

Planning for Dialectical Abstinence

Due Date: _____ Name: _____ Week Starting: _____

Problem Behavior: _____

Check each activity and describe what you did.

PLAN FOR ABSTINENCE

To maximize the chances I'll stop _____, I need to aim for abstinence.

- Plan activities to do instead of problem behaviors (e.g., work, find a hobby, go to a support meeting, volunteer). These will include:

- Spend time or touch base with people who will reinforce my *not* engaging in problem behaviors and my engaging in effective behaviors (e.g., effective friends or family members, co-workers, employers, my therapist, people from group). These people include:

- Remind myself of reasons to stay abstinent and be effective (e.g., to reach long-term goals, to keep/get relationship, to save money, to avoid shame). These include:

- Burn bridges with people who represent a temptation (e.g., lose their numbers, unfriend them, tell them to stop contacting me, make them not want to hang out with me). These people include:

- Avoid cues for problem behaviors. Cues include:

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- Use skills (things to do to avoid urges, interpersonal effectiveness, distress tolerance, emotion regulation, mindfulness). The most useful skills for me include:

- Find alternative ways to rebel. These include:

- Publicly announce I've embraced abstinence and effective behavior.

PLAN FOR HARM REDUCTION

If I have a slip, I don't want the slip to turn into a slide. To avoid a slide, I must have plans to regain my balance and get back to abstinence and effectiveness.

- Call my therapist, sponsor, or mentor for skills coaching. His or her number is: _____

- Get in contact with other effective people who can help (e.g., friends or family, people from group). These people include (with contact information):

- Get rid of the temptations (e.g., drugs, comfort food); surround myself with cues for effective behaviors (e.g., workout clothes, fruit).

- Review skills and handouts from DBT. The most helpful skills/handouts for me are:

- Opposite action (Emotion Regulation Handout 10) can be rehearsed to fight guilt and shame. If no other option works, go to an anonymous meeting of any sort and publicly report your lapse.

- Building mastery and coping ahead for emotional situations (Emotion Regulation Handout 19), and checking the facts (Emotion Regulation Handout 8), can be used to fight feelings of being out of control.

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- Interpersonal skills (Interpersonal Effectiveness Handouts 5–7), such as asking for help from family, friends, sponsors, ministers, or counselors, can also be helpful. If you are isolated, help can often be found via online support groups. These people or groups include:

- Conduct a chain analysis to analyze what prompted the lapse (General Handouts 7, 7a).
- Problem-solve right away to find a way to “get back on the wagon” and repair any damage you have done (Emotion Regulation Handout 12).
- Distract yourself, self-soothe, and improve the moment.
- Cheerlead myself (e.g., “One slip is not a disaster,” “Don’t give up,” “Don’t get willful,” “I can still climb back on the wagon.”) My cheerleading statements will include:

- Do pros and cons of stopping again *now*.
- Stay away from extreme thinking. Always look for the middle ground. Don’t let one slip turn into a disaster. (Check each extreme thought I am giving up and the middle ground I am accepting.)

Extreme thinking:	Middle ground:
<input type="checkbox"/> I have not quit yet; therefore I am doomed and might as well give up.	<input type="checkbox"/> Relapsing once does not doom me to never stopping.
<input type="checkbox"/> Now that I’ve relapsed, I might as well keep going.	<input type="checkbox"/> I relapsed, but that does not mean I have to stay relapsed. I can be effective and get up now.
<input type="checkbox"/> I missed an appointment, so I’m done with treatment.	<input type="checkbox"/> I missed an appointment, but I can get in to see my therapist ASAP.
<input type="checkbox"/> Other:	<input type="checkbox"/> Other:
<input type="checkbox"/> Other:	<input type="checkbox"/> Other:

- Recommit to 100% total abstinence.