2008) suggest that a person’s disability influence mental health workers to overlook the fact that they have a comorbid personality disorder. They state that difficulty grasping abstract concepts and difficulty with communication make doing a proper assessment for a personality disorder problematic.

There is a gap in the research related to treatment options for people who have a personality disorder and an intellectual disability. Although DBT is an effective treatment for many people (Feigenbaum, 2007), DBT may not be offered to people with an intellectual disability because they have difficulties comprehending abstract concepts (Brown, Brown, & Dibiasio, 2013), such as emotion regulation. People with an intellectual disability also have complex individual needs, which DBT facilitators may not be capable of meeting (Brown et al., 2013)

This thesis will focus on a DBT skills building group that specializes in building distress tolerance and emotion regulation skills. Currently within the DBT group, there are no special
procedures or handouts for individuals who have an intellectual disability, or for individuals who struggle to learn material in a fast-paced group setting. This can make it difficult for those with intellectual disabilities to understand the contents covered in therapy. If people are incapable of fully understanding the concepts taught in DBT, it will not be beneficial.

Research has demonstrated that DBT is an effective treatment model for those with personality disorder, specifically BPD (Swales, Heard, & Williams, 2000). However, there has been minimal research on the use of DBT for individuals with intellectual disabilities (Sakdalan, Shaw, & Collier, 2010). Therefore, it is uncertain whether DBT would be an effective treatment model for people with comorbid intellectual disability and personality disorders. For this thesis, DBT material about distress tolerance and emotion regulation will be modified to create a workbook for individuals with intellectual disabilities. It is anticipated that by modifying the DBT skills handouts of distress tolerance and emotion regulation, people who have an intellectual disability and other comorbid disorders will be capable of learning the skills taught.

This thesis will consist of four primary chapters: the literature review, method, results, and discussion. The literature review covers the occurrence of comorbid personality disorders and intellectual disability, and the use of DBT with individuals with intellectual disabilities. The method reviews the strategies used in the creation of the workbook, a description of the potential population to use the workbook, a description of the feedback form. The discussion will include the strengths and limitations of the workbook, a summary of the thesis overall, anticipated challenges for application, contribution to the behavioural psychology field, and recommendations for future research.
Chapter II: Literature Review

People with intellectual disabilities are frequently overlooked in research studies. Despite this, there is a slight increasing trend in research regarding people with intellectual disabilities and other psychiatric disorders (Moreland, Hendy, & Brown, 2008). According to Pridding and Procter (2008), personality disorders may be as prevalent in individuals with intellectual disabilities as it is in the general population. They also claim that there may be higher rates of personality disorders in individuals with intellectual disabilities within the psychiatric and forensic populations. Despite high rates of individuals with comorbid personality disorder and intellectual disability (Pridding & Procter, 2008), there is minimal research on treatment for this population. Many articles that focus on DBT exclude people with low intellectual functioning (Pridding & Procter), making it a difficult topic to research.

Comorbidity

Many doctors hesitate assigning people with intellectual disabilities a diagnosis of a comorbid personality disorder (Moreland, Hendy, & Brown, 2008). Turygin, Matson, & Adams (2014) conducted a study to see the frequency of psychiatric disorders in those with intellectual disabilities (ID). Their study included 101 participants, with mild to moderate ID. By looking through the case notes of the participants, they found that 16 out of 101 people with ID met the criteria for having a minimum of one personality disorder. They found that individuals with a mild ID as opposed to a moderate ID were more likely to meet the qualifications for having a diagnosis of a personality disorder. However, one main limitation in this research is that individuals who can communicate effectively were more likely to receive a diagnosis of a psychiatric disorder (Turygin et al., 2014). This may explain why people with mild ID were more likely to receive a diagnosis.

There has been minimal research on the frequency of individuals with ID that are diagnosed with personality disorders. Lidher, Martin, Jayaprakash, and Roy (2005) followed up on a study that diagnosed people with ID with personality disorders. Their main goal was to observe if their diagnosis made a difference in their individual treatment plans after five years. In the original study, they found that 21 out of 75 participants with ID had a personality disorder. Of the 21 participants with a personality disorder, they state that 15 also had additional psychiatric diagnoses. The majority of the participants had an ID that ranged from borderline to moderate. They administered five different psychometric tests: the Standardized Assessment of Personality (SAP), the Disability Assessment Schedule (DAS), Psychiatric Assessment Schedule for Adults with Developmental Disabilities (PAS-ADD), and the Aberrant Behaviour Checklist (ABC). In this sample, Lidher et al. found that people who received the diagnosis of a personality disorder also received the most specialist services. In addition, they found that those diagnosed with a personality disordered had a tendency to score higher on the ABC than those without a personality disorder. Six of the participants with personality disorders also scored above the threshold for the PAS-ADD. Overall, the authors found that having the diagnosis of a personality disorder did help to individualize their treatment plans.

Comparative studies have been completed between those who have an ID and a comorbid personality disorder against those individuals without a personality disorder. Alexander, Green, O’Mahony, Gunaratna, and Hoare (2010) researched the comparison with individuals in the correctional system. There were 138 participants in this study, all who had been diagnosed with an ID (Alexander et al., 2010). There were 77 participants who had been diagnosed with a personality disorder, and 61 without that diagnosis. Alexander et al. (2010) compared the clinical
factors, offending behaviours, and treatment outcomes of all the participants. For the purposes of this study, the authors state that clinical factors included age of admission to medium security services, gender, past abuse, and their diagnostic category. Offending behaviours referred to legal status, criminal history, and aggression history; and treatment outcomes referred to institutional aggression, duration of stay in secure services, and the care pathway (Alexander et al., 2010). They found that for clinical variables, it was more common for women to have a diagnosis of a personality disorder and for people with personality disorders to have a higher occurrence of depressive disorders. The differences in histories of abuse between groups was not statistically significant (Alexander et al., 2010). Their results demonstrate that people who had personality disorders were typically more likely to have higher occurrences of violent offences and restriction orders. There were two major limitations to this study. One is that the authors did not use standardized tests. The second limitation is that it is unknown whether the participants of this study were diagnosed with a personality disorder before or after their convictions. This limitation could have altered how they were treated in the institutions.

There has been research analysing the treatment differences between those with and without a diagnosis of an ID. Alexander, Chester, Gray, and Snowden (2012) completed a case note analysis of people who were previously in a medium security facility. Their analysis was a three-way comparison of those with an ID, a personality disorder, and both diagnoses. The psychiatrist used the International Classification of Diseases – 10, the Historical Clinical Risk – 20 (HCR-20), and the Hare Psychopathy Checklist: Screening Version (PCL: SV) for all participants (Alexander et al., 2012). In this research, there were 362 participants total. Of these participants, 97 had only an intellectual disability, 217 had only a personality disorder, and 48 had both an intellectual disability and a personality disorder. They found that people who only had the diagnosis of a personality disorder had a significantly higher number of previous convictions, and they were younger at the age of first conviction. People who had the diagnosis of an ID did not have to go through the same legal processes as those who did not have an ID (Alexander at al., 2012). According to the authors, people who had both diagnoses were treated comparably to those with only an ID, as opposed to those with only a personality disorder. Therefore, those with both diagnoses may not be receiving any treatment for their personality disorder symptoms. However, the authors state that those with both diagnoses scored higher on the HCR-20 and the PCL: SV than those with only a personality disorder. This suggests that people who have an ID and a personality disorder may require more treatment for their personality disorders than they are currently receiving.

The authors found that people who have the diagnosis of a personality disorder tend to have more occurrences of violent offences in their past. Therefore, both authors suggest that people who have a comorbid diagnosis of an ID and a personality disorder could increase their capability to cope with their emotions.

**Emotion Regulation**

People who have difficulties with emotion regulation may use maladaptive coping skills (Linehan, 2015). Didden, Embregts, van der Toorn, and Laarhoven (2009) compared coping and adaptive strategies to emotional and behavioural distress in individuals with ID in an inpatient setting. They had 39 individuals in their research, all who had a borderline to mild ID. The average IQ score of the participants was 70; however, it ranged from 48 – 80. Of the 39 participants, 18 had a previous diagnosis of substance abuse and 25% had a previous diagnosis of a personality
disorder. Their research separated people into two groups, the control and experimental group. The control group consisted of participants who did not meet the criteria for substance abuse. The experimental group consisted of people who met the criteria for substance abuse, which is consuming more than 14-21 standard units of alcohol weekly. There were no statistically significant differences in age, gender, or IQ between the two groups. Their research found that people who met the criteria for substance abuse had higher rates of aggression, anxiety, depression, intrusive thoughts, antisocial personality traits, and hyperactivity. Overall, this study suggests that substance use is sometimes a strategy used by individuals with ID to cope with strong emotional responses. The researchers suggest that individuals who met the criteria for substance abuse lacked relaxation skills and distress tolerance techniques (Linehan, 2015).

There were a few limitations within Didden et al. research. The first one is that some of the case reports used in the research were missing data. They also had a relatively small sample size. Without all the relevant data and a larger sample size, it is impossible to make a concrete conclusion about how individuals with ID cope with strong emotions.

Treatment

Morrissey and Taylor (2014) researched the potential personality trait changes in individuals with ID and personality disorders in a therapeutic community within the high security psychiatric services. Nine participants completed the research. All of the participants in this study were diagnosed with a mild ID and a minimum of one personality disorder. The researchers used the International Personality Disorder Examination Screening Tool (IPDE), the PCL: SV, and the Young Schema Questionnaire (YSQ-SF) to measure personality disorder traits. According to these tests, most participants had borderline personality traits or had various traits of personality disorders. As part of the therapeutic community, the participants attended two community meeting with staff weekly and one group therapy session weekly (Morrissey & Taylor, 2014). After two years of living in the therapeutic community, the scores on the YSQ-SF and the IPDE decreased. However, the scores on the PCL-SV did no change. It was reported by the authors that there was a reduction of some personality disorder symptoms, but not all. Therefore, this study was not demonstrated as an effective treatment model for people with comorbid personality disorders and ID. However, the researchers were able to build a good rapport with the participants. Because having a good rapport is an important factor when working with clients with an ID, the clients reported the overall experience as positive.

As previously mentioned, one treatment model that has demonstrated effectiveness with people with personality disorders, especially BPD, is DBT. Linehan et al. (2006) tested the effectiveness of DBT versus community treatment by experts (CTBE) for individuals who have BPD and suicidal behaviours. They used the CTBE condition as a control, and controlled for a variety of therapist traits to improve internal validity. They state that the CTBE condition controlled for therapist expertise, loyalty to treatment, availability, institutional prestige, general factors, and clinical experience. They state that participants in the CTBE met with their therapists a minimum of once weekly, however treatment was different dependent on the therapist. Participants in the DBT group met with their individual therapists for one hour weekly, had group skills training for two hours weekly, and regular contact with their therapists as needed (Linehan et al., 2006). Linehan et al. (2006) found the participants in the DBT group were less likely than the CTBE group to drop out of therapy or to be admitted to the hospital, used fewer psychotropic
medications and fewer crisis services than the CTBE group. The overall conclusion was that DBT was the most effective treatment for individuals with BPD and suicidal behaviours.

There has been research done to evaluate the efficacy of modifying DBT for individual needs. Perroud, Nicastro, Jermann and Huguelet (2012) examined the effectiveness of an adapted DBT model for individuals who fit the criteria of BPD without necessarily having a diagnosis. Their study had 54 participants from various outpatient services. The program was structured as four weeks of intensive DBT, followed by ten months of standard DBT. All participants attended weekly individual DBT and weekly group skills training in both intensive and standard DBT. Four behavioural techniques relating to the mindfulness module of DBT were emphasized in this study: observing, describing, acting with awareness, and accepting without judgement. They also modified the DBT model dependent on the needs of each client. Perroud et al. found that increasing levels of mindfulness in their DBT skills group increased observing, describing, and accepting without judgement techniques. Increasing the levels of mindfulness skills then led to a decrease in overall BPD symptoms (Perroud et al., 2012). This study demonstrates that modifying a DBT program can be effective dependent on the needs of the client.

Few researchers have tested the efficacy of DBT with people who have an ID. Brown, Brown, and Dibiasio (2013) conducted a study on the use of an adapted DBT program for individuals with ID and challenging behaviours. They had 26 participants total. All participants had an IQ ranging from 40-95; however, the majority had an IQ below 70. Every individual in this study had a minimum of one psychiatric disorder, including some who were diagnosed with BPD. All participants had one hour of individual therapy weekly combined with one hour of group skills training weekly. The researchers adapted the group skills training of DBT to better suit the needs of the clients. This process included modifying self-monitoring practices to simplify them, using simpler language to identify coping mechanisms, and actively helping clients find the most effective coping strategies for them. This was done by the use of modified handouts for participants to use and CDs. They also used behavioural interventions to help reduce the frequency of challenging behaviours. The therapists implementing DBT also reached out to the participant’s primary care providers to inform them of the topics in therapy as it progressed. After treatment, the authors found that challenging behaviours reduced by 76% over four years. The average time spent in a hospital or forensic setting was reduced by an average of 228 days annually. Having the diagnosis of BPD as opposed to other psychiatric disorders increased the chances of this type of treatment being effective.

Brown et al. research had a few limitations that should be mentioned. One major limitation was the lack of control group, so it is impossible to conclude that DBT was the only variable that caused the reduction in challenging behaviours and time spent in hospital or forensic setting. Another major limitation to this study is that they did not use any psychometric tests to measure emotion regulation or questionnaires to assess general acquisition in their research. This means that it is unknown whether those factors contributed to the decrease in challenging behaviours. It is also unclear if the participants gained any knowledge about DBT coping skills throughout the course of their treatment.

There has also been research that narrows its focus on teaching people with ID specific coping skills. Sakdalan, Shaw, and Collier (2010) piloted a study on the effectiveness of a modified DBT group skills training for clients with intellectual disabilities with comorbid personality disorders in a correctional setting. Six participants completed the program. Program
completion entailed attending a minimum of 9 out of 13 weekly sessions. Instead of focusing on self-harm behaviours, Sakdalan et al. focused their group skills training on behaviours that may interfere with the client’s therapy and overall life quality. According to the authors, the participants demonstrated improvements in the Short-term Assessment of Risk and Treatability (START), the Vineland Adaptive Behaviour Scales – Second Edition (VABS-II), and the Health of the Nation Outcome Scales for people with learning disabilities (HONOS-LD). They stated that all the participants scored moderate to high on the questionnaire that was developed by the facilitators to assess how much the participants learned in the group. There were also statistically significant improvements between pre and post test on the START and the HONOS-LD. There were improvements on the VABS-II, however they were not statistically significant. Sakdalan et al. study also suggests that modifying the DBT group skills training decreased the level of risk for reoffending in the participants. They also noted that the most significant feedback received from the participants was that they felt they needed more assistance with homework completion. Sakdalan et al. work demonstrates that modifying DBT group skills training is effective for teaching people with comorbid personality disorder and intellectual disability about the core modules of DBT.

Similar to the work of Brown et al., Sakdalan et al. study had a few limitations. There was no control group; therefore, it is impossible to determine whether the changes that occurred were due to the DBT or an external factor. Another major limitation to this study is that there was a small sample size. This means that it cannot produce definitive conclusions about the results.

Brown et al. and Sakdalan et al. conducted very similar research. Both authors modified the group skills component of DBT to be more effective with individuals with ID. However, with a small sample size it is difficult to make any strong conclusions. Brown et al. had a larger sample size than Sakdalan et al., however Brown et al. did not use any psychometric tests. The lack of psychometric testing in Brown et al. research means that they cannot be certain the clients learned the DBT skills, whereas Sakadalan et al. can confirm that information. Both studies did not have a control group in them, meaning that they cannot guarantee that the changes in participants were due to the respective modified DBT programs. However, Brown et al. had concrete results, as they were able to see a statistically significant reduction of challenging behaviours, whereas Sakadalan et al. was not able to.

**Relationship Between Literature Review and Thesis**

This thesis aims to modify a DBT group for individuals with ID with the intent to help that population be capable of learning basic DBT skills. The literature review suggests that people who have an ID may have a higher comorbidity of personality disorders than the general population may suspect. However, it also suggests that diagnosing people with ID with a personality disorder can be very challenging. Many people with an ID also may experience issues with emotion regulation, even without a diagnosed personality disorder. The literature review also suggests that DBT can be modified effectively for people with ID. There were studies that were able to efficiently modify the group skills training by making the language simpler and using examples that were relevant to the lives of the participants. These variables are important to the thesis in a few ways. There is a need to address the gap in treatment options for those who have an ID with comorbid personality disorder or problems with emotion regulation.
Multiple studies have modified DBT groups to meet the needs of the clients. This suggests that there is a likelihood of the thesis project being an effective tool for the agency to use.

Word Count: 3054
Chapter III: Method

This project was chosen because the agency identified a need to conduct research on the effectiveness of DBT skills building by using simplified materials for individuals with ID and co-morbid personality disorders. At this time, the emotional group therapy facilitator does not have access to materials adequate to provide for the clients with ID participating in the group. Therefore, the workbook for individuals with a lower intellectual capacity was requested by the staff at the hospital to assist with providing therapy. The literature also supports further research into modifying group DBT skills building among this population. Due to time constraints, the student researcher was unable to test the effectiveness of modifying DBT group skills material to increase learning and application of the DBT skills with potential clients. However, the workbook could be used in future research to assess the effectiveness of the modified DBT skills building program.

Design

Materials that were regularly given to clients who are part of DBT skills building group, Managing Powerful Emotions (MPE), were modified for clients who have an intellectual disability. The materials given to clients include psychoeducation, related worksheets to complete, and instructions for homework. The handouts that clients received were all reviewed during MPE. However, the clients were expected to do work independently at home. The modified materials were made into a workbook instead of having weekly handouts for clients to use. All materials in the workbook were modified from the distress tolerance and emotion regulations sections of the second edition of the DBT Skills Training Manual (Linehan, 2015).

MPE was a 12-week DBT skills building group. All the information from the group was directly from or adapted from Linehan’s (2015) DBT skills training manual. Facilitators of MPE have received multiple weeks of training to run the group, and have a Master’s degree or Ph.D’s in a related field. Clients who joined the group had difficulties with emotion regulation and distress tolerance. They may have been diagnosed with a personality disorder or had personality disorder traits, although it was not required. The group was available to members of the community without a doctor’s referral. This group ran once a week for 1.5 hours. MPE focused on two of DBT’s core modules: distress tolerance and emotion regulation. The first half hour of every group was focused on reviewing homework and skills learned from the week before and the second hour of every group focused on teaching a new skill. At the end of every session, clients were given homework to complete for the following week.

Participants

This workbook was only available for clients of the Personality Disorders Services. Clients were eligible to use the modified materials if they had a mild to moderate intellectual disability. The modified materials were also be available to clients who are not diagnosed with an intellectual disability, but who still have difficulty understanding the material. Clients must have had the capacity to read at a basic level to benefit from the material. All clients who would benefit from the workbook either had a diagnosed personality disorder, or had difficulties with emotion regulation and distress tolerance. All clients who used the modified materials were over the age of 18 and using outpatient services.
Procedure

The beginning of the workbook included a general introduction and the purpose of the workbook. There were 12 sections following the introduction; one section for each week the group runs. Each section included modified handouts that were normally distributed from the corresponding week. Sections 1 to 6 focused on building distress tolerance skills. The skills covered in these sections are radical acceptance, general distress tolerance techniques, acting opposite, pros and cons sheets, and the distress tolerance box. Sections 7 to 12 focused on psychoeducation and building skills regarding emotion regulation. The skills and information covered were how to decrease emotional vulnerability, the functions of emotions and completing emotion sheets. The MPE material was simplified to a lower reading level and the layout was changed. It also provided more frequent concrete examples than the original material.

Clients who wanted to participate in the MPE group needed to provide informed consent. Informed consent was obtained during the first meeting (Appendix A). Those with an intellectual disability may benefit from having an individual consultation to ensure they understand the informed consent procedures.

Measures

The staff at the agency provided feedback on the revised material using a survey questionnaire developed by the behavioural psychology student (Appendix B). The survey consisted of questions to gather quantitative and qualitative feedback. All staff who reviewed the material have completed graduate school and have facilitated multiple MPE groups. The professionals at the Personality Disorders Services have an educational background in a variety of disciplines including social work, nursing, and psychotherapy. The professionals provided feedback in three areas of the workbook, including material suitability for the target population, areas for improvement, and components that do not need improvement. Staff feedback was considered and modifications to the workbook were made based on the staff suggestions. The results from the staff feedback are presented in a table in the results section of this thesis.
Chapter IV: Results

This workbook was created as a resource for individuals with ID to help increase comprehension of MPE, a DBT skills building group. Each session includes handouts that are adapted from the original MPE group to be suitable for those who have an intellectual disability. The first six sessions cover information regarding various distress tolerance skills. The final six sessions cover information regarding various emotion regulation skills. The final version of the workbook can be seen in Appendix C.

Two psychologists with expertise in providing services to individuals with personality disorders completed the survey to give feedback about the workbook. The results from the survey are displayed in table 1. In addition, one staff member gave written feedback on the survey without completing the survey (Appendix B). The survey consisted of five questions rated on a Likert scale, 1 being strongly disagree and 5 being strongly agree.

<table>
<thead>
<tr>
<th>Question</th>
<th>Mean</th>
<th>SD</th>
</tr>
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<tbody>
<tr>
<td>1. The modifications are at an appropriate reading level for clients with intellectual disabilities.</td>
<td>4</td>
<td>0</td>
</tr>
<tr>
<td>2. The modified MPE material reviews all critical information.</td>
<td>4</td>
<td>0</td>
</tr>
<tr>
<td>3. The additional information/examples added to the MPE material is practical and comprehensive.</td>
<td>4</td>
<td>0</td>
</tr>
<tr>
<td>4. There are areas in the modified MPE material that do not need any revision.</td>
<td>3</td>
<td>0</td>
</tr>
</tbody>
</table>

The average score was four for the first three questions. This suggests that the professionals who completed the survey believe the workbook was at an appropriate reading level for the intended population, that the workbook covered all critical information required, and was comprehensive. Question four had an average score of three, meaning that the professionals who gave feedback felt neutral about the workbook needing additional revision. There were no additional comments left for questions one through four. The fifth question had a comment from one of the staff members. It was noted that the workbook was useful, and that the agency is likely to use it in the future.

The staff member who did not complete the survey noted that the workbook was well laid out, provided relevant examples, and was appropriate for the target population. The staff member also noted that it should not be used as a standalone tool. Overall, staff noted that the workbook was a useful tool and a good addition to the agency.
Chapter V: Discussion

Overview

This workbook is intended to be used as a resource for individuals who have intellectual disabilities or a below average IQ, and who have deficits in distress tolerance and emotion regulation skills. It is expected that providing the facilitators of the MPE group with modified materials to give to clients will assist in increasing the client’s knowledge of distress tolerance and emotion regulation skills.

Many people with intellectual disabilities require personalized assistance when receiving mental health services. This has been demonstrated in many studies, such as Sakadalan et al. (2010) and Brown et al. (2013). Many individuals with intellectual disabilities may have an undiagnosed psychiatric disorder (Turygin, Matson, & Adams 2014). This means that those with intellectual disabilities may not be receiving the mental health services that are best suited to them. Currently, the best practice for those with personality disorders, specifically BPD, is DBT (Linehan et al., 2006).

The content of the workbook was based in the current literature. Many studies have suggested that individuals with a low intellectual ability may need assistance with emotion regulation (Brown et al., 2013; Didden et al., 2009; Sakadalan et al., 2010), and that personalized modifications to the DBT material are effective for clients (Perroud et al., 2012).

Strengths

As a resource, the feedback from the professionals at Personality Disorders Services suggests that this workbook is practical and suitable for the intended population. The workbook uses language that individuals with a wide range of cognitive abilities can understand. It also includes several examples of scenario and skill application to reinforce the concepts that are being taught. All examples used in the workbook are concrete, as opposed to abstract. Concrete examples are appropriate for individuals with intellectual disabilities to facilitate comprehension of the material. The workbook also contains a wide variety of examples of likely scenarios, so that individuals of any background may find them applicable to their lives. This workbook is unique because there are limited resources for those with intellectual disabilities that focus on the distress tolerance and emotion regulation modules of DBT.

Limitations

The main limitation of the workbook is that the material was not sampled with any participants. Without feedback from individuals with intellectual disabilities, it was impossible to assert whether they will find the workbook to be helpful. Another limitation was the limited feedback received from staff members. With limited feedback, only minimal improvements to the workbook could be made. It would have been preferable to provide more time for the staff to review the manual. It may have also been beneficial to make the survey in a more accessible format, such as online, to increase staff responses.

Contributions to Behavioural Psychology Field

Currently, DBT groups are not suited for those with intellectual disabilities. Typically, the content of the MPE group was very advanced and at a fast pace that those with intellectual disabilities have difficulty with. It was also difficult for the group facilitator to include those with
an intellectual disability without having a person to support the client. This workbook attempted to help with these issues by providing additional materials for clients with intellectual disabilities to use. The workbook is a tool that can be used as an additional resource in any setting that runs the MPE group, not solely the Personality Disorders Services.

**Multilevel Systems Perspective**

**Client.**

Dependent on the clients, they may have difficulty maintaining their concentration through a group lasting one and a half hours. If clients are unable to maintain their concentration through a group, they will not be able to learn the skills taught. From the group facilitator’s perspective, it can be challenging to include those with intellectual disabilities in the MPE group without affecting the learning process for the other clients. Therefore, it may be necessary for clients to have individual support through the group. However, that is not always possible due to staff availability and expertise.

**Program.**

It can be difficult to customize DBT material to be suitable for all people with intellectual disabilities. Every person’s disability is different. Therefore, what may be suitable for one client may not be for another. This is especially challenging because the workbook is meant to be suitable for many clients.

**Organization.**

Many mental health professionals do not like working with people who have personality disorders. The difficulties that often arise when working with those with personality disorders can often leave mental health workers believing that their clients cannot be helped or improve their condition. Because of the mindset that many people have, clients with personality disorders tend to be referred to many different services. When clients are constantly referred, it makes it difficult for them to get a sense of stability in their lives because often the services they are referred are not always appropriate for their specific problems. This can be a greater problem for those who have an additional diagnosis of an intellectual disability. They may find it challenging to use the techniques in the manual in their everyday lives because of their history in the mental health system.

**Societal.**

Society has many behavioural norms. It can be crucial to ensure that the behaviour of those with intellectual disabilities and emotion dysregulation are seen as acceptable within society. It is important to teach clients how to manage their emotions in ways that are socially acceptable. When creating the workbook, it was important to use a variety of examples that could be generalized into many settings. This way, socially acceptable behaviours can be naturally reinforced.

**Recommendations for Future Research**

In future research, it would be beneficial to incorporate feedback from individuals who would be using the modified materials. By implementing the workbook with clients, their feedback could be used to evaluate and apply the workbook effectively. As previously
mentioned, it would be important that the demographic for the workbook would be those with a mild or moderate intellectual disability and have skills deficits in emotion regulation and distress tolerance. It would be beneficial to have a person implement the workbook and take data on the participants’ progress throughout the process. It is also suggested that the workbook be adapted to the most current outline of the MEP group.
References


Appendix A

INFORMED AGREEMENT

Personality Disorders Service

Community Skills-Building Groups

I, _____________________________, am planning to attend and participate in the skills-building group

Print Full Name_______________________________________________ offered by the Personality Disorders Service.

Name of Group You Are Attending

Please check each box to confirm you have read, understand, and agree with the following:

☐ The group leaders are required to protect my confidentiality; however, group leaders are required to report child abuse and sexually-abusive health professionals, even without my consent, and the group leaders may report to others if they think I am at immediate risk of seriously harming myself or others.

☐ Providence Care is a teaching hospital and students from a variety of professional disciplines are often present observing and/or helping to facilitate groups. These students are bound by the same rules of confidentiality.

☐ The group leaders will assume that they have consent to release my information to other health professionals within my circle of care unless I tell them otherwise. *(Circle of care may include family physicians, therapists, etc., who you will be asked to identify at the time of registration or at any given time throughout participation within a group session, if it is deemed necessary).*

☐ The group is a time-limited skills development program, not long-term psychological support. I will continue to rely on my family doctor and other supports during and after participating in this group.

☐ I will not disclose any information from group to non-participants. That means not talking to my partner, family members or friends about anyone in the group in a way that may identify them.

☐ I will learn how to speak about my personal experiences in group in a way that does not burden other participants, for example, no graphic details of traumatic experiences, past or present, and no suicide threats. Instead, I will focus on my feelings and my struggles.

☐ I will show to others the same courtesy and respect I would like to be shown.

☐ I will not act out destructive and self-destructive behaviours in group, that is, no physical violence towards others, no verbal lashing out at others, no self-harm.
☐ I will not engage in physical affection or any sexual behaviour with other program participants

☐ I will not socialize with other participants outside group; this includes not socializing via electronic media such as e-mail, Facebook, Twitter, etc.

☐ I understand that I will benefit most by attending all sessions. If I miss three sessions, I understand I will be asked to leave the group.

☐ I understand that this is not a drop-in group. If I am interested in participating in a second round of the sessions, I will ask group leaders about availability, as there may be a waiting list.

☐ This group is designed to teach me new skills for dealing with emotional and interpersonal problems and I am aware this kind of program may not be helpful for everyone. If I do not believe this group is benefiting me, I may terminate my participation at any time. Similarly, if staff does not believe the group is helpful to me, I will be encouraged to find a more appropriate type of treatment.

Participant Signature ____________________________ Date ____________________________

Witness Signature ________________________________
Appendix B

Modified MPE Material Survey

This survey is to get feedback regarding the Managing Powerful Emotions Workbook. The MPE workbook has modified the material to be suitable for individuals with intellectual disabilities. The feedback will be incorporated into the final edition of the workbook. This survey is anonymous, and the results will be included in my thesis. By filling out the survey, you are consenting for the information you have provided to be included in my thesis. Thank you for taking the time to complete this survey.

Please use the scale provided to answer the questions.

1. The modifications are at an appropriate reading level for clients with intellectual disabilities.

   1-----------------2-----------------3-----------------4-----------------5

   Strongly Disagree   Disagree    Neutral    Agree    Strongly Agree

If there are areas that are not at an appropriate reading level, please specify which ones.

________________________________________________________

______________________________________________________________________________

______________________________________________________________________________

2. The modified MPE material reviews all critical information.

   1-----------------2-----------------3-----------------4-----------------5

   Strongly Disagree   Disagree    Neutral    Agree    Strongly Agree

If there is critical information missing, please specify what is missing.

________________________________________________________

______________________________________________________________________________

______________________________________________________________________________
3. The additional information/examples added to the MPE material is practical and comprehensive.

1-------------2-------------3-------------4-------------5
Strongly Disagree    Disagree    Neutral    Agree    Strongly Agree

If the added information/examples are not practical, please specify which ones.
______________________________________________________________________________
______________________________________________________________________________
______________________________________________________________________________

4. There are areas in the modified MPE material that do not need any revision.

1-------------2-------------3-------------4-------------5
Strongly Disagree    Disagree    Neutral    Agree    Strongly Agree

If there are areas that you believe do not need revision, please specify which ones.
______________________________________________________________________________
______________________________________________________________________________
______________________________________________________________________________

5. If you have any additional comments, please write them below.
______________________________________________________________________________
______________________________________________________________________________
______________________________________________________________________________
______________________________________________________________________________
______________________________________________________________________________
______________________________________________________________________________
Managing Powerful Emotions Workbook
Introduction

This Managing Powerful Emotions Workbook was created at the request of staff at Personality Disorders Services with Providence Care. It was produced to be used by clients of this agency who have a learning or intellectual disability or clients that may benefit from simplified material to learn the concepts and skills taught in the Managing Powerful Emotions group. All information in this workbook was modified from Personality Disorders Services – Providence Care and Marsha Linehan’s DBT Skills Training Manual.

This workbook was made to help learn the material taught in Managing Powerful Emotions. It outlines the material taught in 12, 90 minute, group sessions. If there are any questions about the material in this workbook, please discuss them with the group leader.
# Table of Contents

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Session 1 – What is Reality Acceptance?
Goal

The goal of this session is to help you learn to accept life when it gets hard, and to deal with very strong feelings. The goal is also to help you deal with strong feelings without making them worse.

We can help meet this goal by learning:

- Reality Acceptance
- Crisis Skills

Note: Acceptance means to let happen or to notice.

Acceptance does **NOT** mean to agree or to think it is good.
States of Mind

Logic Mind

- When you use logic mind, you do not feel your feelings. You only focus on the facts because they make sense to you.

Example: A person is so focused on doing their homework for school that they do not say hi to their mom as she walks by.

Emotion Mind

- Emotion mind is when you only think about how you are feeling, and do not think about what may happen if you act on what you want to do.

Example: A person can wake up feeling sad, so they do not go work and lay in bed all day.

Wise Mind

- Wise mind is when you use both your logic mind and emotion mind. You think about what you are feeling and what needs to be done.

Example: A person wakes up feeling sad, but they know they have homework to do so they get up and do their work.
What Does Accepting Reality Mean?

- Accepting reality can also be called **radical acceptance**.
- Accepting reality is to stop fighting what is happening in your life, even if you do not like what is going on.
- If you say things like “This should not happen to me!”, then you are NOT accepting reality.

What Has To Be Accepted?

- Things that happen in your life, good or bad.
- There are limits on what can happen in the future for everyone.
- All things have a cause; even things that might make you feel sad or scared.
- Life can be worth living, even if it hurts at times.

Why Should I Accept Reality?

- Not accepting reality does not change what is going on in your life.
- If you want to change what is going on in your life, first you have to accept it.
- You cannot avoid feeling sad, mad, or scared. Not accepting reality can make you feel more sad, mad, or scared.
How Can I Practice Accepting Reality?

- Tell yourself that what happened cannot be changed.
- Tell yourself that reality had to happen this way.
- Try to relax and focus on breathing.
- Pretend that you have accepted reality. Would you act in a different way?
- Let yourself feel what you feel. This could be sad, scared, or hurt.
- Know that life can be worth living, even when you are in pain.
- Do pros and cons if you think this is hard.
Turning The Mind

- You always have a choice. You can choose to accept reality, or to reject reality.
- Turning the mind means to choose to accept reality.

How To Turn The Mind

- Notice that you are not accepting reality.
- Make a promise to yourself that you will try to accept what is happening in your life as it is.
- Keep trying; it may not always work on the first try.

Willingness

- Willingness is doing what you need to do in a situation.
- Willingness is listening to your wise mind.

Wilfulness

- Wilfulness is giving up, focusing on what you want right now.
- Wilfulness is not dealing with the moment.

Replace WILFULNESS with WILLINGNESS
Practice

At home, try to do these 3 things over the next week.

1. Think of a problem you have at times. How does willfulness make this problem worse? (Look at page 6)

2. Decorate a box. Over the next few weeks you can add things to this box to help you calm down when you need it. Next week we will talk about what can go in the box. For this week, just pick a box and decorate it!

3. Think about what goals you have for this course.
   A)______________________________________________
   ________________________________________________
   ________________________________________________
   B)______________________________________________
   ________________________________________________
   ________________________________________________
   C)______________________________________________
   ________________________________________________
Session 2 – What to do When Your Emotions are Hard to Deal With
There are 3 types of skills to help deal with strong feelings when you cannot make things better right away. These are called **distress tolerance** skills.

1. **Distracting with:**
   - **Activities**
     - Exercise; Do a hobby; Clean; Watch sports; Call a friend; Visit a friend; Play a game; Go for a walk; Play sports; Go out to eat; Garden.
   - **Help Someone**
     - Do volunteer work; Give something to a person; Make something nice for another person.
   - **Opposite Feelings**
     - Read a book or story; Listen to music. Be sure what you do will help you feel better. For example: Do not watch a sad movie when you are sad. Watch a happy movie.
   - **Pushing Away**
     - Leave the event for a bit; Block it out of your mind; Put the pain on a shelf; Keep the pain in a box.
   - **Other thoughts**
     - Count to 10; Count colours on the wall; Watch TV; Do a puzzle.
   - **Sensations**
     - Hold ice in your hand; Squeeze a rubber ball; Take a hot shower.
2. Calm yourself with your senses:

- **Vision**
  Look at a flower; Light a candle; Look at nature; Look at pretty pictures.

- **Hearing**
  Listen to music you like; Listen to nature; Sing a song; Listen to what is going on near you.

- **Smell**
  Use a scented lotion; Light a scented candle; Boil cinnamon; Bake cookies or bread; Smell nature.

- **Taste**
  Have a good meal; Have a good drink (but no alcohol); Put whipped cream on a drink; Chew gum; Eat a candy; Focus on taste.

- **Touch**
  Take a bath; Pet a dog or cat; Put on lotion; Put a cold pack on your face; Sit in a really comfy chair; Hug someone.

- **Imagination**
  Pretend you are somewhere else that can help you feel calm, like a beach or a forest; Say nice things to yourself.
3. **Make the moment better with:**

- **Imagery**
  Imagine a place that is relaxing; Imagine being in this relaxing place any time you feel your feelings too strongly.

- **Finding Value**
  Focus on something good in the event going on.

- **Relax**
  Squeeze your hands together, and then relax. Try this with other parts of your body too; Take a hot bath; Rub your neck and shoulders; Remember to breathe.

- **One Thing in the Moment**
  Focus on what you are doing right now. Focus on how your body feels doing what you are doing.

- **Take a Break**
  Do not look at your phone; Colour; Eat something slowly; Take a break from doing what makes you feel unhappy.

- **Give Yourself a Boost**
  Be nice to yourself; Repeat “I can do it!” or “I am doing the best I can”.

These skills will **NOT** fix what is going on in your life, but they will help you get through it.
Skills to Use to Help Deal With Strong Feelings

Practice

When I am having a hard time dealing with strong feelings I can:

Distract myself with activities, calm myself down with my senses, and make the moment better.

Skills I tried this week:

<table>
<thead>
<tr>
<th>Day</th>
<th>Feeling</th>
<th>Skill I Tried</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Example:</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Sunday</td>
<td>Sad</td>
<td>Distract with activities</td>
</tr>
<tr>
<td>Monday</td>
<td>Mad</td>
<td>Listen to happy music</td>
</tr>
<tr>
<td>Monday</td>
<td>Sad</td>
<td>Pet my cat and dog</td>
</tr>
<tr>
<td>Tuesday</td>
<td>Scared</td>
<td>Told myself “I can do it”</td>
</tr>
<tr>
<td>Tuesday</td>
<td>Mad</td>
<td>Held ice in my hand</td>
</tr>
<tr>
<td>Wednesday</td>
<td>Scared</td>
<td>Tried to focus on how I felt in my body</td>
</tr>
<tr>
<td>Thursday</td>
<td>Sad</td>
<td>Did not look at my phone for 20 minutes</td>
</tr>
<tr>
<td>Thursday</td>
<td>Scared</td>
<td>Ate my favourite food</td>
</tr>
</tbody>
</table>

Look at pages 10, 11, and 12 if you need help.
**Skills to Use to Help Deal With Strong Feelings**

**Practice**

When I am having a hard time dealing with strong feelings I can:

Distract myself with activities, calm myself down with my senses, and make the moment better.

**Skills I tried this week:**

<table>
<thead>
<tr>
<th>Day</th>
<th>Feeling</th>
<th>Skill I Tried</th>
</tr>
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<tbody>
<tr>
<td><strong>Example:</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Sunday</td>
<td><strong>Sad</strong></td>
<td><strong>Distract with activities</strong></td>
</tr>
<tr>
<td>Monday</td>
<td><strong>Mad</strong></td>
<td><strong>Listen to happy music</strong></td>
</tr>
</tbody>
</table>

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Creating Your Distress Tolerance Box

Last week you were asked to decorate a box. This box will now be called your **distress tolerance box.** It will help you use the skills we talked about earlier when your feelings are really strong.

In the box, you can put in anything that will help you to distract yourself, calm yourself down with your senses, or make the moment better.

If you use this box a lot, it can help you deal with strong feelings in a healthy way.

**Examples of things to put in your box**

- A stuffed animal
- Your favourite book
- A scented candle
- Pictures
- CDs
Session 3 – What is Acting Opposite?
Acting Opposite

Acting opposite means when you have a strong feeling, do what you do NOT want to do. This can be very hard to get.

Many people think when they have a strong feeling; they have to act it out.

It can make a big change in your life if you are willing to try to act opposite. Here are some examples of how to try.

<table>
<thead>
<tr>
<th>How I feel and what I want to do.</th>
<th>How to act opposite.</th>
</tr>
</thead>
<tbody>
<tr>
<td>When I wake up, I feel sad and want to stay in bed all day.</td>
<td>I get up and take a shower.</td>
</tr>
<tr>
<td>When I spill a drink, I feel mad and want to yell.</td>
<td>I breathe 3 times, I smile, and I get a paper towel to clean the mess.</td>
</tr>
<tr>
<td>I feel scared because I do not want to pick up the phone to make a call.</td>
<td>I smile and call the person.</td>
</tr>
<tr>
<td>I am asked to go out for dinner, but I feel worried because I will not know every person there.</td>
<td>I reply “I would love to join you for dinner”.</td>
</tr>
</tbody>
</table>
**Pros and Cons Practice Sheet - Example**

**What happened to make you feel unhappy:** *I forgot my phone on the bus.*

**What emotion do you feel:** *Mad.*

**How do you want to act out your feeling:** *Yell and hurt myself.*

List the good and bad things that can happen if you act out how you feel: Tell the truth about why you want to act out your feeling.

**Good Things That Can Happen If I Act Out My Feeling**

<table>
<thead>
<tr>
<th>Good Things That Can Happen If I Act Out My Feeling</th>
<th>Bad Things That Can Happen If I Act Out My Feeling</th>
</tr>
</thead>
<tbody>
<tr>
<td>I would get my anger out.</td>
<td>I might have a scar if I hurt myself.</td>
</tr>
<tr>
<td>It would feel good right away.</td>
<td>People might see my scar.</td>
</tr>
<tr>
<td>I will feel strong.</td>
<td>I will feel bad about myself after a long time.</td>
</tr>
<tr>
<td></td>
<td>I might scare people around me.</td>
</tr>
</tbody>
</table>

**Good Things That Can Happen If I Act Opposite**

<table>
<thead>
<tr>
<th>Good Things That Can Happen If I Act Opposite</th>
<th>Bad Things That Can Happen If I Act Opposite</th>
</tr>
</thead>
<tbody>
<tr>
<td>I will not scare people around me.</td>
<td>I will have to feel my anger, which is hard.</td>
</tr>
<tr>
<td>I will not have a scar.</td>
<td>I will feel weak.</td>
</tr>
<tr>
<td>I will feel good about myself after a long time.</td>
<td></td>
</tr>
</tbody>
</table>
**Pros and Cons Practice Sheet**

If you have a really strong feeling, and you are having a hard time acting opposite, it may help to fill out this sheet.

**What happened to make you feel unhappy:**

________________________________________________________________________

**What emotion do you feel:**

________________________________________________________________________

**How do you want to act out your feeling:**

________________________________________________________________________

List the good and bad things that can happen if you act out how you feel: Tell the truth about why you want to act out your feeling.

<table>
<thead>
<tr>
<th>Good Things That Can Happen If I Act Out My Feeling</th>
<th>Bad Things That Can Happen If I Act Out My Feeling</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
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<td></td>
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<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Good Things That Can Happen If I Act Opposite</th>
<th>Bad Things That Can Happen If I Act Opposite</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
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<td></td>
<td></td>
</tr>
</tbody>
</table>
Skills to Use to Help Deal With Strong Feelings
Practice

When I am having a hard time dealing with strong feelings I can:

Distract myself with activities, calm myself down with my senses, and make the moment better.

Skills I tried this week:

<table>
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<th>Skill I Tried</th>
</tr>
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<tbody>
<tr>
<td>Sunday</td>
<td>Sad</td>
<td>Distract with activities</td>
</tr>
<tr>
<td>Monday</td>
<td>Mad</td>
<td>Listen to happy music</td>
</tr>
</tbody>
</table>

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Session 4 – When is it a Good Idea to Act Opposite?
Acting Opposite

Act opposite when your feeling does not fit the facts or when acting out your feeling does not help.

Every emotion has an action urge

An action urge is what you want to do when you have a strong feeling. By doing this, you can make your feeling stronger. But, you can change your emotion by acting opposite.

Examples:

<table>
<thead>
<tr>
<th>EMOTION</th>
<th>ACTION URGE</th>
<th>ACTING OPPOSITE</th>
</tr>
</thead>
<tbody>
<tr>
<td>Fear</td>
<td>Run away or hide</td>
<td>Do not hide</td>
</tr>
<tr>
<td>Mad</td>
<td>Hurt someone</td>
<td>Be nice</td>
</tr>
<tr>
<td>Sad</td>
<td>Lay in bed,</td>
<td>Do something</td>
</tr>
<tr>
<td></td>
<td>Being alone</td>
<td>Call a friend</td>
</tr>
</tbody>
</table>
## How to Act Opposite

<table>
<thead>
<tr>
<th>Step</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>Step 1</td>
<td>Identify the name of the feeling that you want to change.</td>
</tr>
</tbody>
</table>
| Step 2 | Check the facts. See if how you feel fits what is happening in your life. Your feeling makes sense when it fits the facts.  
Example: Feeling annoyed makes sense when a friend cancels a plan. Feeling REALLY ANGRY does not make sense |
| Step 3 | Identify your action urge |
| Step 4 | Ask the wise mind: Will acting out your feeling help you in your life right now?  
If how you are feeling does not make sense with what is going on in your life, move onto Step 5. |
| Step 5 | Identify a way you can act opposite to your action urge. |
| Step 6 | Act opposite to your action urge. This can be very hard at times. |
| Step 7 | Keep acting opposite until your feeling changes. |
# How to Act Opposite – Example

<table>
<thead>
<tr>
<th>Step</th>
<th>Description</th>
<th>Example</th>
</tr>
</thead>
<tbody>
<tr>
<td>Step 1</td>
<td>Identify the name of the feeling</td>
<td>I feel angry because my friend canceled our plans.</td>
</tr>
<tr>
<td>Step 2</td>
<td>Check the facts.</td>
<td>Feeling annoyed makes sense when a friend cancels a plan. Feeling REALLY ANGRY does not make sense.</td>
</tr>
<tr>
<td>Step 3</td>
<td>Identify your action urge</td>
<td>I want to call my friend and yell at them</td>
</tr>
<tr>
<td>Step 4</td>
<td>Ask the wise mind</td>
<td>Yelling at my friend will not make me feel good about myself.</td>
</tr>
<tr>
<td></td>
<td></td>
<td>If how you are feeling does not make sense with what is going on in your life, move onto Step 5.</td>
</tr>
<tr>
<td>Step 5</td>
<td>Identify a way you can act opposite</td>
<td>I can stay off my phone, or breathe slowly.</td>
</tr>
<tr>
<td>Step 6</td>
<td>Act opposite to your action urge</td>
<td>I stayed off my phone and breathed slowly.</td>
</tr>
<tr>
<td>Step 7</td>
<td>Keep acting opposite</td>
<td>I stayed off my phone until I felt better.</td>
</tr>
</tbody>
</table>
When is it a Good Time to Act Opposite?

FEAR

Fear fits the facts of what is going on in your life when there is a threat to:

1) Your life, or the life of a person you care about
2) Your health or the health of a person you care about
3) Your safety or the safety of a person you care about

Use these tips when you feel fear that does not fit the facts.

1. Do the opposite of your action urge.
   - Do what you are scared of over and over.
   - Go to places and do things that you are scared of.

Examples: If you are scared of being near a lot of people, go into a busy store.

2. Focus on what is scaring you.
   - Go to places and events that scare you.
   - Do an activity that scares you.

3. Change how you are standing or sitting and talk calmly.
   - Keep your head up and your shoulders back.
   - Sit with your feet on the floor and your head up.
   - Put your hands on your hips.

4. Make changes in your body.
   - Breathe slowly.
   - Smile
ANGER

Anger fits the facts of what is going on in your life when:

1) An activity you wanted to do is stopped.
2) You or a person you care about is hurt by someone else.
3) You or a person you care about is insulted by someone else.

Use these tips when you feel anger that does not fit the facts

1. Do the opposite of your action urge.
   - Avoid the person you are mad at instead of yelling at them.
   - Take some time for you and breathe slowly.
   - Be nice.

   Examples: If you want to hit someone, walk away.

2. Pretend you are the other person.
   - Try to see what is happening from their point of view.

3. Change how you are standing.
   - Relax your hands. Put your palms up.
   - Relax your chest and stomach.
   - Relax your teeth.
   - Relax your face. Try to half smile.

4. Make changes in your body.
   - Breathe slowly
SAD

Being sad fits the facts of what is going on in your life when:

1) You have lost something or someone forever.
2) Things are not going the way you wanted them to go.

Use these tips when you feel sadness that does not fit the facts

1. Do the opposite of your action urge.
   - Be active
   - Do not avoid people or events
   - Do something that you are good at
   - Do things that you like

   Examples: If a person you love dies, spend time with other people that you love.

2. Focus on what you are doing right now.

3. Change how you are sitting or standing.
   - Put your head up and look forward
   - Keep your voice cheery

4. Make changes in your body.
   - Be active, like walking or running.
SHAME

Shame fit the facts of what is going on in your life when:

1) You will be rejected by a person or group you care about if things that are personal about you are made public.

Use these tips when you feel shame that does not fit the facts

1. Do the opposite of your action urge.
   - Tell people what you might be embarrassed about.
   - Do the behaviour that may make you feel shame over and over.

Examples: If you like pop music, but you know your family does not like it, play it anyway.

2. Do not say sorry.

3. Make changes in your body.
   - Lift your head up.
   - Keep eye contact with people.
   - Keep your voice steady.
GUILT

Guilt fits the facts of what is going on in your life when:

1) Your behaviour does not match with your beliefs.

Use these tips when you feel guilt that does not fit the facts

1. Do the opposite of your action urge.
   - Tell people what you might be embarrassed about.
   - Do the behaviour that may make you feel guilt over and over.

Examples: If you feel guilt because you told someone the truth, keep your head up.

2. Do not say sorry.

3. Make changes in your body.
   - Lift your head up.
   - Keep eye contact with people.
   - Keep your voice steady.
PRACTICE

Acting opposite can be hard. This week, try to act opposite at least once, and fill in this sheet.

Example

What happened: There was a lot of people at the store my friend wanted to go to.

Emotion: Scared

Action urge: Do not go into the store, yell.

How I acted opposite: I went into the store and did not talk.

How I would have felt if I did what I wanted: Good, like I showed my friend not to take me to places with lots of people.

How I would have felt after a long time if I did what I wanted: Sad, I might have made my friend mad at me.

How did I feel after acting opposite: I was still scared, but I am happy I did not make my friend mad.
Use this sheet with your example

What happened: ___________________________________________
________________________________________________________________________

Emotion: __________________________________________

Action urge: __________________________________________
________________________________________________________________________

How I acted opposite: __________________________________________
________________________________________________________________________
________________________________________________________________________

How I would have felt if I did what I wanted: ________________
________________________________________________________________________
________________________________________________________________________

How I would have felt after a long time if I did what I wanted:
________________________________________________________________________
________________________________________________________________________

How did I feel after acting opposite: _________________________
________________________________________________________________________
________________________________________________________________________
Pros and Cons Practice Sheet

If you have a really strong feeling, and you are having a hard time acting opposite, it may help to fill out this sheet.

What happened to make you feel unhappy: __________________
_______________________________________________________

What emotion do you feel: ________________________________

How do you want to act out your feeling: ____________________
_______________________________________________________

List the good and bad things that can happen if you act out how you feel: Tell the truth about why you want to act out your feeling.

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Skills to Use to Help Deal With Strong Feelings

Practice

When I am have a hard time dealing with strong feelings I can:

Distract myself, calm myself down with my senses, and make the moment better.

Skills I tried this week:

<table>
<thead>
<tr>
<th>Day</th>
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<th>Skill I Tried</th>
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<td>Distract with activities</td>
</tr>
<tr>
<td>Monday</td>
<td>Mad</td>
<td>Listen to happy music</td>
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Session 5 – Half-Smiles and Breathing
Half Smile

What is a half-smile?

To do a half smile, you have to relax your face. Then, you turn the corners of your mouth up a little bit.

1. Half-smile when you wake up in the morning.

Make a sign that says “smile” where you can see it when you wake up. Try to half smile for a few seconds when you wake up.

2. Half-smile in your free time.

Any time you are not busy, try to half-smile.

3. Half-smile when you are listening to music.

Listen to the words and the beat of the music. Focus on your breathing while you half-smile.

4. Half-smile when you feel annoyed or scared.

When you feel annoyed, half-smile. Breathe slowly.

When you feel scared, half-smile. Breathe slowly.
Breathing

Focus your breath
Focus on your breathing coming in and out. This can help you stay relaxed.

Breathing
Sit with your legs crossed on the floor, or in a chair with your feet on the floor.

Be aware of how you breathe in and out. Continue to breathe in and out slowly. Say to yourself “I am breathing and I am at peace”. Do this for three breaths.

Try to do this for 2 to five minutes. When you want to stop, rub your legs before getting up.

You can also do this when you are listening to music or walking.
Practice

1. Try one of the half-smiling practices every day.

2. Practice focusing on your breathing every day.

3. Continue using distress tolerance skills

Please bring your **distress tolerance box** to group next week!
Skills to Use to Help Deal With Strong Feelings

**Practice**

When I am having a hard time dealing with strong feelings I can:

Distract myself, calm myself down with my senses, and make the moment better.

**Skills I tried this week:**

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Pros and Cons Practice Sheet

If you have a really strong feeling, and you are having a hard time acting opposite, it may help to fill out this sheet.

What happened to make you feel unhappy: ____________________________

_______________________________________________________

What emotion do you feel: ________________________________

How do you want to act out your feeling: ____________________

_______________________________________________________

List the good and bad things that can happen if you act out how you feel: Tell the truth about why you want to act out your feeling.

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Session 6 – Distress Tolerance Box
Thinking About the Distress Tolerance Box

- Do you use your box a lot?

- Do you think the things in your box help you?

- Are there new things you would like to put in your box?

Your box will only be helpful if you keep adding things to it. Try to use this box for as long as you can, even after this group is over!
**Skills to Use to Help Deal With Strong Feelings**

**Practice**

When I am having a hard time dealing with strong feelings, I can:

- Distract myself, calm myself down with my senses, and make the moment better.

**Skills I tried this week:**

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**Pros and Cons Practice Sheet**

If you have a really strong feeling, and you are having a hard time acting opposite, it may help to fill out this sheet.

What happened to make you feel unhappy: __________________

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What emotion do you feel: ________________________________

How do you want to act out your feeling: ____________________

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List the good and bad things that can happen if you act out how you feel: Tell the truth about why you want to act out your feeling.

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Session 7 – Goals and How to Lower Your Risk to Feeling Strong Emotions
Goals of Managing Emotions

1. To understand your emotions
   - Be able to pick out what emotion you feel.
   - Know why you feel what you do.

2. To lower your chances of feeling strong emotions
   - Lower your risk to strong emotions.
   - Help you feel happy more.

3. To lower feelings of pain.
   - Let go of painful feelings by staying in the moment.
   - Change painful feelings by acting opposite.
How to Lower Your Chances of Feeling Strong Feelings

1. **Take care of yourself when you are sick:**
   See a doctor when you need to. Take medicine how your doctor has told you to.

2. **Eat healthy foods:**
   Try to eat well. Try to keep a healthy weight. Do not eat too much or too little. Do not eat too much junk food.

3. **Avoid drugs that change your mood:**
   Avoid using legal or illegal drugs to help you deal with your emotions. Do not take drugs in the way they are not meant to be taken. Try to limit how much alcohol you drink.

4. **Get a good night’s sleep:**
   Try to sleep for 8 hours a night, if that is how much you need to feel good. Go to bed and wake up at the same time every day, even on the weekends.

5. **Work out**
   Try to work out every day for at least 20 minutes.

6. **Get Better at your skills**
   Try to do at least one thing a day that you are good at. Do something that makes you feel good about yourself.
Build Mastery

1. Do something every day that makes you feel good about yourself.

2. Plan to do something well, not to fail.
   - Do something that is hard, but that you are able to do.

3. Try to do something a little more hard over time.
   - If the first thing you try to do is too hard, do something a little easier next time.

4. Look for a something that you may not always do because it is hard.
   - If what you try is too easy, try something a little harder next time.
How to Deal With Hard Events Before They Happen

1. Explain the event that is likely to make you feel like doing something that is not helpful.
   - Check the facts. Be specific when explaining the event.
   - Name the emotion that might make it hard for you to use a helpful skill.

2. Decide what skill you want to use in the situation.
   - Write out how you will deal with the situation.

3. Pretend the event is happening right now.

4. Practice dealing with it in your head.
   - Practice in your head what you want to say.
   - Practice how to say it.
   - Practice dealing with new problems as they come up.
   - Practice dealing with things you are afraid of.

5. Try to relax after practicing.
Build Happy Memories

SHORT TERM: Do happy things now.
- Do more happy events that make you feel better.
- Do one thing every day from the adult pleasant events list on page 50.

LONG TERM: Make changes in your life so happy events will happen more often. Make a “life worth living”.
- Work towards goals.
  - Make a list of what you want.
  - List small steps to meet the goal.
  - Take the first step.
- Work on relationships.
  - Fix old relationships.
  - Look for new relationships.
- Avoid giving up.

Be Aware of Happy Experiences
- Focus on happy experiences when they happen.
- Try to focus on happy thoughts, even when you start to think of sad thoughts.

Do Not Be Aware of Worries
- Do not think about: when the happy experience will end or if you deserve it.
Adult Pleasant Events List

1. Work on my car
2. Plan a career
3. Get out of debt
4. Collect things (coins, stamps, rocks)
5. Going on vacation
6. Recycle old items
7. Go on a date
8. Relaxing
9. Watch a movie
10. Jogging, walking
11. Think “I have done a full day’s work!”
12. Listen to music
13. Think about past parties
14. Buy household things
15. Lying in the sun
16. Plan a career change
17. Laughing
18. Thinking about past trips
19. Listening to other people
20. Read a magazine or a newspaper
21. Do a hobby
22. Spend an evening with good friends
23. Planning a day’s activities
24. Meet new people
25. Remember beautiful scenery
26. Saving money
27. Going home from work
28. Eating
29. Practice karate, judo, yoga
30. Thinking about retiring
31. Fix things around the house
32. Work on machines
33. Have a quiet evening
34. Take care of plants
35. Taking care of pets
36. Going swimming
37. Doodling
38. Being active
39. Collect old things
40. Going to a party
41. Thinking about buying things
42. Playing golf
43. Playing soccer
44. Flying kites
45. Talking with friends
46. Having a family get together
47. Riding a bike or a motorbike
48. Running
49. Going camping
50. Singing around the house
51. Arranging flowers
52. Going to the beach
53. Thinking “I am an OK person”
54. Having a day with nothing to do
55. Going to a class reunion
56. Going skating, skateboarding
57. Going boating
58. Travelling
59. Painting
60. Doing something out of the blue
61. Volunteering
62. Sleeping
63. Driving
64. Hosting a party
65. Going to clubs
66. Thinking about getting married
67. Going hunting
68. Singing with groups
69. Playing an instrument
70. Doing arts and crafts
71. Making a gift for someone
72. Buying/downloading music
73. Watching boxing or wrestling
74. Planning parties
75. Cooking
76. Going hiking
77. Writing
78. Sewing
79. Buying clothes
80. Going out for dinner
81. Working
82. Talking about books
83. Sightseeing
84. Getting a manicure or a pedicure
85. Going to the spa
86. Early morning coffee
87. Playing tennis
88. Watching my kids play
89. Going to plays and concerts
90. Daydreaming
91. Planning to go to school
92. Going for a drive
93. Refinishing furniture
94. Watching TV
95. Making lists of tasks
96. Walking in the woods or by the water
97. Buying gifts
98. Completing a task
99. Watching sports
100. Teaching
101. Photography
102. Fishing
103. Staying on a diet
104. Playing with animals
105. Flying a plane
106. Reading fiction
107. Acting
108. Being alone
109. Writing in a diary
110. Cleaning
111. Taking kids places
112. Dancing
113. Weightlifting
114. Going on a picnic
115. Thinking “I did that pretty well”
116. Yoga
117. Having lunch with a friend
118. Going to the mountains
119. Working with clay or pottery
120. Glass blowing
121. Skiing
122. Dressing up
123. Thinking about how I have improved
124. Buying small things
125. Talking on the phone
126. Going to museums
127. Lighting candles
128. White water rafting
129. Going bowling
130. Woodworking
131. Thinking about the future
132. Taking a dance class
133. Debating
134. Sitting in a sidewalk café
135. Having an aquarium
136. Knitting
137. Doing crossword puzzles
138. Shooting pool
139. Getting a massage
140. Playing catch
141. Shooting baskets
142. Seeing photos
143. Blogging
144. Solving riddles
145. Having discussions
146. Buying books
147. Take a sauna
148. Checking out garage sales
149. Splurging
150. Going horseback riding
151. Doing something new
152. Working on puzzles
153. Playing cards
154. Taking a nap
155. Making a card
156. Texting
157. Playing a board game
158. Wearing my favourite clothes
159. Making a smoothie
160. Putting on makeup
161. Playing sports
162. Surprising someone
163. Going on the internet
164. Playing video games
165. Emailing friends and family
166. Going for a walk in the snow
167. Getting a haircut
168. Buying a CD
169. Watching TV or sports
Building Pleasant Activities
What I did each day to have a “life worth living”

<table>
<thead>
<tr>
<th>Day</th>
<th>Pleasant Event</th>
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<tbody>
<tr>
<td>Example:</td>
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<tr>
<td>Monday</td>
<td>Went fishing</td>
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<td>Tuesday</td>
<td>Cooking</td>
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<td>Wednesday</td>
<td>Singing in the house</td>
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<td>Thursday</td>
<td>Dancing by myself</td>
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<tr>
<td>Friday</td>
<td>Went for a walk in the snow</td>
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Pros and Cons Practice Sheet

If you have a really strong feeling, and you are having a hard time acting opposite, it may help to fill out this sheet.

What happened to make you feel unhappy: __________________

_______________________________________________________

What emotion do you feel: ________________________________

How do you want to act out your feeling: ___________________

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List the good and bad things that can happen if you act out how you feel: Tell the truth about why you want to act out your feeling.

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**Skills to Use to Help Deal With Strong Feelings**

**Practice**

When I am have a hard time dealing with strong feelings I can:

Distract myself, calm myself down with my senses, and make the moment better.

**Skills I tried this week:**

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Session 8 – Why Do I Have a Hard Time Dealing With My Emotions
Emotion Regulation

**Emotion regulation** means to be able to work with emotions in a healthy way.

When you have emotion regulation, you can:
- Accept your emotions
- Use coping skills to deal with emotions you do not like
- Use good behaviour when you’re feeling a strong emotion

Emotion Dysregulation

**Emotion dysregulation** means NOT being able to work with emotions in a healthy way.

When you have emotion dysregulation, you can:
- Not accept emotions
- Use bad coping skills to deal with emotions you do not like
- Use bad behaviour when feeling a strong emotion

Emotion Modulation

**Emotion modulation** means how well you can lower how strong your emotions feel.

When you can lower how strong your emotions feel, you can:
- Focus on something other than a strong feeling
- Have a painful emotion without acting out
Two Kinds of Emotional Events

1. The first kind of emotion is when something happen to us. Examples:
   - Feeling mad when someone judges you.
   - Feeling happy when a good friend visits.
   - Feeling sad when a family member is sick.

2. The second kind of emotion is when we react to our own thoughts or feelings. Examples:
   - Feeling mad at yourself for forgetting something.
   - Feeling guilt about being mad.
   - Feeling happy because you won a prize.

The first kind of emotion is also called a **primary emotion**. The second kind of emotion is also called a **secondary emotion**.

Many people focus on secondary emotions. Secondary emotions can make people have problems. Secondary emotions can be confusing. This can make it hard for people to try to fix their problems.
Why Do I Have A Hard Time Dealing With My Emotions?

It’s simply how some people are born

- Some people have a stronger reaction to emotions than others do.
  - Some people have emotions more often than others do.
  - Some people have emotions that seem to happen for no reason.

- Some people feel emotions stronger.
  - Some people have emotions that last a long time.

Dealing with actions is harder for some people

- Some people find it hard not to act out bad behaviours.
  - Some people do things without thinking, which can get them in trouble
  - Sometimes acting out seems to come out of nowhere

- Some people find it hard to be helpful.
  - Some people find that their mood gets in the way of working to their goals
  - Some people cannot control behaviour that comes with how they feel.
The people around you can make it hard to work with emotions in a healthy way

- Other people do not always know how you are feeling.
  - Other people may tell you your emotions are weird or bad
  - Other people may ignore your emotions and do nothing to help you
  - Other people may say things like “don’t be such a baby!” “Normal people don’t get mad like this.” “Stop being a chicken and just do it.”

- Other people who do not know how to help you are often doing the best they can.
  - Other people may not know what to say to help you. They may think they are helping you.
  - Other people may be stressed.
  - Other people might not get along with you, and that is okay.
The people around you may be a problem when you want to learn how to deal with your emotions

- The people around you may reward out-of-control emotions and actions.
  - If other people give in when you are acting out, it will be hard for you to be in control.
  - If other people want you to change, but do not help you, it will be hard for you to change.

It is how to talk to those around you that count

- Our temper is changed by the people and things around us.
- Our temper can also change the people and things around us.

Example:

- You get into a small fight with a friend when you feel sad. *This would be your temper.*

- Your friend ignores what you have to say. *This would be other people making it hard to deal with your feelings.*

- You yell at your friend. *This would be your temper changing those around you.*

- Your friend yell at you, and you get more upset. *This would be the people around you changing your temper.*
Practice

• Do you think you have an easier time dealing with your emotions in a healthy way since being in this group?

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

• Tell me a bit about your how you normally deal with your emotions.

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

• Are you able to lower your emotions when they feel strong? Have any of the skills from this group helped you?

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

• Which emotion usually causes you the most problems? The one you feel first, or second?

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________
Session 9 – Why Do We Have Emotions?
Why Do We Have Emotions?

Emotions help us talk to other people

- What you do with your body and say with your words can help tell other people how you are feeling.

- What you show in your face is an important part of how you show your emotions to others. What you show in your body is an important way to show your emotions to others. *Example: When we feel happy, we smile. When we feel sad, we might curl up in a ball.*

- We have our words and our bodies to tell others how we are feeling.

- Sometimes how we are feeling can have an effect on other people. *Example: If an adult smiles at a baby, the baby will smile back. If an adult gives a baby a look of fear, the baby will cry.*

- If what we show in our body does not match our words, other people may not believe what we are saying. *Example: If you tell people you are feeling happy, people may not believe you if you are shaking your leg and frowning.*

- It is important to notice that when we feel one emotion is needed to say what we want to say, it can be hard to change the emotion.
Emotions help us take action

- Sometime our emotions can help us do something important. We do not always have to think about what to do in some situations.

- Because we do not always have to think about how to act in some situations, it can save us time. 
  
  *Example: Imagine a person you love is trapped in a burning building. You most likely would not stop to think about what would happen to you if you went in to save them.*

- Strong emotions can help us deal with things that may be in our way. If you feel strongly about something, you are more likely to take a risk if it may help you.
  
  *Example: Feeling mad at a person may help you cut them out of your life.*
Emotions make you to pay attention

- How we react to other people can help us make opinions. Emotions can also let us know that something is going on.

- This is what some people mean when they tell you to follow your “gut”. Sometimes we know something is making us feel weird but we do not know what it is.

- Over time, we learn to trust our feelings, even if we are not sure what they mean.

- Sometimes, we can take trusting our gut to an extreme. We can treat our feelings as if they are facts without thinking about the situation. This can cause us trouble.

Emotion can cover another emotion

- Sometimes a secondary emotion can cover or confuse a primary emotion.

  Example: Sally is mad when her friend stands up to her, but under the anger, she feels sad. Sally is feeling mad instead of sad.

- We need to pay attention to if one emotion is covering another. We need to make sure we can try to feel both emotions.
Guide to Writing an Emotion Sheet

Name: ______________________________ Date:_____________________

Pick an emotion you felt lately and fill out as much of this sheet as you can. It is okay if you need to fill out a second emotion sheet if you start to feel another emotion as you write the first one. Write on a new page if you need to.

**EMOTION NAME** (mad, sad, fear, guilt/shame) ________________________

**HOW STRONG WAS THE EMOTION** (1-10) __________________________

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**WHAT HAPPENED TO MAKE YOU FEEL UNHAPPY:** What started the emotion? Try to use words like I, me and my. What was said and done? Did someone give you a weird look? Try to narrow down the event that made you unhappy. With practice, you could be great at writing these! You can also use emotion sheets to get ready for events that may be hard for you.

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**BELIEFS about the event:** When the event happened, what were you thinking about? Write it even if you would never say it aloud or to another person. Try to write down all the things that you were thinking, even if it does not make sense. What did you think they said or did? If your thinking was true, what would happen?

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**BODY CHANGES:** What am I feeling in my body?

Emotions can have an effect on your whole body. Watch to see if there are any changes in your body.

- Breathing – fast, slow, deep, shallow
- Heart – racing, slow, pounding
- Jaw – tight, sore, relaxed
- Hands – cold, sweaty, shaky
- Skin – tingling, goose bumps
- Stomach – cramped, butterflies

- Muscles – tight, heavy
- Throat – dry, tight, hard to swallow
- Being there – feeling sleepy, awake
- Head – dizzy, hurt, spinning
- Eyes – sore, blurry, sharp
- Hearing – pounding, noisy, ringing
BODY LANGUAGE: What does my face look like? What does my body look like?
What would other people see if they were looking at you? Were you standing still or walking?

ACTION URGE: What do I really feel like doing? What do I want to say?
What you want to say might be different from what you did say. If you could say anything to the other person, what would it be? Tell the person how they make you feel. Tell them what you think of them. Keep writing until you talk about how you really feel.

WHAT I SAID OR DID: (be specific)
Right after this happened, what did you say or do? Then what? List all the things you did until you went to sleep that night. Did you eat too much or too little? Did you sleep too much or too little? Did you use any drugs or alcohol? Did you act in an okay way?

HOW DID I FEEL AFTER this happened?
You can feel many different things after feeling a strong emotion. If you felt the emotion and did not hurt yourself, you might feel other feelings that could make you uneasy. This is good, because it means you are learning how to feel that emotion better. If you used a bad way of coping, you might feel shame, guilt, mad, or numb.
WHY DID I HAVE THAT EMOTION?

- Was it to talk to others? Was it to let a person know that you liked or did not like what they said or did?

- Was it to try to get someone to act in a new way?

- Was it to help you take action? Was it to do something that you did not want to do?

- Did it make you pay attention? Did it let you know something that you did not know before? Did it tell you that something bad might happen soon?

- Did it cover another emotion? Was it easier to feel mad than sad? Was it easier to feel sad than mad? If yes, do a new emotion sheet on the other feeling.
Ways to Describe Emotions

Mad Words

<table>
<thead>
<tr>
<th>Anger</th>
<th>Bitter</th>
<th>Fury</th>
<th>Irritated</th>
<th>Wrath</th>
</tr>
</thead>
<tbody>
<tr>
<td>Frustrated</td>
<td>Hostility</td>
<td>Annoyed</td>
<td>Grumpy</td>
<td>Rage</td>
</tr>
</tbody>
</table>

Events That Can Make You Feel Mad

- Having an important goal blocked
- Losing power or respect
- You or someone you care about is being attacked
- Not having things turn out how you wanted
- Pain

Beliefs About Events That Can Make You Feel Mad

- Thinking “I am right”
- Thinking things should be different than they are
- Thinking important goals are being stopped.
- Blaming
- Thinking you have been treated badly
- Thinking the event is wrong
- Thinking about the event that made you mad over and over again.

How Being Mad Feels in Your Body

- Tight muscles
- Teeth tight together
- Feeling your face get hot
- Wanting to hit something
- Crying
- Feeling like you will blow up
- Wanting to hurt someone

How To Show That You Feel Mad

- Attacking someone
- Making attacking signs
- Throwing or breaking things
- Swearing
- Frowning
- Tight hands
- Using a loud voice
- Crying

What You Do After You Feel Mad

- Only think about how mad you are
- Think about what happened over and over again
- Focus only on what made you mad
- Imagine another event that can make you mad
- Feeling like you are not really yourself, not thinking about anything
### Fear Words

<table>
<thead>
<tr>
<th>Fear</th>
<th>Anxiety</th>
<th>Dread</th>
<th>Worry</th>
<th>Shock</th>
</tr>
</thead>
<tbody>
<tr>
<td>Tense</td>
<td>Nervous</td>
<td>Jumpy</td>
<td>Scared</td>
<td>Panic</td>
</tr>
</tbody>
</table>

### Events That Can Make You Feel Fear

- Having your life or health in danger
- Flashbacks
- Being somewhere you have seen others be hurt
- Being somewhere you have been hurt in the past
- Being alone
- Being somewhere new
- Quiet
- Being near a lot of people
- Being in the dark
- Having to talk in front of people

### Beliefs About Events That Can Make You Feel Fear

- You might die
- You might be hurt
- You will lose something
- You might be embarrassed
- Someone may not like you
- You may not get help
- You will lose someone
- You will not get something you want
- You are helpless

### How Fear Feels in Your Body

- Breathless
- Fast heart
- Tight muscles
- Tight jaw
- Feeling sick
- Cold
- Wanting to run away
- Lump in throat
- Feeling hairs stand
- Wanting to scream

### How To Show That You Feel Fear

- Running away
- Yelling
- Shaky voice
- Crying for help
- Talking less
- Shaking
- Crying
- Sweating
- Frozen stare
- Quickly looking around
- Avoiding what you fear
- Talk yourself out of what you are doing
- Talking in a nervous way

### What You Do After You Feel Mad

- Focus on one thing
- Losing control
- Imagining loss or failure
- Thinking about other times you have felt fear over and over
- Being alone
- Not being able to focus
# Happy Words

<table>
<thead>
<tr>
<th>Happy</th>
<th>Satisfied</th>
<th>Joy</th>
<th>Bliss</th>
<th>Glad</th>
</tr>
</thead>
<tbody>
<tr>
<td>Content</td>
<td>Pride</td>
<td>Relief</td>
<td>Excited</td>
<td>Glee</td>
</tr>
</tbody>
</table>

## Events That Can Make You Feel Happy

- Getting a surprise
- Doing better than you thought you would
- Getting what you want
- Getting love
- Being accepted by other people
- Doing a good job
- Feeling like you fit in a group
- Being with people you love
- Doing things that you like
- Getting something you worked hard for
- Someone saying nice things to you
- Things turning out better than you thought they would

## Beliefs About Events That Can Make You Feel Happy

- Thinking about happy events just like they are

### How Being Happy Feels in Your Body

- Feeling excited
- Wanting to keep doing what makes you happy
- Having lots of energy
- Feeling good about yourself
- Giggling or laughing

### How To Show That You Feel Happy

- Smiling
- Hugging people
- Telling other people how you feel
- Jumping up and down
- Sharing your feeling
- Saying nice things
- Being silly
- Talking a lot

### What You Do After You Feel Happy

- Being nice to other people
- Thinking about other times you have felt happy
- Being friendly
- Not being easily annoyed
- Imagining feeling happy again
**Sad Words**

<table>
<thead>
<tr>
<th>Sad</th>
<th>Disappointed</th>
<th>Pity</th>
<th>Depressed</th>
<th>Alone</th>
</tr>
</thead>
<tbody>
<tr>
<td>Hurt</td>
<td>Lonely</td>
<td>Unhappy</td>
<td>Glum</td>
<td>Misery</td>
</tr>
</tbody>
</table>

**Events That Can Make You Feel Sad**

- Losing something forever
- The death of someone you love
- Things being not as good as you wanted
- Being away from someone you love
- Not getting what you want
- Reading about the bad things in the world
- Missing someone
- Being alone
- Being with someone else who is sad
- Someone else rejecting you

**Beliefs About Events That Can Make You Feel Sad**

- Seeing things in your life with no hope
- Thinking that you will not get what you want
- Thinking that being away from someone will last forever
- Thinking that you are not worth anything

**How Being Sad Feels in Your Body**

- Feeling tired
- Hard time swallowing
- No breath
- Pain in your chest
- Dizzy
- Feeling like you will never stop crying
- Feeling like nothing is ever happy
- Wanting to stay in bed all day

**How To Show That You Feel Sad**

- Avoiding things
- Not sitting up straight
- Not smiling
- Not talking to people
- Crying
- Saying sad things
- Not talking
- Being quiet
- Giving up
- Being slow
- Staying in bed, not moving
- Acting moody
- Avoiding things that used to make you happy

**What You Do After You Feel Sad**

- Not being able to remember happy things
- Saying bad things about yourself
- Looking for what you lost
- Thinking about sad events in the past over and over again
- Not being able to eat or sleep
- Looking at things in a sad way
Emotion Sheet

Name: ____________________ Date: ____________________

Pick an emotion you felt lately and fill out as much of this sheet as you can. It is okay if you need to fill out a second emotion sheet if you start to feel another emotion as you write the first one. Write on a new page if you need to.

**EMOTION NAME** (mad, sad, fear, guilt/shame) ______________

**HOW STRONG WAS THE EMOTION** (1-10) ______________

**WHAT HAPPENED TO MAKE YOU FEEL UNHAPPY**

__________________________

**BELIEFS about the event:**

__________________________

**BODY CHANGES:** What am I feeling in my body?

__________________________

**BODY LANGUAGE:** What does my face look like? What does my body look like?

__________________________
ACTION URGE: What do I really feel like doing? What do I want to say?

WHAT I SAID OR DID: (be specific)

HOW DID I FEEL AFTER this happened?

WHY DID I HAVE THAT EMOTION?
Session 10 – How to do an Emotion Sheet
Emotion Sheet

Name: ____________________ Date: __________________

Pick an emotion you felt lately and fill out as much of this sheet as you can. It is okay if you need to fill out a second emotion sheet if you start to feel another emotion as you write the first one. Write on a new page if you need to.

**EMOTION NAME** (mad, sad, fear, guilt/shame):  *Mad*

**HOW STRONG WAS THE EMOTION** (1-10):  *8*

**WHAT HAPPENED TO MAKE YOU FEEL UNHAPPY**

*My worker told me I should get up and go to my appointment and I just wanted to sleep because I did not get a lot of sleep because I had nightmares*

**BELIEFS about the event:**

*She doesn’t care. She doesn’t get it. She thinks I am not worth anything, lazy. She will not want to see me anymore. She does not care. I do not have anyone. No one has ever cared about me.*

**BODY CHANGES: What am I feeling in my body?**


**BODY LANGUAGE: What does my face look like? What does my body look like?**

*Sat on the couch. No energy. Not wanting to move. Staring at nothing.*
ACTION URGE: What do I really feel like doing? What do I want to say?

No I am not getting up. I want to slam my phone. I want to give them a good shake. You are not listening to me. I want to make you come see me so I do not have to come to you. I want you to get it. I want you to listen.

WHAT I SAID OR DID: (be specific)

I tried to get ready but things kept going wrong. I was looking for stuff and did not have time to eat. I went to my appointment. I said nothing because she did not want to hear about it. I did not talk. I went to Joe’s and sat. I had a couples beers. I ate and ate. We went out to buy more beer and drank 9 of them.

HOW DID I FEEL AFTER this happened?

Felt like nothing mattered. I do not matter. I want to feel nothing. I felt useless. I want to drink until I sleep. Woke up feeling bad. Felt stupid for drinking. I’m scared if my worker finds out I will be in trouble.

WHY DID I HAVE THAT EMOTION?

Being angry at my worker helped me feel the anger I felt at my mom when she always wanted things from me and did not get how bad it felt. It also covered feelings that hurt more like being sad at needing my mom and she was not there. It also covers shame I felt when I felt bad about myself, and fear that I was alone and could not deal with it.
Guide to Writing an Emotion Sheet

Name: ______________________________ Date:_____________________

Pick an emotion you felt lately and fill out as much of this sheet as you can. It is okay if you need to fill out a second emotion sheet if you start to feel another emotion as you write the first one. Write on a new page if you need to.

**EMOTION NAME** (mad, sad, fear, guilt/shame) ________________________

**HOW STRONG WAS THE EMOTION** (1-10) __________________________

**WHAT HAPPENED TO MAKE YOU FEEL UNHAPPY:** What started the emotion? Try to use words like I, me and my. What was said and done? Did someone give you a weird look? Try to narrow down the event that made you unhappy. With practice, you could be great at writing these! You can also use emotion sheets to get ready for events that may be hard for you.

**BELIEFS about the event:** When the event happened, what were you thinking about? Write it even if you would never say it aloud or to another person. Try to write down all the things that you were thinking, even if it does not make sense. What did you think they said or did? If your thinking was true, what would happen?

**BODY CHANGES:** What am I feeling in my body?

Emotions can have an effect on your whole body. Watch to see if there are any changes in your body.

- Breathing – fast, slow, deep, shallow
- Heart – racing, slow, pounding
- Jaw – tight, sore, relaxed
- Hands – cold, sweaty, shaky
- Skin – tingling, goose bumps
- Stomach – cramped, butterflies

- Muscles – tight, heavy
- Throat – dry, tight, hard to swallow
- Being there – feeling sleepy, awake
- Head – dizzy, hurt, spinning
- Eyes – sore, blurry, sharp
- Hearing – pounding, noisy, ringing
BODY LANGUAGE: What does my face look like? What does my body look like?
What would other people see if they were looking at you? Were you standing still or walking?

ACTION URGE: What do I really feel like doing? What do I want to say?
What you want to say might be different from what you did say. If you could say anything to the other person, what would it be? Tell the person how they make you feel. Tell them what you think of them. Keep writing until you talk about how you really feel.

WHAT I SAID OR DID: (be specific)
Right after this happened, what did you say or do? Then what? List all the things you did until you went to sleep that night. Did you eat too much or too little? Did you sleep too much or too little? Did you use any drugs or alcohol? Did you act in an okay way?

HOW DID I FEEL AFTER this happened?
You can feel many different things after feeling a strong emotion. If you felt the emotion and did not hurt yourself, you might feel other feelings that could make you uneasy. This is good, because it means you are learning how to feel that emotion better. If you used a bad way of coping, you might feel shame, guilt, mad, or numb.
WHY DID I HAVE THAT EMOTION?

- Was it to talk to others? Was it to let a person know that you liked or did not like what they said or did?

- Was it to try to get someone to act in a new way?

- Was it to help you take action? Was it to do something that you did not want to do?

- Did it make you pay attention? Did it let you know something that you did not know before? Did it tell you that something bad might happen soon?

- Did it cover another emotion? Was it easier to feel mad than sad? Was it easier to feel sad than mad? If yes, do a new emotion sheet on the other feeling.
Emotion Sheet

Name: ____________________ Date:____________________

Pick an emotion you felt lately and fill out as much of this sheet as you can. It is okay if you need to fill out a second emotion sheet if you start to feel another emotion as you write the first one. Write on a new page if you need to.

EMOTION NAME (mad, sad, fear, guilt/shame) ______________

HOW STRONG WAS THE EMOTION (1-10) ______________

WHAT HAPPENED TO MAKE YOU FEEL UNHAPPY

BELIEFS about the event:

BODY CHANGES: What am I feeling in my body?

BODY LANGUAGE: What does my face look like? What does my body look like?
ACTION URGE: What do I really feel like doing? What do I want to say?

WHAT I SAID OR DID: (be specific)

HOW DID I FEEL AFTER this happened?

WHY DID I HAVE THAT EMOTION?
Session 11 – How to do an Emotion Sheet
Emotion Sheet

Name: ____________________ Date:_____________________

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**EMOTION NAME** (mad, sad, fear, guilt/shame): *Fear*

**HOW STRONG WAS THE EMOTION** (1-10): *8*

**WHAT HAPPENED TO MAKE YOU FEEL UNHAPPY**

*I got on the bus and there were many people. The bus driver yelled at me to get out of the way. Everyone on the bus looked at me.*

**BELIEFS about the event:**

*The bus driver thinks I am rude and stupid and so does everyone else on the bus. He thinks I don’t care about other people and I am in the way on purpose. He thinks I am too stupid to know how to take the bus and that he can embarrass me in front of all these people. I can’t get on the bus again. I am so embarrassed I will have to quit the program. Everyone is mad at me. They know what stop is mine and where I live. Someone will follow me and tell me not to get on the bus again or even beat me up or kill me. I’m always wrong and people hate me. This is how it felt when I was little in school. My dad used to yell at me and tell me I was stupid. If everyone hates me, then I am worth nothing. What’s the point, I may as well die.*

**BODY CHANGES:** What am I feeling in my body?

*Breathing fast; heart is racing; hands are sweaty and shaky; muscles are tight; hard to swallow; head is spinning; head hurts*
BODY LANGUAGE: What does my face look like? What does my body look like?

Standing, holding the pole. Holding myself with the pole. Looking down so I do not have to see people.

ACTION URGE: What do I really feel like doing? What do I want to say?

I want to be somewhere else. I want to jump off the bus. I want to yell “stop looking at me” “I’m sorry, please do not hurt me” “I did not mean to do anything wrong”

WHAT I SAID OR DID: (be specific)

I stood there until my stop and got off the bus. I felt scared all the way home. I looked around a few times to make sure no one was behind me. I got home and locked the door and closed the curtains and hurt myself. Then I did not go to coffee with my friend and watched TV. I fell asleep by the TV, and when I woke up I called in sick to the program.

HOW DID I FEEL AFTER this happened?

I felt tired and hated myself for being stupid and handling it bad. I felt bad because this is what I always do and I will never change. I feel guilty because I lied. I do not want to go back on a bus. I am still scared.

WHY DID I HAVE THAT EMOTION?

I felt fear to make me focus on how my fear when I was little bothers me now. I felt the same in school at time with my dad. My fear helped me come back to program and work on my past.
Emotion Sheet

Name: ____________________ Date:_____________________

Pick an emotion you felt lately and fill out as much of this sheet as you can. It is okay if you need to fill out a second emotion sheet if you start to feel another emotion as you write the first one. Write on a new page if you need to.

**EMOTION NAME** (mad, sad, fear, guilt/shame): Happy

**HOW STRONG WAS THE EMOTION** (1-10): 8

**WHAT HAPPENED TO MAKE YOU FEEL UNHAPPY**

*My friend surprised me with a birthday cake and present when I got home.*

**BELIEFS about the event:**

*Happy to see her. She remembered my birthday. No one ever does. She went out of her way to do this. I like time with her like this. It feels weird to feel happy because a lot of the time I feel sad. I am nervous about how I will feel when she leaves. It is hard to trust in good things because people always make me sad in the end. (Do another emotion sheet about sad and fear)*

**BODY CHANGES: What am I feeling in my body?**

*Heart going fast, short breath, face is warm.*

**BODY LANGUAGE: What does my face look like? What does my body look like?**

*Big smile, laughing, standing by door, gave my friend a hug.*
ACTION URGE: What do I really feel like doing? What do I want to say?

I wanted to yell and hug my friend. Later, I told her she should stay later because I did not want the fun to end.

WHAT I SAID OR DID: (be specific)

I said thank you and gave her a hug. I asked her to stay for cake. Later I said “It is still early, you do not have to go”

HOW DID I FEEL AFTER this happened?

The happy feelings are mixed with feeling sad about other birthdays that I did not spend with people and anxiety that she might not be there for me.

WHY DID I HAVE THAT EMOTION?

Tell my friend that I really liked what she did. It forced me to pay attention to my feelings when good things happen.
Guide to Writing an Emotion Sheet

Name: ______________________________ Date: ____________________

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**EMOTION NAME** (mad, sad, fear, guilt/shame) __________________________

**HOW STRONG WAS THE EMOTION** (1-10) __________________________

**WHAT HAPPENED TO MAKE YOU FEEL UNHAPPY:** What started the emotion? Try to use words like I, me and my. What was said and done? Did someone give you a weird look? Try to narrow down the event that made you unhappy. With practice, you could be great at writing these! You can also use emotion sheets to get ready for events that may be hard for you.

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Emotions can have an effect on your whole body. Watch to see if there are any changes in your body.

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What you want to say might be different from what you did say. If you could say anything to the other person, what would it be? Tell the person how they make you feel. Tell them what you think of them. Keep writing until you talk about how you really feel.

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Right after this happened, what did you say or do? Then what? List all the things you did until you went to sleep that night. Did you eat too much or too little? Did you sleep too much or too little? Did you use any drugs or alcohol? Did you act in an okay way?

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- Was it to try to get someone to act in a new way?

- Was it to help you take action? Was it to do something that you did not want to do?

- Did it make you pay attention? Did it let you know something that you did not know before? Did it tell you that something bad might happen soon?

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Emotion Sheet

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**EMOTION NAME** (mad, sad, fear, guilt/shame) ______________

**HOW STRONG WAS THE EMOTION** (1-10) ______________

**WHAT HAPPENED TO MAKE YOU FEEL UNHAPPY**

__________________________________________

**BELIEFS about the event:**

__________________________________________

**BODY CHANGES:** What am I feeling in my body?

__________________________________________

**BODY LANGUAGE:** What does my face look like? What does my body look like?

__________________________________________
ACTION URGE: What do I really feel like doing? What do I want to say?

WHAT I SAID OR DID: (be specific)

HOW DID I FEEL AFTER this happened?

WHY DID I HAVE THAT EMOTION?
Session 12 – Last Day Questions
Do you have any questions about the past 12 weeks? They could be about

- Accepting reality
- Dealing with strong feelings
- Acting opposite
- Pros and cons
- Your distress tolerance box
- Emotion sheets
- Anything else!

Because now is the time to ask.

**Good job! You finished the class!**