

## Half-Smiling and Willing Hands

Due Date: \_\_\_\_\_ Name: \_\_\_\_\_ Week Starting: \_\_\_\_\_

Describe your practice with half-smiling and willing hands this past week. Practice each day at least once. Practice both when you are not emotionally distressed and when you are distressed.

Check off any of the following exercises that you did.

- |  |   |
|--|---|
| <input type="checkbox"/> 1. Half-smiled when I first woke up in the morning.               | <input type="checkbox"/> 8. Half-smiled with willing hands when my feelings were hurt.              |
| <input type="checkbox"/> 2. Half-smiled during my free moments.                            | <input type="checkbox"/> 9. Half-smiled with willing hands when I did not want to accept something. |
| <input type="checkbox"/> 3. Half-smiled with willing hands while I was listening to music. | <input type="checkbox"/> 10. Half-smiled with willing hands when I started getting really angry.    |
| <input type="checkbox"/> 4. Half-smiled with willing hands when I was irritated.           | <input type="checkbox"/> 11. Half-smiled when I had negative thoughts.                              |
| <input type="checkbox"/> 5. Half-smiled in a lying-down position.                          | <input type="checkbox"/> 12. Half-smiled when I couldn't sleep.                                     |
| <input type="checkbox"/> 6. Half-smiled in a sitting position.                             | <input type="checkbox"/> 13. Half-smiled with another person.                                       |
| <input type="checkbox"/> 7. Half-smiled when I was walking down the street.                | <input type="checkbox"/> 14. Other: _____   |

Describe practicing half-smiling and willing hands.

1. Situation: \_\_\_\_\_

Describe strategies you used or give numbers from above: \_\_\_\_\_

Circle how effective this was at helping you be more mindful and less reactive:

1                      2                      3                      4                      5  
*Not effective*                      *Somewhat effective*                      *Very effective*

2. Situation: \_\_\_\_\_

Describe strategies you used or give numbers from above: \_\_\_\_\_

Circle how effective this was at helping you be more mindful and less reactive:

1                      2                      3                      4                      5  
*Not effective*                      *Somewhat effective*                      *Very effective*

3. Situation: \_\_\_\_\_

Describe strategies you used or give numbers from above: \_\_\_\_\_

Circle how effective this was at helping you be more mindful and less reactive:

1                      2                      3                      4                      5  
*Not effective*                      *Somewhat effective*                      *Very effective*

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