

**I. STRUCTURAL STRATEGIES**

1. Reviews & conveys IMPORTANCE OF PROGRESS/diary card since last contact (Stages I & II)
2. Attends to INITIAL OR DETERIORATING MOOD that seriously interferes with therapy
3. Checks on and conveys IMPORTANCE of OTHER MODES of DBT therapy.
4. ORGANIZES SESSION according to primary behavior targets or skills to be taught
5. Has an EMOTION FOCUS
6. Uses SESSION-ENDING strategies
7. Discusses TERMINATION [not until 2/3 of treatment is complete]

**II. PROBLEM ASSESSMENT STRATEGIES**

8. Helps C DEFINE THE PROBLEM BEHAVIOR (figures out exactly what the problem is rather than assumes the problem)
9. Helps C SPECIFICALLY DESCRIBE Emotions, Cognitions, and Behavior
10. Relates IN SESSION TO OUT-OF-SESSION behavior
11. Highlights and describes PATTERNS of behavior over time
12. Generates and tests HYPOTHESES with C about variables influencing or controlling behaviors
13. Conducts CHAIN ANALYSIS on event [only required for primary target]
14. Helps C identify/clarify GOALS AND OBJECTIVES
15. Asks RELEVANT QUESTIONS

**III. PROBLEM SOLVING**

16. Provides DIDACTIC INFORMATION; teaches about behavior
17. ORIENTS C to treatment and to C's role in this process.
18. Helps C GENERATE & EVALUATE SOLUTIONS (models or offers new behaviors to replace dysfunctional behaviors)
19. Teaches or models NEW BEHAVIOR OR SKILLS using skill acquisition procedures
20. COACHES using corrective feedback to shape and refine behavior emitted (Score 1-5, if specific skill was used)
21. GENERALIZES SKILLS by actively transferring skills learned in session to C's real-world environment
22. Elicits or DRAGS NEW BEHAVIOR out of C in the moment. Compels an active response from C.
23. Asks for and attempts to get a STRONG COMMITMENT
24. TROUBLESHOOTs with C to anticipate future problems in applying solutions generated or commitments

**IV. CONTINGENCY MANAGEMENT**

25. REINFORCES target-relevant adaptive behaviors.
26. EXTINGUISHES maladaptive behaviors
27. Uses AVERSIVE CONTINGENCIES (punishment) for dysfunctional behaviors
28. Uses principles of SHAPING in reinforcing C's behavior
29. OBSERVES LIMITS [Code Only explicit statements]

**V. EXPOSURE BASED PROCEDURES**

30. Uses explicit but non-protocol-based INFORMAL EXPOSURE procedures [requires explicit statement by T]
31. Uses explicit and FORMAL EXPOSURE based treatment protocols

**VI. COGNITIVE STRATEGIES**

32. CLARIFIES CONTINGENCIES of C's behaviors
33. Helps C OBSERVE AND DESCRIBE COGNITIONS, beliefs, underlying assumptions, and styles of thinking.
34. CHALLENGES COGNITIONS and helps C re-evaluate thoughts/assumptions/styles of thinking
35. Helps C CHANGE COGNITIONS via informal cognitive modification
36. Uses FORMAL COGNITIVE MODIFICATION protocols

**VII. VALIDATION STRATEGIES**

37. V1 appears INTERESTED
38. V2 ACCURATELY REFLECTS behavior of C
39. V3 correctly articulates ["MINDREADS"] thoughts/feelings/urges that have not been fully expressed
40. V4 explains C's behavior in terms of past LEARNING OR BIOLOGICAL FACTORS
41. V5 finds and articulates the validity of C's responses in terms of CURRENT EVENTS
42. V6 interaction with C is RADICALLY GENUINE
43. V6 communicates BELIEVING IN C

**VIII. RECIPROCAL COMMUNICATION STRATEGIES**

44. Is RESPONSIVE to C (as opposed to impervious to influence; talking "at")
45. Is AWAKE to in session behavior of C
46. Expresses WARM ENGAGEMENT (as opposed to reluctance to interact and work with C)
47. Is NONJUDGMENTAL toward C
48. SELF-DISCLOSES
49. Maintains REASONABLE POWER EQUILIBRIUM
50. Gives and accepts TOUCH

**IX. IRREVERENT STRATEGIES**

51. Discusses dysfunctional behaviors in a MATTER-OF-FACT manner
52. DIRECTLY CONFRONTS dysfunctional behavior
53. UNORTHODOX/ IRREVERENCE: uses unexpected, irreverent or humorous responses

**X. DIALECTICAL STRATEGIES**

54. BALANCED STYLE & strategies: acceptance-oriented strategies with change-oriented strategies
55. Advocates BALANCED SOLUTIONS [only code 0 if no skills offered, otherwise score 1-5]
56. MAGNIFIES TENSION by using devil's advocate, paradox, "lemonade out of lemons" and/or extending
57. Works for synthesis and models DIALECTICAL THINKING and behaviors
58. Speaks in METAPHORS, tells parables and stories, and uses analogies as a teaching tools
59. Moves with SPEED AND FLOW keeping C slightly off balance

**XI. CASE MANAGEMENT STRATEGIES**

60. Follows the CONSULTATION TO THE CLIENT guidelines. [long-term outcome is more important than short-term outcome]
61. INTERVENES IN C'S ENVIRONMENT [short-term outcome is more important than long-term outcome].

**XII. PROTOCOLS**

62. Engages in CRISIS STRATEGIES protocol.
63. Uses SUICIDAL BEHAVIORS protocol.
64. Uses THERAPY-INTERFERING BEHAVIOR protocol.
65. Follows QUALITY-OF-LIFE-INTERFERING BEHAVIOR protocol.
66. Follows PHONE CALL protocol.

## DBT Basic Session Rating Form

### Change Strategies

\_\_\_ Orient (17)  
\_\_\_ Didactic (16)  
\_\_\_ Trouble shoot solution (24)  
\_\_\_ Teach skills (19,21,22)

\_\_\_ Diary card (1,4)  
\_\_\_ Commitment (23)  
\_\_\_ Behavior Analysis (13)  
\_\_\_ Contingency clarification (32)  
\_\_\_ Exposure (30,31)

\_\_\_ Insight pattern recognition (11)  
\_\_\_ Solution Analysis (18)  
\_\_\_ Contingency management (25-29)  
\_\_\_ Cognitive Restructuring (33-36)

### Validation Strategies

\_\_\_ Staying awake V1 (37)  
\_\_\_ Past/biological V4 (40)

\_\_\_ Accurate empathy V2 (38)  
\_\_\_ normative V5 (41)

\_\_\_ Mind reading V3 (39)  
\_\_\_ radical genuineness V6 (42,43)

### Dialectical Strategies

\_\_\_ entering paradox (56)  
\_\_\_ activating wise mind  
\_\_\_ devil's advocate (56)

\_\_\_ metaphor (58)  
\_\_\_ lemonade (56)  
\_\_\_ dialectical assessment (57)

\_\_\_ natural change  
\_\_\_ extending (56)  
\_\_\_ Movement, speed, flow (59)

### Communication

\_\_\_ Discusses matter of fact (51)  
\_\_\_ Directly confronts (52)  
\_\_\_ unorthodox irreverence (53)

\_\_\_ Warm engagement (46)  
\_\_\_ Non-judgemental (47)  
\_\_\_ Self-disclosing (48)

\_\_\_ **Case Management**  
\_\_\_ consultation to client (60)  
\_\_\_ intervene in environment (61)

### Targets Addressed:

\_\_\_ Life Threatening  
\_\_\_ Therapy Interfering  
\_\_\_ Quality of Life

\_\_\_ Apparent competence  
\_\_\_ Self-invalidation  
\_\_\_ Inhibited Experiencing

\_\_\_ Active Passivity  
\_\_\_ Emotion Dysregulation  
\_\_\_ Unrelenting Crisis