Teaching Dialectical Behavioural Therapy (DBT) Skills

THE TALKING THERAPIES UK PRACTITIONER SERIES



Teaching Dialectical Behavioural Therapy (DBT) Skills

Advanced level · 10 hours of continuing professional development

TALKING THERAPIES UK

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First edition, 2026.

This manual accompanies the Teaching Dialectical Behavioural Therapy (DBT) Skills course in the Talking Therapies UK Digital Classroom, from which its content is drawn and against which it is kept current.

Revision 2. This printing was set on 2 November 2026 from the course as it stood that day.

A note on the clinical material. Every case in this book is a fictional composite written for teaching. No real person appears in it, however disguised. Nothing here constitutes clinical supervision, and nothing in it replaces the judgement of a qualified practitioner working within their competence, their professional body's code and their local governance. Where guidance is cited it was current at the date of this edition; readers must check the standing of any guidance before relying on it.

Set in Poppins and Roboto, the Talking Therapies UK typefaces. Figures drawn by the Talking Therapies UK teaching-diagram engine.

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How to use this manual

This advanced continuing professional development extension is meticulously grounded in established cognitive-behavioural and dialectical behaviour therapy evidence bases, incorporating contemporary empirical insights into complex clinical presentations. Designed specifically for experienced practitioners, this thirty-hour advanced course equips clinicians to master the pedagogical delivery and sophisticated clinical application of Dialectical Behavioural Therapy skills within modern UK mental health settings. Learners will examine the deep philosophical underpinnings of the modality, mastering the dialectical stance and exploring how to balance acceptance and change strategies while maintaining a rigorous biosocial theory framework that accounts for individual lived experiences, including intersectional identities through the lens of Social GGRRAAACCEEESSS. Through the first comprehensive module, participants study the foundations of the dialectical stance and emotion regulation, investigating core emotion regulation skills derived from Linehan's model to help clients identify, understand, and modify intense emotional states safely and effectively. The curriculum then progresses into interpersonal effectiveness and distress tolerance, focusing closely on the mastery and teaching of complex relational techniques such as DEAR MAN, alongside crisis-survival strategies including TIPP and the foundational practice of radical acceptance for managing acute distress without making situations worse. A core clinical emphasis is placed upon behavioural chain analysis and target hierarchies, enabling clinicians to conduct systematic investigations of problematic target behaviours, meticulously untangling triggering events, vulnerability factors, and consequences while strictly prioritising treatment targets in highly complex and multi-diagnostic cases. Moving into advanced clinical territory, the final module covers advanced applications such as walking the middle path and resolving clinical impasses, equipping practitioners with advanced dialectical strategies for balancing opposing forces, validating seemingly invalidating behaviours, and successfully navigating severe therapeutic stalemates. Throughout the learning journey, the curriculum strongly emphasises experiential learning, clinical formulation, and nuanced case conceptualisation to support effective, ethical, and transformative real-world application across multidisciplinary UK practice settings.

This manual is the written form of a course taught in the Talking Therapies UK Digital Classroom. It is set at advanced level and carries 10 hours of continuing professional development for practitioners who complete the accompanying course and its assessment.

It is written to be read in order. Each part opens with what it is for; each chapter teaches one idea to a working depth and closes with the points worth keeping and a practice task that converts reading into something you do. The tasks are the part most often skipped and the part that most reliably changes practice, and several of them are designed to be taken to supervision rather than completed alone.

The figures are teaching diagrams rather than decoration. Each is the conventional form of a model you will meet in the literature and in supervision, drawn in one visual language across the whole series so that the shape of an idea is recognisable wherever it reappears.

Where a chapter draws on published work, the reference is named in the text and gathered in the further reading at the back. Terms of art are defined in the glossary, which is worth reading straight through once before you begin.

What this manual will leave you able to do

- Demonstrate the practical application of the dialectical stance by balancing validation with strategies for behavioural change.
- Implement core emotion regulation skills including Opposite Action and Check the Facts in clinical practice.
- Apply structured interpersonal frameworks such as DEAR MAN to enhance assertive communication and reduce relational conflict.
- Utilise physiological distress tolerance interventions including TIPP to manage acute emotional crises effectively.
- Synthesise complex clinical formulations using behavioural chain analysis to address therapy-interfering behaviours.

PART 1

Foundations of Dialectical Stance and Emotion Regulation

This module explores the philosophical underpinnings of DBT, specifically the dialectical stance, and introduces the core emotion regulation skills derived from Linehan's model.

CHAPTER 1

The Dialectical Stance: Acceptance and Change

Dialectical Behavioural Therapy (DBT) was conceived by Marsha Linehan as a synthesis of cognitive–behavioural techniques and principles derived from Eastern contemplative practices, all framed within a philosophical stance that recognises the coexistence of seemingly contradictory truths. In the therapeutic context this translates into a dual focus on acceptance and change, a balance that is central to the DBT model and to the maintenance of a productive therapeutic alliance.

The acceptance component is not a passive stance but a deliberate, empathic validation of the client's emotional reality and the functional logic of their current coping strategies. It involves acknowledging that the client's thoughts, feelings and behaviours arise from a history of trauma, invalidating environments, and neurobiological vulnerabilities. By validating the client's experience, the therapist communicates that the client's internal world is understandable and that their current behaviours, even if maladaptive, are meaningful responses to past and present stressors. This validation is specific, non-judgemental and situated within the context of the client's life, thereby avoiding the risk of reinforcing maladaptive patterns.

The change component, on the other hand, is an active, skill-based intervention aimed at reducing distress and improving functional outcomes. It is delivered through teaching core DBT skills—mindfulness, distress tolerance, emotion regulation, and interpersonal effectiveness—and through targeted behavioural interventions such as chain analysis and behavioural activation. The therapist presents these skills as optional tools that the client can choose to employ, rather than mandates, thereby preserving the collaborative nature of the relationship.

The dialectical stance requires the therapist to hold both acceptance and change in a dynamic equilibrium. When the client presents with a self-harm crisis, for example, the therapist might first validate the intensity of the client's pain and the logical need for self-harm as a coping strategy, before gently introducing a distress tolerance skill such as the TIPP technique. This

simultaneous acknowledgement of the client's suffering and the presentation of an alternative coping strategy exemplifies the dialectical balance.

A worked clinical example illustrates how this balance operates in practice:

Client: Sarah, 27, diagnosed with borderline personality disorder, presents with repeated self-harm and a history of childhood emotional neglect.

Session 1: Sarah reports feeling "overwhelmed" and expresses a desire to self-harm again. The therapist begins by acknowledging the depth of Sarah's distress: "I hear how intense the urge feels and how it seems like the only way to feel anything at all." This statement validates Sarah's emotional state and the perceived logic of self-harm as a coping mechanism.

The therapist then introduces the concept of a "wise mind"—the integration of emotional and rational thinking—and invites Sarah to consider whether the urge to self-harm is a response to an immediate emotional spike or a longer-term pattern of avoidance. The therapist says, "It's understandable that you feel the urge, but we also have skills that can help you feel less overwhelmed." This keeps the acceptance of Sarah's feelings while signalling the availability of change skills.

Next, the therapist teaches the TIPP skill: Temperature, Intense exercise, Paced breathing, and Progressive muscle relaxation. The therapist models the skill, guiding Sarah through a brief practice. Sarah is encouraged to use TIPP when the urge arises, but the therapist emphasises that it is an option, not a requirement: "You can choose to use TIPP, or you can try something else that feels right for you."

Throughout the session, the therapist maintains a calm, non-judgemental tone, avoiding rescue language such as "I'll fix this for you." The therapist also monitors their own emotional response, recognising that the urge to intervene immediately can shift the balance towards excessive rescue. By staying present and acknowledging their own feelings, the therapist models wise mind for Sarah.

In subsequent sessions, the therapist continues to validate Sarah's experiences of shame and invalidation, while progressively introducing more complex skills such as emotion regulation strategies (e.g., opposite action) and interpersonal effectiveness (e.g., DEAR MAN). The therapist uses a collaborative agenda-setting approach, asking Sarah which skills she feels

ready to try and which areas she wants to focus on. This maintains the dialectical stance by ensuring that acceptance of Sarah's current state is paired with a clear, client-led pathway towards change.

The dialectical stance is also critical when the therapist encounters countertransference. A therapist might feel a strong urge to rescue a client who is in crisis, which can tilt the balance towards excessive validation and away from skill teaching. Recognising this, the therapist can pause, consult with a supervisor, or use a self-regulation technique such as the "Wise Mind" meditation to regain equilibrium. By doing so, the therapist preserves the therapeutic alliance and models the very balance they wish to instil in the client.

The therapeutic relationship itself is the primary vehicle for change in DBT. The therapist's consistent demonstration of acceptance and change provides a live model for the client to internalise. When a client sees the therapist validating their feelings while simultaneously offering concrete, skill-based alternatives, the client learns that acceptance and change can coexist in their own interpersonal contexts. Over time, this modelling fosters the client's own wise mind, enabling them to navigate emotional turbulence without resorting to maladaptive behaviours.

The dialectical stance also informs the structure of the weekly skills training group. Group leaders must balance validation of participants' experiences with the teaching of new skills. For instance, when a participant shares a recent relapse, the group leader validates the emotional impact of the relapse while also encouraging the group to reflect on the skill that might have been useful in that moment. This dual focus keeps the group dynamic collaborative and skill-oriented.

In practice, the dialectical stance can be challenging to maintain, especially when the client's behaviours threaten safety. Therapists must be vigilant about not over-validating behaviours that are harmful. Validation should focus on the client's emotional experience, not the behaviour itself. For example, a therapist might say, "I understand that you feel angry and that you reacted by yelling, but yelling can increase the risk of harm to yourself and others." This statement validates the emotion while also signalling the need for change.

The dialectical stance is also reflected in the use of the "two-column"

worksheet, where the therapist and client list the pros and cons of a particular behaviour. The therapist encourages the client to consider both the immediate relief that the behaviour provides and the long-term costs, thereby fostering a balanced perspective. This worksheet is a concrete tool that embodies the dialectical principle of holding two truths simultaneously.

Supervision and consultation are essential for sustaining the dialectical stance. Therapists should regularly discuss challenging cases with peers or supervisors, focusing on moments where the balance tipped too far towards acceptance or change. Through reflective dialogue, therapists can refine their language, ensuring that validation remains specific and non-judgemental, and that change interventions are presented as collaborative options.

In summary, the dialectical stance is a foundational concept that permeates every aspect of DBT—from individual therapy sessions to skills training groups, from therapist self-regulation to supervision. By consistently demonstrating a balanced approach that validates the client's experience while offering concrete, skill-based alternatives, the therapist models the very equilibrium that clients need to internalise. This balance is particularly vital for clients with borderline personality disorder, who often oscillate between feelings of invalidation and shame. When the therapist maintains a wise mind, the therapeutic alliance remains strong, and the client is empowered to navigate their emotional landscape with greater resilience and autonomy.

The dialectical stance is not a static position but a dynamic, ongoing process. Therapists must continually assess the client's needs, their own emotional responses, and the therapeutic context to maintain equilibrium. This requires a high level of self-awareness, reflective practice, and a commitment to the collaborative ethos that underpins DBT. When mastered, the dialectical stance becomes a powerful tool for fostering lasting change, enhancing the client's capacity to accept themselves and to pursue meaningful behavioural change.

By integrating acceptance and change into every interaction, therapists create a therapeutic environment that is both compassionate and action-oriented. Clients learn that their feelings are valid and that they have the agency to choose healthier coping strategies. Over time, this dual focus supports the development of a stable, functional sense of self and promotes

sustained improvement in emotional regulation, interpersonal relationships, and overall quality of life.

The dialectical stance also informs the therapist's approach to crisis management. When a client presents with an imminent self-harm risk, the therapist first validates the intensity of the client's pain and the perceived lack of alternatives. The therapist then introduces a safety plan, which includes both acceptance (recognising the client's distress) and change (identifying concrete steps to reduce risk). The safety plan is collaboratively developed, ensuring that the client feels heard and empowered to take responsibility for their safety.

In conclusion, the dialectical stance is the linchpin of DBT practice. It requires therapists to hold acceptance and change in a delicate balance, to model wise mind in their language and behaviour, and to maintain a therapeutic alliance that is both empathic and directive. Mastery of this stance equips therapists to effectively support clients with complex emotional dysregulation, fostering resilience, self-acceptance, and adaptive change.

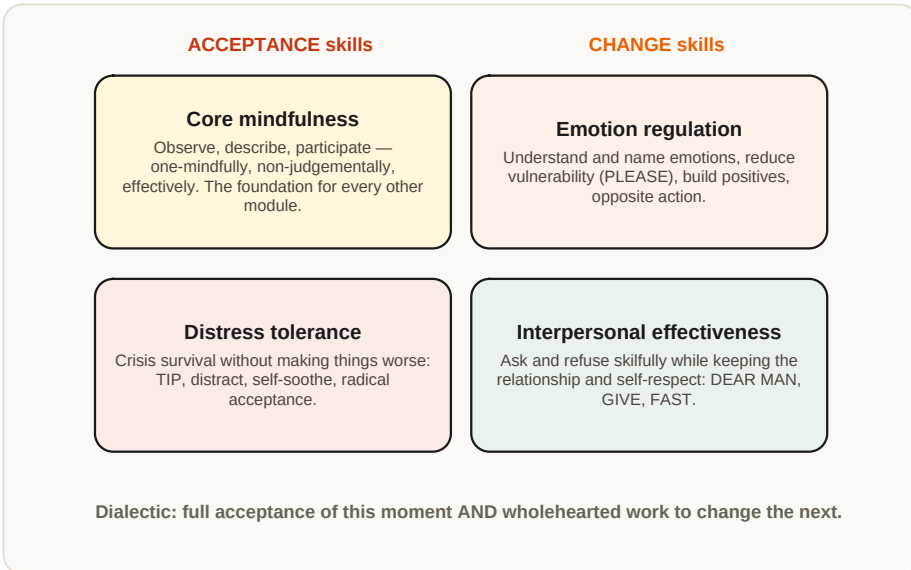


FIGURE 1.1 The four DBT skills modules

Linehan's skills curriculum balances acceptance and change. Mindfulness and distress tolerance teach how to be with experience as it is; emotion regulation and interpersonal effectiveness teach how to change it. Core mindfulness underpins all three of the others.

Points worth keeping

- - The dialectical stance balances acceptance of a client's emotional reality with the provision of skill-based change interventions.
- - Validation must focus on emotions, not behaviours, to avoid reinforcing maladaptive patterns.
- - Therapists model wise mind by integrating emotional and rational language, and by managing their own countertransference.
- - The therapeutic relationship itself is the primary vehicle for change, with the therapist's consistent stance providing a live model for clients.
- - Supervision and consultation are essential for maintaining equilibrium and refining the therapist's use of acceptance and change.
- - Crisis management requires a collaborative safety plan that simultaneously acknowledges distress and offers concrete steps for change.

PRACTICE TASK

Over the next week, record a brief (5–10 minute) video of a 10-minute segment of a therapy session (with client consent). In the video, identify at least three moments where you used acceptance language and three moments where you introduced a change skill. Reflect on how you balanced the two and note any moments where the balance felt tipped towards either acceptance or change. Prepare a short written reflection (200–300 words) summarising your observations and plan for adjustments in future sessions.

CHAPTER 2

Core Emotion Regulation Skills

In the advanced practice of Dialectical Behavioural Therapy (DBT), emotion regulation is frequently misunderstood as a process of suppression or elimination. It is essential to clarify, with precision, that the therapeutic goal is not to render the client emotionally flat or to deny the validity of their affective experience. Rather, the objective is to understand the function of emotions and to manage their intensity and duration so that they serve the client's long-term goals rather than driving impulsive, self-destructive behaviour. Linehan's model posits that emotions are adaptive signals, designed to mobilise action. When these signals become dysregulated, the resulting action urges can lead to behaviours that exacerbate distress, such as substance use, self-harm, or interpersonal conflict. Therefore, the core skills of emotion regulation are designed to help the client build mastery over these processes, allowing them to choose responses that are consistent with their values rather than those dictated by the immediate intensity of the emotion.

The first and perhaps most counter-intuitive skill is increasing the frequency of positive emotions. In clinical practice, we often focus heavily on reducing negative affect, which can inadvertently create a deficit in positive emotional experience. DBT encourages clients to deliberately engage in activities that generate joy, interest, or contentment. This is not about toxic positivity or ignoring pain; it is about balancing the emotional ledger. When a client has a reservoir of positive emotions, they possess greater psychological resilience. Positive emotions broaden attention and build lasting personal resources, making it easier to cope with subsequent stressors. For example, a client who regularly engages in a hobby that induces a state of flow may find that their baseline mood is more stable, and their reaction to minor setbacks is less catastrophic. The therapist must help the client identify specific, achievable activities that reliably produce positive affect, ensuring these are scheduled into their weekly routine with the same rigour as any other therapeutic task.

Conversely, the skill of decreasing the frequency of negative emotions involves identifying and modifying the situations, thoughts, and behaviours

that trigger or sustain distress. This is distinct from suppressing the emotion itself. Instead, it involves a proactive approach to environmental and cognitive management. For instance, if a client's anxiety is triggered by excessive caffeine intake and social media consumption, the skill application involves reducing these inputs. The therapist works with the client to map out these triggers and develop a plan to reduce exposure or alter the context. This requires a collaborative stance, where the therapist validates the client's desire for relief while guiding them towards sustainable lifestyle changes that lower the overall load of negative affect.

A central and highly practical skill is Opposite Action. This skill is based on the principle that every emotion has an associated action urge. If the client acts in line with this urge, the emotion is reinforced and intensified. If the client acts in direct opposition to the urge, the emotion is weakened and eventually dissipates. For example, the action urge associated with sadness is withdrawal and isolation. The opposite action is to engage socially, to reach out, and to be active. Similarly, the action urge for anger is to attack or confront; the opposite action is to be gentle, to pause, and to consider the other person's perspective. It is crucial to note that Opposite Action is not about acting against one's values or pretending to feel something one does not. It is a behavioural experiment to test the validity of the emotion's intensity. In a worked clinical example, consider a client named Sarah, who experiences intense shame after a perceived social failure. Her action urge is to hide, cancel plans, and avoid eye contact. In session, the therapist helps Sarah identify this urge. The therapist then encourages Sarah to engage in the opposite action: she agrees to attend a small gathering the following week, maintain eye contact, and share a small, positive update about her week. The therapist prepares Sarah for the discomfort of this action, normalising the anxiety that will arise. When Sarah reports back, she notes that while she felt anxious, the interaction was neutral, and the shame did not escalate as predicted. This experience provides evidence that the emotion's intensity was not an absolute truth but a state that could be influenced by behaviour. Over time, this practice weakens the automatic link between the trigger and the intense emotional response.

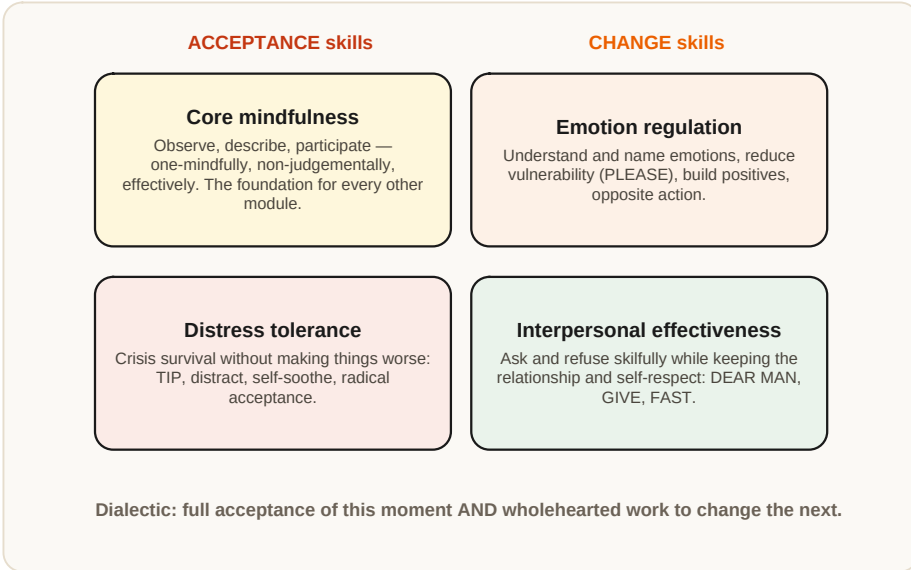


FIGURE 2.1 The four DBT skills modules

Linehan's skills curriculum balances acceptance and change. Mindfulness and distress tolerance teach how to be with experience as it is; emotion regulation and interpersonal effectiveness teach how to change it. Core mindfulness underpins all three of the others.

Another critical skill is Check the Facts. This is a cognitive skill that helps the client distinguish between valid and invalid emotional responses. Emotions are often triggered by our interpretation of events, not the events themselves. Check the Facts involves objectively evaluating the situation to determine if the emotional response is proportional. For instance, if a client feels furious because a colleague did not reply to an email, the therapist guides the client to examine the facts: Did the colleague explicitly insult them? No. Was the delay due to a known emergency? Possibly. By checking the facts, the client may realise that their anger is disproportionate to the actual event, which is likely a minor inconvenience. This does not mean the client's feelings are wrong; rather, it helps them see that the intensity of the emotion is not justified by the objective reality. This skill reduces unnecessary distress by preventing the client from spiralling into catastrophic thinking. It is important to teach this skill with care, ensuring it is not used to invalidate the client's experience. The goal is to align the emotional response with the actual facts, leading to a more balanced and less reactive state.

Full Mindfulness is the foundational skill that underpins all other emotion regulation strategies. Without mindfulness, clients are likely to be swept away by the intensity of their emotions, reacting impulsively rather than responding thoughtfully. Full Mindfulness involves observing emotions without judgment, noticing the physical sensations, thoughts, and urges that accompany them. This creates a window of opportunity, a pause between the stimulus and the response, where the client can choose a different path. For example, when a client feels a surge of panic, they are taught to notice the tightness in their chest, the racing thoughts, and the urge to flee. By observing these components with curiosity and acceptance, the client prevents the escalation of the panic response. This perspective reduces the fear of emotions themselves, promoting a more adaptive relationship with emotional experiences. The therapist supports this process by normalising emotional fluctuations and celebrating small successes in skill use. Over time, clients develop a more nuanced understanding of their emotional patterns, leading to improved interpersonal relationships and overall well-being.

The integration of mindfulness with emotion regulation is particularly important, as it enhances the client's ability to stay present and respond rather than react. Clients are encouraged to use mindfulness to observe the rise and fall of emotions, recognising that emotions are transient states rather than permanent conditions. This perspective reduces the fear of emotions and promotes a more adaptive relationship with emotional experiences. The therapist supports this process by normalising emotional fluctuations and celebrating small successes in skill use. Over time, clients develop a more nuanced understanding of their emotional patterns, leading to improved interpersonal relationships and overall well-being. These skills are taught in a structured manner, with clients practising them in session and between sessions. The therapist monitors the client's use of these skills, providing feedback and troubleshooting barriers to implementation. By mastering these skills, clients gain greater control over their emotional lives, reducing the likelihood of impulsive behaviours that exacerbate distress. This module emphasises the practical application of these skills, ensuring that clients can identify the specific emotion, the action urge, and the opposite action in real-time scenarios. The therapist must remain vigilant to the dialectical tension, balancing acceptance of the client's emotional pain with the push for behavioural change. This balance is crucial for maintaining

the therapeutic alliance and ensuring that the client feels supported while being challenged to grow. The ultimate aim is to empower the client to navigate their emotional landscape with skill, wisdom, and compassion, leading to a more stable and fulfilling life.

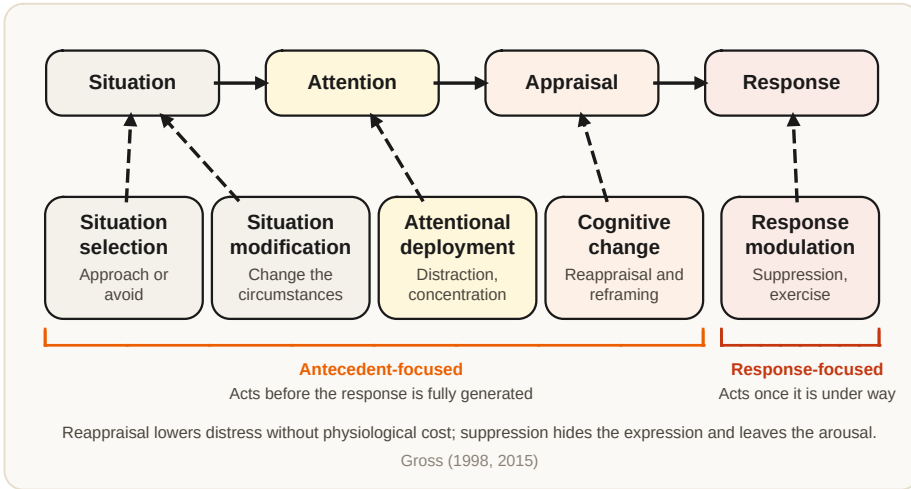


FIGURE 2.2 The process model of emotion regulation

Gross's process model locates regulation strategies at five points in the unfolding of an emotion, and each family acts on one point only: situation selection and situation modification both act on the situation, attentional deployment on what is attended to, cognitive change on the appraisal, and response modulation on the response once it is under way. The distinction that matters clinically is between the four antecedent-focused families, which act before the response is fully generated, and response-focused suppression, which acts after: reappraisal generally reduces distress without physiological cost, while suppression reduces the expression while leaving, or raising, the arousal beneath it.

Points worth keeping

- Emotion regulation in DBT aims to manage intensity and function, not to eliminate emotions.
- Opposite Action involves acting against the action urge to weaken the emotion.
- Check the Facts helps clients evaluate if their emotional response is proportional to the objective reality.
- Full Mindfulness creates a pause between stimulus and response, allowing for chosen rather than reactive behaviour.

- Increasing positive emotions builds resilience and balances the emotional ledger.
- Therapists must balance acceptance of emotional pain with structured behavioural change.

PRACTICE TASK

Identify one recurring negative emotion in your own life this week. Using the Opposite Action skill, identify the associated action urge and deliberately engage in the opposite behaviour for at least three instances. Record your observations regarding the change in emotional intensity.