DBT

Clinician Manual & Skills Guide

MindLift Alliance Counseling, Assessment & Education Services

Clinical Use Notice

This original reference summarizes commonly taught DBT principles and skills. It is not a substitute for formal DBT training, supervision, consultation, the copyrighted DBT Skills Training Manual, or independent clinical judgment. Use crisis protocols and applicable standards of care when suicide or self-harm risk is present.

Practical tools for lasting change.

1. What DBT Is

Dialectical Behavior Therapy (DBT) is a behavioral treatment that balances acceptance and change. Comprehensive DBT was developed for chronically suicidal and highly dysregulated clients and traditionally includes individual therapy, skills training, between-session coaching, and a therapist consultation team. DBT-informed care may use selected principles and skills without claiming to provide comprehensive DBT.

The Dialectical Stance

- Two things can be true at the same time.
- Validate the client's current experience while still asking for behavioral change.
- Replace either/or thinking with both/and thinking.
- Treat behavior as understandable in context and still accountable to consequences.

Core Formula

Acceptance + change. Compassion + accountability. Validation + behavioral practice.

2. Treatment Targets & Priorities

1. Life-threatening behaviors: suicide attempts, suicidal behavior, severe self-harm, or behaviors that create imminent danger.
2. Therapy-interfering behaviors: repeated no-shows, refusal to collaborate, therapist behaviors that undermine treatment, or patterns that prevent effective work.
3. Quality-of-life-interfering behaviors: substance misuse, severe relationship chaos, impulsive behavior, avoidance, eating problems, occupational instability, or other behaviors that keep life unmanageable.
4. Skills acquisition: strengthen mindfulness, distress tolerance, emotion regulation, and interpersonal effectiveness so the client can build a life worth living.

Clinical Priority

When risk is active, do not bypass safety and behavioral assessment to teach a generic coping skill. Target the highest-priority behavior first.

3. Behavioral Chain Analysis

Use a chain analysis after a high-priority behavior to understand what happened and identify where new skills can be inserted.

5. Define the target behavior precisely.
6. Identify the prompting event.
7. Identify vulnerability factors: sleep, illness, substance use, conflict, hunger, trauma cues, hormones, isolation, etc.
8. Map links in sequence: thoughts, emotions, sensations, urges, actions, environmental events.
9. Identify short- and long-term consequences.
10. Locate missing skills and decision points.
11. Create a solution analysis: which specific skill or environmental change belongs at each link?
12. Rehearse the new response and plan for the next high-risk moment.

Clinician Prompt

Chain Question

“Walk me through what happened one link at a time - not why you are a bad person, but what happened between the trigger and the behavior.”

4. Validation + Change Strategies

Validation

- Listen for what makes sense given the client’s history and current context.
- Reflect emotion accurately and specifically.
- Communicate that the response is understandable without endorsing harmful behavior.
- Validate the difficulty of change.

Change

- Clarify the behavioral target.
- Use contingency awareness: what reinforces the behavior?
- Teach, rehearse, and generalize replacement skills.
- Use problem solving, exposure, opposite action, and interpersonal practice when indicated.

5. Mindfulness Skills

Mindfulness in DBT helps clients notice internal and external experience without immediately reacting to it.

What Skills

- Observe: notice thoughts, feelings, sensations, urges, and surroundings.
- Describe: put words on the experience without adding judgment.
- Participate: enter the activity fully rather than staying in detached analysis.

How Skills

- Nonjudgmentally: describe facts rather than labeling self or others as good/bad.
- One-mindfully: do one thing at a time with attention.
- Effectively: focus on what works for the goal instead of what proves a point.

Wise Mind Prompt

"What does emotion mind say? What does reasonable mind say? If both had a seat at the table, what would wise mind choose?"

6. Distress Tolerance

Distress tolerance is for surviving crises without making them worse. It is not the same as solving the underlying problem.

Crisis Survival Options

- Pause and create distance from the urge before acting.
- Use brief body-based regulation strategies when medically appropriate: paced breathing, grounding, temperature change, movement, sensory focus.
- Distract temporarily with purposeful activities, contribution, or attention-shifting.
- Self-soothe through safe sensory experiences.
- Use pros-and-cons when an impulsive behavior feels immediately compelling.
- Accept reality when the problem cannot be changed in the present moment.

Important

Crisis-survival skills are temporary tools. After the nervous system settles, return to problem solving, emotion regulation, exposure, repair, or other treatment targets.

7. Emotion Regulation

13. Name the emotion accurately.
14. Check the facts: distinguish what happened from interpretations and assumptions.
15. Identify the action urge.
16. Ask whether the emotion and its intensity fit the facts and are effective.
17. Use opposite action when the emotion does not fit the facts or acting on it would be ineffective.
18. Use problem solving when the facts indicate a real, solvable problem.
19. Reduce vulnerability through sleep, nutrition, medical care, movement, substance-risk reduction, structure, and mastery activities.
20. Build positive experiences and a meaningful life rather than using skills only during crisis.

Opposite Action Examples

- Unjustified fear -> approach gradually rather than avoid.
- Unjustified shame -> disclose appropriately, hold posture up, and remain engaged.
- Unjustified anger -> gently approach, consider the other perspective, lower voice, and avoid attack behavior.
- Depressive withdrawal -> activate behavior and re-enter valued routines.

8. Interpersonal Effectiveness

Help clients balance three goals: getting an objective met, preserving the relationship when appropriate, and maintaining self-respect.

Structured Request / Boundary Practice

21. Describe the facts briefly.
22. Express feelings or opinions without blaming.
23. Ask clearly for what is wanted, or say no clearly.
24. Reinforce why cooperation may help.
25. Stay mindful of the goal rather than getting pulled into side arguments.
26. Use confident tone/body language.
27. Negotiate when appropriate without abandoning core limits.

Relationship Skills

- Listen actively and show interest.
- Validate the other person without necessarily agreeing.
- Use warmth where it is genuine and safe.
- Balance priorities rather than automatically people-pleasing or controlling.

9. Suicide, Self-Harm & Crisis Work

DBT is often used with high-risk populations, but risk management requires direct assessment and a clear treatment setting protocol.

- Assess suicidal ideation, intent, plan, access to means, recent behavior, self-harm urges/behavior, protective factors, substance use, and ability to use supports.
- Create or update a collaborative safety plan and means-safety plan as clinically indicated.
- Use chain analysis after suicidal or self-harm behavior once immediate safety is addressed.
- Identify the function of the behavior and teach alternatives that target the same function.
- Coordinate higher level of care or emergency intervention when outpatient care is not sufficient.
- Document assessment, rationale, consultation, actions, and follow-up.

Do Not Rely on a Skill Sheet Alone

Active suicide risk requires risk assessment and clinical action, not merely assigning mindfulness or distress-tolerance homework.

10. Diary-Card Style Tracking

A simple daily tracking form can help connect target behaviors, urges, emotions, and skill use. Do not reproduce proprietary worksheets unless you have permission.

Day	Target urge/behavior	Emotion 0-10	Skill used	Helpfulness 0-10	Notes

11. Suggested 12-Session DBT-Informed Roadmap

Session	Primary Focus
1	Assessment, risk, treatment targets, orientation and commitment.
2	Mindfulness + behavioral chain analysis.
3	Distress tolerance / crisis survival.
4	Emotion identification + vulnerability factors.
5	Check the facts + opposite action.
6	Problem solving + building mastery/positive experiences.
7	Interpersonal goals + structured requests/boundaries.
8	Validation + relationship effectiveness.
9	Apply skills to a recent high-priority chain.
10	Strengthen generalization; troubleshoot therapy-interfering patterns.
11	Values, identity and building a life worth living.
12	Relapse prevention, crisis plan, continued practice and referrals.

Scope Labeling
If a clinician is teaching selected DBT skills without the full multimodal treatment structure, describe the work as “DBT-informed” or “using DBT skills” rather than comprehensive DBT.

12. Clinician Documentation Prompt

Progress Note Template
Target behavior(s): _____
Current risk/safety status: _____
Chain links / vulnerabilities identified: _____
DBT strategy or skill practiced: _____
Client response and level of participation: _____
Homework / between-session practice: _____
Contingencies / supports / consultation: _____
Plan for next session: _____

13. Client Handout: When Emotions Feel Too Big

28. Pause. Do not make the situation worse in the next few minutes.
29. Name what you are feeling and rate the intensity 0-10.
30. Notice the urge: escape, attack, shut down, text repeatedly, use substances, self-harm, etc.
31. Ask: Is this a crisis to survive, an emotion to regulate, or a problem to solve?
32. Choose one skill and practice it fully for several minutes.
33. Recheck the urge and choose the next effective action.
34. Contact your treatment/support plan if safety is becoming difficult to maintain.

Remember
You can validate how intense the moment is and still choose a different behavior. Healing is a process, not a switch. Step by step, skills become more available when you need them.

14. When to Refer / Consult

- Acute or escalating suicide risk, severe self-harm, or inability to maintain safety in outpatient care.
- Severe substance-related instability, psychosis, mania, eating-disorder medical risk, or other needs requiring specialty/higher-level treatment.
- Clinician lacks competence for the client's risk level or complexity.
- Client needs comprehensive DBT and the current setting provides only individual therapy or skills coaching.
- Persistent nonresponse or repeated crisis utilization despite an adequate outpatient plan.

Evidence & Professional Resources

- Behavioral Tech Institute. DBT Skills Training information and comprehensive DBT training resources. https://behavioraltech.org/
- American Psychological Association. Dialectical Behavior Therapy (Chapman & Dixon-Gordon) and clinical resources on borderline personality disorder. https://www.apa.org/
- 988 Suicide & Crisis Lifeline (U.S.): call or text 988 for crisis support.

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