

# **Getting started: Life Skills**



**LIFE SKILLS ORIENTATION**



# Targets for Getting Started



## **COMPLETE BSL-23**

## **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 AGREEMENTS**



## 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		
	Complete BSL		
	Therapy agreement signed by you and your team		

## Borderline Symptom List 23 (BSL-23)

**Name:** \_\_\_\_\_ **Date:** \_\_\_\_\_

Please follow these instructions when answering the questionnaire: In the following table you will find a set of difficulties and problems which possibly describe you. Please work through the questionnaire and decide how much you suffered from each problem in the course of the last week. In case you have no feelings at all at the present moment, please answer according to how you *think you might have felt*. Please answer honestly. **All questions refer to the last week. If you felt different ways at different times in the week, give a rating for how things were for you on average.**  
**Please be sure to answer each question.**

In the course of last week...		not at all	a little	rather	much	very strong
1	It was hard for me to concentrate	0	1	2	3	4
2	I felt helpless	0	1	2	3	4
3	I was absent-minded and unable to remember what I was actually doing	0	1	2	3	4
4	I felt disgust	0	1	2	3	4
5	I thought of hurting myself	0	1	2	3	4
6	I didn't trust other people	0	1	2	3	4
7	I didn't believe in my right to live	0	1	2	3	4
8	I was lonely	0	1	2	3	4
9	I experienced stressful inner tension	0	1	2	3	4
10	I had images that I was very much afraid of	0	1	2	3	4
11	I hated myself	0	1	2	3	4
12	I wanted to punish myself	0	1	2	3	4
13	I suffered from shame	0	1	2	3	4
14	My mood rapidly cycled in terms of anxiety, anger, and depression	0	1	2	3	4
15	I suffered from voices and noises from inside or outside my head	0	1	2	3	4
16	Criticism had a devastating effect on me	0	1	2	3	4
17	I felt vulnerable	0	1	2	3	4
18	The idea of death had a certain fascination for me	0	1	2	3	4
19	Everything seemed senseless to me	0	1	2	3	4
20	I was afraid of losing control	0	1	2	3	4
21	I felt disgusted by myself	0	1	2	3	4
22	I felt as if I was far away from myself	0	1	2	3	4
23	I felt worthless	0	1	2	3	4

Now we would like to know in addition the quality of your **overall** personal state in the course of the last week. 0% means **absolutely down**, 100% means **excellent**. Please check the percentage which comes closest.

0%	10%	20%	30%	40%	50%	60%	70%	80%	90%	100%
<div style="display: flex; justify-content: space-between; align-items: center;"> <span>(very bad)</span> <span>←————→ (excellent)</span> </div>										

### BSL - Supplement: Items for Assessing Behavior

During the last week.....		Not at all	once	2-3 times	4-6 times	Daily or more often
1	I hurt myself by cutting, burning, strangling, headbanging etc.	0	1	2	3	4
2	I told other people that I was going to kill myself	0	1	2	3	4
3	I tried to commit suicide	0	1	2	3	4
4	I had episodes of binge eating	0	1	2	3	4
5	I induced vomiting	0	1	2	3	4
6	I displayed high-risk behavior by knowingly driving too fast, running around on the roofs of high buildings, balancing on bridges, etc.	0	1	2	3	4
7	I got drunk	0	1	2	3	4
8	I took drugs	0	1	2	3	4
9	I took medication that had not been prescribed or if had been prescribed, I took more than the prescribed dose	0	1	2	3	4
10	I had outbreaks of uncontrolled anger or physically attacked others	0	1	2	3	4
11	I had uncontrollable sexual encounters of which I was later ashamed or which made me angry.	0	1	2	3	4

**Please double-check for missing answers**

**WE THANK YOU VERY MUCH FOR YOUR PARTICIPATION!**  
**PLEASE RETURN THE QUESTIONNAIRE TO YOUR THERAPIST**

# 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



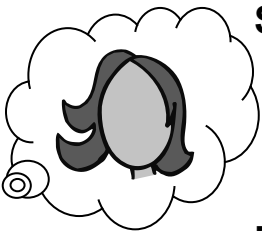
### BEHAVIORAL

- 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.*



# 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.

## Life Skills Daily Tracker

<b>Skill Use Guide</b> 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	Day	Date	Skills Use						Self-Harm Urges	Self-harm Action	Suicidal Ideation	Daily Joy (1-5)	Daily Misery (1-5)
	Mon												
	Tues												
	Wed												
	Thurs												
	Fri												
	Sat												
	Sun												

ACCEPTANCE SKILLS			M	T	W	T	F	S	S
WISE MIND: thoughts/feeling/body sensations									
CORE MINDFULNESS	What to do	OBSERVE: just notice							
		DESCRIBE: put words to it							
		PARTICIPATE: get actively involved in what you're doing							
	How to do it	NON-JUDGMENT: facts, not labeling or opinions							
		ONE MINDFULLY AND PATIENT: focus on one thing with patience							
		EFFECTIVE AND WITH ACCEPTANCE: accept where you are and do what works							
		DISTRESS TOLERANCE	DISTRACT: move away from misery						
	SELF-SOOTHE: soothe each of the five senses								
	IMPROVE THE MOMENT:								
	Imagery								
Meaning (find something to do)									
Prayer									
Relaxation									
One Thing: focus on one thing									
Vacation: brief time-out									
Encourage Yourself: cheerlead									
PROS AND CONS									
RADICAL ACCEPTANCE: you don't have to like it									
WILLINGNESS: doing just what is needed									
TURNING THE MIND: turn towards acceptance									
HALF SMILE / WILLING HANDS									
MISERY HIGH	SAFETY PLAN: skills breakdown point								
	STOP: freeze, step back								
	TIPP: change body, breathe, cold								
	PHONE CONSULT/ONLINE SKILLS COACHING								
Notes/questions for individual therapist:									
Homework:									

CHANGE SKILLS			M	T	W	T	F	S	S
INTERPERSONAL EFFECTIVENESS	ASSESS RELATIONSHIP FOR SAFETY								
	SELF-VALIDATION								
	HEALTHY BOUNDARIES								
	DEAR MAN: objectives effectiveness								
	Describe the situation								
	Express your feelings								
	Assertive: say what you mean, intensity?								
	Reinforce others								
	Mindful: broken record, ignore								
	Appear confident								
	Negotiate for what you want								
	GIVE: relationship effectiveness								
	Gentle, intensity?								
	Interested								
	Validate other								
	Easy Manner								
	FAST: self respect effectiveness								
	Fair (to self & others)								
	(don't) Apologize								
	Stick to your values and principles								
	Truthful								
EMOTION REGULATION	IDENTIFY AND NAME EMOTIONS (sadness, joy, guilt, anger, fear, disgust, etc)								
	CHECK THE FACTS								
	ACCUMULATING POSITIVE EMOTIONS								
	BUILD MASTERY / ACCOMPLISHMENT								
	COPE AHEAD								
	PLEASE: care for body								
	OPPOSITE ACTION								
	PENDULATION: balance experience & contain								
	BEHAVIOR ANALYSIS								
	PROBLEM SOLVING								
	COMMIT TO WELLNESS								



## 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.**

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Client Signature

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Date

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Therapist Signature

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Date





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Client Signature

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Therapist Signature

Date



# Group Expectations for 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 causes an interruption, the group will be informed of this ahead of time. Please take the call outside the room.
2. Each client participating in 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.
9. Attendance in DBT group is an important part of your treatment and missed sessions will limit your progress. DBT group attendance policy is as follows:
  - If you miss two group sessions in a row, your therapist will pull you out of group for a minimum of two weeks to reassess your commitment to group. It is expected when you return to group, that you will make amends for your absences.
  - If you miss two group sessions in a row again, your therapist will pull you out of group until the next module begins. It is expected when you return to group, that you will make amends for your absences.
  - If you miss two group sessions in a row again, your therapist will pull you out of group and you will not be able to restart a DBT group at Healing Connections Therapy Center for one year.
10. 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.
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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## Online Group Expectations

1. As our providers are only licensed to provide services in the state of Minnesota, to attend online sessions you need to be in the state of Minnesota.
2. Smoking can be done during break time only and with cameras off. This is to respect that some people are in the process of stopping smoking.
3. Talking about past or current self-harm or suicidal ideation is not allowed during online group or during break time.
4. You are expected to participate in check in, give feedback and participate in group discussions. Resourcing to stay present is allowed. We ask that if you are doing something such as coloring that requires you to look down a lot let the group know. You are encouraged to make at least occasional eye contact.
5. You can use the chat feature on zoom to speak to the facilitator: to help resource, if you must leave the group, or are having other difficulties in the group.
6. If you need to step away from the group, please turn off your microphone and camera to provide privacy for the rest of the group.
7. Please limit background noises and mute or turn off your mic when you are not talking.
8. You need to be in a place of privacy during the session. If others are seen in the background the facilitators will remove you from the group and allow you to reenter when privacy is assured.
9. Please minimize distractions in the environment (such as walking around, playing with pets or doing other tasks during group).
10. When doing introductions, group members are encouraged share their preferred pronouns. Please use those preferred pronouns.
11. Please log in five minutes early so the group can start promptly.
12. Dress as you would for attending an in-person group.
13. Please attend group in a manner that promotes you as being awake and attentive (i.e.: sitting up at a desk, table or couch). We understand that your bedroom may be the only place you have privacy. Please be sitting up. This will help you be attentive to the group and the information being presented.
14. Be mindful of lighting: A bright light/window behind you will 'wash out' your picture and having the room too dark will also make it difficult for people to see you.

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Signature

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Signature

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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.

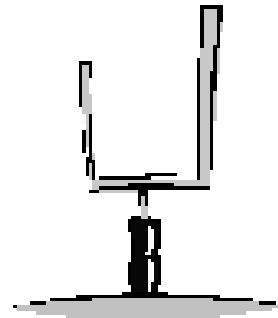
To develop balance and regulation in thinking, feeling, and acting.

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?

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What are some of your fears?

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# Stages of Therapy: The House That Skills Built



## Stage Four

Self-identity

## Stage Three

Peace, Joy and  
Contentment

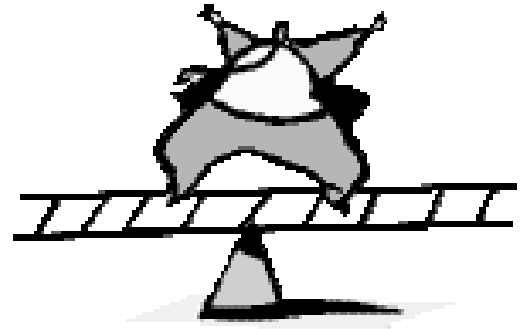
## Stage Two

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

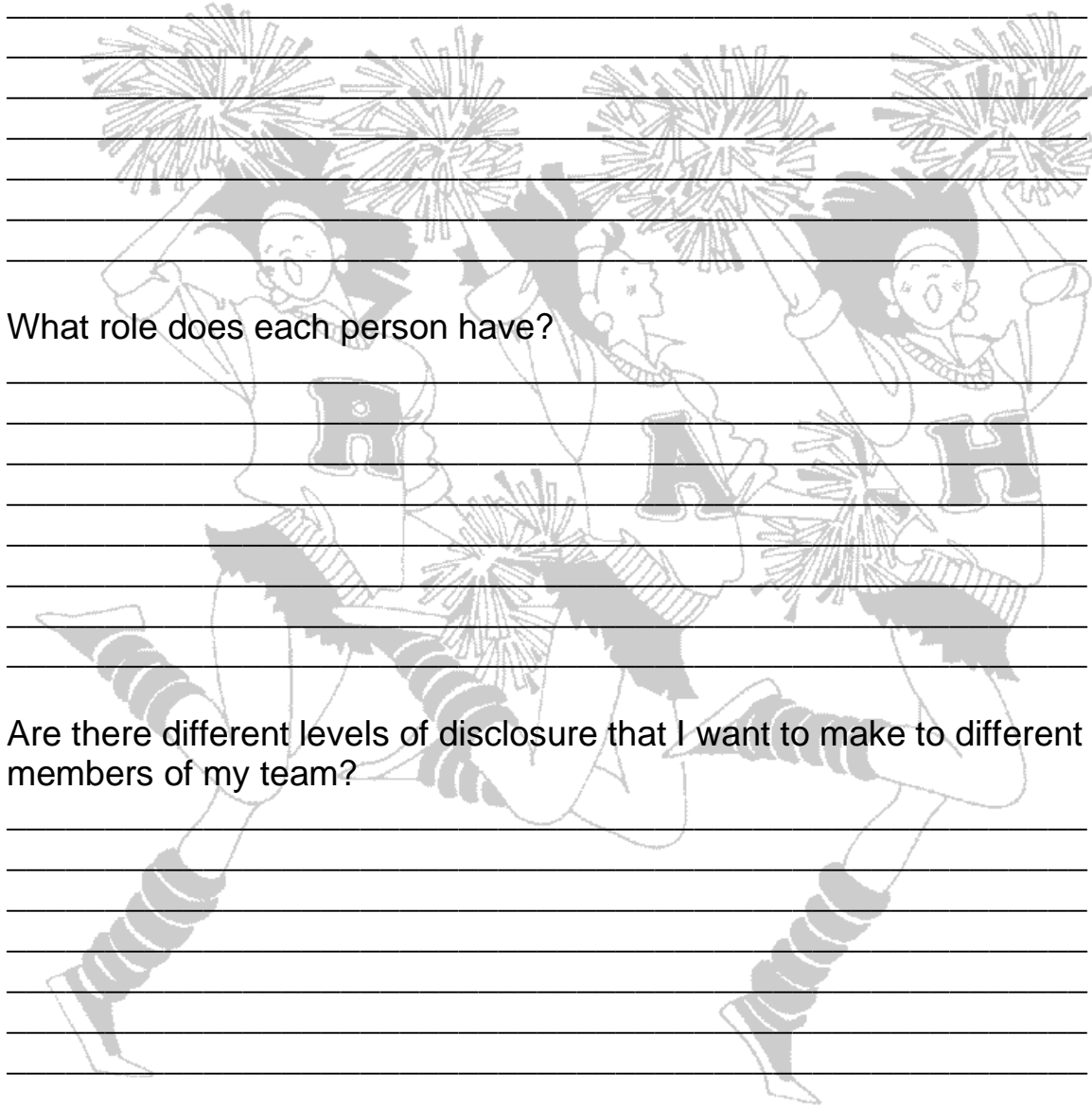
**THE ROLE OF THESE INDIVIDUALS IS:**

- 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?



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:



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My personal commitment is:

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

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# 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: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

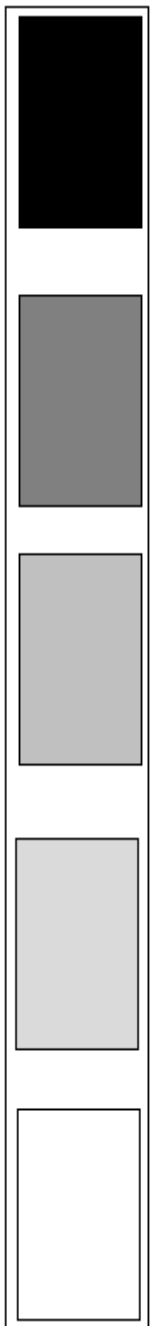
Saturday: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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.”

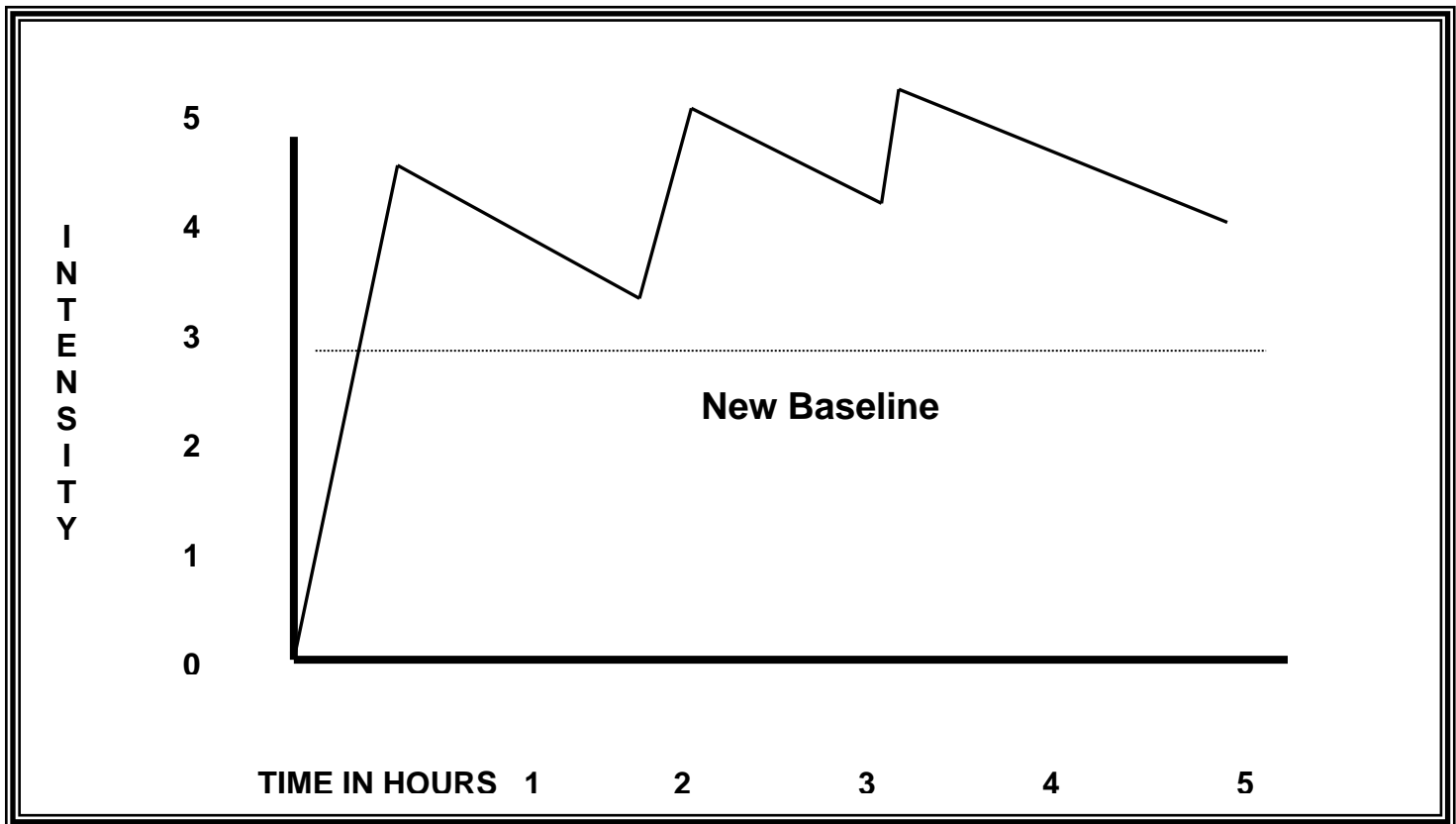
# Why Do I Feel So Bad All the Time?

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.”

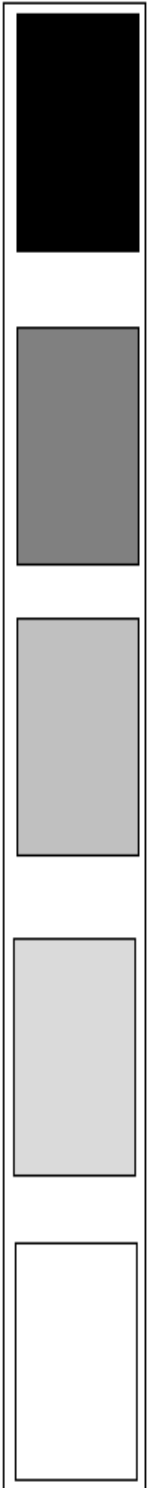
# Window of Tolerance



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:

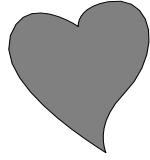
Thinking: \_\_\_\_\_

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.**

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Signature

Date



# Accessing the Team Using Phone Consults



- Skills coaching can be found online at [www.healingconnectionsonline.com](http://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 @ 952-891-7171  
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. DBT group attendance policy is as follows:
  - If you miss two group sessions in a row, your therapist will pull you out of group for a minimum of two weeks to reassess your commitment to group. It is expected when you return to group, that you will make amends for your absences.
  - If you miss two group sessions in a row again, your therapist will pull you out of group until the next module begins. It is expected when you return to group, that you will make amends for your absences.
  - If you miss two group sessions in a row again, your therapist will pull you out of group and you will not be able to restart a DBT group at Healing Connections Therapy Center for one year.
- 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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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





# WHODAS 2.0

WORLD HEALTH ORGANIZATION  
DISABILITY ASSESSMENT SCHEDULE 2.0

Name: \_\_\_\_\_

Date: \_\_\_\_\_

Please complete if you are over 18

## 36-item version, self-administered

This questionnaire asks about difficulties due to health conditions. Health conditions include diseases or illness, other health problems that may be short or long lasting, injuries, mental or emotional problems, and problems with alcohol or drugs.

Think back over the past 30 days and answer these questions, thinking about how much difficulty you had doing the following activities. For each question, please check only one response.

In the past 30 days how much <u>difficulty</u> did you have in:						
		0	1	2	3	4
<b>Understanding and communicating</b>						
D1.1	<u>Concentrating</u> on doing something for <u>ten minutes</u> ?	None	Mild	Moderate	Severe	Extreme or cannot do
D1.2	<u>Remembering</u> to do <u>important things</u> ?	None	Mild	Moderate	Severe	Extreme or cannot do
D1.3	<u>Analyzing and finding solutions to problems</u> in day-to-day life?	None	Mild	Moderate	Severe	Extreme or cannot do
D1.4	<u>Learning a new task</u> , for example, learning how to get to a new place?	None	Mild	Moderate	Severe	Extreme or cannot do
D1.5	<u>Generally understanding</u> what people say?	None	Mild	Moderate	Severe	Extreme or cannot do
D1.6	<u>Starting and maintaining a conversation</u> ?	None	Mild	Moderate	Severe	Extreme or cannot do
<b>Getting around</b>						
D2.1	<u>Standing for long periods</u> such as <u>30 minutes</u> ?	None	Mild	Moderate	Severe	Extreme or cannot do
D2.2	<u>Standing up</u> from sitting down?	None	Mild	Moderate	Severe	Extreme or cannot do
D2.3	<u>Moving around inside your home</u> ?	None	Mild	Moderate	Severe	Extreme or cannot do
D2.4	<u>Getting out</u> of your home?	None	Mild	Moderate	Severe	Extreme or cannot do
D2.5	<u>Walking a long distance</u> such as a kilometer (or equivalent)?	None	Mild	Moderate	Severe	Extreme or cannot do

***Please continue to next page...***

In the past 30 days how much <u>difficulty</u> did you have in:						
<b>Self-care</b>		0	1	2	3	4
D3.1	<u>Washing your whole body?</u>	None	Mild	Moderate	Severe	Extreme or cannot do
D3.2	<u>Getting dressed?</u>	None	Mild	Moderate	Severe	Extreme or cannot do
D3.3	<u>Eating?</u>	None	Mild	Moderate	Severe	Extreme or cannot do
D3.4	<u>Staying by yourself for a few days?</u>	None	Mild	Moderate	Severe	Extreme or cannot do
<b>Getting along with people</b>						
D4.1	<u>Dealing with people you do not know?</u>	None	Mild	Moderate	Severe	Extreme or cannot do
D4.2	<u>Maintaining a friendship?</u>	None	Mild	Moderate	Severe	Extreme or cannot do
D4.3	<u>Getting along with people who are close to you?</u>	None	Mild	Moderate	Severe	Extreme or cannot do
D4.4	<u>Making new friends?</u>	None	Mild	Moderate	Severe	Extreme or cannot do
D4.5	<u>Sexual activities?</u>	None	Mild	Moderate	Severe	Extreme or cannot do
<b>Life activities</b>						
D5.1	<u>Taking care of your household responsibilities?</u>	None	Mild	Moderate	Severe	Extreme or cannot do
D5.2	<u>Doing most important household tasks well?</u>	None	Mild	Moderate	Severe	Extreme or cannot do
D5.3	<u>Getting all the household work done that you needed to do?</u>	None	Mild	Moderate	Severe	Extreme or cannot do
D5.4	<u>Getting your household work done as quickly as needed?</u>	None	Mild	Moderate	Severe	Extreme or cannot do

***Please continue to next page...***

**If you work (paid, non-paid, self-employed) or go to school, complete questions D5.5-D5.8, below. Otherwise, skip to D6.1.**

Because of your health condition, in the past 30 days, how much difficulty did you have in:						
D5.5	Your day-to-day <u>work/school</u> ?	None	Mild	Moderate	Severe	Extreme or cannot do
D5.6	Doing your most important work/school tasks <u>well</u> ?	None	Mild	Moderate	Severe	Extreme or cannot do
D5.7	Getting all the work <u>done</u> that you need to do?	None	Mild	Moderate	Severe	Extreme or cannot do
D5.8	Getting your work done as <u>quickly</u> as needed?	None	Mild	Moderate	Severe	Extreme or cannot do

In the past 30 days how much <u>difficulty</u> did you have in:						
<b>Participating in society</b>						
D6.1	How much of a problem did you have in <u>joining community activities</u> (for example, festivities, religious or other activities) in the same way as anyone else can?	None	Mild	Moderate	Severe	Extreme or cannot do
D6.2	How much of a problem did you have because of <u>barriers or hindrances</u> in the world around you?	None	Mild	Moderate	Severe	Extreme or cannot do
D6.3	How much of a problem did you have <u>living with dignity</u> because of the attitudes and actions of others?	None	Mild	Moderate	Severe	Extreme or cannot do
D6.4	How much <u>time</u> did you spend on your health condition, or its consequences?	None	Mild	Moderate	Severe	Extreme or cannot do
D6.5	How much have you been <u>emotionally affected</u> by your health condition?	None	Mild	Moderate	Severe	Extreme or cannot do
D6.6	How much has your health been a <u>drain on the financial resources</u> of you or your family?	None	Mild	Moderate	Severe	Extreme or cannot do
D6.7	How much of a problem did your <u>family</u> have because of your health problems?	None	Mild	Moderate	Severe	Extreme or cannot do
D6.8	How much of a problem did you have in doing things <u>by yourself</u> for <u>relaxation or pleasure</u> ?	None	Mild	Moderate	Severe	Extreme or cannot do

***Please continue to next page...***

H1	Overall, in the past 30 days, <u>how many days</u> were these difficulties present?	<b><i>Record number of days</i></b>
H2	In the past 30 days, for how many days were you <u>totally unable</u> to carry out your usual activities or work because of any health condition?	<b><i>Record number of days</i></b>
H3	In the past 30 days, not counting the days that you were totally unable, for how many days did you <u>cut back</u> or <u>reduce</u> your usual activities or work because of any health condition?	<b><i>Record number of days</i></b>

***This completes the questionnaire. Thank you.***