

Changing Body Chemistry with TIP Skills

Due Date: _____ Name: _____ Week Starting: _____

Describe the situation you were in when you chose to practice each skill. Rate both your emotional arousal and distress tolerance before and after using the TIP skill. Describe what you actually did. Use the back of this sheet if necessary.

T { **CHANGING MY FACIAL TEMPERATURE**
Used cold water to change emotions
Situation: _____
Arousal (0–100) Before: _____ After: _____
Distress tolerance (0 = I can't stand it; 100 = I can definitely survive) Before: _____ After: _____
What I did (describe): _____

I { **INTENSE EXERCISE**
Situation: _____
Arousal (0–100) Before: _____ After: _____
Distress tolerance (0 = I can't stand it; 100 = I can definitely survive) Before: _____ After: _____
What I did (describe): _____

P { **PACED BREATHING**
Situation: _____
Arousal (0–100) Before: _____ After: _____
Distress tolerance (0 = I can't stand it; 100 = I can definitely survive) Before: _____ After: _____
What I did (describe): _____

P { **PAIRED MUSCLE RELAXATION**
Situation: _____
Arousal (0–100) Before: _____ After: _____
Distress tolerance (0 = I can't stand it; 100 = I can definitely survive) Before: _____ After: _____
What I did (describe): _____

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