

Eating Disorders Intensive Outpatient Program (IOP)
Orientation Packet and Materials



Portland DBT

INSTITUTE

Welcome!

A Note from Our Team

Welcome to the Eating Disorders Intensive Outpatient Program (ED-IOP) at Portland DBT Institute. We strive to deliver the highest quality, full fidelity Dialectical Behavior Therapy (DBT) possible, fully adhering to Marsha Linehan’s tried-and-proven model. Like Marsha, we strive for effective compassion in all our work, helping clients to obtain their **Life Worth Living** by encouraging new ways of going about life, namely in using skillful means to achieve goals.

Delivering the best treatment possible to you matters to us. It also matters to us that we do this as a team, in community with one another – we are in it together.

Within the ED-IOP, you will brainstorm ways to reach goals that matter to you, with a focus on eating disorders. You will learn (and have many opportunities to practice) scientifically-proven DBT skills – some geared to learn to radically accept that which cannot be changed and others to change what can be changed. We’ll focus a lot on cultivating your deep, inherent sense of wisdom (your **Wise Mind**) to help you figure out whether to *accept* or to *change* a situation, and how to do that effectively. We will also help you learn how to tolerate that which seems intolerable and how to make meaningful progress even in the face of significant barriers. You will have an individual therapist, nutritionist, group leaders, one another, and other members of our PDBTI provider community to help guide and support you along the way.

We want to get this treatment program right – for you, the others who are in your groups, and for those that will follow you. With that in mind, we welcome your feedback as we go – what you believe is working well and what you’d recommend we do differently. In this package are several important materials to help orient you to the IOP, including:

- General Schedule —
- Clinician Contact List —
- Program Information —
- Group Guidelines —
- Nutritional Guidelines for ED-IOP —
- Financial Policies —
- Curriculum —
- Target Group Worksheets —

Welcome aboard!

~ The Path to Mindful Eating Team ~

Eating Disorders IOP Schedule

MONDAY Co-leader: Kim Van Beek	TUESDAY Co-leader: Alisha Wells	WEDNESDAY Co-leader: Kasey Bumgardner	THURSDAY Co-leader: Kim Van Beek	FRIDAY Co-leader: Chloe Jaques
Breakfast 8:00AM – 8:45AM Leader: Rachel Mackintosh	Breakfast 8:00AM – 8:45AM Leader: Halley Karlok	Breakfast 8:00AM – 8:45AM Leader: Rachel Mackintosh	Breakfast 8:00AM – 8:45AM Leader: Rachel Mackintosh	Breakfast 8:00AM – 8:45AM Leader: Halley Karlok
Mindfulness & HW Review 9:00AM – 10:00AM Leader: Gina Patriarca	Mindfulness & Nutrition Group 9:00AM – 10:00AM Leaders: Halley Karlok	Mindfulness & HW Review 9:00AM – 10:00AM Leader: Raquel Friedman	Mindfulness & Behavior Chain Analysis 9:00AM – 10:00AM Leader: Leah Smart Gordon	Mindfulness & HW Review 9:00AM – 10:00AM Leader: Leah Smart Gordon
Skills Training 10:00AM – 11:20AM Leader: Gina Patriarca HW due Wednesday	Target Group 10:00AM – 11:20AM Leader: Daniela Mendez Faria HW due Thursday	Skills Training 10:00AM – 11:20AM Leader: Raquel Friedman HW due Friday	Target Group 10:00AM – 11:20AM Leader: Kasey Bumgardner HW due Tuesday	Skills Training 10:00AM – 11:20AM Leader: Leah Smart Gordon HW due Monday
Lunch 11:20AM – 12:00PM Leader: Rachel Mackintosh	Lunch 11:20AM – 12:00PM Leader: Halley Karlok	Lunch 11:20AM – 12:00PM Leader: Rachel Mackintosh	Lunch 11:20AM – 12:00PM Leader: Rachel Mackintosh	Lunch 11:20AM – 12:00PM Leader: Halley Karlok

IOP Manager: Raquel Friedman (503) 290-3273 | **Operations Associate:** Kasey Bumgardner (971) 339-3531

Eating Disorders IOP Contact Sheet

Name	Phone Number	Email Address	Role
Raquel Friedman, PsyD	(503) 290-3273	rfriedman@pdbti.org	Skills Group Leader
Leah Smart Gordon, LCSW	(503) 290-3268	lsmartgordon@pdbti.org	Skills Group Leader; Behavior Chain Analysis Leader
Rachel Mackintosh, RD	(503) 290-3276	rmackintosh@pdbti.org	Dietician
Halley Karlok, RD	(971) 298-7337	hkarlok@pdbti.org	Nutrition Group Leader; Dietician
Gina Patriarca, LPC	(971)-258-2610	gpatriarca@pdbti.org	Skills Group Leader
Michele Sharp, PMHNP	(503) 290-3274	msharp@pdbti.org	Psychiatric Mental Health Nurse Practitioner
Kim Van Beek, QMHP	(971) 339-3522	kvanbeek@pdbti.org	Co-Leader
Alisha Wells, CSWA, CADC II	(503) 290-3289	awells@pdbti.org	Co-Leader
Kasey Bumgardner, QMHA	(971) 339-3531	kbumgardner@pdbti.org	Target Group Leader; Co-Leader
Chloe Jaques, QMHA	(971) 367-9614	cjaques@pdbti.org	Co-Leader
Daniela Mendez Faria, QMHP	(971) 339-3518	dmendezfaria@pdbti.org	Target Group Leader
Mamta Bhargava, LPC	(971) 339-3532	mbhargava@pdbti.org	Individual Therapist
Jason Fritts, LCSW	(503) 290-3282	jfritts@pdbti.org	Individual Therapist
Emily Teegarden, LPC	(971) 339-3533	eteegarden@pdbti.org	Individual Therapist

Eating Disorders IOP Zoom Information

IOP Zoom Link: <https://zoom.us/j/263940279>

Meeting ID: 263 940 279

One tap mobile

+16694449171,,263940279# US

+16699006833,,263940279# US (San Jose)

Find your local number: <https://us06web.zoom.us/j/kBq5J7MYo>

ED-IOP Program Information

What is DBT?

DBT was developed by Marsha Linehan, a psychologist at the University of Washington, to help people struggling with chronic suicidal and self-harming behaviors. The treatment is based on the idea that impulsive and self-destructive behaviors are caused by an inability to manage intense emotion. DBT is a sophisticated therapy that blends cognitive behavioral approaches with mindfulness practices and acceptance-based strategies. Because DBT has been highly successful in helping clients eliminate suicidal and self-harming behaviors, it has evolved into a treatment for people who struggle with other impulsive and problematic behaviors for whom emotion dysregulation may play a central role.

Why use DBT for Eating Disorders?

One of the features that makes DBT unique is the focus on understanding and working with emotions. When you are treating an eating disorder, paying attention to emotions may be a valuable change component. Please consider:

- Many people with eating disorders report they have difficulty with expressing and managing emotions.
- Many people report that they do not have the skills to cope well with their emotions.
- Eating disorder behaviors may be a way of regulating overwhelming and uncomfortable emotions.
- Problematic or extreme emotions are a common trigger for engaging in eating disorder behaviors.
- If left untreated, emotion dysregulation may increase a person's vulnerability to relapse.
- Many people with eating disorders have other problematic behaviors which also regulate overwhelming and uncomfortable emotions. Sometimes this leads to having more diagnoses than “just” the eating disorder, e.g., PTSD, Depression, Anxiety, Substance Use, or personality disorders.

Why use DBT for Eating Disorders?

One of the features that makes DBT unique is the focus on understanding and working with people who:

- Have not responded adequately to standard eating disorder treatments.
- Are multi-diagnostic (eg. Co-occurring Borderline Personality Disorder, PTSD, etc).
- Clients for whom emotion dysregulation seems to be at the core of their difficulties.
- Have been unable to generalize skills outside of standard treatment.
- Who present with significant therapy interfering behaviors.

There are two non-negotiable criteria for entering the PDBTI ED-IOP:

1. Individuals must be willing to make a commitment to staying alive in order to be in this program.
2. Individuals must be willing to work on their eating disorder symptoms at some level—determined by the client and the individual therapist. Clear goals must be set weekly in order to monitor progress, using the weekly goal sheet.

Important note: People in the ED-IOP will be working on unique treatment goals. It will be important to talk with your individual therapist about not comparing your meal plan, weight goals, or other treatment goals to those of other group members.

Additional Guidelines for Participation

(For full participation guidelines, see pg. 12 in *DBT Skills Training Handouts and Worksheets*)

1. All clients **MUST** be committed to:
 - (a) staying alive and
 - (b) actively treating their Eating Disorder Behavior.
2. Clients are expected to attend all scheduled sessions and to actively participate in all modalities of treatment. Clients who are not responding to the current level of treatment (i.e., no decrease in symptoms) may be provided a referral to a more appropriate level of care.
3. The **4-miss rule**: Missing four full groups *in a row* means that you are out of the ED-IOP altogether. That includes all IOP services – including individual therapy.
4. A **2-miss rule** is applied for 2 consecutive misses (i.e., two weeks *in a row*) of either Individual Therapy or Nutrition Therapy.
5. Please be mindful of how your behavior may be supportive or problematic for others in group. This can include decisions about dressing appropriately for treatment, topics of conversation, and use of eating disorder behaviors while in treatment (or on-site at PDBTI).
6. If clients arrive late to treatment, they will be asked to complete a Missing Links Analysis (MLA) in group. They will also be asked to over-correct for their behavior. Unexcused absences will be subject to financial charges, as outlined in the Informed Consent paperwork reviewed during your intake sessions.
7. All clients must physically be in Oregon to receive IOP services. If you plan on travelling out of state, please reach out to your IT or the IOP manager for problem-solving.

WEIGHT and VITALS:

Participants in the ED-IOP are required to provide their weight and orthostatic vitals to ED-IOP clinical staff a minimum of once each week. Additionally, all clients must meet weekly with our Nurse Practitioner to review medical indicators of safety. Clients who do not meet these requirements will be suspended until met.

MEAL PLANS:

IOP clients will meet with the dietitian to set goals and an initial meal plan. You will work with the dietitian to create an individualized meal plan that considers your goals, eating disorder symptoms, and cultural foods and practices. You will meet weekly with the dietitian. Meals should be planned ahead of time with the dietitian and need to be in compliance with your own individualized meal plan.

Therapeutic Meals:

1. Clients are required to participate in 2 therapeutic meal groups as part of the daily ED-IOP group structure. Failure to meet this requirement is therapy interfering and will be targeted during individual therapy and nutrition appointments as needed.
2. Clients are expected to provide the group leader with both a verbal and visual report of their meal at the beginning of the meal group. You will be asked to show your meal on camera to the group leader during check in. It is not necessary to provide detailed amounts/measurements during check in (i.e. grams per portion); the group leader will ask you for additional information regarding portion sizes if needed.
3. If your meal is not adequate to meet your individual meal plan goal, then you will be asked to add the missing components to your meal. All clients will receive a supply of Ensure Plus supplements included with the program materials for ED-IOP.
4. Skills coaching and problem solving assistance are available during group when needed. If you are unable or unwilling to bring and eat adequate amounts of meal plan appropriate foods, it is expected that you will ask for skills coaching and/or problem solving assistance. If you are unable or unwilling to utilize the available support resources, then you cannot participate in a therapeutic meal group.
5. Clients are expected to eat on camera during group meals. You may choose to utilize the “hide self view” option in Zoom. Please ask for assistance with Zoom functions as needed.
6. Breakfast starts at 8:00am. Clients are expected to have checked in with the group leader and begin eating the meal no later than 8:15am.
7. Lunch starts at 11:20am. Clients are expected to have checked in with the group leader and begin eating the meal no later than 11:30am.
8. Group members are expected to arrive on time, and you are expected to stay present and participate until the end of the meal group, even if you finish eating before the end of the group. It is expected that clients will finish 100% of their meal within 30 minutes. Clients must report the amount of the meal eaten to the group leader before the end of the meal group.
9. Engaging in target behaviors is not permitted at any time during ED-IOP groups. Behaviors such as excessively cutting or chopping foods and other “food rituals” are

not permitted during meal groups. Discussion of any type of target behavior is not permitted during meal groups.

10. Review the APPROPRIATE and INAPPROPRIATE MEAL TIME CONVERSATION (next page).

Appropriate	Inappropriate
<ul style="list-style-type: none"> • Vacation plans • Families • Holidays • School/work • Future aspirations • Pop culture (movies, TV, music) • Sports or social events • Hobbies/activities • Pets • Weather • Jokes/puns • News/current events • Trivia • DBT skills 	<p>Some topics are not treatment oriented and can serve to reinforce eating disorder behavior. The following are considered inappropriate and therapy interfering:</p> <ul style="list-style-type: none"> • How much/little someone else is eating • How much/little you are eating • Discussion of any type of target behavior • Discussion about good/bad foods or other food judgements • Discussion about weight/size or calories • Comparison of meal plans • Comments promoting poor body image • Comments regarding drugs, alcohol, sex or violence • Profanity towards others in the group

How to Prepare for Meals on Your First Day of ED-IOP:

1. What to Bring:

Minimum requirements to bring to an ED-IOP meal group:

- Protein
- Carbohydrate
- Fat
- At least 3 different kinds of foods-
 - Fruit
 - Dairy
 - Grain
 - Veggie
 - Protein
 - Fat

Breakfast meal examples:

Toast
Egg
Avocado

English muffin
Sausage
Cheese

Oatmeal
Nuts
Berries

Yogurt
Granola
Apple

Lunch meal examples:

Turkey sandwich
Carrot sticks
Ranch Dressing

Pepperoni pizza
Grapes
Cucumbers

Vegetable soup
Green salad with dressing
Cottage cheese

Hummus
Pita chips
Cherry tomatoes

*Please note- these are examples of meals that are adequate to participate in a therapeutic meal group; these examples may not be adequate to meet your individual needs for a meal.

2. What to Expect:

- It's normal to be nervous, anxious or even terrified on your first day! It can be awkward and uncomfortable eating a meal on Zoom with a group of strangers for the first time. And we've all been in the same position you are in right now!
- We will want to get to know you! Be prepared to participate in mindful introductions on your first day, where we each share some general information about ourselves-
 - Name & Pronouns
 - How long you've been at PDBTI, any prior experience with DBT
 - Anything that would be important for the group to know about you
- DBT skills are taught using specialized language, which includes many acronyms. It will take some time to learn this new language. Be patient with yourself while you are learning, and don't be afraid to ask questions.
- It's normal to have no appetite if you are eating a meal at times when your body isn't used to eating. It can take several days or weeks for your body to adjust to this change.

3. General tips:

- Have a plan for what you are going to eat **BEFORE** the meal group starts.
- Remember to bring water or other fluids/beverages to group.

- Caffeine is an appetite suppressant. Choosing to consume caffeinated beverages during group can make it more difficult for you to finish 100% of your planned meal.
- Pick foods that will take no more than 5-10 minutes to prepare or re-heat before eating.
- Pick foods that are easy for you to eat- the “healthiest” foods are the ones you will actually be able to eat!
- Choosing to eat low carb/sugar free or low fat/fat free foods will make it more difficult for you to meet your meal plan goal.
- Hunger and nausea can feel very similar. Nausea and/or stomach pain will often decrease after you start eating and get some food in your stomach.
- It’s normal to feel physical discomfort if you are eating amounts larger than what you have been used to eating. You may want to consider using a heating pad or hot water bottle to help decrease pain or discomfort after a meal.

Food Insecurity Resources in Oregon:

- <https://foodfinder.oregonfoodbank.org/>
- https://www.oregon.gov/odhs/food/pages/snap.aspx?utm_source=ODHS&utm_medium=egov_redirect&utm_campaign=https%3A%2F%2Fwww.oregon.gov%2Fdhs%2Fassistance%2Ffood-benefits%2Fpages%2Feligibility-apply.aspx
- <http://doubleuporegon.org/how-it-works/>
- <https://organicstoyou.org/snap-dufb>
- <https://www.oregon.gov/oha/ph/healthypeoplefamilies/wic/pages/income.aspx>
- https://www.adrcforegon.org/consumersite/search/sub_topic.php?main_topic=Food
- <https://www.oregon.gov/ode/students-and-family/childnutrition/sfsp/Pages/Summer-Food-Oregon.aspx/map/>
- <https://www.pnwcsa.org/find-a-farm>
- <https://www.pcc.edu/panther-pantry/>

Financial Policies

Before you admit to the ED-IOP program at PDBTI, please make sure you fully understand the following policies, which are fully discussed in the Informed Consent Paperwork and may be discussed further with your intake and/or assigned primary therapist:

1. **4-miss policy** (2 miss for individual therapy and nutrition appointments)
 2. **\$75 fee due at the start of program**; this is not covered by insurance (this does not apply to clients who are OHP, Kaiser, or VA/Choice members).
 3. Client fees for late cancellation or no-show: **\$225** (daily)
 4. Client fees for early cancellation: **\$100** (daily)
 5. Client responsibility for insurance policy co-pays, deductibles, and unpaid balances. Our billing office can be reached at **(503) 290-3284** for any questions related to this.
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Eating Disorders Intensive Outpatient Program Schedule

Unit	Monday	Tuesday	Wednesday	Thursday	Friday
<p>Unit 1: Living with Intention</p>	<p>Goals of Skills Training: General Handouts 1-3 (p9-12)</p> <p>Goals of Mindfulness: Mindfulness Handouts 1-1A (p45-46)</p> <p>Core Mindfulness Skills: Mindfulness Handouts 3-3A (p50-53)</p>	<p>Nutrition Group</p> <p>Target Group</p>	<p>Mindfulness WHAT Skills: Mindfulness Handouts 4-4A (p53-59)</p> <p>Biosocial Theory: General Handout 5 (p14-15)</p>	<p>Behavior Chain Analysis Group</p> <p>Target Group</p>	<p>Mindfulness HOW Skills: Mindfulness Handouts 5-5A (p60-63)</p>
<p>Unit 2: Surviving a Crisis</p>	<p>Goals for Distress Tolerance: Distress Tolerance Handout 1 (p321)</p> <p>Overview of Crisis Survival: Distress Tolerance Handout 2 (p325)</p> <p>STOP: Distress Tolerance Handout 4 (p327)</p> <p>Pros & Cons: Distress Tolerance Handout 5 (p328)</p>	<p>Nutrition Group</p> <p>Target Group</p>	<p>TIP Skills: Distress Tolerance Handout 6 (p329)</p> <p>Wise Mind ACCEPTS: Distress Tolerance Handout 7 (p333)</p>	<p>Behavior Chain Analysis Group</p> <p>Target Group</p>	<p>Self-Soothing: Distress Tolerance Handout 8 (p334)</p> <p>IMPROVE: Distress Tolerance Handout 9 (p336)</p>

<p>Unit 3: Letting Go with Acceptance</p>	<p>Overview of Radical Acceptance: Distress Tolerance Handout 10 (p341)</p> <p>Radical Acceptance: Distress Tolerance Handout 11 (p342)</p> <p>Turning the Mind: Distress Tolerance Handout 12 (p345)</p>	<p>Nutrition Group Target Group</p>	<p>Willingness: Distress Tolerance Handout 13 (p346)</p> <p>Half-Smiling and Willing Hands: Distress Tolerance Handout 14 (p347)</p>	<p>Behavior Chain Analysis Group Target Group</p>	<p>Mindfulness of Current Thoughts: Distress Tolerance Handout 15 (p350)</p>
<p>Unit 4: Understanding Your Emotions</p>	<p>Goals for Emotion Regulation: Emotion Regulation Handout 1 (p205)</p> <p>Overview of Understanding and Naming Emotions: Emotion Regulation Handout 2 (p209)</p> <p>Model for Describing Emotions: Emotion Regulation Handout 5 (p213)</p>	<p>Nutrition Group Target Group</p>	<p>Overview of Changing Emotional Responses: Emotion Regulation Handout 7 (p227)</p> <p>Checking the Facts: Emotion Regulation Handout 8 (p228)</p> <p>Opposite Action: Emotion Regulation Handouts 9-10 (p230-231)</p>	<p>Behavior Chain Analysis Group Target Group</p>	<p>Opposite Action: Emotion Regulation Handouts 9-11 (p230-240)</p> <p>Problem Solving: Emotion Regulation Handout 12 (p241)</p>
<p>Unit 5: Building Positive Emotions</p>	<p>Overview of Reducing Vulnerability to Emotion Mind & Building a Life Worth Living: Emotion Regulation Handout 14 (p247)</p> <p>Accumulating Positives - Short-Term: Emotion Regulation Handouts 15-16 (p248-251)</p>	<p>Nutrition Group Target Group</p>	<p>Accumulating Positives - Long-Term: Emotion Regulation Handout 17 (p252)</p> <p>Values and Priorities List: Emotion Regulation Handout 18 (p253-255)</p> <p>Build Mastery: Emotion Regulation Handout 19 (p256)</p>	<p>Behavior Chain Analysis Group Target Group</p>	<p>Cope Ahead: Emotion Regulation Handout 19 (p256)</p> <p>PLEASE: Emotion Regulation Handout 20 (p257)</p>

<p>Unit 6: Managing Difficult Emotions & Letting Go of Suffering</p>	<p>Overview of Managing Really Difficult Emotions: Emotion Regulation Handout 21 (p263)</p> <p>Mindfulness of Current Emotions: Emotion Regulation Handout 22 (p264)</p>	<p>Nutrition Group Target Group</p>	<p>Managing Extreme Emotions: Emotion Regulation Handout 23 (p265)</p> <p>Troubleshooting Emotion Regulation Skills: Emotion Regulation Handout 24 (p266-267)</p>	<p>Behavior Chain Analysis Group Target Group</p>	<p>Review of Emotion Regulation Skills: Emotion Regulation Handout 25 (p268)</p>
<p>Unit 7: Building Strong Relationships</p>	<p>Goals for Interpersonal Effectiveness: Interpersonal Effectiveness Handout 1 (p117)</p> <p>Overview of Obtaining Objectives Skillfully: Interpersonal Effectiveness Handout 3 (p123)</p> <p>Clarifying Goals: Interpersonal Effectiveness Handout 4 (p124)</p>	<p>Nutrition Group Target Group</p>	<p>DEARMAN: Interpersonal Effectiveness Handout 5 (p125-126)</p> <p>GIVE: Interpersonal Effectiveness Handout 6 (p128)</p> <p>Levels of Validation: Interpersonal Effectiveness Handout 6A (p129)</p>	<p>Behavior Chain Analysis Group Target Group</p>	<p>FAST: Interpersonal Effectiveness Handout 7 (p130)</p> <p>Evaluating Options for Intensity & Factors to Consider Interpersonal Effectiveness Handout 8 (p131-133)</p>
<p>Unit 8: Walking the Middle Path</p>	<p>Overview of Walking the Middle Path: Interpersonal Effectiveness Handout 14 (p149)</p> <p>Dialectics: Interpersonal Effectiveness Handouts 15-16C (p150-154)</p>	<p>Nutrition Group Target Group</p>	<p>Validation: Interpersonal Effectiveness Handouts 17-18 (p155-156)</p> <p>Recovering from Invalidaion: Interpersonal Effectiveness Handouts 19-19A (p158-160)</p>	<p>Behavior Chain Analysis Group Target Group</p>	<p>Strategies for Increasing the Probability of Behaviors You Want: Interpersonal Effectiveness Handout 20 (p161)</p> <p>Strategies for Decreasing or Stopping Unwanted Behaviors: Interpersonal Effectiveness Handout 21 (p162)</p>

Target Group – Setting Effective Goals

As you'll learn/review in **Building Structure**, using the **SMART framework** for goal-setting is often more effective than setting a vague or non-specific goal. For example, an individual is more likely to get enough sleep at night if their goal is to get into bed by a certain time each night, rather than just setting the intention of sleeping more.

	Example SMART Goal
Specific Come up with a behaviorally-specific plan to accomplish your goal.	Non-SMART Goal: "I want to get more sleep."
Measurable Decide how you will know when your goal is actually met!	SMART Goal: "Currently, I do not get an adequate amount of sleep for my body because I do not get to bed early enough. I am going to commit to finishing my nighttime routine and getting into bed with the lights off by 11PM.
Attainable Set a realistic goal. Consider your current skillset. Is your goal reasonably challenging?	I have the most willingness to fall asleep when I don't have access to my phone at night. I will put my phone away in my nightstand drawer before I get into bed, so that it takes more effort to access my phone.
Relevant Are your goals <i>your</i> goals? Check that they are relevant to you. Consider your values and long-term goals.	Once I've maintained getting into bed by 11PM for one week, I will aim to get into bed by 10:30PM."
Time-Oriented Set a specific and realistic schedule and/or end date.	Anticipate challenges! Brainstorm what might get in the way, and identify DBT skills to help meet your goal. <i>Example:</i> Low motivation – Use opposite action in order to get into bed on time, and then reinforce the behavior with an extra comfy blanket that you only use when you get into bed on time.

Target Group – Thursday Goal Planner

Day	Goals	Barriers	Skills
Thursday (Target Group)			
Friday			
Saturday			
Sunday			
Monday			
Daily Goals			

Target Group – Tuesday Goal Planner

Day	Goals	Barriers	Skills
Tuesday (Target Group)			
Wednesday			
Daily Goals			

Skill:	Page Number:	Due Date:	Done?

Skill:	Page Number:	Due Date:	Done?

DBT Cheat Sheet



Unit 1: Living with Intention

- **Core Mindfulness Skills:**
Wise mind: integrating reasonable and emotional states of mind
p. 50-52, Mindfulness Handouts 3-3A
- **Mindfulness WHAT Skills:**
Observe, describe, and participate
p. 53-59, Mindfulness Handouts 4-4A
- **Mindfulness HOW Skills:**
Non-judgmentally, one-mindfully, effectively
p. 60-63, Mindfulness Handouts 5-5A

Unit 3: Letting Go with Acceptance

- **Radical Acceptance:**
Complete and total openness to the facts of reality as they are
p. 342, DT Handout 11
- **Turning the Mind:**
Continuing to choose to accept reality over and over
p. 345, DT Handout 12
- **Willingness:**
readiness to wisely respond to life's events
p. 346, DT Handout 13
- **Half-Smiling and Willing Hands:**
Relaxing your face muscles and turning your hands upward
p. 347, DT Handout 14
- **Mindfulness of Current Emotions:**
Letting thoughts come and go without trying to change them
p. 350, DT Handout 15

Unit 2: Surviving a Crisis

- **STOP:**
Stop
Take a step back
Observe
Proceed Mindfully
p. 327, DT Handout 4
- **Pros & Cons:**
Considering positive and negative effects of both acting and not acting on crisis behavior urges
p. 328, DT Handout 5
- **TIPP:**
Temperature
Intense Exercise
Paced Breathing
Paired Muscle Relaxation
p. 329, DT Handout 6
- **Wise Mind ACCEPTS:**
Activities
Contributing
Comparisons/Compassion
Emotions
Pushing Away
Thoughts
Sensations
p. 333, DT Handout 7

- **Self-Soothe:**
Doing things that feel pleasant and provide relief and comfort
p. 334, DT Handout 8
- **IMPROVE:**
Imagery
Meaning
Prayer
Relaxation
One thing in the moment
Vacation
Encouragement
p. 336, DT Handout 9

Unit 4: Understanding Your Emotions

- **Model for Describing Emotions:**
p. 213, ER Handout 5
- **Ways to Describe Emotions:**
p. 214-223, ER Handout 6
- **Overview of Changing Emotional Responses:**
p. 227, ER Handout 7
- **Checking the Facts:**
Changing our beliefs, assumptions, and interpretations of events to fit the facts
p. 228, ER Handout 8
- **Examples of Emotions that Fit the Facts:**
p. 229, ER Handout 8A
- **Opposite Action and Problem Solving- Deciding Which to Use:**
p. 230, ER Handout 9
- **Opposite Action:**
Acting opposite to emotions when emotions do not fit the facts
p. 231, ER Handouts 10
- **Figuring Out Opposite Actions:**
p. 232-240, ER Handout 11
- **Problem Solving:**
Avoiding or changing the situation when emotions fit the facts
p. 241, ER Handout 12

- **Missing Links Analysis:**
p. 23, General Handout 8

- **Guidelines for Skills Training**
p. 12, General Handout 3

- **Skills Training Assumptions:**
p. 13, General Handout 4

Unit 5: Building Positive Emotions

- **Accumulating Positives - Short Term:**
Increasing pleasant events right now to increase pleasant emotions in the moment
p. 248, ER Handout 15
- **Pleasant Events List:**
p. 249-251, ER Handout 16
- **Accumulating Positives - Long Term:**
Building pleasant experiences to meet your values and life worth living goals
p. 252, ER Handout 17
- **Values and Priorities List:**
p. 253-255, ER Handout 18
- **Build Mastery:**
Doing things that make you feel competent to reduce helplessness and hopelessness
p. 256, ER Handout 19
- **Cope Ahead:**
Rehearsing a plan ahead of time so you are prepared to cope skillfully with emotional situations
p. 256, ER Handout 19
- **PLEASE:**
Treat Physical illness
Balance Eating
Avoid mood-Altering substances
Balance Sleep
MovEment/Exercise
p. 257, ER Handout 20

Unit 6: Managing Difficult Emotions & Letting Go of Suffering

- **Mindfulness of Current Emotions:**
Observing, describing, and allowing emotions without judging or trying to get rid of them
p. 264, ER Handout 22
- **Managing Extreme Emotions:**
Identifying when you are at your skills breakdown point and using crisis survival skills
p. 265, ER Handout 23
- **Troubleshooting Emotion Regulation Skills:**
p. 266-267, ER Handout 24
- **Review of Emotion Regulation Skills:**
p. 268, ER Handout 25

Unit 7: Building Strong Relationships

- **Clarifying Goals:**
Prioritizing the objective, relationship, and self-respect in an interpersonal situation
p. 124, IE Handout 4
- **DEARMAN:**
Describe
Express
Assert
Reinforce
Stay Mindful
Appear confident
Negotiate
p. 125-126, IE Handout 5
- **GIVE:**
Be Gentle
Act Interested
Validate
Easy manner
p. 128, IE Handout 6
- **Levels of Validation:**
V1 - Pay Attention
V2 - Reflect Back
V3 - "Read Minds"
V4 - Understand
V5 - Acknowledge the Valid
V6 - Show Equality
p. 129, IE Handout 6A
- **FAST:**
Be Fair
No Apologies
Stick to values
Be Truthful
p. 130, IE Handout 7
- **Evaluating Options for Intensity & Factors to Consider (Dime Game):**
p. 131-133, IE Handout 8

Unit 8: Walking the Middle Path

- **Dialectics:**
Acknowledging that two opposing things or concepts can be true at once; walking the middle path by finding the synthesis of the two
p. 150-154, IE Handouts 15-16C
- **Validation:**
p. 155-156, IE Handouts 17-18
- **Recovering from Invalidation:**
Validating ourselves, checking the facts, and acknowledging that invalidation hurts
p. 158-160, IE Handouts 19-19A
- **Strategies for Increasing the Probability of Behaviors You Want (Behaviorism):**
Positive Reinforcement, Negative Reinforcement, and Shaping
p. 161, IE Handout 20
- **Strategies for Decreasing or Stopping Unwanted Behaviors (Behaviorism):**
Extinction, Satiation, and Punishment
p. 162, IE Handout 21