Preface

The original edition of this skills training manual was published in 1993. At that time, the only research conducted on Dialectical Behavior Therapy (DBT) was a 1991 clinical trial comparing DBT to treatment as usual for the treatment of chronically suicidal individuals meeting criteria for borderline personality disorder (BPD). Since then, an enormous amount of research has been conducted on "standard" DBT, which typically consists of individual DBT therapy, group skills training, telephone coaching, and a therapist consultation team. Research has also been conducted on stand-alone DBT skills training, and on the behavioral practices that together make up the DBT skills. The new skills in this edition are a product of my experience and research using the original skills; the wide-ranging research on emotions, emotion regulation, distress tolerance, and mindfulness, as well as new findings in the social sciences; and new treatment strategies developed within the cognitive-behavioral paradigm. The major changes in the revised skills package are described below.

Skills for Multiple Disorders and Nonclinical Populations

The original skills training manual was focused entirely on treating clients with high risk for suicide and BPD. This was primarily because the research on DBT, including DBT skills, had been conducted with clients meeting criteria for BPD and for high suicide risk. Since the first edition, however, a number of studies have been conducted focusing on skills training with different populations. For example, DBT skills training has been shown effective with eating disorders,[1, 2] treatment-resistant depression,[3, 4] and a variety of other disorders.[5] In my colleagues' and my research, increases in use of skills mediates reductions in suicide attempts, nonsuicidal self-injury, difficulties regulating emotions, and interpersonal problems.[6] A subset of skills was also added to a treatment for problem drinkers and improved outcomes compared to a treatment without the skills.[7] A subset of DBT skills is taught in the evidence-based National Education Alliance for Borderline Personality Disorder's Family Connections program[8] for family members of individuals with BPD. The entire set of core skills is taught in my friends and families skills groups, which consist of individuals who want to learn skills for coping with and accepting individuals in their lives that are difficult. This could include friends or relatives with serious mental health problems, employees with problematic colleagues and/or bosses, bosses with problematic employees, and therapists treating very difficult client populations. Business settings are now interested in the skills for employees. New sets of specialized skills have been developed for specific disorders including a module targeting emotion overcontrol,[9] middle path skills developed originally for parents and adolescents but appropriate for many populations,[10] skills for attention-deficit/hyperactivity disorder and a set of skills specifically designed for individuals with addictions. DBT skills lesson plans are now being used in school systems to teach middle school and high school students,[11] are working their way into programs focused on resilience, and can be applied across work settings. DBT skills are widely taught in general mental health programs in community mental health, inpatient, acute care, forensic, and many other settings. In sum, there is substantial data and clinical experience suggesting that DBT skills are effective across a wide variety of both clinical and nonclinical populations and across settings.

Of course, it should not come as a surprise that DBT skills are widely applicable. I developed many of the skills by reading treatment manuals and treatment literature on evidence-based behavioral interventions. I then looked to see what therapists told patients to do for what problem, repackaged those instructions in skills handouts and worksheets, and wrote teaching notes for therapists. For example, for the skill "opposite action" (see Chapter 9) for fear I repackaged exposure-based treatments for anxiety disorders in simpler language. I also applied the principles of change across other disordered emotions. "Check the facts" is a core strategy in cognitive therapy interventions. DBT skills are what behavior therapists tell clients to do across many effective treatments. Some of the skills are entire treatment programs formulated as a series of steps. The new "nightmare protocol," an emotion regulation skill, is an example of this. The mindfulness skills are a product of my 18 years in Catholic schools, my training in contemplative prayer practices through the Shalem Institute's spiritual guidance program, and my 34 years as a Zen student and now as a Zen master. Other skills came from basic behavioral science and research in cognitive and social psychology. Some came from colleagues developing new DBT skills for new populations.

New Skills in this Edition

There are still four primary DBT skills training modules: mindfulness skills, interpersonal effectiveness skills, emotion regulation skills, and distress tolerance skills. Within these modules, I have added the following new skills.

1. In **mindfulness skills** (Chapter 7), I have added a section on teaching mindfulness from alternative perspectives, including a spiritual perspective. 2. In **interpersonal skills** (Chapter 8) I have added two new sections. The first focuses on skills for finding and building relationships you want and ending relationships you don't want. The second focuses on balancing acceptance and change in interpersonal interactions. It closely duplicates the skills Alec Miller, Jill Rathus, and I developed for adolescent multifamily skills training, in whichparents of adolescent clients also participate in skills training.[12]

3. The **emotion regulation skills** (Chapter 9) have been expanded greatly and also reorganized. The number of emotions described in detail has expanded from six to ten (adding disgust, envy, jealously, and guilt). A section on changing emotional responses adds two new skills: check the facts and problem solving. Also in that section, the opposite action skill has been extensively updated and expanded. Skills for reducing emotional vulnerability have been reorganized into a set of skills called the ABC PLEASE skills. In the section on accumulating positive emotions, I changed the Pleasant Events Schedule (now called the Pleasant Events List) to be appropriate for both adolescent and adult clients. I also added a values and priorities handout listing a number of universal values and life priorities. Another new skill, cope ahead, focuses on practicing coping strategies in advance of difficult situations. Optional nightmare and sleep hygiene protocols are also included. Finally, a new section is added for recognizing extreme emotions ("Identify Your Personal Skills Breakdown Point"), including steps for using crisis survival skills to manage these emotions.

4. **Distress tolerance skills** (Chapter 10) now start with a new STOP skill—stop, take a step back, observe, and proceed mindfully—adapted from the skill developed by Francheska Perepletchikova, Seth Axelrod, and colleagues.[13] The crisis survival section now includes a new set of skills aimed at changing body chemistry to rapidly regulate extreme emotions (the new TIP skills). A new set of skills focused on reducing addictive behaviors has also been added: dialectical abstinence, clear mind, community reinforcement, burning bridges, building new ones, alternate rebellion, and adaptive denial.

5. Across modules I have also made a number of changes. Every module now starts with goals for that module along with a goals handout and a corresponding pros and cons worksheet. The worksheet is optional and can be used if the client is unwilling or ambivalent about practicing the skills in the module.

A mindfulness skill has been added to both the interpersonal module (mindfulness of others) and the distress tolerance module (mindfulness of current thoughts). Together with mindfulness of current emotion (emotion regulation), these additions are aimed at keeping the thread of mindfulness alive across time.

More Extensive Teaching Notes

Many people who have watched me teach DBT skills have commented that most of what I actually teach was not included in the first edition of this book. In

this second edition I have added much more information than was in the previous one. First, as much as possible I have included the research underpinnings for the skills included. Second, I have provided a very broad range of different teaching points that you can choose from in teaching, far more points than either you or I could possibly cover in a skills training class. The teaching notes may, at first, seem overwhelming. It is important to remember that this book is not written to be read cover to cover at one sitting. Instead teaching notes are separated by specific skills so that when teaching a specific skill you can find the notes just for that skill or set of skills. It will be important for you to read over the material for the skills you plan to teach and then highlight just those points that you wish to make when teaching. With practice over time, you will find that you expand your teaching to include different parts of the material. You will also find that some parts of the material fit some of your clients and other parts fit other clients. The material is meant to be used flexibly. With experience, you will no doubt start adding your own teaching points.

More Clinical Examples

A larger number of clinical examples are also included in this second edition. Examples are essential for good teaching. However, you should feel free to modify the examples provided and to substitute new ones to meet the needs of your clients. In fact, this is the major difference in teaching skills for various populations; one set of examples may be needed for clients with high emotion dysregulation and impulse control difficulties, another for emotion over control, and another for substance dependent clients. Differences in culture, ethnicity, nationality, socioeconomic status, and age may each necessitate different sets of examples. In my experience it is the examples but not the skills that need to be changed across populations.

More Interactive Handouts and Optional Handouts

Many of the handouts have been modified to allow greater interaction during skills training sessions. Most have check boxes so participants can check items of importance to them or skills they are willing to practice in the coming weeks. Each module also now includes a number of optional handouts. These have the same number as the core handout with which they are associated plus a letter (e.g., 1a, 1b). These optional handouts can be given and taught to participants, given out but not formally taught, used by the skills trainer to teach but not given out, or simply ignored if not viewed as useful. My experience is that these optional handouts are extremely useful for some groups and/or individuals but not for others.

Improved Worksheets

By popular demand, homework sheets have been re-labeled worksheets. Also, on each handout the corresponding worksheets are listed, and on each worksheet the corresponding handouts are listed.

There are now multiple alternative worksheets associated with many of the handouts. The increase in worksheets is due to a number of factors. First, it became clear over the years that a worksheet that works very well for one person may not be good for another person. As a result, I have developed a range of worksheets for each handout. For most skills sections there is one set of worksheets that covers the skills in the entire section. This is for clients who are unlikely to complete much homework practice. Worksheets demand little effort and therefore help you reinforce their completion

Second, different clients like different types of practice. There are clients who want to check off what homework they have done, clients who prefer to describe their homework and rate its effectiveness, and those who like to write diaries describing what they have done and how it affected them. I have found it most effective to let clients choose from a set of worksheets which ones to fill out.

Multiple Teaching Schedules Outlined

The 1993 edition of the skills manual included the specific skills and worksheets that were used in the first randomized clinical trial of DBT. At that time, DBT had not spread very far, and there were not many examples of how to choose skills for situations in which some but not all of the skills could be taught, nor were skills developed at that time for special populations such as adolescents or individuals with addictions, eating disorders, and so forth. Given the many new skills in this edition, it is not possible to teach all the skills in a 24-week skills group, even

when the skills are repeated for a second 24 weeks, as in a 1-year DBT treatment program. This edition includes a number of schedules for teaching skills, including schedules for 1-year, 6-month, and briefer skills training in acute care units and nontraditional settings. Schedules for particular populations (such as adolescents and substance abusers) are also provided. As often as possible, the teaching schedules are based on clinical trials that showed that the specific skills schedule was effective. With this in mind, there are now several sets of core DBT skills which are outlined in the appendixes to Part I. My general strategy in teaching skills is to give participants all the DBT handouts and worksheets. I then follow a teaching schedule I determine based on the population, the number of weeks of treatment, and current research. Along the way I tell participants that if we have time I will teach them other skills—if they talk me into it.

A Word about Terms

There are many terms for a person who teaches and coaches behavioral skills: therapist, psychotherapist, individual therapist, marital therapist, family therapist, milieu therapist, group therapist, group leader, counselor, case manager, skills trainer, behavioral coach, skills coach, crisis worker, mental health worker, mental health care provider, and so on. In this manual, the term "therapist" refers to a person who is providing psychotherapy or other mental health services. In standard DBT this would be the person's individual therapist. The terms "skills trainer," "skills leader," "skills co-leader" and "leader" refer to individuals who are providing skills training either individually or in a group. In standard DBT this refers to the group skills leaders. On occasion I use the term "provider" as a general reference to any person providing health care services.

References

1. Telch, C. F., Agras, W. S., Linehan, M. M. (2001). Dialectical behavior therapy for binge eating disorder. *Journal of Consulting and Clinical Psychology, 69*(6), 1061–1065.
2. Safer, D. L., & Jo, B. (2010). Outcome from a randomized controlled trial of group therapy for binge eating disorder: Comparing dialectical behavior therapy adapted for binge eating to an active comparison group therapy. *Behavior Therapy, 41*(1), 106–120.
3. Lynch, T. R., Morse, J. Q., Mendelson, T., & Robins, C. J. (2003). Dialectical behavior therapy for depressed older adults: A randomized pilot study. *American Journal of Geriatric Psychiatry, 11*(1), 33–45.
4. Harley, R., Sprich, S., Safren, S., Jacobo, M., & Fava, M. (2008). Adaptation of dialectical behavior therapy skills training group for treatment-resistant depression. *Journal of Nervous and Mental Disease, 196*(2) 136–143.
5. Soler, J., Pascual, J. C., Tiana, T., Cebria, A., Barrachina, J., Campins, M. J., & Pérez, V. (2009). Dialectical behaviour therapy skills training compared to standard group therapy in borderline personality disorder: A 3-month randomised controlled clinical trial. *Behaviour Research and Therapy, 47*, 353–358.
6. Neacsiu, A. D., Rizvi, S. L., & Linehan, M. M. (2010). Dialectical behavior therapy skills use as a mediator and outcome of treatment for borderline personality disorder. *Behaviour Research and Therapy, 48*(9), 832.
7. Whiteside, U. (2011). *A brief personalized feedback intervention integrating a motivational interviewing therapeutic style and dialectical behavior therapy skills for depressed or anxious heavy drinking young adults*. Unpublished doctoral dissertation, University of Washington.
8. NAMI (n.d.) Retrieved from *www.nami.org*
9. Lynch, T. R. (in press). *Radically open DBT: Treating the overcontrolled client*. New York: Guilford Press.
10. Miller, A. L., Rathus, J. H., & Linehan, M. M. (2007). *Dialectical behavior therapy with suicidal adolescents*. New York: Guilford Press.
11. Mazza, J. J., Dexter-Mazza, E. T., Murphy, H. E., Miller, A. L., & Rathus, J. L. (in press). Dialectical behavior therapy in schools. New York: Guilford Press.
12. Miller, A. L., Rathus, J. H., Linehan, M. M., Wetzler, S., & Leigh, E. (1997). Dialectical behavior therapy adapted for suicidal adolescents. *Journal of Psychiatric Practice, 3*(2), 78.
13. Perepletchikova, F., Axelrod, S., Kaufman, J., Rounsaville, B. J., Douglas-Palumberi, H., & Miller, A. (2011). Adapting dialectical behavior therapy for children: Towards a new research agenda for paediatric suicidal and non-suicidal self-injurious behaviors. *Child and Adolescent Mental Health, 16*, 116–121.