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## Dual Theory Approach to Working with BPD

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Dual Approach to Working with BPD

A Project Presented to  
the Graduate Faculty of  
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By  
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### Abstract

Manifested symptoms can cause agony within an individual with borderline personality disorder. However, by integrating dialectical behavioral therapy and schema focused therapy, these theories can help the individual feel more at ease. In this group manual, individuals diagnosed with borderline personality disorder will participate in an 12-week group therapy for 2 hours. The group members will explore new approaches to cope with their established symptoms by focusing on the four core beliefs in dialectical behavior therapy ,and schema modes in schema focused therapy. The goal of this group therapy is for the group members to consider themselves in the healthy adult mode, develop adequate coping mechanisms, decrease life-threatening behaviors, and improve quality of life. With these results, future researchers will have an alternative and effective approach to working with individuals with borderline personality disorder. Further research is needed to find the effectiveness of the integration of dialectical behavior therapy and schema focused therapy in individual therapy sessions.

*Keyword:* dialectical behavior therapy, schema-focused therapy, treatment, borderline personality disorder, group therapy

## **Introduction**

Individuals diagnosed and living with Borderline Personality Disorder often face intense distress due to the nature of the disorder's criteria and the stigma that surrounds it. However, with the use treatment, it can provide ways to manage a wide variety of borderline symptoms (Zanarini, 2009). The purpose of the group manual is to help individuals diagnosed with BDP manage their manifested symptoms. With the use of dialectical behavior therapy and schema-focused therapy, the group manual will focus on their irrational thoughts and their behaviors that are caused by distorted beliefs.

Currently, DBT primarily focuses on the here-and-now issues and how to manage these manifested symptoms, while SFT focuses on the childhood experiences. It has been found that experiences from childhood present as a relevant factor of BPD (Tyrka, Wyche, & Kelly, 2009). By integrating both theories, the focus will be on how their childhood experiences have played a role into their manifested symptoms and effective ways to cope. It provides an approach that focuses on both the past and present. That being said, this group manual will focus on the prognostic factors considered for a BPD diagnosis, with a specific consideration of childhood.

## **Literature Review**

### **Borderline Personality Disorder**

Borderline Personality Disorder (BPD) is known for its instability of emotions, interpersonal relationships, self-harming, and impulsivity (Lieb, Zanarini, Schmahl, Linehan, & Bohus, 2004). About 1.6% of the United States population has borderline personality disorder (APA, 2013). In a psychiatric setting, 20% of inpatient and 10% of outpatient clients suffer from BPD (Nadort, 2009). Additionally, BPD is more commonly present in women versus males (Lieb, Zanarini, Schmahl, Linehan, & Bohus, 2004). The etiology consists of genetic and

environmental factors. (Leppänen, Kärki, Saariaho, Lindeman, & Hakko, 2015). Although abuse and neglect are not part of the criteria, research has found that individuals with BPD often have a background of childhood abuse and neglect (Tyrka, Wyche, & Kelly, 2009).

The symptoms typically begin to show in early childhood and can be present in various settings (APA, 2013). The symptom includes acute and temperamental. An individual with BPD may experience impulsivity, self-injurious and reckless behavior, poor self-esteem, fear of abandonment, distrust, and anger (Sempértegui, Karreman, Arntz & Bekker, 2013). Often these symptoms can cause emotional pain and distress (Perseius Ekdahl, Asberg, & Sameulsson, 2005).

According to Hall et al., (2001), this disorder is not only serious, but also costly with significant mortality and morbidity. Research has also suggested that BPD can be one of the most emotionally difficult disorders (Linehan & Heard, 1999). The cost of this disorder can be seen from the lengthy and repeated psychiatric hospitalization for individuals with BPD. The primary reason for hospitalization is suicidal ideation (Linehan & Heard, 1999). Where about 10% of BPD patients die due to suicide (Nadort, 2009).

Along with financial strains and emotional challenges, those who live with this disorder often face challenges working with mental health professionals. Individuals with severe BPD are often labeled as difficult clients to work with. This can cause a range of challenges for mental health professionals. Due to these perceived or actual difficulties with their interpersonal relationships, professionals and often the greater public view individuals with BPD in a negative way. Therefore, it is crucial that the need for improved care is recognized and implemented for the individuals. In recent years, various treatments have been widely researched to be effective such as dialectical behavior therapy and schema-focused therapy (Leppänen, Hakko, Sintonen, &

Lindeman, 2016). Treatment can help decrease negative emotions, impulses, cognitive disturbances and improvement in social and global functioning (Linehan & Heidi, 1999).

### **Dialectical Behavior Therapy**

Dialectical behavior therapy was created in the 1990s by Marsha Linehan (O'Connell & Dowling, 2014). When Marsha was 17 years old, she engaged in self-harm, which was a factor in her development of DBT (O'Connell & Dowling, 2014). Initially, the treatment helped apply behavioral therapy treatment for suicidal individuals (O'Connell & Dowling, 2014) and help them develop effective problem-solving skills (Linehan & Wilks, 2015). Eventually, DBT evolved into a treatment for individuals with borderline personality disorder (Dimeff & Linehan, 2001). Compared to cognitive behavior therapy, DBT focuses on the learning and practicing of new skills (Amner, 2012), while CBT focuses on changing of the patient's thoughts, feelings, and behaviors (Lynch, Chapman, Rosenthal, Kuo & Linehan, 2006). DBT is a treatment that combines techniques from behavioral, cognitive, and supportive psychotherapies (Linehan, Armstrong, Suarez, Allmon & Heard, 1991). This treatment consists of weekly individual psychotherapy, group therapy, phone calls, and consultation team meetings (O'Connell & Dowling, 2014).

Individual DBT applies a balance of problem-orientated and supportive techniques including behavioral skill training, contingency management, cognitive modification, exposure to emotional cues, reflection, empathy, and acceptance. Behavioral techniques are ordered based on the client's needs however weekly sessions of 1 hour are utilized as the standard treatment duration. Contacting via telephone in times of crisis is another part of the DBT procedure (Linehan, Armstrong, Suarez, Allmon & Heard, 1991). The emphasis of individual therapy is

for the client to practice and apply the skills that they have acquired from group therapy (Amner, 2012).

### **Group dialectical behavioral therapy.**

During group therapy, members meet weekly for two and a half hours where they undergo training for development and strengthening of skills. These are taught in four core beliefs: mindfulness, interpersonal effectiveness, emotional regulation, and distress tolerance. The four models are divided into change skills and acceptance skills. The changed skills consist of interpersonal effectiveness and emotional regulation, while acceptance skills comprise of mindfulness and distress tolerance (Linehan & Wilks, 2015).

Mindfulness is the first core. Mindfulness consists of teaching skills for finding the mediator between extremes and polarities. With the use of mindfulness, individuals increase control of their conscious thinking, achieve a rise emotional and rational thinking and experience a sense of unity of themselves (Lynch, Chapman, Rosenthal, Kuo, & Linehan, 2006). The second core is emotional regulation. Emotional regulation helps individuals develop a variety of behavioral and cognitive techniques to reduce their undesired emotional responses and increase their preferred ones. With proper use and implementation of DBT, individuals can develop awareness of their negative emotions, learn how to modify their emotional responses, decrease vulnerability to their negative emotions, and find ways manage their distressing emotions (Linehan & Wilks, 2015). Along with having problems with regulating their emotions, individuals also express having concerns with their interpersonal relationships. Thus, interpersonal effectiveness helps individuals learn ways to manage their interpersonal conflicts, create new friendships, while also end destructive ones, and strengthen their environment (Linehan & Wilks, 2015). The fourth core is distress tolerance. Distress tolerance emphasizes the



client being able to accept, find meaning and tolerate distress. During this core, individual acquire self-soothing techniques directed at crises to avoid making things worse and teaches ways to avoid impulses (Linehan & Wilks, 2015).

Individuals with BPD have found to lack important interpersonal relationships, self-regulation, distress tolerance skills, and lack the use of behavioral skills (Dimeff & Linehan, 2001). Furthermore, based on studies, DBT has been the most researched and found to be an effective treatment of BPD (O'Connell & Dowling, 2014). Wilks, Korslund, Hammed, and Linehan (2016) conducted a study researching the effectiveness of DBT on female adults. The participants met the criteria for BPD, experienced at least 2 episodes of intentional self-injury in the last 5 years, experienced at least 1 episode in the 8 weeks prior to the study, and at least one suicide attempt. All participants completed assessments during the pre-treatment, every four months during one year of treatment and during the one year follow up. The results provided support of DBT and the treatment improving functioning overtime. Overall, participants' function improved over 2 years.

A group is another important component of DBT. A study was conducted to discover the effects of DBT group skills with a variety of individuals with BPD. It consists of 140 participants. The participants participated in individual DBT sessions or continued individual treatment with their usual therapist (TAU), as well as, in DBT groups session. They also completed a self-report measure before and after the group sessions. The results found that DBT group resulted in a decrease of psychometric scores and the individual DBT improved retention rates more than individual TAU (Williams, Harstune, & Denson, 2010).

Bohus et al, (2004) also found the effectiveness among individuals with BPT with the use of DBT. 50 female participants that met BPD's criteria, were placed in a DBT group or placed

on a waiting list. Of the 50 participants, 31 participants took part in the DBT group and completed the individual and group therapy requirements. The 19 participants on the waitlist have some form of mental health. The participants were also given assessments throughout the study. Overall, there was a significant improvement on every measure except anger with the DBT group. Although the results didn't show an improvement in all measures, the results are able to support that positive effects come from DBT. When the researcher assessed for self-mutilation, 68% of the participants refrained from self-mutilation after participating in the DBT group. The researchers were able to support past findings, that BPD patients show a significant reduction in the occurrence of self-mutilation and improvement in dissociation, depression, anxiety, interpersonal functioning, social adjustment, and global psychopathology (Bohus et al., 2004)

Along with the importance of the effectiveness, the cost of DBT has also been found to be beneficial. Amner (2012) conducted a study to assess if DBT could be a less costly treatment for individuals with BPD within in the UK. In the study, 21 individuals that met BPD criteria participated in DBT treatment. During the treatment, a cost analysis was also started by the outlook of the NHS. The results showed that DBT can cause a reduction in treating individuals with BPD. Compared to the UK's mental health care, there was a total of €99,380 when DBT was used. Due to the lack of research done regarding the cost-effectiveness of DBT in America, these results were able to show that DBT can be more affordable to treatment for individuals with BPD.

### **Schema-Focused Therapy**

Schemas are psychological ideas that include views we have about ourselves, others and the world, which stem from the basic needs of childhood. They consist of memories, bodily

sensations, emotions and cognition that is established during childhood and expanded throughout the person's life (Farell, Shaw & Webber, 2009). Kellogg and Young (2006) believed that when a child's basic needs were not met, a maladaptive schema and coping and survival skills are created. In this case, these individuals meet the explanation of a diagnosable personality disorder. Jeffery Young created schema-focused therapy to focus more on the client's childhood experiences (Kellogg & Young, 2006). Using schema-focused therapy, the individual can identify and change maladaptive schemas and their related ineffective coping mechanisms. Changing the maladaptive schema requires cognitive and experiential work. With the use of cognitive behavioral techniques, the cognitive approach aims to identify and change automatic thoughts, identify cognitive distortions, and conduct empirical testing to learn more about the person's maladaptive schema's and how they survive in the world with these developed schemas. The experimental focuses on visual imagery, point out the positive experiences, limited re-parenting and the process of healing (Farell, Shaw & Webber, 2009).

Young believed that individuals with borderline personality disorder are characterized by five modes: the abandoned and abused child, the angry and impulsive child, the detached protector, the punitive parent, and the healthy adult mode (Young, Klosko, & Weishaar, 2003). The primary goal is for the client to reach the healthy adult mode, by having the therapist take on the role first and eventually the client takes on the role themselves (Kellogg & Young, 2006). With the help of the SFT, the individual with eventually reach this goal.

Studies have shown that schema focused therapy is also an effective approach to working with individuals with BPD. Nadort et al., (2009) found SFT to be another effective treatment for BPD. Their study consists of individuals diagnosed with BPD participant in treatment. The treatments were structured to use the strategies and techniques of SFT. The across the span of 18

months, treatments were provided twice a week in the first year and once a week in the second years. Along with treatment, the participants filled out primary and secondary outcomes to assess their BPD symptoms and the severity, their quality of life and their general cognition. Overall, the results showed a significant improvement for individuals with BPD and that implementing SFT can be widely successful.

Along with individual therapy, Farrell, Shaw, and Webber (2009) found schema focused therapy effectiveness in a group setting for individuals with BPD. The study consisted of thirty-two women that were diagnosed with BPD. The participants participated in 30 weekly sessions that usually lasted 90 minutes. Along with the group sessions, the participants completed outcome measures at baseline, post-treatment and at a six-month follow-up. Of the 28 participants that completed the study, the results showed a significant improvement with female participants. With the use of SFT, the participants found to have a significant decrease in symptoms and improved functioning. The research suggests that participation in a group with other individuals with BPD could provide an important therapeutic component to treatment.

When cost-effectiveness was addressed, Asselt et al., (2008) found SFT to be more attractive in comparison to transference-focused psychotherapy. In a study conducted in the Netherlands, they recruited 86 participants. The participants were randomly placed into schema-focused therapy or transference-focused psychotherapy. Like previously mentioned, the primary goal of SFT is to change the patient's dysfunctional schema. TFP aims for the individual to accept positive and negative impacts within themselves and others. Along with treatment, participants completed assessments and structured cost interview. The researchers found when SFT was compared to TFP, SFT was more cost-effective. Although this research was conducted

in the Netherlands, this provides support regarding the cost-effectiveness of the effective treatment.

### **Integrating Dialectical Behavior Therapy and Schema Focused Therapy**

Research shows support for utilization of both schema focused therapy and dialectical behavioral therapy as beneficial and cost-effective methods for individuals with borderline personality disorder (Livsely, 2012)(Paris, 2015). Aversive childhood can be a factor of BPD, which later results in the instability. With the use of SFT and DBT, the counselor can focus on the client's past childhood, the outcomes of it and provide the skills to change the dysfunctional thoughts and behaviors. Although, there's little research integrating SFT and DBT. Some researchers have suggested benefits to having this blended approach. Livesley (2012) addressed that by focusing on one approach, may cause the counselor to not consider important aspects of the client. Paris (2015) also discussed that with the integration of DBT and SFT, the counselor can use a wide variety of different techniques to better meet the needs of the client. Overall, the integration of these two theories can help an individual with BPD have a more meaningful life.

### **Group Overview**

The primary purpose of this group is to help individuals develop skills and strategies that will assist them in creating a life they want to live. This group will focus on four modules: mode identifying, affect regulation, distress tolerance and interpersonal skills. Through mode identification, the group members will strengthen their self-awareness of maladaptive schemas they have in place and develop the necessary skills to reach their healthy adult mode. This module helps the members link their maladaptive coping mechanisms and schemas together. Affect regulation helps members to understand emotions, identify obstacles, and better problem

solve. Distress tolerance sets up members to face conflict in a effective manner. Interpersonal skills help members develop the tools needed for creating and maintaining healthy relationships.

This group will consist of two co-facilitators along with 6-8 members who have a prior diagnosis of borderline personality disorder. This group is open to ages ranging from 18 to 65 years old. Group will be a partial hospital program and will be held on Wednesday evenings consecutively from 5:30pm-7:30pm. All group members must be referred by a professional, and the group will be closed to provide cohesion within, maintain confidentiality, and to assist the members in feeling more comfortable. The goal of this group is to provide a safe and comfortable environment for individuals to share their stories, decrease life-threatening behaviors, acquire adequate skills and improve coping mechanism and quality of life.

### **Group Facilitators**

Group facilitators will be master's level counselors who have obtained their license in clinical mental health counseling. The facilitators must also have completed the dialectical behavioral therapy and schema focused therapy trainings prior to starting to group. According to the International Society of Schema Therapy (ISST), a counselor must complete 25 didactic hours, 15 hours of supervised role-playing, 20 sessions of supervision, have used the schema therapy approach in at least two cases for at least 25 hours each and provide a minimum of 80 sessions to obtain a standard certification (Young, 1999). To obtain a certification in DBT, the counselor must complete an intensive 16-week training and take an exam (see Appendix B on how to access these trainings).

### **Procedure**

Prior to starting group, members are required to be diagnosed with borderline personality disorder by a licensed professional using the Diagnostic and Statistical Manual of Mental

Disorders, 5<sup>th</sup> edition (DSM-5), be deemed appropriate to participate in a group, and meet the age criteria of 18-65 years old. When the members first enter group, they will be assigned to a counselor who will assist them in a standard intake along with several questionnaires. They will complete the Borderline Symptoms List 23 (BSL-23)(see Appendix C) to assess borderline personality disorder (BPD) symptoms, World Health Organization Disability Assessment Schedule (WHODAS 2.0)(see Appendix D) to measure the effects of the borderline symptoms on their day-to-day life, and the Young Schema Questionnaire (YSQ) (see Appendix E) to measure the member's early maladaptive mode. Individuals who meet required criteria that report having difficulties due to borderline symptoms and their maladaptive mode will then begin this group after screening.

Each week, members will complete individual therapy sessions, along with a 2-hour group treatment. In the first individual session, the members will sign a consent form (see Appendix F ) and discuss expectations for counseling. In the first group meeting, the members will discuss group structure and review group norms and rules. The norms and rules include maintaining confidentiality, no drug or alcohol use, active participation in all individual and group sessions, avoiding the use of cell phones or other electronic devices, attending all sessions, and respecting the physical and psychological space of other members and co-facilitators. Following the rules and orientation, the co-facilitators will start providing psychoeducation on dialectical behavioral therapy and schema-focused therapy. This provides the members with the type of treatment they will be receiving and the possible outcomes. Once the members are aware of the treatments, the co-facilitators will start to focus on the different schema modes.

## **Modules**

The rest of the group sessions will focus on the four modules that will be broken up into different weeks. For the weekly sessions, the co-facilitator will provide each member with a handout and/or worksheet focusing on a specific module or have the members participate in an activity. The co-facilitators will also provide members with a schema diary (see Appendix G ). Each module will start and end with the young schema questionnaire (see Appendix E). This questionnaire is a 6-point Likert-scale that the members answer about themselves which monitors their progress and the mode they are currently in. Co-facilitators will have access to the member's responses to stay aware of their safety, progress, and any potential regression. Once the group is completed, each member will be provided and encouraged to fill out a group evaluation (see Appendix CC). This evaluation provides the co-facilitators with areas of improvements and strengths.

### **Module 1: Identifying Modes**

#### **Experimental mode work.**

The co-facilitators will provide and instruct the members to follow with the "Schema Modes" handout (see Appendix H ). This handout emphasizes the child modes, maladaptive coping modes, dysfunctional parent modes and the healthy adult mode. The co-facilitators will discuss each mode and the common associated schemas. This provides the members with awareness of the different modes and the one that best fit their current state. Following the handout, the members will complete the "Behaviors of your Maladaptive Coping Modes" worksheet (see Appendix I ). This worksheet is designed to help the members identify their mode, situations that trigger their schema and how they react. The goal of this session is for the members to develop an awareness of the different modes and their own personal triggers.



**Schema diary.**

The schema diary is set to act as a guide for the members to process their experiences when a schema or mode becomes triggered. Throughout the session, the co-facilitators will be required to gently trigger schemas within the members by requesting them to discuss events that have or are currently taking place in the member's lives. The diary will be completed during and outside of sessions by the member. In the following group meeting, the members will be given time to process their diary with each other. The goal of this homework task is for the members to not only process their schemas but also help track the modes they are in currently and have moved between throughout their sessions.

**Schema flashcard.**

Schema flashcards are to serve as rational response reminders, whenever an irrational schema is being activated (Young, 1999). By utilizing the schema flashcard, members will have an extra resource to cope with any triggering schemas throughout their day. The flashcards consist of index cards specifically created by the members of the group (see Appendix J ). For each schema flashcard, the members will provide several counter arguments as well as evidence to go against their specific schemas. The co-facilitators will encourage the members to carry these flashcards wherever they are so that they are easily able to pull them out whenever a schema is triggered. The goal of this session is for co-facilitators to provide another coping mechanism for the member whenever a schema is triggered.

**Module 2: Affect Regulation****Wise mind.**

Group members will learn the fundamental concepts of Wise Mind, using the "Wise Mind: States of Mind" handout (see Appendix K). Wise Mind emphasizes the blending of two

mind states: emotional mind and reasonable mind. Descriptions are provided of the components of each mind state and the ultimate goal of blending them together to create a Wise Mind framework. Time will then be provided for the group to reflect and give input on experiences or questions they would like to share. Next, group members will fill in the Wise Mind worksheet (see Appendix L), using examples of each wise mind component and be encouraged to discuss and share their examples with each other once they have completed the worksheet. The goal of this session is for the members to become aware whenever they're acting based on the emotional or reasonable mind.

### **Safe place imagery.**

The group members will first discuss memories or distressing experiences from the past. This technique helps to gently trigger schemas within the group members. Once the members reach a high level of arousal, the co-facilitators will assist the members in processing the emotions they experience. Following the processing, the groups will be asked to participate in the “ safe place imagery”. One of the co-facilitators will read the relaxing ‘safe place’ imagery script ( see Appendix M ). Time will be allowed for each of the group members to find what they're being asked; here the image can be real or made-up. Once the activity is completed, time will be given to the group members for reflection on their experiences and completion of their schema diaries. The goal of this session is to provide a safe place that the members can go whenever a schema is triggered.

## **Module 3: Distress tolerance**

### **Radical acceptance.**

Radical acceptance helps the members learn how to accept unpleasant or unfavorable situations. This can help reduce emotional reactions, unmanageable stress and interpersonal

problems (Linehan, 2015). The members will be asked to follow the “Distress Tolerance Skills” handout (see Appendix N). This handout starts describing how radical acceptance can help lead to less anxiety, anger and sadness. Following the handout, the members will be instructed to complete the “Radical Acceptance” worksheet (see Appendix O). This worksheet highlights a situation that the member has experienced. The goal of this session is for the members to be able to identify and accept the things that you can’t change.

### **Distracting and self-soothing.**

Group members will be provided with the “Distracting” and “Self-Soothing” handouts (see Appendix P and Q) and start by describing the acronym ACCEPTS and usefulness with distracting during crisis situations. After each acronym component, the co-facilitator will offer examples and encourage discussion amongst group members. Once group members are finished with the first handout, they will create a plan for how to use distracting skills in future times of crisis by filling out the “ACCEPTS” worksheet (see Appendix R). Co-facilitators will be highlighting the ease of use and access to this worksheet during times of crisis as well as encouraging group members to use it outside of therapy during crisis situations or during a triggering schema. The goal of this session for the member to develop adequate coping mechanism that can be utilized during a conflict or triggering schema.

### **Pros and cons.**

Group members will explore the pros and cons of distress tolerance while following along with the “Pros and Cons” handout (see Appendix S) provided. Following the handout, instruction will be provided to the group members to complete the “Distress Tolerance Worksheet” (see appendix T), using a crisis that has challenged them to regulate their emotions. Focus is then placed on both long-term and short-term pros and cons. While they do this,

references can be made back to the Wise Mind skills from Module 1 and explanations also offered for how group members can blend it with their Pros and Cons skills to further utilize their skills by assessing both logic and emotion to find an even balance. The goal of this session is for the member to develop skills to adequately respond to a crisis.

#### **Module 4: Interpersonal Skills**

##### **Obstacles.**

Members will be provided with the “Factors Reducing Interpersonal Effectiveness” handout (see Appendix U) and discuss the factors as they relate to real-life situations. Co-facilitators will ask for group members to share experiences, if they were able to relate with the examples, and if they thought of any that aren’t listed. Then members will be instructed to the “Interpersonal Effectiveness Worksheet” (see Appendix V) so they can challenge the myths provided in ways that make sense to them and their needs. Once completed, group discussion will allow for processing of the members experiences and situations. The goal of this session is for the members to learn how to challenge their own myths and gain interpersonal skills.

##### **Clarifying goals.**

Group members will be referred to the “Goals of Interpersonal Effectiveness” handout (see Appendix W) and be given an overview of objective goals, relationship goals, as well as self-respect goals as they relate to interpersonal effectiveness. Utilizing the questions provided at the bottom of each goal section will help the members work through their goals. In this next group activity use of the “Goals and Priorities in Interpersonal Situations” worksheet (see Appendix X) will assist group members in addressing their personal conflicts while they seek out support from the other members. The goal of the session is for the members to identify what their most important goal.

**DEARMAN/GIVE/FAST.**

Group members will then be guided to follow along with the “Interpersonal Effectiveness Skills” handout (see Appendix Y) as each skill is explained and supported with examples by the facilitators. Following the examples, the members are encouraged to come up with an example of a situation in which they can utilize these skills. The focus of these skills is to encourage awareness of goals and assertiveness skills on how to achieve those goals in a healthy and effective way that works best for them. Use of the “DBT Interpersonal Effectiveness Skills-DEARMAN”, “Relationship Conflict Resolutions” and “ DBT interpersonal Effectiveness Skills-FAST” worksheets (see Appendix Z, AA and BB ) will assist members in practicing assertiveness skills. Group members will be asked to apply them to a situation in their life that requires confrontation or assertiveness. DEARMAN is utilized whenever the objective is the members primary goal. The primary goal of the objective is getting what you want out of a situation. The DEAR MAN skill provides members with an effective way to express their needs or desires. The GIVE skill is used when a relationship is the primary goal. The GIVE skills help maintain or develop a relationship with a positive interaction. However, in some instances the members may have felt the relationships are causing them to lose themselves. In that case, the FAST skill is beneficial. The FAST skill focuses on achieving positive self-respect. Following the activity, the co- facilitators will reference the benefit of being proactive to incoming stressful situations and welcome examples and discussion from the group members. The goal of this session is for the members to develop the skills needed to get their basic needs met.

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Appendix A: Flyer

# Integrative Approach- DBT & SFT

- **Day:** Wednesdays
- **Time:** 5:30p – 7:00p

**\*Must be 18 years of age or older and meet the standard screening requirements**

This group features a 13 week course to discuss and provide valuable information about the following 4 key concepts:

- Mode identify
- Affect Regulation
- Distress Tolerance
- Interpersonal Effectiveness



**This group provides an opportunity for individuals to learn new ways to help manage stress, regulate their emotions, maintain healthy relationships and process past childhood experiences**

Appendix B: Dialectical Behavior Therapy and Schema Focused Therapy training

DBT Training

- 1) Go to <https://psychwire.com/linehan>
- 2) Choose “DBT Foundational” Training
- 3) Register
- 4) Complete training
- 5) Take comprehensive exam
- 6) Certification

SFT Training

- 1) Go to <https://www.schematherapysociety.org/page-18375>
- 2) Register
- 3) Complete training
- 4) Certification

Appendix C: Borderline Personality Disorder

From: <http://depts.washington.edu/uwbtrc/wp-content/uploads/Borderline-Symptom-List-BLS-23.pdf>

**Borderline Symptom List 23 (BSL-23)**

**Code:** \_\_\_\_\_ **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





Appendix D: Global Assessment of Functioning(GAF)

From: [https://www.who.int/classifications/icf/WHODAS2.0\\_12itemsINTERVIEW.pdf](https://www.who.int/classifications/icf/WHODAS2.0_12itemsINTERVIEW.pdf)



**WHODAS 2.0**  
 WORLD HEALTH ORGANIZATION  
 DISABILITY ASSESSMENT SCHEDULE 2.0

12
Interview

**Section 4 Core questions**

Show flashcard #2

In the past 30 days, how much difficulty did you have in:		None	Mild	Moderate	Severe	Extreme or cannot do
S1	<a href="#">Standing for long periods such as 30 minutes?</a>	1	2	3	4	5
S2	<a href="#">Taking care of your household responsibilities?</a>	1	2	3	4	5
S3	<a href="#">Learning a new task, for example, learning how to get to a new place?</a>	1	2	3	4	5
S4	<a href="#">How much of a problem did you have joining in community activities (for example, festivities, religious or other activities) in the same way as anyone else can?</a>	1	2	3	4	5
S5	<a href="#">How much have you been emotionally affected by your health problems?</a>	1	2	3	4	5

In the past 30 days, how much difficulty did you have in:		None	Mild	Moderate	Severe	Extreme or cannot do
S6	<a href="#">Concentrating on doing something for ten minutes?</a>	1	2	3	4	5
S7	<a href="#">Walking a long distance such as a kilometre [or equivalent]?</a>	1	2	3	4	5
S8	<a href="#">Washing your whole body?</a>	1	2	3	4	5
S9	<a href="#">Getting dressed?</a>	1	2	3	4	5
S10	<a href="#">Dealing with people you do not know?</a>	1	2	3	4	5
S11	<a href="#">Maintaining a friendship?</a>	1	2	3	4	5
S12	<a href="#">Your day-to-day work/school?</a>	1	2	3	4	5

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

This concludes our interview. Thank you for participating.

## Appendix E: Young Schema Questionnaire (YSQ)

From: Cognitive Therapy for Personality Disorder: A Schema-Focused Approach

## Appendix A

**YOUNG SCHEMA QUESTIONNAIRE**  
**(Long Form, Second Edition)\***

Name \_\_\_\_\_ Date \_\_\_\_\_

**INSTRUCTIONS**

Listed below are statements that a person might use to describe himself or herself. Please read each statement and decide how well it describes you. When you are not sure, base your answer on what you emotionally *feel*, not on what you *think to* be true.

If you desire, reword the statement so that the statement would be even more true of you. Then choose the *highest rating from 1 to 6* that describes you (including your revisions), and write the number in the space before the statement.

**RATING SCALE**

- 1 = Completely untrue of me
- 2 = Mostly untrue of me
- 3 = Slightly more true than untrue
- 4 = Moderately true of me
- 5 = Mostly true of me
- 6 = Describes me perfectly

**EXAMPLE**

I care about

A.   4   I worry that people ^ will not like me.

1. \_\_\_\_\_ People have not been there to meet my emotional needs.
2. \_\_\_\_\_ I haven't gotten love and attention.

\*Developed by Jeffrey E. Young, PhD, and Gary Brown, MEd. Copyright © 1990 by the authors. Unauthorized reproduction without written consent of the authors is prohibited. For more information, write: Cognitive Therapy Center of New York, 120 E. 56th Street, Suite 530, New York, NY 10022 or telephone (212) 588-1998.

*Cognitive Therapy for Personality Disorders (3rd ed.)*

3. \_\_\_\_\_ For the most part, I haven't had someone to depend on for advice and emotional support.
  4. \_\_\_\_\_ Most of the time, I haven't had someone to nurture me, share himself/herself with me, or care deeply about everything that happens to me.
  5. \_\_\_\_\_ For much of my life, I haven't had someone who wanted to get close to me and spend a lot of time with me.
  6. \_\_\_\_\_ In general, people have not been there to give me warmth, holding, and affection.
  7. \_\_\_\_\_ For much of my life, I haven't felt that I am special to someone.
  8. \_\_\_\_\_ For the most part, I have not had someone who really listens to me, understands me, or is tuned into my true needs and feelings.
  9. \_\_\_\_\_ I have rarely had a strong person to give me sound advice or direction when I'm not sure what to do.
- \*ed
10. \_\_\_\_\_ I worry that the people I love will die soon, even though there is little medical reason to support my concern.
  11. \_\_\_\_\_ I find myself clinging to people I'm close to because I'm afraid they'll leave me.
  12. \_\_\_\_\_ I worry that people I feel close to will leave me or abandon me.
  13. \_\_\_\_\_ I feel that I lack a stable base of emotional support.
  14. \_\_\_\_\_ I don't feel that important relationships will last; I expect them to end.
  15. \_\_\_\_\_ I feel addicted to partners who can't be there for me in a committed way.
  16. \_\_\_\_\_ In the end, I will be alone.
  17. \_\_\_\_\_ When I feel someone I care for pulling away from me, I get desperate.
  18. \_\_\_\_\_ Sometimes I am so worried about people leaving me that I drive them away.
  19. \_\_\_\_\_ I become upset when someone leaves me alone, even for a short period of time.
  20. \_\_\_\_\_ I can't count on people who support me to be there on a regular basis.
  21. \_\_\_\_\_ I can't let myself get really close to other people because I can't be sure they'll always be there.
  22. \_\_\_\_\_ It seems that the important people in my life are always coming and going.

*Appendix A*

23. \_\_\_\_\_ I worry a lot that the people I love will find someone else they prefer and leave me.
24. \_\_\_\_\_ The people close to me have been very unpredictable; one moment they're available and nice to me; the next, they're angry, upset, self-absorbed, fighting, and so on.
25. \_\_\_\_\_ I need other people so much that I worry about losing them.
26. \_\_\_\_\_ I feel so defenseless if I don't have people to protect me that I worry a lot about losing them.
27. \_\_\_\_\_ I can't be myself or express what I really feel, or people will leave me.
- \*ab**
28. \_\_\_\_\_ I feel that people will take advantage of me.
29. \_\_\_\_\_ I often feel that I have to protect myself from other people.
30. \_\_\_\_\_ I feel that I cannot let my guard down in the presence of other people, or else they will intentionally hurt me.
31. \_\_\_\_\_ If someone acts nicely towards me, I assume that he/she must be after something.
32. \_\_\_\_\_ It is only a matter of time before someone betrays me.
33. \_\_\_\_\_ Most people only think about themselves.
34. \_\_\_\_\_ I have a great deal of difficulty trusting people.
35. \_\_\_\_\_ I am quite suspicious of other people's motives.
36. \_\_\_\_\_ Other people are rarely honest; they are usually not what they appear.
37. \_\_\_\_\_ I'm usually on the lookout for people's ulterior motives.
38. \_\_\_\_\_ If I think someone is out to hurt me, I try to hurt him or her first.
39. \_\_\_\_\_ People usually have to prove themselves to me before I can trust them.
40. \_\_\_\_\_ I set up "tests" for other people to see if they are telling me the truth and are well-intentioned.
41. \_\_\_\_\_ I subscribe to the belief: "Control or be controlled."
42. \_\_\_\_\_ I get angry when I think about the ways I have been mistreated by other people throughout my life.
43. \_\_\_\_\_ Throughout my life, those close to me have taken advantage of me or used me for their own purposes.
44. \_\_\_\_\_ I have been physically, emotionally, or sexually abused by important people in my life.

**\*m**

*Cognitive Therapy for Personality Disorders (3rd ed.)*

45. \_\_\_\_\_ I don't fit in.
46. \_\_\_\_\_ I'm fundamentally different from other people.
47. \_\_\_\_\_ I don't belong; I'm a loner.
48. \_\_\_\_\_ I feel alienated from other people.
49. \_\_\_\_\_ I feel isolated and alone.
50. \_\_\_\_\_ I always feel on the outside of groups.
51. \_\_\_\_\_ No one really understands me.
52. \_\_\_\_\_ My family was always different from the families around us.
53. \_\_\_\_\_ I sometimes feel as if I'm an alien.
54. \_\_\_\_\_ If I disappeared tomorrow, no one would notice.
- \*si
55. \_\_\_\_\_ No man/woman I desire could love me once he/she saw my defects.
56. \_\_\_\_\_ No one I desire would want to stay close to me if he/she knew the real me.
57. \_\_\_\_\_ I am inherently flawed and defective.
58. \_\_\_\_\_ No matter how hard I try, I feel that I won't be able to get a significant man/woman to respect me or feel that I am worthwhile.
59. \_\_\_\_\_ I'm unworthy of the love, attention, and respect of others.
60. \_\_\_\_\_ I feel that I'm not lovable.
61. \_\_\_\_\_ I am too unacceptable in very basic ways to reveal myself to other people.
62. \_\_\_\_\_ If others found out about my basic defects, I could not face them.
63. \_\_\_\_\_ When people like me, I feel I am fooling them.
64. \_\_\_\_\_ I often find myself drawn to people who are very critical or reject me.
65. \_\_\_\_\_ I have inner secrets that I don't want people close to me to find out.
66. \_\_\_\_\_ It is my fault that my parent(s) could not love me enough.
67. \_\_\_\_\_ I don't let people know the real me.
68. \_\_\_\_\_ One of my greatest fears is that my defects will be exposed.
69. \_\_\_\_\_ I cannot understand how anyone could love me.
- \*ds
70. \_\_\_\_\_ I'm not sexually attractive.

*Appendix A*

71. \_\_\_\_\_ I'm too fat.
72. \_\_\_\_\_ I'm ugly.
73. \_\_\_\_\_ I can't carry on a decent conversation.
74. \_\_\_\_\_ I'm dull and boring in social situations.
75. \_\_\_\_\_ People I value wouldn't associate with me because of my social status (e.g., income, educational level, career).
76. \_\_\_\_\_ I never know what to say socially.
77. \_\_\_\_\_ People don't want to include me in their groups.
78. \_\_\_\_\_ I am very self-conscious around other people.
- \*su
79. \_\_\_\_\_ Almost nothing I do at work (or school) is as good as what other people can do.
80. \_\_\_\_\_ I'm incompetent when it comes to achievement.
81. \_\_\_\_\_ Most other people are more capable than I am in areas of work and achievement.
82. \_\_\_\_\_ I'm a failure.
83. \_\_\_\_\_ I'm not as talented as most people are at their work.
84. \_\_\_\_\_ I'm not as intelligent as most people when it comes to work (or school).
85. \_\_\_\_\_ I am humiliated by my failures and inadequacies in the work sphere.
86. \_\_\_\_\_ I often feel embarrassed around other people because I don't measure up to them in terms of my accomplishments.
87. \_\_\_\_\_ I often compare my accomplishments with others and feel that they are much more successful.
- \*fa
88. \_\_\_\_\_ I do not feel capable of getting by on my own in everyday life.
89. \_\_\_\_\_ I need other people to help me get by.
90. \_\_\_\_\_ I do not feel I can cope well by myself.
91. \_\_\_\_\_ I believe that other people can take care of me better than I can take care of myself.
92. \_\_\_\_\_ I have trouble tackling new tasks outside of work unless I have someone to guide me.
93. \_\_\_\_\_ I think of myself as a dependent person, when it comes to everyday functioning.
94. \_\_\_\_\_ I screw up everything I try, even outside of work (or school).

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95. \_\_\_\_\_ I'm inept in most areas of life.
96. \_\_\_\_\_ If I trust my own judgment in everyday situations, I'll make the wrong decision.
97. \_\_\_\_\_ I lack common sense.
98. \_\_\_\_\_ My judgment cannot be relied upon in everyday situations.
99. \_\_\_\_\_ I don't feel confident about my ability to solve everyday problems that come up.
100. \_\_\_\_\_ I feel I need someone I can rely on to give me advice about practical issues.
101. \_\_\_\_\_ I feel more like a child than an adult when it comes to handling everyday responsibilities.
102. \_\_\_\_\_ I find the responsibilities of everyday life overwhelming.
- \*di
103. \_\_\_\_\_ I can't seem to escape the feeling that something bad is about to happen.
104. \_\_\_\_\_ I feel that a disaster (natural, criminal, financial, or medical) could strike at any moment.
105. \_\_\_\_\_ I worry about becoming a street person or vagrant.
106. \_\_\_\_\_ I worry about being attacked.
107. \_\_\_\_\_ I feel that I must be very careful about money or else I might end up with nothing.
108. \_\_\_\_\_ I take great precautions to avoid getting sick or hurt.
109. \_\_\_\_\_ I worry that I'll lose all my money and become destitute.
110. \_\_\_\_\_ I worry that I'm developing a serious illness, even though nothing serious has been diagnosed by a physician.
111. \_\_\_\_\_ I am a fearful person.
112. \_\_\_\_\_ I worry a lot about the bad things happening in the world: crime, pollution, and so on.
113. \_\_\_\_\_ I often feel that I might go crazy.
114. \_\_\_\_\_ I often feel that I'm going to have an anxiety attack.
115. \_\_\_\_\_ I often worry that I might have a heart attack, even though there is little medical reason to be concerned.
116. \_\_\_\_\_ I feel that the world is a dangerous place.
- \*vh
117. \_\_\_\_\_ I have not been able to separate myself from my parent(s), the way other people my age seem to.

*Appendix A*

118. \_\_\_\_\_ My parent(s) and I tend to be overinvolved in each other's lives and problems.
119. \_\_\_\_\_ It is very difficult for my parent(s) and me to keep intimate details from each other, without feeling betrayed or guilty.
120. \_\_\_\_\_ My parent(s) and I have to speak to each other almost every day or else one of us feels guilty, hurt, disappointed, or alone.
121. \_\_\_\_\_ I often feel that I do not have a separate identity from my parents or partner.
122. \_\_\_\_\_ I often feel as if my parents are living through me -- I don't have a life of my own.
123. \_\_\_\_\_ It is very difficult for me to maintain any distance from the people I am intimate with; I have trouble keeping any separate sense of myself.
124. \_\_\_\_\_ I am so involved with my partner or parents that I do not really know who I am or what I want.
125. \_\_\_\_\_ I have trouble separating my point of view or opinion from that of my parents or partner.
126. \_\_\_\_\_ I often feel that I have no privacy when it comes to my parents or partner.
127. \_\_\_\_\_ I feel that my parents are, or would be, very hurt about my living on my own, away from them.
- \*em
128. \_\_\_\_\_ I let other people have their way because I fear the consequences.
129. \_\_\_\_\_ I think if I do what I want, I'm only asking for trouble.
130. \_\_\_\_\_ I feel that I have no choice but to give in to other people's wishes, or else they will retaliate or reject me in some way.
131. \_\_\_\_\_ In relationships, I let the other person have the upper hand.
132. \_\_\_\_\_ I've always let others make choices for me, so I really don't know what I want for myself.
133. \_\_\_\_\_ I feel the major decisions in my life were not really my own.
134. \_\_\_\_\_ I worry a lot about pleasing other people so they won't reject me.
135. \_\_\_\_\_ I have a lot of trouble demanding that my rights be respected and that my feelings be taken into account.
136. \_\_\_\_\_ I get back at people in little ways instead of showing my anger.
137. \_\_\_\_\_ I will go to much greater lengths than most people to avoid confrontations.
- \*sb
138. \_\_\_\_\_ I put others' needs before my own or else I feel guilty.



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0. \_\_\_\_\_ I feel guilty when I let other people down or disappoint them.
0. \_\_\_\_\_ I give more to other people than I get back in return.
1. \_\_\_\_\_ I'm the one who usually ends up taking care of the people I'm close to.
2. \_\_\_\_\_ There is almost nothing I couldn't put up with if I loved someone.
3. \_\_\_\_\_ I am a good person because I think of others more than of myself.
4. \_\_\_\_\_ At work, I'm usually the one to volunteer to do extra tasks or to put in extra time.
5. \_\_\_\_\_ No matter how busy I am, I can always find time for others.
5. \_\_\_\_\_ I can get by on very little because my needs are minimal.
7. \_\_\_\_\_ I'm only happy when those around me are happy.
3. \_\_\_\_\_ I'm so busy doing for the people that I care about that I have little time for myself.
0. \_\_\_\_\_ I've always been the one who listens to everyone else's problems.
0. \_\_\_\_\_ I'm more comfortable giving a present than receiving one.
1. \_\_\_\_\_ Other people see me as doing too much for others and not enough for myself.
2. \_\_\_\_\_ No matter how much I give, it is never enough.
3. \_\_\_\_\_ If I do what I want, I feel very uncomfortable.
4. \_\_\_\_\_ It's very difficult for me to ask others to take care of my needs.
- \*ss
5. \_\_\_\_\_ I worry about losing control of my actions.
5. \_\_\_\_\_ I worry that I might seriously harm someone physically or emotionally if my anger gets out of control.
7. \_\_\_\_\_ I feel that I must control my emotions and impulses or something bad is likely to happen.
3. \_\_\_\_\_ A lot of anger and resentment build up inside of me that I don't express.
0. \_\_\_\_\_ I am too self-conscious to show positive feelings to others (e.g., affection, showing I care).
0. \_\_\_\_\_ I find it embarrassing to express my feelings to others.
1. \_\_\_\_\_ I find it hard to be warm and spontaneous.
2. \_\_\_\_\_ I control myself so much that people think I am unemotional.

163. \_\_\_\_\_ People see me as uptight emotionally.  
\*ei
164. \_\_\_\_\_ I must be the best at most of what I do; I can't accept second best.
165. \_\_\_\_\_ I strive to keep almost everything in perfect order.
166. \_\_\_\_\_ I must look my best most of the time.
167. \_\_\_\_\_ I try to do my best; I can't settle for "good enough."
168. \_\_\_\_\_ I have so much to accomplish that there is almost no time to really relax.
169. \_\_\_\_\_ Almost nothing I do is quite good enough; I can always do better.
170. \_\_\_\_\_ I must meet all my responsibilities.
171. \_\_\_\_\_ I feel there is constant pressure for me to achieve and get things done.
172. \_\_\_\_\_ My relationships suffer because I push myself so hard.
173. \_\_\_\_\_ My health is suffering because I put myself under so much pressure to do well.
174. \_\_\_\_\_ I often sacrifice pleasure and happiness to meet my own standards.
175. \_\_\_\_\_ When I make a mistake, I deserve strong criticism.
176. \_\_\_\_\_ I can't let myself off the hook easily or make excuses for my mistakes.
177. \_\_\_\_\_ I'm a very competitive person.
178. \_\_\_\_\_ I put a good deal of emphasis on money or status.
179. \_\_\_\_\_ I always have to be "Number One," in terms of my performance.  
\*us
180. \_\_\_\_\_ I have a lot of trouble accepting "no" for an answer when I want something from other people.
181. \_\_\_\_\_ I often get angry or irritable if I can't get what I want.
182. \_\_\_\_\_ I'm special and shouldn't have to accept many of the restrictions placed on other people.
183. \_\_\_\_\_ I hate to be constrained or kept from doing what I want.
184. \_\_\_\_\_ I feel that I shouldn't have to follow the normal rules and conventions other people do.
185. \_\_\_\_\_ I feel that what I have to offer is of greater value than the contributions of others.

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186. \_\_\_\_\_ I usually put my needs ahead of the needs of others.
187. \_\_\_\_\_ I often find that I am so involved in my own priorities that I don't have time to give to friends or family.
188. \_\_\_\_\_ People often tell me I am very controlling about the ways things are done.
189. \_\_\_\_\_ I get very irritated when people won't do what I ask of them.
190. \_\_\_\_\_ I can't tolerate other people telling me what to do.
- \*et
191. \_\_\_\_\_ I have great difficulty getting myself to stop drinking, smoking, overeating, or other problem behaviors.
192. \_\_\_\_\_ I can't seem to discipline myself to complete routine or boring tasks.
193. \_\_\_\_\_ Often I allow myself to carry through on impulses and express emotions that get me into trouble or hurt other people.
194. \_\_\_\_\_ If I can't reach a goal, I become easily frustrated and give up.
195. \_\_\_\_\_ I have a very difficult time sacrificing immediate gratification to achieve a long-range goal.
196. \_\_\_\_\_ It often happens that, once I start to feel angry, I just can't control it.
197. \_\_\_\_\_ I tend to overdo things, even though I know they are bad for me.
198. \_\_\_\_\_ I get bored very easily.
199. \_\_\_\_\_ When tasks become difficult, I usually cannot persevere and complete them.
200. \_\_\_\_\_ I can't concentrate on anything for too long.
201. \_\_\_\_\_ I can't force myself to do things I don't enjoy, even when I know it's for my own good.
202. \_\_\_\_\_ I lose my temper at the slightest offense.
203. \_\_\_\_\_ I have rarely been able to stick to my resolutions.
204. \_\_\_\_\_ I can almost never hold back from showing people how I really feel, no matter what the cost may be.
205. \_\_\_\_\_ I often do things impulsively that I later regret.

\*is

Appendix F: Consent Form

Integrated Group Counseling Consent Form

I, \_\_\_\_\_, comply to the following rules and expectations for this group:

- I will maintain confidentiality
- I will respect the physical and psychological space of others at all times.
- I will avoid the use of drugs and alcohol during the group
- I will attend all sessions and be an active member of the group (subject to discussion according to each individual)
- I will avoid the use of cell phones or electronic devices during the group

As a member, I acknowledge and adhere to the guidelines and requirements of this group. I understand these will help the co-facilitator provide a safe and open the environment for members to be comfortable to share. However, I'm aware that the co-facilitators are mandated reporters and will break confidentiality:

- If a member is threatening themselves or others, the co-facilitators may report the member's statement and/behavior to law enforcement to ensure safety.
- If physical and sexual abuse of child is reported, the co-facilitators will report the abuse to Child Protective Services. The abuse of elders and individuals with disabilities will also be reported.
- If court of law orders a subpoena for a case report or testimony, the co-facilitators will first defend "privilege", which gives you the right to deny the release of your records, but if denied, the co-facilitators will release the records to the court.

By signing this consent form, I fully understand the expectations and responsibilities of being a member in this group.

Client Signature \_\_\_\_\_ Date \_\_\_\_\_

Co-facilitator Signature \_\_\_\_\_ Date \_\_\_\_\_

Co-facilitator Signature \_\_\_\_\_ Date \_\_\_\_\_

Appendix G: Schema Diary

From <https://www.schematherapysouthafrica.co.za/downloads/Logbook%20for%20schema%20triggering%20and%20mode%20analysis.pdf>

Logbook for schema triggering and mode analysis		
<i>The event that upset me</i>		
<i>Feelings, emotions</i>	<i>Thoughts (try to relate each thought to a feeling)</i>	
<i>Behaviour (What did I do?)</i>		
<i>Early Maladaptive Schemas: Which ones were triggered?</i>		
<i>Modes: What mode(s) was/were active in the situation? ✓ those you recognize and describe them.</i>		
Child	<i>Vulnerable</i>	<i>Angry/impulsive</i>
Parent	<i>Demanding</i>	<i>Punitive</i>
Coping	<i>Detached protector</i>	<i>Detached self-soother</i>
	<i>"Poor me"/self pity</i>	<i>Compliant surrenderer</i>
	<i>Overcontroller(s)</i>	<i>Other</i>
<i>What part of my reaction was justified (Healthy Adult mode)?</i>		
<i>Overreaction: What part of my reaction was too strong?</i>		
<i>If so, in what way did I misinterpret the situation (cognitive distortions)?</i>		
<i>What was the effect of switching into the different modes?</i>		
<i>Healthy Adult response: What would be a better way for me to view this situation and deal with it? What could I do to solve this problem in a better way?</i>		
<i>Feeling (What do I feel about the situation now that I have been through this worksheet?)</i>		

Appendix H: Schema Mode Handout  
 From <https://www.pinterest.es/pin/484559241148607866/>

## **schema modes**

**child modes:** in the 'schema mode' model it is assumed that every human being is born with the capacity to express all four of these child modes, but temperament and childhood experience may suppress or enhance certain modes.

<i>child modes</i>	<i>description</i>	<i>common associated schemas</i>
<b>vulnerable child</b>	experiences unhappy or anxious emotions, especially fear, sadness, and helplessness, when "in touch" with associated schemas	abandonment, mistrust/abuse, emotional deprivation, defectiveness, social isolation, dependence/incompetence, vulnerability to harm or illness, enmeshment/undeveloped self, negativity/pessimism
<b>angry child</b>	vents anger directly in response to perceived unmet core needs or unfair treatment related to core schemas	abandonment, mistrust/abuse, emotional deprivation, subjugation (or, at times, any of the schemas associated with the vulnerable child).
<b>impulsive/undisciplined child</b>	impulsively acts according to immediate desires for pleasure without regard to limits or others' needs or feelings (not linked to core needs)	entitlement, insufficient self-control/ self-discipline.
<b>happy child</b>	feels loved, connected, content, satisfied	none. absence of activated schemas

**maladaptive coping modes:** these modes represent the child's attempts to adapt to living with unmet emotional needs in a harmful environment. These coping modes may well have been adaptive in childhood, but they are likely to be maladaptive and self-defeating in the wider adult world.

<i>maladaptive coping modes</i>	<i>description</i>
<b>compliant surrenderer</b>	adopts a coping style of compliance and dependence
<b>detached protector</b>	adopts a coping style of emotional withdrawal, disconnection, isolation, and behavioural avoidance
<b>overcompensator</b>	adopts a coping style of counterattack and control. may over-compensate through semiadaptive means, such as workaholism

**dysfunctional parent modes:** these modes are internalizations of parents or other important adults from one's early life. In these modes, one often takes on the voice of the parent/other adult in one's 'self-talk' – thinking, feeling and acting as the adult did towards oneself when one was a child.

<i>dysfunctional parent modes</i>	<i>description</i>	<i>common associated schemas</i>
<b>punitive/critical parent</b>	restricts, criticizes, or punishes the self or others.	subjugation, punitiveness, defectiveness, mistrust/abuse (as abuser).
<b>demanding parent</b>	sets high expectations and high level of responsibility toward others; pressures the self or others to achieve them.	unrelenting standards, self-sacrifice.

**healthy adult mode:** this mode is the healthy, adult part of the self that 1.) nurtures, affirms and protects the 'vulnerable child'. 2.) sets limits for the 'angry child' and the 'impulsive/undisciplined child' in accord with principles of fairness and self-discipline. 3.) battles or moderates the 'maladaptive coping' and 'dysfunctional parent modes'.

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Young J E, Klosko J S & Weishaar M E. *Schema therapy: a practitioner's guide*. New York: Guilford, 2003.

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Appendix I: Behaviors of Your Maladaptive Coping Modes Worksheet

From

[https://www.wiley.com/legacy/wileychi/farrell\\_schema\\_therapy/supp/Chapter\\_5\\_Handouts.pdf?type=SupplementaryMaterial](https://www.wiley.com/legacy/wileychi/farrell_schema_therapy/supp/Chapter_5_Handouts.pdf?type=SupplementaryMaterial)

### Individual Schema Therapy MCM 1: Behaviors of Your Maladaptive Coping Modes

Most people have different Maladaptive Coping Modes (MCM). It is helpful to know what yours are, the situations that trigger them, and how you react when you are in each MCM.




Behavior:  
Situation:  
Name of the MCM:

Behavior:  
Situation:  
Name of the MCM:

Behavior:  
Situation:  
Name of the MCM:

Behavior:  
Situation:  
Name of the MCM:



The MCM I have most often is: \_\_\_\_\_  
My most dangerous MCM is: \_\_\_\_\_

Appendix J: Schema Flashcard

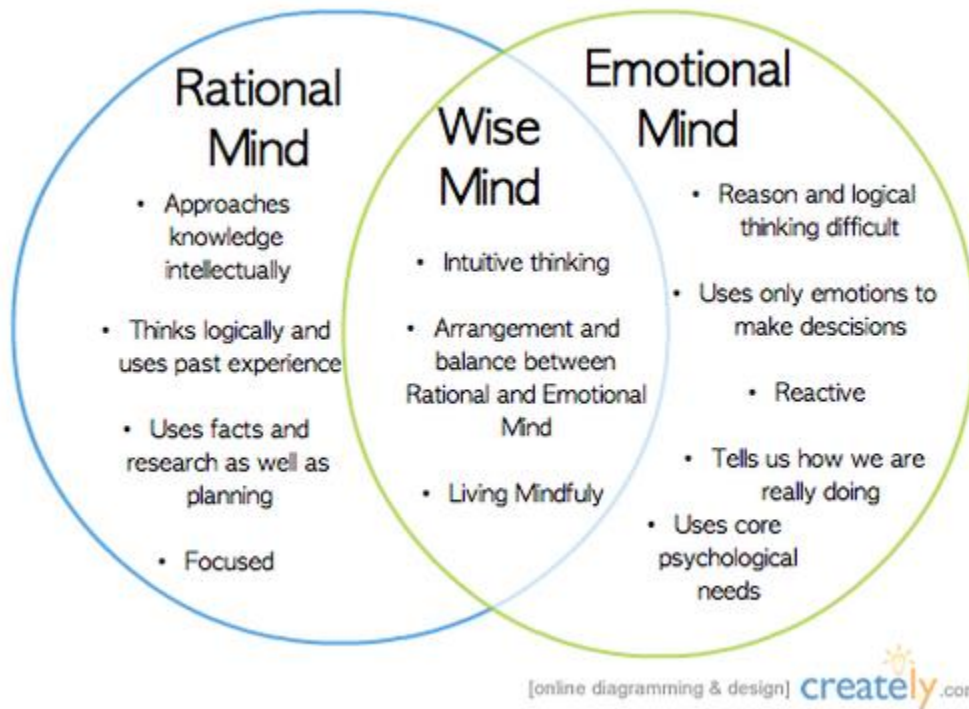
From [https://www.etsy.com/listing/665894359/schemas-modes-and-core-childhood-needs?gpla=1&gao=1&&utm\\_source=google&utm\\_medium=cpc&utm\\_campaign=shopping\\_us\\_b-art\\_and\\_collectibles-prints-digital\\_prints&utm\\_custom1=0545d94c-8db3-46e0-9809-1380da5d183c&utm\\_content=go\\_304499555\\_22746202835\\_78727434875\\_pla-106555091555\\_c\\_665894359&gclid=EA1aIQobChMI0u3r4abB4QIVwoqzCh0NNAdqEAKyBCABEgK2wPD\\_BwE](https://www.etsy.com/listing/665894359/schemas-modes-and-core-childhood-needs?gpla=1&gao=1&&utm_source=google&utm_medium=cpc&utm_campaign=shopping_us_b-art_and_collectibles-prints-digital_prints&utm_custom1=0545d94c-8db3-46e0-9809-1380da5d183c&utm_content=go_304499555_22746202835_78727434875_pla-106555091555_c_665894359&gclid=EA1aIQobChMI0u3r4abB4QIVwoqzCh0NNAdqEAKyBCABEgK2wPD_BwE)





Appendix K: Wise Mind Handout

From: <http://therapeuticcoasisofthepalmbeaches.com/living-in-wise-mind-dbt-skills-for-everyone/>



Appendix L: Wise Mind Worksheet

From: <http://www.payasu.info/dbt-worksheets/dbt-worksheets-dbt-mindfulness-exercise-homework-assignment-1-adapted-from-ideas/>



Emotional Mind

One example of Emotional Mind this week was [please describe your emotion(s), thought(s), behavior(s)]:

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Reasonable Mind

One example of Reasonable Mind this week was [please describe your emotion(s), thought(s), behavior(s)]:

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Wise Mind

One example of Wise Mind this week was [please describe your emotion(s), thought(s), behavior(s)]:

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Adapted from Marsha M. Linehan's *Skills Training Manual for Treating Borderline Personality Disorder*, Guilford Press, 1993. Do not reproduce without permission. Copyright Miller, Rathus, Linehan, 2008

### Appendix M: Safe Place Script

From: <https://www.getselfhelp.co.uk/docs/SafePlace.pdf>

#### Relaxing 'Safe Place' Imagery

All visualisations can be strengthened by ensuring you engage all your senses in building the picture in your mind's eye - it's more than just "seeing"!

If you notice any negative links or images entering your positive imagery, then discard that image and think of something else. Avoid using your home (or bed) as a 'safe place'. You can create a new 'safe place' in your imagination.



Start by getting comfortable in a quiet place where you won't be disturbed, and take a couple of minutes to focus on your breathing, close your eyes, become aware of any tension in your body, and let that tension go with each out-breath.

- Imagine a place where you can feel calm, peaceful and safe. It may be a place you've been to before, somewhere you've dreamed about going to, somewhere you've seen a picture of, or just a peaceful place you can create in your mind's eye.
- Look around you in that place, notice the colours and shapes. What else do you notice?
- Now notice the sounds that are around you, or perhaps the silence. Sounds far away and those nearer to you. Those that are more noticeable, and those that are more subtle.
- Think about any smells you notice there.
- Then focus on any skin sensations - the earth beneath you or whatever is supporting you in that place, the temperature, any movement of air, anything else you can touch.
- Notice the pleasant physical sensations in your body whilst you enjoy this safe place.
- Now whilst you're in your peaceful and safe place, you might choose to give it a name, whether one word or a phrase that you can use to bring that image back, anytime you need to.
- You can choose to linger there a while, just enjoying the peacefulness and serenity. You can leave whenever you want to, just by opening your eyes and being aware of where you are now, and bringing yourself back to alertness in the 'here and now'.

## Appendix N: Distress Tolerance Skills handout

From: <https://www.pinterest.com/pin/498773727460051845/>

### Distress Tolerance Skills

#### Radical Acceptance

Sometimes you'll run into a problem that's simply out of your control. It can be easy to think "This isn't fair" or "I shouldn't have this problem", even though those ways of thinking only make the pain worse.

Radical acceptance refers to a healthier way of thinking during these situations. Instead of focusing on how you would like something to be different, you will recognize and accept the problem or situation as it is. Remember, accepting is not the same as liking or condoning something.

Learning to accept the problems that are out of your control will lead to less anxiety, anger, and sadness when dealing with them.

Situation	
You find out that you were not selected for a job where you felt that you were the best candidate.	
Typical Thinking	Radical Acceptance
"This isn't fair—I did everything right! I was the best one there. They can't do this to me."	"It's frustrating that I didn't get the job, but I accept that they felt someone else would be a better fit."

#### Self-Soothe with Senses

Find a pleasurable way to engage each of your five senses. Doing so will help to soothe your negative emotions.

Vision	Go for a walk somewhere nice and pay attention to the sights.
Hearing	Listen to something enjoyable such as music or nature.
Touch	Take a warm bath or get a massage.
Taste	Have a small treat—it doesn't have to be a full meal.
Smell	Find some flowers or spray a perfume or cologne you like.

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### Distress Tolerance Skills

#### Distraction (A.C.C.E.P.T.S.)

Negative feelings will usually pass, or at least lessen in intensity over time. It can be valuable to distract yourself until the emotions subside. The acronym "A.C.C.E.P.T.S." serves as a reminder of this idea.

Activities	Engage in activities that require thought and concentration. This could be a hobby, a project, work, or school.
Contributing	Focus on someone or something other than yourself. You can volunteer, do a good deed, or do anything else that will contribute to a cause or person.
Comparisons	Look at your situation in comparison to something worse. Remember a time you were in more pain, or when someone else was going through something more difficult.
Emotions	Do something that will create a competing emotion. Feeling sad? Watch a funny movie. Feeling nervous? Listen to soothing music.
Pushing Away	Do away with negative thoughts by pushing them out of your mind. Imagine writing your problem on a piece of paper, crumpling it up, and throwing it away. Refuse to think about the situation until a better time.
Thoughts	When your emotions take over, try to focus on your thoughts. Count to 10, recite a poem in your head, or read a book.
Sensations	Find safe physical sensations to distract you from intense negative emotions. Wear a rubber band and snap it on your wrist, hold an ice cube in your hand, or eat something sour like a lime.

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Appendix O: Radical Acceptance Worksheet

From: [https://www.pinterest.com/pin/AV8XuhOl3yujxdWNm4h1ltPO041hFBQnbfJrhc2Fm8svrSLVV\\_5YtJA/](https://www.pinterest.com/pin/AV8XuhOl3yujxdWNm4h1ltPO041hFBQnbfJrhc2Fm8svrSLVV_5YtJA/)

### Distress Tolerance Skills Radical Acceptance

Radical acceptance is the process of learning how to accept unpleasant or unfavorable situations. The goal of radical acceptance is to be able to accept the things that you cannot change. Radical acceptance will reduce emotional reactions, stress, and interpersonal issues.

*NOTE: It is important to be honest and self-reflective when practicing radical acceptance. Try to be as objective as possible, do not allow yourself to blame or exaggerate.*

**What is the upsetting situation? How did this upsetting situation occur? What effect did it have on you?**

*NOTE: Remember, you control your own behavior, but you cannot control the behavior of others.*

**How did your behavior contribute to the situation?**

**How did those around you contribute to the situation?**

**What did you have control over in this situation? What did you not have control over in this situation?**

*NOTE: The goal is to be responsive, not reactive. The difference between being responsive and reactive is the ability to mindfully think things through before acting. To be reactive is to act through emotions before giving yourself time to process the information given to you.*

**How did you react to the situation? How did your reaction affect your emotions?**

*NOTE: Others are easily turned off to reactive behavior and respond better to responsive behavior.*

**How did your reaction affect those around you?**

*NOTE: When we react on our first impulse our emotions and thoughts are negatively affected. Being mindful when dealing with upsetting information will reduce the emotional reactivity and negative thoughts. Allow the goal to be acceptance- you only have control over your own behavior.*

**How can you handle the next upsetting situation that will reduce the reactivity and emotional distress?**

Appendix P: Distracting Handout  
 From: <http://streamclean.info/dbt-emotion-regulation-worksheets/>

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**DISTRESS TOLERANCE HANDOUT 7**  
 (Distress Tolerance Worksheets 5–5b)

**Distracting**

A way to remember these skills is the phrase “Wise Mind ACCEPTS.”

**With Activities:**

<ul style="list-style-type: none"> <li><input type="checkbox"/> Focus attention on a task you need to get done.</li> <li><input type="checkbox"/> Rent movies; watch TV.</li> <li><input type="checkbox"/> Clean a room in your house.</li> <li><input type="checkbox"/> Find an event to go to.</li> <li><input type="checkbox"/> Play computer games.</li> <li><input type="checkbox"/> Go walking. Exercise.</li> <li><input type="checkbox"/> Surf the Internet. Write e-mails.</li> <li><input type="checkbox"/> Play sports.</li> </ul>	<ul style="list-style-type: none"> <li><input type="checkbox"/> Go out for a meal or eat a favorite food.</li> <li><input type="checkbox"/> Call or go out with a friend.</li> <li><input type="checkbox"/> Listen to your iPod; download music.</li> <li><input type="checkbox"/> Build something.</li> <li><input type="checkbox"/> Spend time with your children.</li> <li><input type="checkbox"/> Play cards.</li> <li><input type="checkbox"/> Read magazines, books, comics.</li> <li><input type="checkbox"/> Do crossword puzzles or Sudoku.</li> <li><input type="checkbox"/> Other: _____</li> </ul>
---	---

**With Contributing:**

<ul style="list-style-type: none"> <li><input type="checkbox"/> Find volunteer work to do.</li> <li><input type="checkbox"/> Help a friend or family member.</li> <li><input type="checkbox"/> Surprise someone with something nice (a card, a favor, a hug).</li> <li><input type="checkbox"/> Give away things you don't need.</li> </ul>	<ul style="list-style-type: none"> <li><input type="checkbox"/> Call or send an instant message encouraging someone or just saying hi.</li> <li><input type="checkbox"/> Make something nice for someone else.</li> <li><input type="checkbox"/> Do something thoughtful.</li> <li><input type="checkbox"/> Other: _____</li> </ul>
---	---

**With Comparisons:**

<ul style="list-style-type: none"> <li><input type="checkbox"/> Compare how you are feeling now to a time when you felt different.</li> <li><input type="checkbox"/> Think about people coping the same as you or less well than you.</li> </ul>	<ul style="list-style-type: none"> <li><input type="checkbox"/> Compare yourself to those less fortunate.</li> <li><input type="checkbox"/> Watch reality shows about others' troubles; read about disasters, others' suffering.</li> <li><input type="checkbox"/> Other: _____</li> </ul>
--	--

**With different Emotions:**

<ul style="list-style-type: none"> <li><input type="checkbox"/> Read emotional books or stories, old letters.</li> <li><input type="checkbox"/> Watch emotional TV shows; go to emotional movies.</li> <li><input type="checkbox"/> Listen to emotional music. <i>(Be sure the event creates different emotions.)</i></li> </ul>	<p><i>Ideas:</i> Scary movies, joke books, comedies, funny records, religious music, soothing music or music that fires you up, going to a store and reading funny greeting cards.</p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Other: _____</li> </ul>
--	--

**With Pushing away:**

<ul style="list-style-type: none"> <li><input type="checkbox"/> Push the situation away by leaving it for a while.</li> <li><input type="checkbox"/> Leave the situation mentally.</li> <li><input type="checkbox"/> Build an imaginary wall between yourself and the situation.</li> <li><input type="checkbox"/> Block thoughts and images from your mind.</li> </ul>	<ul style="list-style-type: none"> <li><input type="checkbox"/> Notice ruminating: Yell “No!”</li> <li><input type="checkbox"/> Refuse to think about the painful situations.</li> <li><input type="checkbox"/> Put the pain on a shelf. Box it up and put it away for a while.</li> <li><input type="checkbox"/> Deny the problem for the moment.</li> <li><input type="checkbox"/> Other: _____</li> </ul>
---	--

**With other Thoughts:**

<ul style="list-style-type: none"> <li><input type="checkbox"/> Count to 10; count colors in a painting or poster or out the window; count anything.</li> <li><input type="checkbox"/> Repeat words to a song in your mind.</li> </ul>	<ul style="list-style-type: none"> <li><input type="checkbox"/> Work puzzles.</li> <li><input type="checkbox"/> Watch TV or read.</li> <li><input type="checkbox"/> Other: _____</li> </ul>
--	---

**With other Sensations:**

<ul style="list-style-type: none"> <li><input type="checkbox"/> Squeeze a rubber ball very hard.</li> <li><input type="checkbox"/> Listen to very loud music.</li> <li><input type="checkbox"/> Hold ice in your hand or mouth.</li> </ul>	<ul style="list-style-type: none"> <li><input type="checkbox"/> Go out in the rain or snow.</li> <li><input type="checkbox"/> Take a hot or cold shower.</li> <li><input type="checkbox"/> Other: _____</li> </ul>
--	--

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## Appendix Q: Self Soothing Handout

From: [https://borderlinebabble.com/2015/10/14/dbt-skills-group-distress-tolerance-week-4-self-soothing-and-improve-ing-the-moment/?pik=0mKQuE\\_IWH-Zx](https://borderlinebabble.com/2015/10/14/dbt-skills-group-distress-tolerance-week-4-self-soothing-and-improve-ing-the-moment/?pik=0mKQuE_IWH-Zx)

**DISTRESS TOLERANCE HANDOUT 8** 

*(Distress Tolerance Worksheet 6-6b)*

**Self-Soothing**

A way to remember these skills is to think of soothing each of your **FIVE SENSES**.

**With Vision:**

- Look at the stars at night.
- Look at pictures you like in a book.
- Buy one beautiful flower.
- Make one space in a room pleasing to look at.
- Light a candle and watch the flame.
- Set a pretty place at the table using your best things.
- Go people-watching or window-shopping.
- Go to a museum or poster shop with beautiful art.

- Sit in the lobby of a beautiful old hotel.
- Look at nature around you.
- Walk in a pretty part of town.
- Watch a sunrise or a sunset.
- Go to a dance performance, or watch it on TV.
- Be mindful of each sight that passes in front of you.
- Take a walk in a park or a scenic hike.
- Browse through stores looking at things.
- Other: \_\_\_\_\_

**With Hearing:**

- Listen to soothing or invigorating music.
- Pay attention to sounds of nature (waves, birds, rainfall, leaves rustling).
- Pay attention to the sounds of the city (traffic, horns, city music).
- Sing to your favorite songs.
- Hum a soothing tune.
- Learn to play an instrument.

- Burn a CD or make an iPod mix with music that will get you through tough times. Turn it on.
- Be mindful of any sounds that come your way, letting them go in one ear and out the other.
- Turn on the radio.
- Other: \_\_\_\_\_

**With Smell:**

- Use your favorite soap, shampoo, aftershave, cologne, or lotions, or try them on in the store.
- Burn incense or light a scented candle.
- Open a package of coffee and inhale the aroma.
- Put lemon oil on your furniture.
- Put potpourri or eucalyptus oil in a bowl in your room.

- Sit in a new car and breathe the aroma.
- Boil cinnamon. Make cookies, bread, or popcorn.
- Smell the roses.
- Walk in a wooded area and mindfully breathe in the fresh smells of nature.
- Open the window and smell the air.
- Other: \_\_\_\_\_

**With Taste:**

- Eat some of your favorite foods.
- Drink your favorite soothing drink, such as herbal tea, hot chocolate, a latte, or a smoothie.
- Treat yourself to a dessert.
- Eat macaroni and cheese or another favorite childhood food.
- Sample flavors in an ice cream store.

- Suck on a piece of peppermint candy.
- Chew your favorite gum.
- Get a little bit of a special food you don't usually spend the money on, such as fresh-squeezed orange juice or your favorite candy.
- Really taste the food you eat. Eat one thing mindfully.
- Other: \_\_\_\_\_

**With Touch:**

- Take a long hot bath or shower.
- Pet your dog or cat.
- Have a massage. Soak your feet.
- Put creamy lotion on your whole body.
- Put a cold compress on your forehead.
- Sink into a comfortable chair in your home.
- Put on a blouse or shirt that has a pleasant feel.

- Take a drive with the car windows rolled down.
- Run your hand along smooth wood or leather.
- Hug someone.
- Put clean sheets on the bed.
- Wrap up in a blanket.
- Notice touch that is soothing.
- Other: \_\_\_\_\_

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Appendix R: Distracting Worksheet

From: [https://i.pinimg.com/originals/58/0c/f4/580cf4d4262211ae932e86c6a51f33fd.jpg?epik=0Y6QuE\\_IWH-Zx](https://i.pinimg.com/originals/58/0c/f4/580cf4d4262211ae932e86c6a51f33fd.jpg?epik=0Y6QuE_IWH-Zx)

# ACCEPTS

Plans for the next time you distress

Activities I plan to use to distract myself with:

---

---

Ways that I am able and willing to contribute to others:

---

---

Comparisons I can use:

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---

Things I will do to change my emotion to a positive emotion:

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---

My strategy to push away distress:

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My plans for engaging my thoughts:

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I will expose my senses to these noticeable sensations:

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Appendix S: Pros and Cons of Distress Tolerance Handout  
 From: <http://slideplayer.com/slide/3561083>

## Pros and Cons

Motivate yourself to tolerate distress and not engage in destructive behavior by...

Writing out and carrying with you the *pros of tolerating distress* and the *cons of making it worse*.

PROS of Following Distress Tolerance Plan	-feel little relaxed -focus on my goals -money for phone -feel better in am
CONS of Making it worse	-get drug tested and kicked out -can't get up in am -use all my money

Appendix T: Distress Tolerance Worksheet

From: [http://healingschemas.tumblr.com/search/borderline+personality+disorder?epik=0NqQuE\\_IWH-Zx](http://healingschemas.tumblr.com/search/borderline+personality+disorder?epik=0NqQuE_IWH-Zx)

**DISTRESS TOLERANCE WORKSHEET**

**Pros and Cons of crisis behavior**

What is the crisis behavior?	Pros	Cons
<p style="text-align: center;">Yes</p> <p>(Consequences of acting on the crisis behavior)</p>	1. _____ 2. _____ 3. _____ 4. _____ 5. _____ 6. _____	1. _____ 2. _____ 3. _____ 4. _____ 5. _____ 6. _____
<p style="text-align: center;">No</p> <p>(Consequences of avoiding the crisis behavior and of practicing coping skills)</p>	1. _____ 2. _____ 3. _____ 4. _____ 5. _____ 6. _____	1. _____ 2. _____ 3. _____ 4. _____ 5. _____ 6. _____

- Identify which pros and cons are **short-term** (just for today) or **long-term** (beyond today). Then, ask your wise mind: would you rather have a good day or a good life? Make a mindful choice about your behavior.
- If the pros and cons worksheet helps you choose coping behavior over crisis behavior, be sure to keep this worksheet where you can find it and review it again when you are in crisis.

Seth R. Axelrod, PhD, 1-27-2004 adapted from Marsha Linehan's (1993) *Skills Training Manual for Treating Borderline Personality Disorder*.

Appendix U: Factors Reducing Interpersonal Effectiveness  
 From: <https://dbtselfhelp.weebly.com/skills-handbook---fulton.html>

## FACTORS REDUCING INTERPERSONAL EFFECTIVENESS

### LACK OF SKILL

You actually DON'T KNOW what to say or how to act. You don't know how you should behave to achieve your objectives. You don't know what will work.

### MYTHS THAT CONFUSE YOU

You know what to say or do in order to be effective, but habits in the way that you think increase your emotions about the situation and cloud your vision of the effective choice.

- Myth: Everyone must like me. (What if people don't like me?!)
- Myth: I am not a good enough person to deserve good things.
- Myth: I have to do everything right or I'm stupid/incompetent.

### EMOTION MIND

The strength of your emotions (ANGER, SADNESS, FEAR, GUILT) gets in the way of your ability to act effectively. You have the ability, but your emotions make you unable to do or say what you want. Emotions, instead of skill, control what you say and do.

### INDECISION

You CAN'T DECIDE what to do or what you really want. You have the ability, but your indecision gets in the way of doing or saying what you want. You are ambivalent about your priorities. You can't figure out how to balance:

- Asking for too much versus not asking for anything.
- Saying no to everything versus giving in to everything.

### ENVIRONMENT

Characteristics of the environment make it impossible for even a very skilled person to be effective. SKILLFUL BEHAVIOR DOESN'T WORK.

- Other people are too powerful.
- Other people will be threatened or have some other reason for not liking you if you get what you want.
- Other people won't give you what you need or let you say no without punishing you unless you sacrifice your self-respect, at least a little.

Appendix V: Interpersonal Effectiveness Worksheet

From: <http://www.my-borderline-personality-disorder.com/2012/05/does-dbt-work.html>

**INTERPERSONAL EFFECTIVENESS WORKSHEET 2** (p. 2 of 2)

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**Challenging Myths in the Way of Relationship and Self-Respect Effectiveness**

For each myth, write down a challenge that makes sense to you.

13. I shouldn't have to ask (say no); they should know what I want (and do it).

Challenge: \_\_\_\_\_

14. They should have known that their behavior would hurt my feelings; I shouldn't have to tell them.

Challenge: \_\_\_\_\_

15. I shouldn't have to negotiate or work at getting what I want.

Challenge: \_\_\_\_\_

16. Other people should be willing to do more for my needs.

Challenge: \_\_\_\_\_

17. Other people should like, approve of, and support me.

Challenge: \_\_\_\_\_

18. They don't deserve my being skillful or treating them well.

Challenge: \_\_\_\_\_

19. Getting what I want when I want it is most important.

Challenge: \_\_\_\_\_

20. I shouldn't be fair, kind, courteous, or respectful if others are not so toward me.

Challenge: \_\_\_\_\_

21. Revenge will feel so good; it will be worth any negative consequences.

Challenge: \_\_\_\_\_

22. Only wimps have values.

Challenge: \_\_\_\_\_

23. Everybody lies.

Challenge: \_\_\_\_\_

24. Getting what I want or need is more important than how I get it; the ends really do justify the means.

Challenge: \_\_\_\_\_

Other myth: \_\_\_\_\_

Challenge: \_\_\_\_\_

Other myth: \_\_\_\_\_

Challenge: \_\_\_\_\_

Appendix W:Goals of Interpersonal Effectiveness  
 From: <https://dbtselfhelp.weebly.com/skills-handbook>

## Goals of Interpersonal Effectiveness

### OBJECTIVES EFFECTIVENESS:

#### Getting the “thing” I want

- When it's your legitimate right.
- Getting another to do something for you.
- Refusing an unwanted or unreasonable request.
- Resolving an interpersonal conflict.
- Getting your opinion or point of view taken seriously.

### QUESTIONS

1. What is the “thing” that I want from this interaction?
2. What do I have to do to get the results? What will work?

### RELATIONSHIP EFFECTIVENESS:

#### Getting and Keeping a Good Relationship

- Acting in such a way that the other person keeps liking and respecting you.
- Balancing immediate goals with the good of the long –term relationship.
- Remembering why the relationship is important to you now and in the future.

### QUESTIONS

1. How do I want the other person to feel about me after the interaction?
2. What do I have to do to get (keep) this relationship?

### SELF-RESPECT EFFECTIVENESS:

#### Keeping or Improving Self-Respect and Liking for Yourself

- Respecting your own values and beliefs: acting in a way that makes you feel moral.
- Acting in a way that makes you feel capable and effective.

### QUESTIONS

1. How do I want to feel about myself after the interaction is over?
2. What do I have to do to feel that way about myself? What will work?

Appendix X: Goals & Priorities in Interpersonal Situations  
 From: <https://marcimentalhealthmore.com/category/dbt/page/3/v>

## Goals and Priorities in Interpersonal Situations

Use this sheet to figure out your goals and priorities in any situation that creates a problem for you, such as one where 1.) Your rights and wishes are not being respected, 2.) You want someone to do or change something or give you something, 3.) You want or need to say no or resist pressure to do something, 4.) You want to get your position or point of view taken seriously, 5.) There is conflict with another person. Observe and describe in writing as close in time to the situation as possible. Write on the back of the page if you need more room.

**Prompting event** for my problem. Who did what to whom? What led to what? What is it about this situation that is a problem for me?

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**My wants and desires in this situation:**

**Objectives:** What specific results do I want? What changes do I want the person to make?

\_\_\_\_\_

\_\_\_\_\_

**Relationship:** How do I want the other person to feel about me after the interaction?

\_\_\_\_\_

\_\_\_\_\_

**Self-Respect:** How do I want to feel about myself after the interaction?

\_\_\_\_\_

\_\_\_\_\_

**My priorities** in the situation: Rate priorities **1** (most important), **2** second most (important), or **3** (least important).

\_\_\_\_ **Objectives** \_\_\_\_ **Relationship** \_\_\_\_ **Self-respect**

**Conflicts in priorities** that make it hard to be effective in this situation?

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

## Appendix Y:

<https://healingconnectionsonline.com/wp-content/uploads/2014/12/Dear-Man-Give-Fast.pdf>

## Interpersonal Effectiveness Skills

**GIVE** Goal: Get or keep a good relationship

- **Gentle** Be courteous and temperate in your approach; no attacks, threats or judging.
- **Interested** Listen; be interested in the other person.
- **Validate** Validate the other person's feelings, wants, difficulties, and opinions about the situation.
- **Easy manner** Use a little humor; smile; be diplomatic; soft sell over hard sell.

**DEAR MAN** Goal: Get or keep a good relationship

- **Describe** the current situation.
- **Express** your feelings and opinions about the situation.
- **Assert** yourself by asking for what you want, or saying "No." clearly.
- **Reinforce** or reward the person ahead of time: explain consequences.
- **Mindfully** keep your focus on your objectives: don't be distracted.
- **Appear** confident and effective: good eye contact, no stammering.
- **Negotiate**: be willing to *give to get*.

**FAST** Goal: Keep or improve liking for self

- Be **F**air to yourself and to the other person.
- No **A**pologetic dramatization. No apologizing for being alive, or making a request at all. No apologies for having an opinion or for disagreeing.
- **S**tick to your own values. Be clear on what you believe is the moral way to act or think.
- **T**ruthful. Don't lie, act helpless, exaggerate, and no excuses.

Appendix Z: DEARMAN Worksheet

From: <https://www.pinterest.com/pin/485192559847057614/?lp=true>

### DBT Interpersonal Effectiveness Skills DEARMAN

Sometimes interacting and having relations with people can be difficult. In situations that require confrontation it is important to make sure that you present yourself as assertive but not aggressive or disagreeable. Use **DEARMAN** to help you prepare for your difficult situation you are facing:

**D**escribe. As objectively (without bias or judgment) as possible, describe the situation.

---

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**E**xpress. Express how you are affected by this situation. How does the situation make you feel? Remember, keep the focus on the 'I'.

**I** feel:

---

---

**A**ssert. Make your thoughts and expectations known. What do you think about the situation?

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**R**einforce. Explain why you think the way you do and why you want what you want. Explain how what you are asking for will benefit you.

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**M**indful. Be mindful about how your feelings can influence your thoughts and communication skills. Be sure to avoid invalidating others or letting your emotions fuel your participation in the conversation.

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**A**ppear Confident. Remember that your presentation is important. Things like body language and tone can make a big difference in how your message is received. What can you do to ensure you appear confident but not confrontational?

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**N**egotiate. Sometimes with difficulty situations there needs to be a compromise. In most circumstances compromise is possible. In what ways can you compromise, or negotiate terms in which both parties benefit?

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Appendix AA: GIVE

From: <https://www.pinterest.com/pin/485192559847057614/?!p=true>

### Relationship Conflict Resolution DBT Relationship Effectiveness

Sometimes we can struggle with creating effective, long lasting relationships. Often the source of the problem is in the way we behave and interact with others. When we are not mindful of things like our body language, tone, and approach toward people we can come off differently than we intend to. When reacting with others, especially when first meeting people and building strong relationships, remember to **GIVE**:

**Gentle.** Sometimes we get defensive, and we can come off as harsh or unfriendly. People are much more likely to respond to kindness and patience. How can you be sure to control be respectful and kind to others?

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**Interest.** Showing you are interested and engaged in what others are saying goes a long way in relationships. It is important to really listen to others in a conversation and show you are listening. How can you show you are interested in what others are saying (Ex. Eye contact, not interrupting, being patient before responding, etc.)?

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**Validate.** It is important in a relationship for each member to feel validated. Listening is important, but it is also important to understand, reflect, and empathize. What can you do to validate the feelings of your company's feelings and thoughts?

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**Eeay manner.** Sometimes intensity can intimidate people. Things like tense body language (furrowed brow, arms crossed, fidgeting, etc.) can cause people to get the wrong idea of your demeanor or intentions. What can you do to come off as friendly and approachable (tone, smiles, body language, approach, etc.)?

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Appendix BB: FAST worksheet  
From: <https://www.pinterest.com/pin/356980707958226855/>

## DBT Interpersonal Effectiveness Skills FAST

When dealing with confrontation with others it is important to stay true to yourself. Sometimes we can have the urge to accommodate others and ignore our own needs, but this can create unnecessary stress and tension in the long run. In order to maintain your integrity and work toward a peaceful resolution and compromise, Remember to follow **FAST**:

**F**air. Try to be fair and unbiased in perceiving situations and compromises. Be sure that negotiations benefit all parties involved and are morally sound. What questions will you ask yourself to stay fair in compromises?

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**A**pologies. Resist the urge to apologize if you feel or think differently than others. Everyone is entitled to his or her own opinions and not everyone will see eye-to-eye. Instead, try empathizing with your company. How can you express empathy for others' opinions?

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**S**tick to values. Be sure to stay true to yourself. If something is conflicting with your morals or values, be sure to stick to them and not give into others. What values are you going to protect?

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**T**ruthful. Remember to stay honest. Good communication and interpersonal effectiveness requires honesty and openness. Lying or deceiving can cause tension and distrust between the parties, which will negatively affect your ability to be cordial and work together. A white lie may seem like a viable short-term solution, but in the long term could cause more problems. Do you anticipate facing the urge to be dishonest? How will you resist that urge?

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## Appendix CC

### Group Evaluation

1=Poor, 2=Below average, 3=Average, 4=Good, 5=Excellent

Welcoming environment (Friendly, comfortable, etc.) : 1 2 3 4 5

Organized (Group is planned, orderly, start & end on time): 1 2 3 4 5

Content was clear (easy to follow, understood tasks): 1 2 3 4 5

Leadership (Prepared to lead, care for members): 1 2 3 4 5

Areas of strength:

Areas for improvements (with suggestions):