

## Mindfulness Core Skills Practice

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

Describe the situations that prompted you to practice mindfulness.

### SITUATION 1

**Situation (who, what, when, where):**

- Wise Mind
- Observe
- Describe
- Participate
- Nonjudgmentally
- One-mindfully
- Effectively

At left, check the skills you used, and describe your use of them here.

Describe experience of using the skill:

Check if practicing this mindfulness skill has influenced any of the following, *even a little bit*:

- |   |   |   |
|---|---|---|
| <input type="checkbox"/> Reduced suffering    | <input type="checkbox"/> Increased happiness                  | <input type="checkbox"/> Increased ability to focus |
| <input type="checkbox"/> Decreased reactivity | <input type="checkbox"/> Increased wisdom                     | <input type="checkbox"/> Increased experiencing the |
| <input type="checkbox"/> Increased connection | <input type="checkbox"/> Increased sense of personal validity | present   |

### SITUATION 2

**Situation (who, what, when, where):**

- Wise Mind
- Observe
- Describe
- Participate
- Nonjudgmentally
- One-mindfully
- Effectively

At left, check the skills you used, and describe your use of them here.

Describe experience of using the skill:

Check if practicing this mindfulness skill has influenced any of the following, *even a little bit*:

- |   |   |   |
|---|---|---|
| <input type="checkbox"/> Reduced suffering    | <input type="checkbox"/> Increased happiness                  | <input type="checkbox"/> Increased ability to focus |
| <input type="checkbox"/> Decreased reactivity | <input type="checkbox"/> Increased wisdom                     | <input type="checkbox"/> Increased experiencing the |
| <input type="checkbox"/> Increased connection | <input type="checkbox"/> Increased sense of personal validity | present   |

**List any and all wise things you did this week.** \_\_\_\_\_

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