DBT: From Theory To Practice

Case Presentations & Resources

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Case Study #1

Case Conceptualization

Case A

Marcus: Intake Session

Client: *Marcus, 19-year-old male college freshman*

Presenting Problem:
Marcus was referred by his academic advisor after several emotional outbursts on campus. He describes feeling “like I’m on a rollercoaster I can’t get off.” Two weeks ago, after failing an exam, he punched a wall hard enough to fracture his hand. He says he often feels “like nobody really gets me” and admits to passive suicidal thoughts when overwhelmed.

Background & History

- **Family:** Raised by his mother, a single parent who worked two jobs. Marcus reports she often told him to “toughen up” when he was upset. His father struggled with alcohol use and left the family when Marcus was six. Contact since then has been inconsistent.

- **Childhood:** Teachers described Marcus as “bright but disruptive.” He remembers being punished for crying in class and teased by peers for being “too dramatic.” His mother often minimized his fears or frustrations, saying, *“Stop being so sensitive—life’s not that hard.”*

- **Adolescence:** Marcus recalls frequent fights with peers and authority figures. He reports experimenting with marijuana and alcohol to “take the edge off.” His older brother has been in and out of treatment for depression and substance use.

- **Current Functioning:** Marcus lives in a dorm, works part-time at a grocery store, and reports constant conflict with his roommate. He struggles to focus in class and describes binge eating and staying up all night gaming after stressful days. He identifies both wanting independence and “wishing someone would take care of me.”

Therapist Observations

- Marcus oscillates between tearfulness and anger during intake.

- He speaks quickly and intensely, often shifting from hopefulness about wanting to improve to despair about feeling "broken."
- He makes statements like: *"I know I should be grateful for the chance to go to college, but I also hate it here and want to quit."*

Instructions:

1. Identify examples of the **biosocial model** at work.
2. Highlight instances of **pervasive invalidation** and describe their impact.
3. Identify **patterns of emotion dysregulation**.
4. Note possible **epigenetic influences**.
5. How might you introduce **dialectical thinking** and based on Marcus's worldview?
6. How do these elements connect to Marcus' presenting problems?

Case B

Elena: Intake Session

Client: *Elena, 32-year-old Latina woman*

Presenting Problem:
Elena seeks therapy after her partner gave her an ultimatum to "get help or we're done." She describes herself as "exhausting to live with" and reports intense mood swings. She alternates between clinging to her partner and shutting down completely. Last month, after an argument, she drove around aimlessly with the thought: *"If I crash, at least the pain will stop."*

Background & History

- **Family:** Elena is the eldest of four children. Her parents immigrated from Mexico and worked multiple jobs to support the family. Her father had a quick temper and often responded to her crying with, *"Stop embarrassing me."* Her mother minimized her distress with phrases like, *"Other people have it worse."*

- **Childhood:** Elena recalls being described as "too emotional" and "the difficult child." When she felt anxious or overwhelmed, she was often told to pray instead of seek help. She reports that her younger siblings were praised for being "easy" while she was labeled the "problem."

- **Adolescence:** In high school, Elena excelled academically but felt socially isolated. She began self-harming at 15 but hid it successfully for years. Teachers encouraged her to "push through" her stress rather than address it.

- **Family Mental Health History:** Elena's maternal aunt died by suicide in her early twenties, and her grandmother struggled with depression. Elena fears that her emotional struggles are "in her blood."

- **Current Functioning:** Elena works as a nurse and reports chronic burnout. She has difficulty setting boundaries with patients, supervisors, and family. She binge eats during night shifts and isolates from friends. She describes herself as "desperate for closeness but terrified people will leave."

Therapist Observations

- Elena speaks in extremes, describing herself as both “a burden” and “the glue that holds my family together.”
- She becomes tearful when discussing relationships but shifts quickly to anger when describing her partner’s frustrations with her.
- She identifies both a wish to change and a fear that change is impossible.

Instructions:

1. Identify examples of the **biosocial model** at work.

2. Highlight instances of **pervasive invalidation** and describe their impact.

3. Identify **patterns of emotion dysregulation**.

4. Note possible **epigenetic influences**.

5. How might you introduce **dialectical thinking** and based on Elena’s worldview?

6. How do these elements connect to Elena’s presenting problems?

Case Conceptualization #2

Treatment planning

Case A

Marcus – Session 6

Client: *Marcus, 19-year-old male college freshman (previously introduced at intake)*

Context:
Marcus has now been attending therapy for about six weeks. While rapport has been established, progress on skill use (mindfulness and distress tolerance) has been inconsistent.

Presenting Session Concern:
Marcus arrives 20 minutes late for his 6th session. This is the **third late arrival in a row**, and during last week's session, he also requested to leave early to "meet up with friends." He acknowledges that being late means less time for therapy but laughs it off, saying, *"Hey, at least I made it this time."*

Marcus's Report:

- Shares that classes feel overwhelming and he has skipped two exams.
- Says he tried using TIPP skills "once," but mostly just "ended up smoking weed" when stressed.
- Becomes defensive when the therapist raises the issue of lateness, saying, *"It's not like you're my professor. Why are you so hung up on the clock?"*
- Adds: *"If I didn't think this was helping, I wouldn't even show up at all."*

Therapist Observations:

- Marcus avoids eye contact when lateness is brought up.
- Shifts blame to external factors: *"The bus is always late"* and *"My roommate took forever to get out of the shower."*
- Uses humor and sarcasm to deflect responsibility.

Instructions

Using Marcus's 6th session vignette:

1. **Identify the treatment interfering behavior.**
    - Why is chronic lateness considered a treatment interfering behavior in DBT?
    - How might this impact Marcus's progress and the therapy relationship?
2. **Apply the DBT hierarchy.**
    - Place Marcus's lateness within the DBT treatment target hierarchy (life-threatening, therapy-interfering, quality-of-life interfering).
3. **Plan an intervention.**
    - How could the therapist use DBT strategies (behavioral analysis, validation, problem-solving, dialectical strategies) to address this behavior directly in session?
    - What chain analysis questions could be asked to explore the function of Marcus's lateness?
4. **Session Planning.**
    - What would be the agenda for this session?
    - How would you balance addressing the lateness with Marcus's reported stress about exams and emotion regulation difficulties?

Case B

Elena – Session 6

Client: *Elena, 32-year-old Latina woman (previously introduced at intake)*

Context:
Elena has now been attending therapy for about six weeks. She has expressed commitment to improving her relationships and managing her emotions, but her follow-through with therapeutic tasks has been inconsistent.

Presenting Session Concern:
During her 6th session, Elena admits she has **not completed any of the assigned DBT homework** (mindfulness practice logs, diary card, and interpersonal effectiveness scripts). She says she “meant to do them” but was “too busy” with work and fighting with her partner. When the therapist asks about it, Elena becomes tearful and defensive, saying: *“I already feel like a failure every day—why are you adding to that?”*

Elena’s Report:

- Shares that she got into another argument with her partner, where she screamed and then refused to speak for two days.
- Says she “forgets” to bring her diary card to sessions because “I don’t like looking at it—it just reminds me how bad I’m doing.”
- Admits she feels guilty for “letting the therapist down.”
- Expresses ambivalence: *“I want this to work, but I don’t know if I can really change.”*

Therapist Observations:

- Pattern of avoidance: missing homework assignments despite verbal agreement.
- Emotional reactivity when held accountable.
- Subtle all-or-nothing thinking (*“I’m either perfect or I’ve failed.”*)
- Attempts to seek validation by framing herself as a “burden” in session.

Instructions

Using Elena's 6th session vignette:

1. **Identify the treatment interfering behavior.**
    - Why is non-completion of homework considered treatment interfering in DBT?
    - How does it impact the effectiveness of skills training and therapy overall?
2. **Apply the DBT hierarchy.**
    - Place Elena's homework non-compliance within the DBT treatment target hierarchy (life-threatening, therapy-interfering, quality-of-life interfering).
3. **Plan an intervention.**
    - How might the therapist use validation, problem-solving, and dialectical strategies to address homework non-compliance directly in session?
    - How could a chain analysis help uncover the function of avoiding diary cards?
    - How could the therapist collaborate with Elena to modify or simplify assignments to increase likelihood of completion?
4. **Session Planning.**
    - Draft a possible agenda for the session that balances:
        - Addressing homework non-compliance as a treatment interfering behavior
        - Reviewing skill use in her recent partner conflict
        - Instilling hope and reinforcing commitment

Case conceptualization 3

Behavior chain analysis

Case A

Marcus – Session 8

Marcus arrives at his appointment looking drained, slouched low in his chair. He tells his therapist that earlier in the week he had a "really bad night." He explains that he had been fighting off a sinus infection and felt run-down all day. He hadn't eaten much, skipped his medication for a few days, and was already on edge. That evening, after failing a math quiz and then arguing with his roommate, he says something inside him "snapped."

Marcus describes sitting alone in his dorm room, flooded with shame and anger at himself. He recalls thinking, *"I'll never get it right. I'm broken. Nobody actually wants me around."* The feelings built until he pulled a bottle of pain medication out of his desk drawer and placed it on the bed in front of him. For about 20 minutes, he stared at the bottle, going back and forth in his head about whether to take the pills. He says the longer he sat there, the more he felt both terrified and oddly calm—like he had control for once.

Eventually, Marcus called a close friend, who came over and stayed with him until the feelings passed. Marcus reports that in the moment, just holding the pills and imagining ending the pain gave him a sense of relief, even though he didn't take them. Now, several days later, he says he feels embarrassed and guilty, worried that his therapist and his friend won't trust him anymore. He adds quietly, *"It's like I keep messing up. I don't know if I can ever change."*

The therapist conducts a full safety assessment, confirms that Marcus is no longer suicidal, and determines that hospitalization is not warranted at this time. Marcus acknowledges that the crisis has passed but remains discouraged and self-critical as the session continues.

Case B

Elena – Session 8

Elena comes into session wearing long sleeves, fidgeting with the cuffs. After a pause, she admits she cut herself on her thigh two nights ago. She clarifies immediately: "It wasn't about wanting to die. I don't want that. I just needed the feelings to stop." She firmly denies suicidal ideation, and a full safety assessment confirms she is not at risk and hospitalization is not indicated.

She recounts what happened: earlier that day, Elena had a long and exhausting shift at the hospital, skipped lunch, and was already feeling drained. When she got home, she and her partner argued about finances. During the fight, her partner told her she was "always overreacting" and "too much to deal with."

Alone afterward, Elena describes feeling like her chest was going to burst-waves of panic, shame, and anger colliding all at once. She recalls thinking, "I ruin everything. I can't calm down. No one will ever want to stay with me." She grabbed a razor from the bathroom cabinet and made several shallow cuts on her thigh.

Elena says that the instant she saw the blood, the emotional intensity dropped. She explains: "It felt like I could finally breathe. The storm in my head went quiet." In the moment, she experienced a sense of relief and control.

The next morning, however, Elena felt deep shame and embarrassment. She hid the cuts from her partner and worried she was "slipping back into old patterns." Elena yells her therapist: "I know it wasn't about dying. But I don't know what else to do when I feel like I'm drowning in my own emotions “

Exercise 4

Safety Planning

Exercise 4: Creating a Proactive Safety Plan

Now that you've completed a behavior chain analysis for Marcus (suicidal ideation with action step) and Elena (non-suicidal self-injury), your task is to develop a **proactive safety plan** for each client.

Instructions:

1. **Review the Behavior Chain:**
    - Look back at the vulnerabilities, prompting events, thoughts, emotions, and consequences that you identified in your chain analysis.
    - Consider which factors tend to show up repeatedly for each client.
2. **Identify Early Warning Signs:**
    - Based on the chain analysis, what signals (emotional, physical, cognitive, relational) suggest Marcus or Elena are moving toward a crisis?
    - How can these be tracked or monitored before escalation?
3. **Develop Practical Coping Strategies:**
    - Brainstorm realistic, accessible activities Marcus and Elena could use to ride out intense emotions (distress tolerance, grounding strategies, reaching out to supports).
4. **Plan for Support & Communication:**
    - Who are safe, supportive people each client can contact in a crisis?
    - How can clients and therapists agree on communication boundaries and crisis protocols outside of session?
5. **Outline Follow-Up & Accountability:**
    - What agreements could be made to review safety plan use each week?
    - How might the therapist validate the struggle while reinforcing commitment to skill practice?

DBT: From Theory To Practice – Resources Packet

1. Core DBT Theory – Summary

Dialectical Behavior Therapy (DBT) was developed by Dr. Marsha Linehan to help individuals with pervasive emotion dysregulation, self-harm, and suicidal behaviors.

- **Dialectics:** The idea that two seemingly opposite truths can both be valid (e.g., *"I am doing the best I can, and I need to do better."*).
- **Biosocial Model:** Emotional vulnerability (biological predisposition) + invalidating environments = patterns of chronic dysregulation.
- **Treatment Priorities (Hierarchy):**
    1. Life-threatening behaviors
    2. Therapy-interfering behaviors
    3. Quality-of-life interfering behaviors
    4. Skills acquisition

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2. The Four Core Modules & Essential Skills

A. Mindfulness

Foundation of DBT, helps clients notice thoughts, emotions, and urges without judgment.

- *"What" Skills:* Observe, Describe, Participate
- *"How" Skills:* Nonjudgmentally, One-Mindfully, Effectively

B. Distress Tolerance

Skills for surviving crises without making things worse.

- STOP Skill (Stop, Take a step back, Observe, Proceed mindfully)

- TIPP Skills (Temperature, Intense Exercise, Paced Breathing, Paired Muscle Relaxation)
- Self-soothe with the five senses
- Pros & Cons

C. Emotion Regulation

Building emotional awareness and reducing vulnerability.

- Check the Facts
- Opposite Action
- PLEASE Master (treat Physical Illness, balanced Eating, avoid mood-Altering drugs, balanced Sleep, Exercise)
- Build Positive Experiences

D. Interpersonal Effectiveness

Assertive communication and boundary-setting skills.

- DEAR MAN (Describe, Express, Assert, Reinforce, Mindful, Appear confident, Negotiate)
- GIVE (Gentle, Interested, Validate, Easy manner)
- FAST (Fair, Apologies (limited), Stick to values, Truthful)

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3. Recommended Readings

- Linehan, M. M. (2015). *DBT® Skills Training Manual* (2nd ed.). Guilford Press.
- Linehan, M. M. (2014). *DBT® Skills Training Handouts and Worksheets* (2nd ed.). Guilford Press.
- McKay, M., Wood, J. C., & Brantley, J. (2019). *The Dialectical Behavior Therapy Skills Workbook* (2nd ed.). New Harbinger.
- Rathus, J. H., & Miller, A. L. (2014). *DBT® Skills Manual for Adolescents.* Guilford Press.

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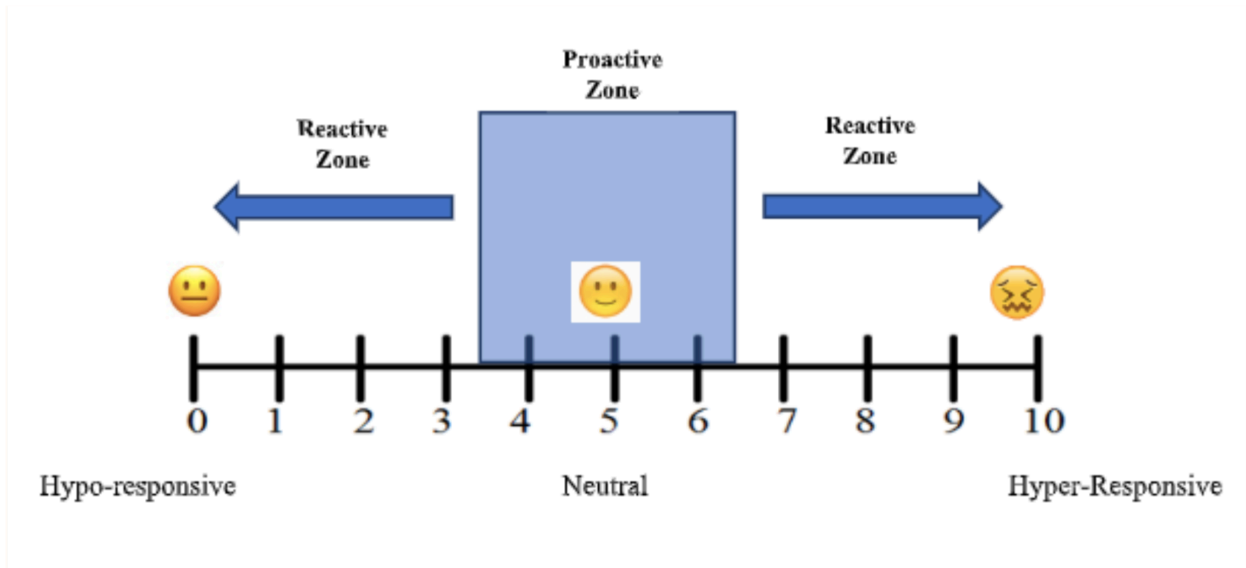
4. Podcast & Media Recommendations

- **The DBT Podcast** – Hosted by clinicians, practical discussion of DBT skills.
- **The Emotionally Sensitive Person Podcast –** Focuses on emotional vulnerability and DBT-informed strategies.
- **The Skillful Podcast** – Focused on practicing DBT skills in everyday life.
- **Marsha Linehan's Interviews (YouTube & podcast features) –** Insight into the origins of DBT.

Appendix

The Responsiveness Scale



Diary Card

Dialectical Behavior Therapy **Diary Card**	Instructions: Circle the day you worked on each skill	Filled out in session? Y N	How often did you fill out this side? ___ Daily ___ 2-3x ___ Once				
1. Wise Mind	Mon	Tues	Wed	Thurs	Fri	Sat	Sun
2. Observe: just notice (Urge Surfing)	Mon	Tues	Wed	Thurs	Fri	Sat	Sun
3. Describe: put words on	Mon	Tues	Wed	Thurs	Fri	Sat	Sun
4. Participate: enter into the experience	Mon	Tues	Wed	Thurs	Fri	Sat	Sun
5. Nonjudgmental stance	Mon	Tues	Wed	Thurs	Fri	Sat	Sun
6. One-mindfully: in-the-moment	Mon	Tues	Wed	Thurs	Fri	Sat	Sun
7. Effectiveness: focus on what works	Mon	Tues	Wed	Thurs	Fri	Sat	Sun
8. Objective effectiveness: DEAR MAN	Mon	Tues	Wed	Thurs	Fri	Sat	Sun
9. Relationship effectiveness: GIVE	Mon	Tues	Wed	Thurs	Fri	Sat	Sun
10. Self-respect effectiveness: FAST	Mon	Tues	Wed	Thurs	Fri	Sat	Sun
11. Reduce vulnerability: ABC PLEASE	Mon	Tues	Wed	Thurs	Fri	Sat	Sun
12. Accumulate positive emotions	Mon	Tues	Wed	Thurs	Fri	Sat	Sun
13. Check the facts	Mon	Tues	Wed	Thurs	Fri	Sat	Sun
14. Opposite-to-emotion action (Alt. Rebellion)	Mon	Tues	Wed	Thurs	Fri	Sat	Sun
15. Distract (Adaptive Denial)	Mon	Tues	Wed	Thurs	Fri	Sat	Sun
16. Self-soothe	Mon	Tues	Wed	Thurs	Fri	Sat	Sun
17. Improve the moment	Mon	Tues	Wed	Thurs	Fri	Sat	Sun
18. TIP (Temperature, Intense Sensations, PMR)	Mon	Tues	Wed	Thurs	Fri	Sat	Sun
19. Pros and cons	Mon	Tues	Wed	Thurs	Fri	Sat	Sun
20. Radical acceptance	Mon	Tues	Wed	Thurs	Fri	Sat	Sun
21. Building structure // Work	Mon	Tues	Wed	Thurs	Fri	Sat	Sun
22. Building structure // Love	Mon	Tues	Wed	Thurs	Fri	Sat	Sun
23. Building structure // Time	Mon	Tues	Wed	Thurs	Fri	Sat	Sun
24. Building structure // Place	Mon	Tues	Wed	Thurs	Fri	Sat	Sun

Dialectical Behavior Therapy **Diary Card**	Instructions: Complete the form below.								Filled out in session? Y N				How often did you fill out this side? ____ Daily ____ 2-3x ____ Once				
Day & Date	URGES TO…			EMOTIONS					DRUGS				ACTIONS				
	Use	Suicide	S-H	Phys. Pain	Sad/ Grief	Shame	Anger/ Irr.	Fear/ Anx.	Illicit Drugs	Alcohol	Rx	OTC	S-H	Lying	Joy	Skills	R
	0-5	0-5	0-5	0-5	0-5	0-5	0-5	0-5	# / type	# / type	# / type	# / type	Y/N	#	0-5	0-7*	✓
Mon /																	
Tues /																	
Wed /																	
Thurs /																	
Fri /																	
Sat /																	
Sun /																	

Apparently Unimportant Behaviors:

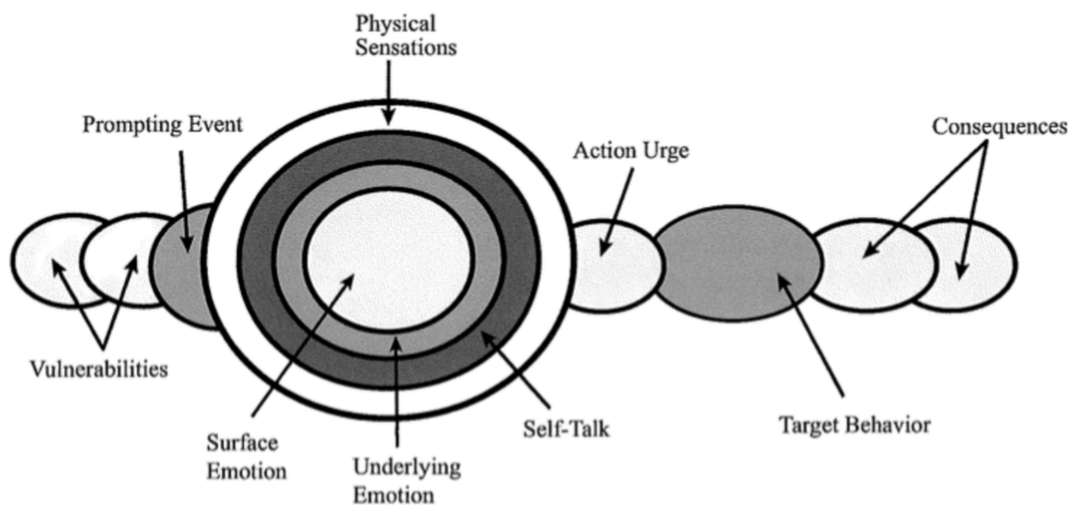
Keeping Doors to Use Open:

*USED SKILLS
0 = Not thought about or used
1 = Thought about, not used, didn't want to
2 = Thought about, not used, wanted to
3 = Tried but couldn't use them
4 = Tried, could do them, but they didn't help
5 = Tried, could use them, helped
6 = Didn't try, used them, didn't help
7 = Didn't try, used them, helped

Urge to use (0-5): Before therapy session: _____ After therapy session: _____
Urge to quit therapy (0-5): Before therapy session: _____ After therapy session: _____
Urge to suicide (0-5): Before therapy session: _____ After therapy session: _____

Modified by Eric Gadol 5/5/15

Behavior Chain Analysis Worksheet



Instructions:

Use this worksheet to analyze a recent instance of **Non-Suicidal Self-Injury (NSSI)** or another target behavior. The goal is to increase awareness of how the behavior developed over time and to explore possible interventions at each point in the chain.

1) Vulnerabilities

What factors made you more vulnerable to reacting strongly? (Examples: poor sleep, illness, hunger, stress, trauma reminders, sensory overload, invalidating environment)

2) Prompting Event

What triggered the chain? What was the specific situation that set off your response?

3) Emotions

Surface Emotion:

What emotion(s) did you first notice?

Underlying Emotion:
What deeper emotions may have been present?

4) Physical Sensations

What did you notice in your body? (Heart rate, muscle tension, numbness, sensory sensitivity, dissociation, etc.)

5) Self-Talk

What were you telling yourself about the situation? About yourself? About others?

6) Action Urge

What urges to act did you notice? What did you feel compelled to do?

7) Target Behavior

What behavior did you actually engage in? Be specific about the form of NSSI or other behavior.

8) Consequences

Short-Term:
What immediate relief or effects did the behavior have?

Long-Term:
What were the longer-term effects on your emotions, body, relationships, or self-perception?

9) Reflection & Alternative Strategies

Looking back, what might have helped at each step in the chain? What are possible alternative

coping strategies you could try in the future?