

DBT FOR PSYCHOSIS



Pros and Cons List

| Behavior: _____ | |
|---|--------------------------------------|
| Short Term | Long Term |
| Pros (What are the immediate benefits?) | Pros (What are the future benefits?) |
| Cons (What are the immediate costs?) | Cons (What are the future costs?) |

Radical Acceptance and Making Meaning Exercise

Step 1: Decide what situation you want to accept.

Describe the situation you chose. _____

Step 2: Fully accept the situation with your heart, mind, and body.

What does this feel like? _____

Step 3: Make a commitment to keep bringing your thoughts back to acceptance when they return to fighting reality (which they will, especially at first).

How will you recommit to radical acceptance when you return to fighting your situation? _____

Step 4: Consider what purpose or meaning there is in the situation.

What are the positive aspects or areas of growth that can come out of this experience? Is there a bigger reason why this happened?

Behavioral Experiment Worksheet

Answer the following questions regarding your behavioral experiment:

What am I committing to (e.g., drinking just one glass of alcohol per day, no cocaine use)? _____

How long am I committing to this change (e.g., three hours, two days, one week)? _____

After I committed to the change and tried it out, what did I notice? _____

Harm Reduction Chart

| Date | Change |
|------|--------|
| | |
| | |
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| | |
| | |

Alternate Rebellion Chart

| Alternate Rebellion Strategy | Urge to use drugs before (0-10) | Urge to use drugs after (0-10) | Notes on how it went |
|------------------------------|---------------------------------|--------------------------------|----------------------|
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Identifying and Validating Emotions Practice

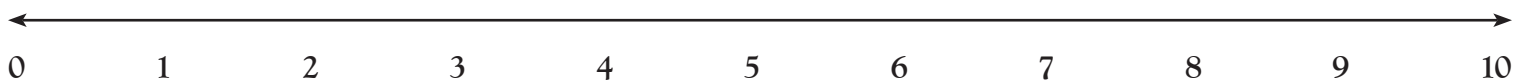
Step 1: What emotion are you feeling right now? Circle one or more.

| | | | | |
|---------|---------|-------|----------|-----------|
| Sadness | Anger | Guilt | Fear | Shame |
| Love | Disgust | Envy | Jealousy | Happiness |

If you're feeling stuck identifying what emotion you're feeling, think about what urges you're experiencing. Below are some common ones:

- **Sadness:** an urge to isolate yourself
- **Anger:** an urge to attack someone or something
- **Guilt:** an urge to make a repair or apologize
- **Fear:** an urge to run away or fight back
- **Shame:** an urge to keep something a secret
- **Love:** an urge to spend time with the object of your love
- **Disgust:** an urge to get away from something or someone
- **Envy:** an urge to work hard to get what you want
- **Jealousy:** an urge to control others' actions
- **Happiness:** an urge to smile and laugh

Step 2: How intensely are you feeling your emotion?



Step 3: Create a statement you can use to validate your emotions. Here are a few examples:

- *It makes sense that I feel _____ based on what happened.*
- *There's nothing wrong with me for feeling this way.*
- *This emotion is natural and will pass with time. I can get through this.*
- *It's normal to feel this way even if it's difficult to deal with.*

Try coming up with your own validating statement: _____

How did it go for you? Did you notice any changes in your emotions or thoughts afterward?

Survey Method Worksheet

| Situation | Thought | Interpretation from Trusted Person 1 | Interpretation from Trusted Person 2 | Interpretation from Trusted Person 3 |
|-----------|---------|---|---|---|
| | | | | |

Based on the people you asked, was there a common interpretation? If so, what was it? Which explanation felt the most believable to you?

Pleasurable Activity Rating Worksheet

| Date | Activity | Mood Before (0–10) | Mood After (0–10) |
|-----------|----------|-----------------------|----------------------|
| Monday | | | |
| Tuesday | | | |
| Wednesday | | | |
| Thursday | | | |
| Friday | | | |
| Saturday | | | |
| Sunday | | | |

Values Identification Worksheet

For each domain, write down which values are most important to you in that area of your life.

| Area of Life | Most Important Values |
|------------------|-----------------------|
| Work/school | |
| Relationships | |
| Hobbies | |
| Spirituality | |
| Finances | |
| Living situation | |
| Other: _____ | |

Social Anxiety Hierarchy

| Intensity (0–100) | Activity |
|----------------------|----------|
| 10 | |
| 20 | |
| 30 | |
| 40 | |
| 50 | |
| 60 | |
| 70 | |
| 80 | |
| 90 | |
| 100 | |

Exposure Journal

| Activity | Intensity Level Before | Intensity Level During | Intensity Level After | What I Noticed and Learned |
|-------------------------------|------------------------|------------------------|-----------------------|--|
| Returned food at a restaurant | 75 | 60 | 40 | I thought I would be more scared, but once I started it wasn't as bad as I'd anticipated. My armpits got sweaty. |
| | | | | |
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Asking for Help Worksheet

Start by choosing what you'd like to ask for help with.

What need do I have right now? _____

How do I know this need is not being met? _____

What am I asking for help with? _____

Choose a person: Identify someone you think might be able to help you.

Who can help me? _____

Explain the situation: Explain the situation to the person you've chosen. Include details about how the situation is affecting you.

How will I explain the situation to the person I'm asking for help from? _____

Make a request: Ask for what you need. Be as specific as possible, and try to include a softening statement with your request, such as “I was wondering if...,” “Could you please...,” “Would you be willing to...,” or “I’d be so appreciative if you would...”¹

How will I ask for what I need? _____

Meet in the middle: In case the person you ask turns you down, negotiate. Ask for something smaller or try to meet the other person in the middle.

How can I negotiate in this situation? _____

Keep trying: If it’s not possible to get your needs met from the first person you asked, try asking someone else. Brainstorm a list of others you could ask. Repeat the steps above and don’t give up!

Who else can I ask for help if the first person said no? _____

1 Matthew McKay et al., *The Dialectical Behavior Therapy Skills Workbook: Practical DBT Exercises for Learning Mindfulness, Interpersonal Effectiveness, Emotion Regulation, and Distress Tolerance*, 2nd ed. (Oakland, CA: New Harbinger Publications, 2019), 262–265.

Setting Limits Worksheet

Part A: Interim Steps

Think of a request you’d like to say no to. It could be a request you wish you had said no to in the past or something you anticipate someone might ask in the future.

The request: _____

Start with “maybe.” How will you tell the other person you need more time to decide?

Weigh the pros and cons. Next, weigh the short- and long-term pros and cons of saying yes to the request.

| Short Term | Long Term |
|---|--------------------------------------|
| Pros (What are the immediate benefits?) | Pros (What are the future benefits?) |
| Cons (What are the immediate costs?) | Cons (What are the future costs?) |

Based on weighing the pros and cons, do you want to say yes or no to the request? _____

If your answer is no, move on to steps 1 and 2 below. If you're still feeling unsure, consider whether saying yes to the request will violate your values in any way. If it will, plan to say no.

(In the future, once you start to feel a little more comfortable saying no, you can skip the interim steps we just went through and move directly to steps 1 and 2 below for saying no.)

STEPS FOR SAYING NO

Now you can move on to the steps below for saying no.

Step 1: Make your no firm. When you say no with confidence, people are more likely to take you seriously. Saying no assertively involves standing or sitting in a way that makes you feel confident and making eye contact that's culturally appropriate, and not giving a lot of excuses or backtracking.

Step 2: Stick with no. When the person making the request pushes back, it's especially difficult to stick with no. For example, if the person starts to give you a guilt trip or tries to convince you to change your mind, caving in to their request is often much easier than holding your ground. Keep holding on and repeating no! Try out some variations on saying no:

"Sorry, I can't."

"No thanks."

"I can't do it."

"Nope."

"Thanks for thinking of me but no."

"It's not a good time for me."

Or the classic: "No."

Keep in mind that you will probably feel some unjustified guilt at first if you're not used to saying no. Unjustified guilt means feeling guilty even though you're not doing something that goes against your values. If this feeling arises during your practice, consider practicing some of the skills you learned in the earlier chapters to manage your emotions.

Answer the questions on the following page to help you explore the steps to saying no in more detail.

Part B: Say No (and Mean It)

Answer the questions below to help you improve your ability to say no.

Step 1: Make your no firm. What would saying a firm no look and sound like for you? What would your body language, tone of voice, and facial expression be like if you were expressing confidence?

Step 2: Stick with no. How can you hold your ground and continue to say no for as long as you need to? How would you continue to say no when the person making the request starts to push back?

Great work on this difficult exercise! Remember: stress increases your symptoms, so saying no to things that increase your stress can really help with your mental health.

My Early Warning Signs

Place a check mark next to the items that are true for you.

Changes in thinking:

- ☐ Suspicious thoughts
- ☐ Worries that others are out to get me
- ☐ Racing thoughts
- ☐ Ruminating (repeatedly thinking about something)
- ☐ Self-critical thoughts
- ☐ Difficulty concentrating or paying attention
- ☐ Feeling like my brain is playing tricks on me
- ☐ Thoughts of harming myself or someone else

Changes in behavior:

- ☐ Not taking care of my hygiene (e.g., not showering or brushing my teeth)
- ☐ Moving very quickly or very slowly
- ☐ Sleeping very little or more than usual
- ☐ Talking more rapidly or slower than usual
- ☐ Socially isolating myself
- ☐ Harming myself (e.g., cutting, scratching)
- ☐ Overspending money
- ☐ Using drugs more than usual
- ☐ Fighting with others
- ☐ Eating significantly more or less than usual

Changes in how I feel:

- ☐ Mood swings
- ☐ Feeling depressed
- ☐ Feeling angry or irritable more of the time
- ☐ Feeling stressed or overwhelmed
- ☐ Feeling afraid to be outside or around other people
- ☐ Reduced energy or motivation

Other changes:

- ☐ Hearing voices or other sounds
- ☐ Seeing things others do not
- ☐ Smelling things others do not
- ☐ Feeling bugs crawling on my skin or other similar sensations

My Support System's Roles

| Name | Relationship to Me | Phone Number | How I Want Them to Help |
|------|--------------------|--------------|-------------------------|
| | | | |
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| | | | |
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Medications and Supplements

| Medication | Dose | When I Take It |
|------------|------|----------------|
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Skills Diary¹

The Skills Diary lists all of the tools you learned and practiced throughout this workbook. Do your best to complete a Skills Diary every week to remind yourself to use them. Each time you use one of the skills listed in the chart, place a check mark under the day of the week you practiced it. Include any thoughts you had on how it worked in the notes section.

| TOPIC | SKILL | M | T | W | TH | F | S | SU | NOTES |
|---|----------------------------|---|---|---|----|---|---|----|-------|
| Mindfulness (Chapter 2) <i>Outward Mindfulness</i> | Pay Attention | | | | | | | | |
| | Stay in the Present Moment | | | | | | | | |
| | Do Just One Thing | | | | | | | | |
| | Be Nonjudgmental | | | | | | | | |
| | Mindfulness with Music | | | | | | | | |
| | Mindful Eating | | | | | | | | |
| | Colors in the Room | | | | | | | | |
| | Alphabet | | | | | | | | |
| | Describe One Object | | | | | | | | |
| Distress Tolerance (Chapter 3) | Pros and Cons | | | | | | | | |
| | Distraction | | | | | | | | |

| TOPIC | SKILL | M | T | W | TH | F | S | SU | NOTES |
|---|---------------------------------------|---|---|---|----|---|---|----|-------|
| | Healthy Comparisons | | | | | | | | |
| <i>Managing Drug Use or Other Problem Behaviors</i> | Soothe My Senses | | | | | | | | |
| | Exercise | | | | | | | | |
| | Paced Breathing | | | | | | | | |
| | Progressive Muscle Relaxation | | | | | | | | |
| | Dive Response | | | | | | | | |
| | Radical Acceptance and Making Meaning | | | | | | | | |
| | Behavioral Experiment | | | | | | | | |
| | Community Support | | | | | | | | |
| | Harm Reduction | | | | | | | | |
| | Alternate Rebellion | | | | | | | | |
| | Urge Surfing | | | | | | | | |
| | Relapse Prevention | | | | | | | | |

| TOPIC | SKILL | M | T | W | TH | F | S | SU | NOTES |
|--|-------------------------------------|---|---|---|----|---|---|----|-------|
| Emotion Regulation (Chapter 4) <i>Managing Suspicious Thoughts</i> <i>Tipping the Balance Toward Pleasurable Emotions</i> | Identifying and Validating Emotions | | | | | | | | |
| | Survey Method | | | | | | | | |
| | Pros and Cons | | | | | | | | |
| | Take Care of My Health | | | | | | | | |
| | Develop Healthy Sleep Habits | | | | | | | | |
| | Engage in Enjoyable Activities | | | | | | | | |
| | Move Toward My Values | | | | | | | | |
| Interpersonal Effectiveness (Chapter 5) <i>Improving Communication</i> | Communicating My Feelings | | | | | | | | |
| | Social Anxiety Hierarchy | | | | | | | | |
| | Identify My Needs | | | | | | | | |
| | Asking for Help | | | | | | | | |
| | Setting Limits by Saying No | | | | | | | | |

| TOPIC | SKILL | M | T | W | TH | F | S | SU | NOTES |
|--|-------------------------------|---|---|---|----|---|---|----|-------|
| Your Support System (Chapter 6) <i>Skills for Loved Ones</i> | Identifying My Support System | | | | | | | | |
| | Expand My Support Network | | | | | | | | |
| | Review My Wellness Plan* | | | | | | | | |
| | Take Care of Myself | | | | | | | | |
| | Listen and Validate | | | | | | | | |
| | Ask How I Can Help | | | | | | | | |
| | Advocate | | | | | | | | |
| | Set Limits | | | | | | | | |
| | Adjust Expectations | | | | | | | | |
| | Put Safety First | | | | | | | | |
| | Remind Myself There is Hope | | | | | | | | |

* You don't need to review your wellness plan daily, but I do recommend updating it every year, each time you have an episode, or when your medications change. This way you can reflect upon any changes in your life, symptoms, or relationships and revise your early warning signs, the role of your loved ones, and your medication list accordingly.