

Getting started: Intensive Life Skills



INTENSIVE LIFE SKILLS ORIENTATION

Targets for Getting Started



WHAT IS DIALECTICAL BEHAVIORAL THERAPY?

CHECK-IN SKILLS

- How to check in each session
- How to give feedback to others

THE DAILY TRACKER

- How to use and why it's important

GROUP TREATMENT PLAN

GROUP EXPECTATIONS

DIALECTICS

THE GOALS OF DBT

THE HOUSE THAT DBT BUILT

HOW DOES DBT WORK?

WHAT IS A TREATMENT TEAM?

PERSONAL COMMITMENT TO WELLNESS

JOY & MISERY SCALES

- Define joy and misery
- Understand the "Window of Tolerance"
- Develop a personal scales for joy and misery

IDENTIFY CHOICES TO REDUCE MISERY AND INCREASE JOY

- Create your care bag
- Emotion Regulation Safety Plan
- Phone consults guidelines

COMPLETE TREATMENT AGREEMENT



Getting Started Checklist

These are targets to be completed before joining a skills group. Ask your therapist or group facilitator to help if necessary.

	Assignment	Date Completed	Initials
	How to participate in check-in		
	Using the daily tracker		
	Group treatment plan		
	Group expectations reviewed and signed		
	Treatment team identified		
	Commitment to Wellness completed		
	Joy and Misery scales completed		
	Introduction to window of tolerance		
	CARE bag completed. Bring to group and share.		
	Emotion regulation safety plan completed.		
	Phone consult policy reviewed		
	Therapy agreement signed by you and your team		

What is Dialectical Behavior Therapy?

Dialectical Behavior Therapy is a type of cognitive behavioral therapy that was developed in the early 1990's by Dr. Marsha Linehan. The goal of DBT is to reduce many forms of dysregulation: emotional dysregulation, behavioral dysregulation, cognitive dysregulation, self dysregulation, relationship dysregulation.

EXAMPLES OF DYSREGULATIONS INCLUDE:



EMOTIONAL

- Emotions that seem overwhelming
- Numbing of emotions
- Fluctuations between the two



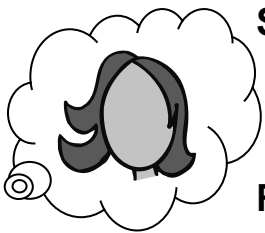
BEHAVIORAL

- Impulsivity that is self damaging such as, self harming behaviors which could include drinking, eating disorders, self mutilation, spending, sexual acting out etc.
- Suicidal gestures or attempts



COGNITIVE

- Black and white or all / nothing thinking
- Being stuck in a position and unable to see another way of thinking
- Dissociation



SELF

- Problems with a sense of self such as "I don't know who I am, I am bad, I feel like I have a hole inside of me."
- Chronic feelings of emptiness



RELATIONSHIPS

- Intense, unstable or chaotic relationships
- Giving self away
- Not knowing where I start and someone else stops
- Fears of abandonment and rejection

How to Participate in Check-In



Checking-In

- Check-in is brief: two to three minutes. Prepare what you want to say before group starts. Each person checks-in each session.
- Review what was hard since last group using the misery scale to rate the intensity of your days.
- Review what was positive since the last group using the joy scale to rate the intensity of your days.
- Identify the skills you used that helped during the week.
- Update the group on any goals set at the last session.
- Set a new goal: something realistic that you can do this week.

Example:

- *Since last week I had a lot of anxiety and trouble sleeping, because of the negative way I think. My misery scale averaged for many days. I took a walk over the weekend and saw a movie with a friend. The movie gave me a three joy, because I laughed. My goal on Thursday was to plan one fun thing for over the weekend and I asked a friend to spend the evening with me. Today my goal is to use deep breathing when I feel anxious while in-group.*

Feedback

- The goal is to give feedback to at least one person each day.
- Feedback is very brief, less than a minute.
- Feedback focuses on what the person checking-in said.
- Feedback focuses on the skills you heard the person using.

Example:

- *I heard you use your commitment to wellness in that you went to the movie with your friend as you planned.*
- *I heard you using walking to distract yourself.*
- *I heard you ask your needs to be met when you asked your friend to go to the movie.*

IOP Schedule

- Mindfulness Exercise and Teaching
- Individual Tracker Check with a facilitator
(30 seconds to 1 minute per person)
Purpose: to ensure that the tracker is completely filled out and to monitor for safety.

- Check In

Focus on effective choices made even with difficulties faced since your last group meeting.

Monday: 3 min per person

Tuesday: 2 min per person

Thursday: 2 min per person

Please wrap-up your check-in either before the timer goes off, or shortly thereafter.

- Skills Training

Using the Daily Tracker

- The tracker is used to monitor misery and responses to misery on a daily basis.
- It also reminds us to look for the joy found in nature, friends, self.
- It is helpful and important to monitor the skills used each day. The tracker acts as a reminder of skills that can be used.
- Our confidence and competence will increase as we acknowledge the skills we are using.
- The top portion of the tracker is used in individual therapy to monitor individual behaviors and responses.
- The tracker is filled out on a daily basis. If not done, individual therapy time will be used to complete it. **It is that important!**
- The tracker helps monitor decline in misery and increase in joy over time. Remember, it takes time to reduce the baseline misery.
- The tracker helps to monitor which skills are used most often and those that may be more difficult to use.
- Please see tracker on the next page.

Day Treatment Daily Tracker

Day	Date	Skill Use Guide 0=Not thought about or used 1=Thought about, didn't use, didn't want to 2=Thought about, didn't use, wanted to 3=Tried, but couldn't use them 4=Tried, could use them, but they didn't help 5=Tried, could use them, and they helped 6=Automatic, used them, but they didn't help 7=Automatic, used them, and they helped	Skills Use							Self-harm	Suicidal Ideation	Daily Joy (1-5)	Daily Misery (1-5)
Mon													
Tues													
Wed													
Thurs													
Fri													
Sat													
Sun													

ACCEPTANCE SKILLS			M	T	W	R	F	S	S	CHANGE SKILLS			M	T	W	R	F	S	S
WISE MIND: not what you think or feel but what you know										ASSESS RELATIONSHIP FOR SAFETY									
CORE MINDFULNESS	What	OBSERVE: just notice								SELF-VALIDATION									
		DESCRIBE: put words to it								HEALTHY BOUNDARIES									
		PARTICIPATE: get actively involved in what you're doing								DEAR MAN: take care of yourself									
		NON-JUDGMENT: facts, not labeling or opinions								Describe the situation									
		ONE MINDFULLY AND PATIENT: focus on one thing with patience								Express your feelings									
DISTRESS TOLERANCE	How to do it	EFFECTIVE AND WITH ACCEPTANCE: accept where you are and do what works								Assertive: say what you mean									
		LETTING GO: the goal of doing the mindfulness skills; letting go of all else								Reinforce what they get out of it									
		DISTRACT: move away from misery								Mindful: broken record, ignore									
		SELF-SOOTHE: soothe each of the five senses								Appear confident									
		IMPROVE THE MOMENT:								Negotiate for what you want									
		Imagery								GIVE: keep the relationship with other									
		Meaning (find something to do)								Gentle									
		Prayer								Interested									
		Relaxation								Validate other									
		One Thing: focus on one thing								Easy Manner									
		Vacation: brief time-out								FAST: respecting yourself									
		Encourage Yourself: cheerlead								Fair									
		PROS AND CONS: problem-solve								(don't) Apologize									
		ACCEPT REALITY: you don't have to like it								Stick to your values and principles									
		BREATHE								Truthful									
MISERY HIGH	Tolerate and survive crises and accept life as it is	WALK								WATCH+DO+SHARE: reduce emotional vulnerability by helping others									
		SMILE								NAME EMOTIONS									
		COMMIT TO WELLNESS								REDUCE VULNERABILITY: CARE for yourself									
		THINKING ACTION PLAN (TAP)								BUILD MASTERY									
		BEHAVIOR ANALYSIS								ACCOMPLISHMENT									
DO SOMETHING SAFE THAT WORKS!									BUILD PLEASURE & POSITIVE EXPERIENCE										
ACT OPPOSITE HIGH MISERY EMOTIONS									PENDULATION: balance experience & contain										
Notes:									LIVE: Lemonade from lemons										
Homework:									Intuitive Self: use WISE MIND										
									Visualize a different outcome										
									Experience something different										



GROUP TREATMENT PLAN

TARGET AREAS: (i.e. life difficulty)

1. Imbalances in thinking and feeling
2. Impulsiveness and anxiety
3. Unpredictable, invalidating and chaotic relationships
4. Unpredictably changing emotions, moods, and overwhelming misery

LEARNING TARGETS:

1. Skills to learn mindfulness
2. Skills to manage stress
3. Skills to manage relationships
4. Skills to manage emotions

METHODS FOR REACHING GOALS:

1. Life skills training
2. Individual therapy with a skills focus
3. Practice skills at home
4. Monitoring skills use with the daily tracker

COMMIT TO WELLNESS

Decreasing life difficulties and building on existing strengths, developing confidence and competence in new skills requires:

- an act of commitment
- trust in your treatment team
- taking the risk to trust yourself and the unknown
- Recommit whenever you feel stuck, discouraged, or in high misery.
- This is an ongoing process!

I COMMIT TO WELLNESS.

Client Signature

Date

Therapist Signature

Date



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Group Expectations for Intensive Life Skills

1. Respectful communication and keeping the environment safe is expected. Participation is an expectation that helps keep the room safe for self and others.
 - An attempt will be made to participate in all activities
 - If a client is uncomfortable doing an activity or a medical condition prohibits participation, this will be discussed with the facilitator and the group.
 - Respectful communication includes attentiveness.
 - Note passing, side conversations, and disrespectful behaviors such as eye rolling are not allowed
 - Cell phones should be off and put away or on vibrate if an important call is expected. If an important call may cause an interruption, the group will be informed of this ahead of time. Please take the call outside the room.
2. Each client participating in Intensive Life Skills must also be in individual therapy and be willing to teach his/her therapist the skills that are being studied. The client's participation in group will be discussed with the therapist in ongoing consultation.
3. Information obtained during group, including the names of group members, must remain confidential. Failure to do so may terminate therapy. Information discussed in group may be shared in individual therapy.
4. The inappropriate use of alcohol or drugs is considered self injury.
 - Clients will be asked to leave if they come to group under the influence of drugs or alcohol.
 - If there is a question as to possible use, a client will be asked to perform a breathalyzer or urine test.
 - Clients may not drive while under the influence of alcohol, drugs, or prescription drugs that make them unsafe to drive.
 - He or she will be asked to wait in a quiet area for a clinician to administer a breathalyzer or urine test if necessary, and do a behavior analysis regarding their inappropriate use, and to schedule with his or her case manager within one week to discuss the behavior.
 - He or she will leave the premises when sober, or when a driver arrives to pick him or her up.
 - When returning to group the client will make an amends or repair. Clients will also meet with their individual therapist/case manager to conduct a behavior analysis regarding their behavior.
5. Clients are not to discuss their own or others past or current self-harming behaviors with one another. In group, clothing will cover any self-injury.
6. In group, people are healing from different life experiences. They have varied sensitivities to environmental conditions. Please be thoughtful of your choices regarding:
 - Perfumes
 - Clothing
 - Be aware of the difficulty in maintaining consistent heat and cooling due to doors being shut. Please bring or wear clothing that will be comfortable for change in temperature.

- Movement is part of our program experience. Please dress accordingly, for both comfort and modesty.
 - Slogans: Be aware of words or designs that could be triggering or invalidating to either you or others. If you have questions concerning this please speak with your case manager. If group facilitators have questions, they will discuss them with you. Remember that ultimately, group facilitators are responsible for determining safety.
7. Clients who call one another for help must be willing to accept help from the person called. During this call no mention of specific self harm is acceptable. Language will be “my misery is high right now” as an example. If your misery is above a 4 or if you feel unsafe, it is best to contact your individual therapist.
 8. If clients are going to be late or miss a session, an attempt to notify the group leaders will be made ahead of time.
 - If no call is received 24 hours ahead of scheduled group, the absence is considered unexcused and the client will be charged \$60.00 in accordance with clinic policy. This charge is not covered by insurance and the client is responsible for the balance.
 - The client will report to the group the reason for his or her absence at the next session.
 - Planned vacation days need to fall within the guideline of three consecutive or five total absences in a twelve week period.
 - Continued absences will require a doctor or medical professional documentation.
 9. Clients are expected to call a group member or his or her case manager to obtain the homework for the day, complete the homework, and discuss with his or her case manager.
 10. Clients who miss three consecutive sessions or five total sessions during the twelve weeks need to meet with their case manager to continue group. During this meeting, the client will formulate a plan with the case manager regarding increased attendance. He or she will also formulate a plan to make an amends to the group and do so at the following session attended.
 11. If you socialize, text, or talk with a group member outside of group, briefly report it during check-in. This helps to develop and maintain healthy boundaries. You may only share information with one another that you are willing to bring to group.
 12. Clients may form friendships outside of group, however group members’ confidential information cannot be discussed without that person present.
 13. Persons who have close, ongoing, or intimate relationships may not be in group together.
 14. If you are planning on leaving group, closure is important.

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Dialectics: The Philosophy of DBT

In addition, dialectical behavior therapy has as its core philosophy or belief, the concept of dialectics.

DIALECTICS CAN BE DEFINED AS

- A way of viewing the world in which it is important to see both sides, and in seeing both sides, finding the “kernel of truth” in both
- Synthesizing both of these views into another view



The Goals of DBT

To develop a life worth living.

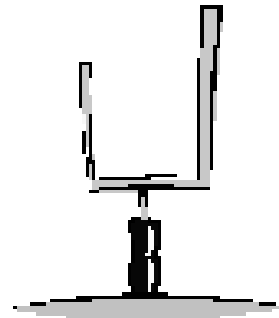
To develop balance and regulation in thinking, feeling, and acting.

To balance care for self and consideration of other.

To develop an increase in skills for daily living.

To decrease behaviors which interfere with the quality of life for self and others.

To develop the ability to stay present and mindful, to experience emotions in a modulated way, and to be aware of body sensations.



What are some of your own goals and hopes?

What are some of your fears?

Stages of Therapy: The House That Skills Built



Stage Four

Self-identity

Stage Three

Peace, Joy and
Contentment

Stage Two

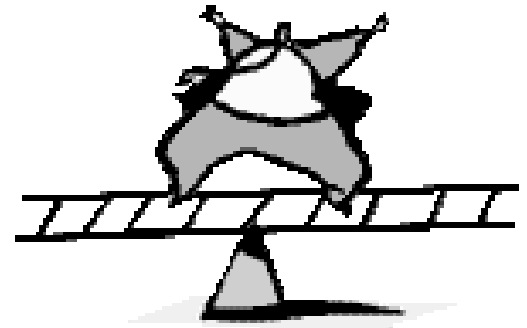
Acknowledge and
Experience
Emotions

Stage One

Acknowledge and
Change Behaviors
Contain Emotions

How Does DBT Work?

Dialectical Behavior Therapy is a combination of individual therapy with a dialectical philosophy, skills training and coaching, and consultation by the team.



INDIVIDUAL THERAPY

- Clients see their individual therapists weekly or as needed.
- Therapy focuses on the Commitment to Wellness and reinforcement of skills learned in skills training.
- In the beginning stages, learning to manage emotions and resourcing are the focus, rather than healing of trauma.
- The individual therapist works as a team with the client and skills facilitators to increase the client's ability to modulate emotions and behaviors.

SKILLS TRAINING AND COACHING

- Weekly skills groups teach and reinforce the skills of mindfulness, managing stress, managing emotions and managing relationships.
- Skills coaching is available between sessions to reinforce skill use and to help generalize skills learned in group.

CASE MANAGEMENT (Clients who have outside DBT-therapists)

- The case manager is the link between Healing Connections, you, and your individual therapist. You will determine with your case manager how frequently you will meet.
- The case manager will review your progress periodically with you, your therapist, and our team.
- Your case manager is responsible for treatment planning and ongoing management of your care.
- You may consult your case manager for skills coaching and other questions that arise.

CONSULTATION

- Skills facilitators consult with one another and their team to increase their ability to be effective as coaches and trainers to the client.
- Skills facilitators and case managers also consult with individual therapists to provide encouragement and consistency in the care of the client.

What is a Treatment Team?

Who Can Help?

A TREATMENT TEAM IS A GROUP OF PEOPLE WHO HELP IN LEARNING TO DECREASE MISERY, INCREASE JOY AND REINFORCE SKILLS.

IT CONSISTS OF PEOPLE SUCH AS:

- individual therapist
- medical doctor
- nurse
- psychiatrist
- social worker or case manager
- sponsor
- family members
- friends
- group leaders
- people who guide spiritually such as a minister, church elder, priest, spiritual director or guide, mentor, yoga instructor

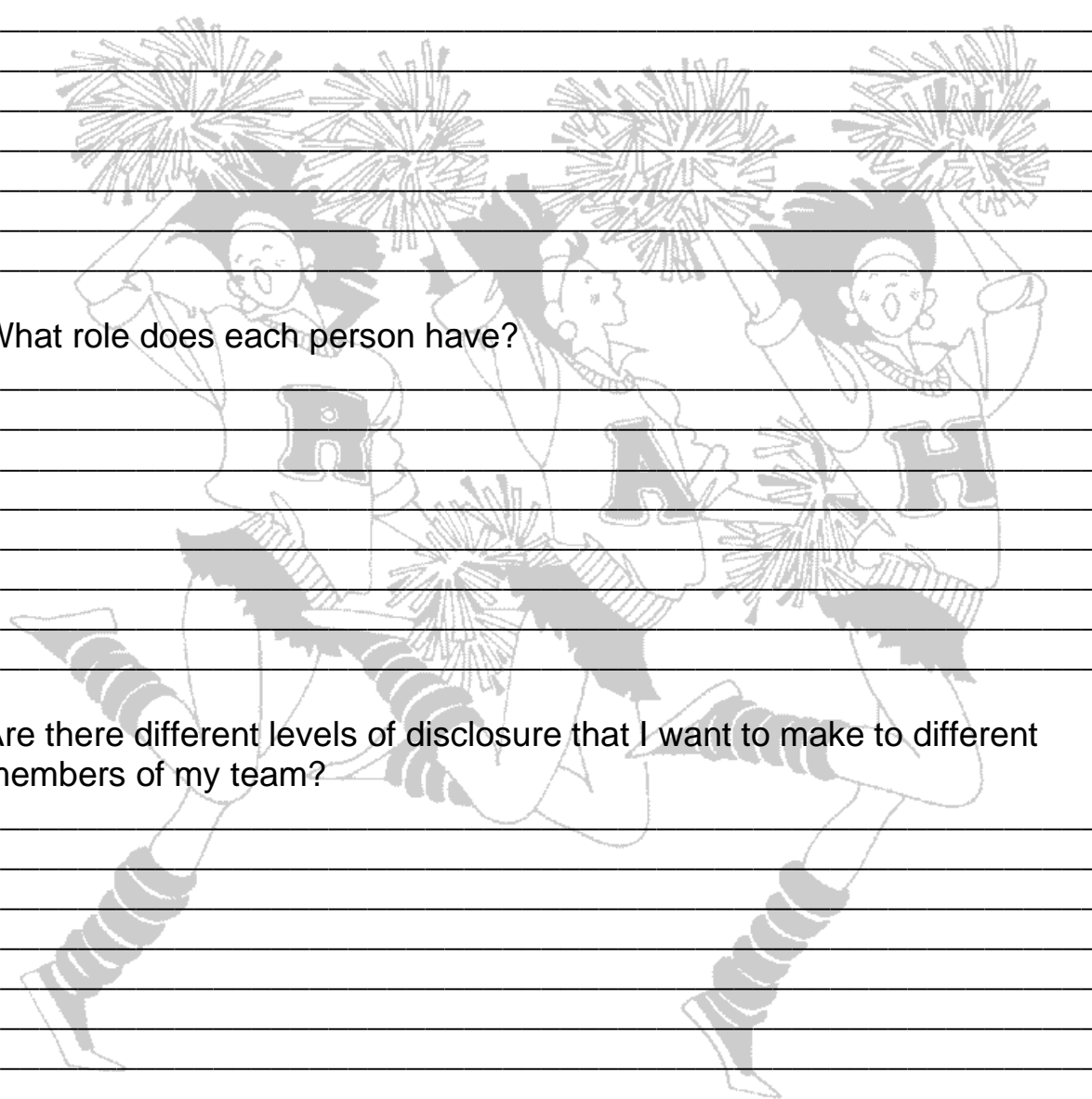
THE ROLE OF THESE INDIVIDUALS IS:

- to offer support
- to teach new skills
- to encourage
- to listen
- to help problem solve
- to validate
- to help assess needs
- to help practice and reinforce skills
- to share new learning
- to give medical advice

IN ORDER TO BE PART OF MY TREATMENT TEAM, THESE PEOPLE MUST BE SAFE. I CAN DISCLOSE DIFFERENT LEVELS OF INFORMATION TO DIFFERENT MEMBERS OF MY TEAM.

Who is My Treatment Team?

Who is on my treatment team?



Three cheerleaders are illustrated in the background, wearing sweaters with the letter 'H' and holding pom-poms. They are positioned behind the first set of lines.

What role does each person have?

Are there different levels of disclosure that I want to make to different members of my team?

Personal Commitment to Wellness

A Commitment to wellness is a pledge or promise you make to yourself to work towards increasing your well-being and happiness. It includes: acknowledging your life difficulties, making a promise to change, commit to more effective ways of managing life, and an action plan to do so. Here is a sample of a commitment to wellness:

My life difficulties include:

I have great misery. I hate who I am. I think about this all day long. When I really feel bad about myself, I use behaviors that are not very helpful. I do things like drinking too much and cutting my arms. My relationships are terrible, I am so lonely and I will never find a relationship that lasts. I am afraid to get angry and feel angry inside all the time. Except for the times that I feel numb, I hate my life.

While this might be very accurate, thinking about changing all of this all at once would be overwhelming and not very realistic. Think about identifying smaller and more concrete goals to work on.

While there are many things that are not very effective in my life at present the things that are most difficult are my drinking and self harm.

My personal commitment is:

I know that my drinking and cutting is used to numb my feelings and is in response to very intense feelings that I cannot control very well. However, these things also lead to more difficulties in my life and I want to change this behavior with the help of my treatment team and my spouse. My goal is to stay sober and to stop hurting myself.

These are examples of action plans. Choose **only one or two** to start.

I will attend AA three times a week and talk to my sponsor every day.

I will call my sponsor, my friend, my therapist before I use self harm.

I will use distractions before I use self harm or drink.

I will do my tracker every day and record my skills and difficulties.

I will go to group and do my homework.

I will call for skills coaching.

Personal Commitment to Wellness

Make a personal commitment to wellness.

My life difficulties include:



My personal commitment is:

This is what I will do to implement my personal commitment to wellness:

What is Peace, Joy, Happiness?

WHAT IS HAPPINESS?

It is the emotion experienced when in a state of well-being.

It is delight because of circumstances such as “I love ice cream”.

It is in the practice of happiness that peace, joy, and contentment are achieved.

It is a feeling of contentment created when one’s physical, emotional, psychological, intellectual, and spiritual needs have been gratified.

Happiness comes when we appreciate what we have right now, at this moment. We can even be happy by accepting that troubles help to build resilience.

It occurs when we invest in another, contribute, and become fulfilled. Think about the satisfaction that occurs when volunteering.

Peace, joy and happiness occur when what one thinks, says, and does is in harmony.

Thich Nhat Hanh says that “sometimes your joy is the source of your smile, but sometimes your smile can be the source of your joy.”

Activity

Try beginning a joy journal today. Write one thought or action each day that brought happiness. My thoughts for this week are:

Monday: _____

Tuesday: _____

Wednesday: _____

Thursday: _____

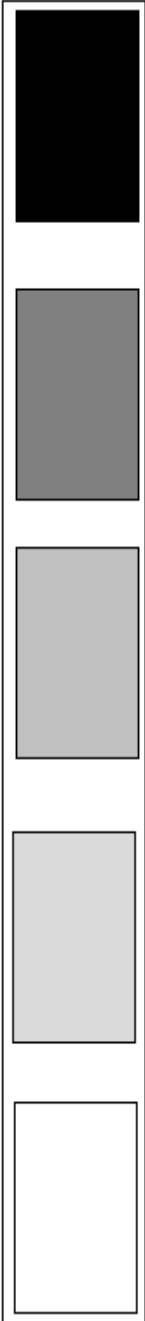
Friday: _____

Saturday: _____

Sunday: _____

Rating Scale for Joy

Rating joy helps to incorporate the logical mind and the emotional mind to increase the awareness of pleasurable situations and emotions. It helps you to recognize the peace, joy, contentment and happiness that are experienced in our daily lives even if it is momentary.

- 
- **Five Joy:** This is the happiest time that can be remembered.
 - **Thinking:** greatest day of my life, positive thoughts, in the moment
 - **Feeling:** Happy, joy, ecstatic, wonderful
 - **Acting:** With others, smiling, participating in the experience
 - **Four Joy:** This is also a happy pleasurable time, not as intense or as long lasting as a five.
 - **Thinking:** clear thoughts, this is good, optimistic
 - **Feeling:** Happy, peaceful, belonging, grateful
 - **Acting:** engaged in activity, relaxing, trying something new
 - **Three Joy:** This is a moderate amount of pleasure and happiness.
 - **Thinking:** Ok day, able to problem solve, anticipating activities
 - **Feeling:** calm, peaceful, satisfied, hopeful,
 - **Acting:** participating, laughing, comfortable
 - **Two Joy:** There is some peace and contentment, a sense of quiet and comfort with oneself.
 - **Thinking:** accomplish something small, in control
 - **Feeling:** capable, pleasant, neutral
 - **Acting:** cooperative, using self soothing, able to distract
 - **One Joy:** This is an ok time, feeling in touch with oneself and being able to identify positive aspects of life, “this is an ok day.”
 - **Thinking:** I am ok
 - **Feeling:** bored, restless, relaxed, neutral
 - **Acting:** able to notice small positive moments, going about your daily routine

My Rating Scale for Joy



Definition of my five joy:

Thinking: _____

Feeling: _____

Acting: _____

Definition of my four Joy:

Thinking: _____

Feeling: _____

Acting: _____

Definition of my three Joy:

Thinking: _____

Feeling: _____

Acting: _____

Definition of my two Joy:

Thinking: _____

Feeling: _____

Acting: _____

Definition of my one Joy:

Thinking: _____

Feeling: _____

Acting: _____

What is Misery?

MISERY IS DEFINED AS:

- Pain, unhappiness or suffering.
- It can be physical, emotional, cognitive, or due to behavioral choices or events.



HOW MISERY IMPACTS LIFE EVENTS:

- Misery interferes with our ability to problem solve effectively.
- Misery increases the potential for reacting rather than responding to a given situation.
- Misery can trigger physiological responses such as fight, flight or paralysis.
- Misery can interfere with our sense of self.
- Misery can impact choices about relationships.
- Misery can lead to self-injurious behaviors, such as substance abuse, physical harm, over-eating, purging, or others.
- Misery can lead to physical illness.
- Misery can lead to tunnel vision or “only seeing your thumbs.”

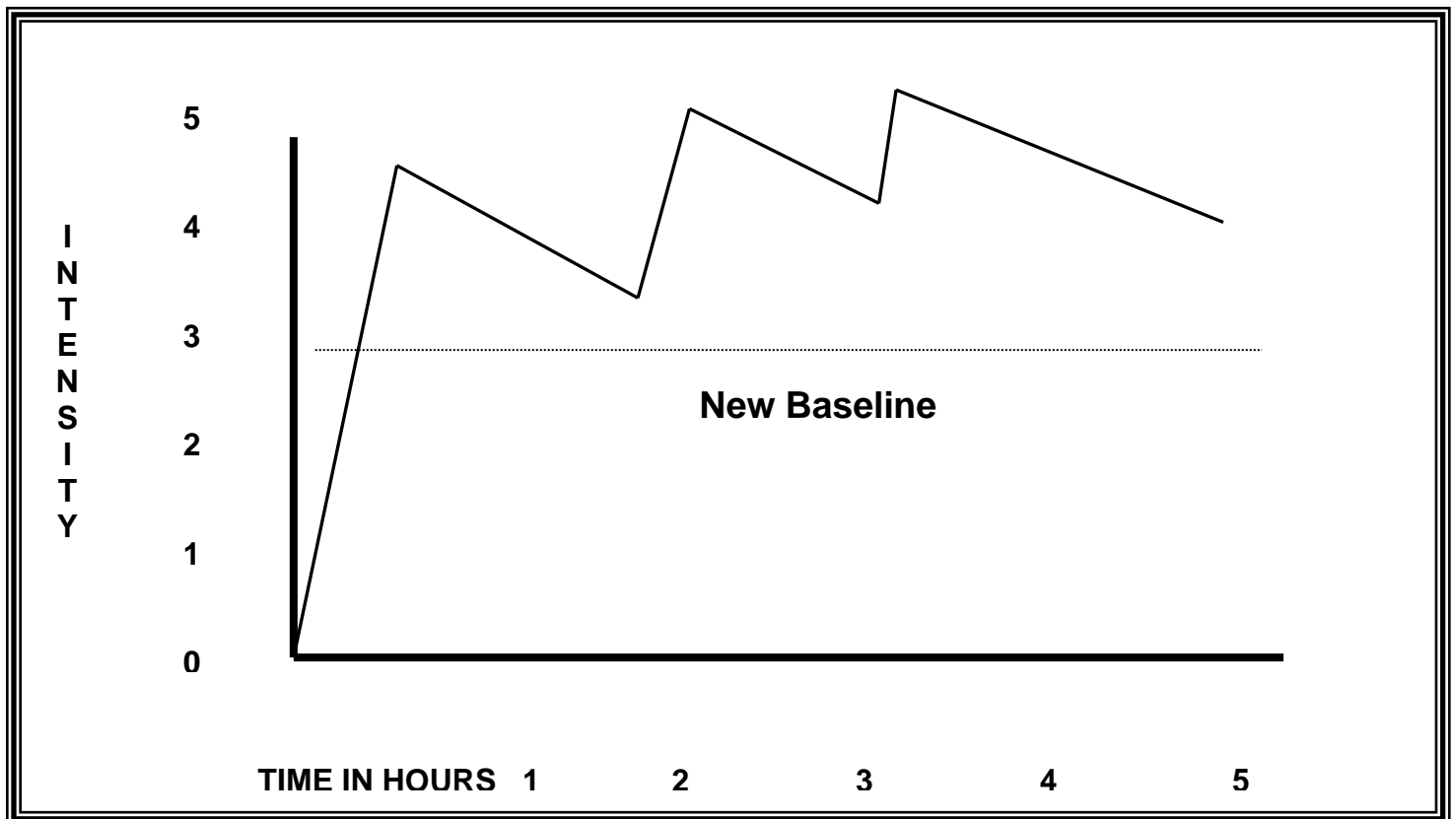
Why Do I Feel So Bad All the Time?

When a painful situation occurs, the intensity of feelings increases. It takes time and effort to deal with painful feelings to reduce their intensity. When another painful situation occurs while the misery is still high, the intensity of the pain becomes greater. When several painful situations occur without a return to a lower level, the baseline of misery rises.



Try this exercise. Hold your arms out at shoulder level, with your hands extended and thumbs up. Slowly bring your hands together, bending your elbows. While doing this try and focus on your thumbs. While you are looking at your thumbs, notice whatever is out in the distance. How clear is it? Do you see double, or is it blurry? This is what happens when we have misery. Our thoughts and vision become blurry, and we cannot problem solve or see things clearly. When we are only focusing on the pain we are experiencing we are “looking at our thumbs.”

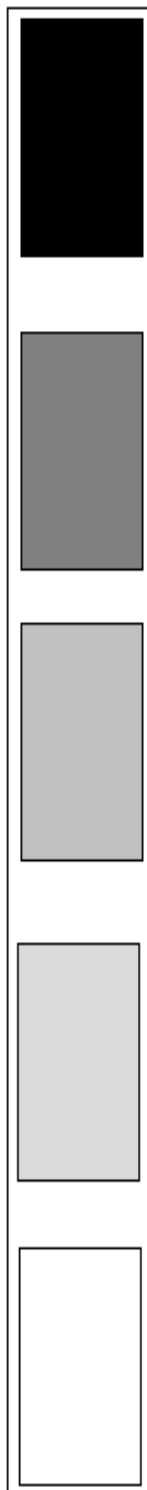
Window of Tolerance



When triggered, misery increases quickly and subsides slowly. If re-triggered often, an individual can become emotionally vulnerable.

Rating Scale for Misery

Rating misery helps to incorporate the logical mind with the emotional mind increasing awareness, allowing helpful responses.



- **Five Misery:** The level of misery have become intolerable; it is often impossible to use helpful responses vs. unhelpful responses.
 - **Thinking:** This is as bad as it gets, suicidal thoughts
 - **Feeling:** hopeless, overwhelmed, terrified, shame, desperate
 - **Acting:** engaging in self harm, collapse response

- **Four Misery:** The level of misery is intense and it may be very difficult to choose helpful responses.
 - **Thinking:** not in control , unable to think clearly
 - **Feeling:** Anxious, sorrow, scared, rage, guilt, shame
 - **Acting:** weeping, pacing, difficulty breathing, skills calls made

- **Three Misery:** This is a moderate amount of discomfort, which may require support to choose helpful responses.
 - **Thinking:** I need help, scattered thoughts
 - **Feeling:** anxious, concerned, sad, frustrated
 - **Acting:** trying to using skills, crying, calling support people

- **Two Misery:** There is an increased level of discomfort, as well as an ability to use helpful responses to cope.
 - **Thinking:** ruminating, focusing on negative, cognitive distortions
 - **Feeling:** Sad, irritated, worried, annoyed, down
 - **Acting:** able to think of skills to use, low energy

- **One Misery:** There is a small amount of discomfort, ability to use helpful responses to cope with situation
 - **Thinking:** able to think clearly, able to problem solve
 - **Feeling:** bored, restless, neutral
 - **Acting:** able to distract yourself, getting things done, accomplishment

My Rating Scale for Misery



Definition of my five misery:

Thinking: _____

Feeling: _____

Acting: _____

Definition of my four misery:

Thinking: _____

Feeling: _____

Acting: _____

Definition of my three misery:

Thinking: _____

Feeling: _____

Acting: _____

Definition of my two misery:

Thinking: _____

Feeling: _____

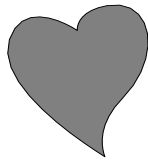
Acting: _____

Definition of my one misery:

Thinking: _____

Feeling: _____

Acting: _____



Create Your Care Bag

PURPOSE

- A care bag organizes supplies for managing stress and increases the ability to use skills.

INSTRUCTIONS

- Place in your care bag different things that help you manage stress.

- Some ideas:

Music	Bubble Bath
Movies	Stuffed Animals
Books	Photos
Puzzles	Candles
Art Supplies	Skills Card

List of places to go (zoo, library, coffee shop)
List and phone numbers of treatment team

- Be creative and include things you find comforting.
- Avoid including things that are triggers.

Keep your care bag available to use at short notice.

Make a copy of this document for the client.

Emotion Regulation Safety Plan



When misery is high, it is difficult to experience emotions safely. At those times we need a safety plan that has been thought out in advance that we can “just act on”. It is hard to attempt to problem solve when we are “seeing our thumbs.”

This safety plan should include distractions that are especially effective; one that can be used anywhere, anytime. Include the names of supportive friends and family. Also, include your care providers and emergency services phone numbers.

The distractions that I can use are:

1. _____
2. _____
3. _____

The friends or support people I can call are:

1. _____
2. _____

My care provider and crisis team are:

1. Therapist: _____ Phone: _____
2. Crisis line or after hours line: _____
3. Hospital: _____

I agree that I will use this as part of my commitment to wellness.

Signature

Date

Accessing the Team Using Phone Consults



- Skills coaching can be found online at www.healingconnectionsonline.com . Click on the Skills Coaching tab or call (952) 892-7690 and listen to the prompts for pre-recorded skills coaching suggestions.
- Prior to making a skills coaching call, it is expected that you have tried to use at least 3 skills.
- Phone consults are calls to an individual therapist or other persons who are on my team.
- Phone consults occur when misery is high (4 or 5) and the skills being used are not effective, “I feel like a bucket of water without the bucket.”
- Calls focus on use of skills to reduce misery.
- Calls are encouraged for purpose of coaching/ reinforcing skills.
- Calls occur before self-injurious behaviors.
- Calls occurring after self-injurious behavior will be dealt with by:
 - assessing for lethality.
 - referral for medical intervention as needed.
 - determining time of next session where choices will be discussed.
 - clients will not be allowed to contact their individual therapist for 24 hours for skills coaching.
- When using a phone consult, it is agreed that help offered will be accepted.
- Schedule phone consults as needed.
- Phone consults are brief.
- Consults can also occur when you are with someone on your team.

Skills Coaching

Your therapist is available for coaching life skills should the need arise while you are a member of our DBT Life Skills I group or a member of our Intensive day treatment group.

Remember the following guidelines:

1. Your therapist is often with clients and will check messages frequently during the course of the day.
2. If you are calling due to a medical or psychological crisis and need help immediately please call 911 or go to your nearest emergency facility.
3. Calling your therapist should be part of your Emotion Regulation Safety Plan. It should not necessarily be your first attempt to self regulate. Please try your distractions and self-soothings first. This will help you to feel more competent and self sufficient.
4. When you call, follow the phone consult guidelines. Let your therapist know what your misery level is, what you have tried to do to lower it, and what you need.
5. Your therapist will return your call as quickly as possible. Please let him or her know if this call needs quick response or response sometime during the day.
6. To call your therapist:
 - The office number is 952-892-7690. You will reach an automated greeting when calling this number. You can press 0 for an office staff member between 8:00 and 4:30 Monday through Thursday and between 8:00 and 2:00 on Friday or enter your therapist's extension and leave a message.
 - If it is after hours and you need to reach your therapist, you can call 952-892-7690 and enter your therapist's extension. Follow the prompts by pressing 2 to be routed to their after-hours phone number.
 - If you do not know your therapist's extension, when you reach the automated greeting, press 2 for a dial-by-name directory or press 6 for a name and extension list.

Please note:

If you are no longer a member of our DBT group or our day treatment group, your therapist will no longer be available to contact outside of regular business hours. Phone coaching will still be available during your therapist's regular clinic hours. Please ask your therapist what those hours are.

If you have a crisis outside of your therapist's clinic hours, please call 911 or go to your nearest emergency facility or call:

National Hopeline Network @ 800-784-2433
Nationwide Suicide Prevention Lifeline @ 800-273-8255
Dakota County Crisis Connection @ 612-379-6363
Scott County @ 952-442-7601
Ramsey County @ 651-266-7900
Rice County @ 800-422-1286
Hennepin County @ 612-596-1223

Therapy Agreement

CLIENT AGREEMENT

- I agree to work on decreasing suicidal behaviors and thoughts.
- I agree to work on decreasing self-harming behaviors and thoughts.
- I agree to attend all scheduled individual therapy sessions. If I am sick, or in an emergency, I will call to cancel my appointment. Missing THREE consecutive individual sessions will require renegotiating the therapy contract.
- I agree to work on my therapy interfering behaviors (examples: not being attentive, not collaborating with the therapist, noncompliance with treatment) and to talk about my therapist's therapy interfering behaviors (examples: taking extreme positions, being disrespectful).
- I agree to work on building a more worthwhile life.
- I agree to attend and participate in the Life Skills Group. Missing three consecutive or five total sessions in twelve weeks terminates my membership in the Intensive Life Skills Program, and would require re-application when the next segment begins or applying for re-admittance into group.
- I understand and agree that my therapist and skills trainers will be discussing my progress in consultation and professional supervision.

We will work together for _____. At the end of that time, we will evaluate progress on goals. If there is evidence that our work together is effective. We may renew our contract for another specified period of time.

Client's Signature Date

THERAPIST AGREEMENT

- I agree to conduct therapy effectively realizing that I can't make everything better or make problems go away,
- I agree to conduct therapy in an ethical manner, behaving at all times in a professional way.
- I agree to attend sessions as scheduled. When I am ill, I will make every effort to reschedule. When I am going to be gone, I will let my client know as soon as possible and will provide reasonable coverage alternative.
- I agree to take responsibility to communicate when behaviors stretch my limits beyond my comfort zone, and I agree to work on therapy-interfering behaviors (examples: expecting too much, being rigid, and making assumptions).
- I agree to problem-solve to find a solution before damage occurs to this relationship.
- I agree to encourage my client's efforts to learn and practice new skills by being available for coaching and support.
- I will maintain confidentiality with the understanding that there are situations that I may not keep confidential, for example, high-risk of suicide, child abuse, or other legally mandated situations.
- To ensure the best possible treatment, I will seek consultation and participate in the DBT consultation team when it will help me to receive support and encouragement.

We will work together for _____. At the end of that time, we will evaluate progress on goals. If there is evidence that our work together is effective, we may renew our contract for another specified period of time.

Treatment Team:

Therapist

Date

Skills Facilitator

Date

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Treatment Team:

Therapist

Date

Facilitator

Date

Skills