

Reality Acceptance Skills

Due Date: _____ Name: _____ Week Starting: _____

Check off two reality acceptance skills to practice this week during a stressful situation:

- | | |
|---|--|
| <input type="checkbox"/> Radical acceptance | <input type="checkbox"/> Half-smiling |
| <input type="checkbox"/> Turning the mind | <input type="checkbox"/> Willing hands |
| <input type="checkbox"/> Willingness | <input type="checkbox"/> Mindfulness of current thoughts |

Skill 1. Describe the situation and how you practiced the skill:

How effective was the skill in helping you cope with the situation (keeping you from doing something to make the situation worse)? Circle a number below.

*I still couldn't stand
the situation, even
for one more minute.*

1

2

*I was able to cope somewhat,
at least for a little while.
It helped somewhat.*

3

4

*I could use skills,
tolerated distress, and
resisted problem urges.*

5

Did this skill help you cope with uncomfortable emotions or urges, or avoid conflict of any kind? Circle YES or NO.

Describe how the skill helped or did not help: _____

Skill 2. Describe the situation and how you practiced the skill:

How effective was the skill in helping you cope with the situation (keeping you from doing something to make the situation worse)? Circle a number below.

*I still couldn't stand
the situation, even
for one more minute.*

1

2

*I was able to cope somewhat,
at least for a little while.
It helped somewhat.*

3

4

*I could use skills,
tolerated distress, and
resisted problem urges.*

5

Did this skill help you cope with uncomfortable emotions or urges, or avoid conflict of any kind? Circle YES or NO.

Describe how the skill helped or did not help: _____
