DBT Skills Worksheet Pack

Fourteen original rehearsal records for licensed clinicians. Assign one skill this week. Photocopy that page. Review it next session. This is not a curriculum walk and not a reprint of any skills-training manual.

Client / ID: _____ Date: _____ Clinician: _____

Which skill this week (one)

- ☐ Wise Mind (page 2)
- ☐ Radical acceptance (page 4)
- ☐ GIVE (page 6)
- ☐ PLEASE (page 8)
- ☐ Cope ahead (page 10)
- ☐ STOP (page 12)
- ☐ WHAT skills (page 14)
- ☐ Opposite action (page 3)
- ☐ ACCEPTS distress-shift (page 5)
- ☐ FAST (page 7)
- ☐ Check the facts (page 9)
- ☐ Build mastery (page 11)
- ☐ Pros and cons (page 13)
- ☐ HOW skills (page 15)

Do not assign two skills as homework. If two are live, pick the one that changes the next 48 hours.

Why this one (not because it is next in a list)

Target, urge, or missing link this sheet is for

Dose: number of trials, not "practice DBT this week"

Keep this pack off the table when

- ☐ Active risk, dissociation, or flooding
- ☐ The job is DEAR MAN or a crisis-skill plan
- ☐ Client cannot read or keep paper safely
- ☐ The job is a diary card or chain analysis
- ☐ The job is TIPP (temperature / intense sensation)
- ☐ You do not have a review slot next session

Stop cues

- ☐ Sheet is being performed for approval
- ☐ Other person in the rehearsal is unsafe
- ☐ Practice is feeding rumination or checking
- ☐ Urge is self-harm, using, or driving off
- ☐ Client asks to stop
- ☐ You are teaching the manual instead of one trial

If any are checked, close the sheet and name the next contained move.

Original clinician material for licensed therapists. Skill names are used as they are taught in clinic; the prompts, composites, and layouts are not copied from publisher handouts. DBT is a treatment developed by Marsha Linehan. This pack does not replace your training, consultation, or board rules. Do not store extra trauma detail on an unsecured copy. American English throughout.

Wise Mind rehearsal

Separate the pull of feeling, the pull of cold facts, and the middle that can act without pretending either side is fake. One hour. One action.

Client / ID: _____ Date: _____ Clinician: _____

Feeling-mind wanted (urge, story, or demand)

Fact-only mind insisted (what it treated as the whole picture)

Body cue that marked the split

Middle sentence the client would actually say out loud

One action that sentence allowed (when, where, for how long)

What was dropped so that action could happen

This trial

- ☐ Used in session
- ☐ Client could name both pulls
- ☐ Assigned as one trial this week
- ☐ Action is observable, not a mood goal

Composite: Thursday 4pm, sister texts "are you coming." Feeling-mind: snap "always me." Fact-only: she did ask twice. Middle sentence: "I can answer by 5 with a yes or a no." Action: 4:50 calendar alert, one sentence text. If the "middle" is still a lecture, it is not middle yet.

Opposite action rehearsal

When the emotion does not fit the facts, or the action urge would make the next hour worse, act against the urge on purpose. Name the emotion first. Do not skip to the opposite.

Client / ID: _____ Date: _____ Clinician: _____

Emotion named, intensity 0-100, and the action urge

Camera facts of the situation (no extra story)

Does the emotion fit those facts? yes / partial / no, and why

Action that would follow the emotion if they went with it

Opposite action (specific, timed, in the body not only in thought)

Done fully, halfway, or not. After-state (emotion 0-100)

This trial

- ☐ Emotion was named before the opposite
- ☐ Opposite was behavioral, not a pep talk
- ☐ Safety was already ruled in
- ☐ Not used to override a justified boundary

Composite: Shame 80 after a short progress note took 40 minutes. Urge: hide and skip the next note. Facts: the note is done and on time. Opposite: stay at the desk 10 minutes and start the next one, then stop. If the emotion fits (someone is actually unsafe), do not run opposite action. Follow your risk protocol.

Radical acceptance rehearsal

Stop fighting a fact that is already true, without calling it approval. Acceptance is not liking, forgiving, or staying in harm.

Client / ID: _____ Date: _____ Clinician: _____

The fact being fought (one sentence a stranger could check)

How fighting showed up (rumination, bargaining, numbing, extra work)

Cost of the fight this week (time, sleep, relationship, session time)

Acceptance sentence that is not "I am fine with this"

Allowed next action that is not approval (what they will do with the fact)

This trial

- ☐ The fact is already true
- ☐ Not used to silence protest
- ☐ Client can still leave or report harm
- ☐ Next action is allowed, not cheerful

Composite: Adult child did not call on the birthday. Fight: rereading old texts and drafting a speech. Cost: two nights of sleep and a canceled walk. Acceptance sentence: "The call did not happen." Next action: send a two-line note or do not, then go to the walk anyway. Do not use this sheet to "accept" ongoing abuse, coercion, or a safety problem the client can still report or leave.

ACCEPTS distress-shift rehearsal

Ride a wave by changing one channel for a timed window. Pick one shift. Do not run an alphabet as homework. This is not a crisis protocol and not TIPP.

Client / ID: _____ Date: _____ Clinician: _____

Wave (name, 0-100) and where it sits in the body

One shift chosen for this trial (hands, contact, attention, feeling, pause, facts, senses)

Timed window (minutes) and where they will be

What they actually did in that window

Wave after (0-100). If it spiked, the stop move

This trial

- ☐ One shift, not seven
- ☐ Not used during active risk
- ☐ Window was timed
- ☐ TIPP / ice / breath already ruled out as the job

Composite: After a review email, wave 75 in the chest. Shift: occupy the hands for 12 minutes (dishes, not a speech). Wave after 40. If the shift is researching the email, that is still the fight. If the wave includes a plan to harm, stop this sheet and follow your crisis procedure.

GIVE skill rehearsal

One conversation where the relationship is the goal, not winning the point. Soft open, real questions, a reflected view, an open close. Not DEAR MAN.

Client / ID: _____ Date: _____ Clinician: _____

Person, setting, and what "going well" would look like after

Soft open (tone, volume, ask to talk). Words they will use

Question they asked, not a question that was a point

What they reflected as the other person's view (check for accuracy)

How they kept the door open at the end (or named a pause)

This trial

- ☐ Relationship was the goal
- ☐ Not a request-for-change script
- ☐ Not DEAR MAN (other pack)
- ☐ Other person is safe to talk with

Composite: Partner comes home tight-jawed. Goal: stay in the room without a case. Open: "You look wiped. Can I ask one thing?" Question: "Do you want quiet or company?" Reflection: "You want 20 minutes before any talk." Close: "I will start dinner. Come in when you are ready." If the other person is coercive or unsafe, do not practice warmth on this page. Safety first.

FAST skill rehearsal

Keep self-respect in a request or a no. Fairness, earned apology only, the value that would be traded, and a true sentence including the limit.

Client / ID: _____ Date: _____ Clinician: _____

The request or the no, in one sentence

Fairness check: what each person actually owes here

Apology that is earned vs apology that would be a dodge

Value that would be traded if they folded (name it)

True sentence they said, including the limit

This trial

- ☐ One request or one no
- ☐ Limit was spoken, not hinted
- ☐ Apology only if harm was done
- ☐ Not used to punish

Composite: Colleague asks for Saturday coverage again. Request/no: "I am not available Saturday." Fairness: they have covered twice; this is the third ask in a month. Earned apology: none. Value if they fold: Sunday with their kid. True sentence: "I can do a Thursday evening swap. I cannot do Saturday." If saying no would raise safety risk, plan protection first, not this sheet.

PLEASE skill rehearsal

One body-care gap that is making emotion regulation harder this week. Facts for a few days, one change that is actually possible. Not a medical plan, diet, or detox protocol.

Client / ID: _____ Date: _____ Clinician: _____

Which gap this week (sleep, food regularity, movement, substances, untreated illness)

What happened the last 3 days (times, amounts, skipped doses: facts only)

One change that is possible this week, and what "done" looks like

Likely barrier and the smaller version if that hits

Who notices if it slips, and the review date

This trial

- ☐ One gap, not a lifestyle overhaul
- ☐ Medical care is not being replaced
- ☐ Change is observable
- ☐ Substances: this is tracking, not a detox plan

Composite: Sleep 1-3am for three nights after late charting. Change: laptop closed at 10:30 two nights, notes finished in the 4pm gap. Barrier: last-minute portal messages. Smaller version: one night. If the gap is untreated illness, the next action is a medical appointment, not a worksheet. If substances are at withdrawal or overdose risk, stop and follow medical/risk protocol.

Check the facts rehearsal

Test whether the emotion fits the situation as it actually is. Write camera facts, then the extra interpretation. Do not run a thought-record evidence table.

Client / ID: _____ Date: _____ Clinician: _____

Emotion named and intensity 0-100

Situation in camera facts (who, when, what was said or done)

Interpretation that may be extra (the story on top)

What would have to be true for this emotion to fit at this intensity

Known vs guessed. What could be checked without spiraling

Emotion after the check (same, lower, different). Next move

This trial

- ☐ Facts written before the story
- ☐ Checking is time-boxed
- ☐ Not a thought-record grid
- ☐ Not used to talk someone out of justified anger

Composite: Anxiety 85 after a supervisor said "let's talk Friday." Camera facts: the sentence, no other content. Extra story: "I am getting fired." What would have to be true: a documented plan to terminate. Known: a meeting exists. Guessed: the reason. Next move: go to Friday with two questions, not a resignation draft. If checking becomes reassurance loops, stop the sheet.

Cope ahead rehearsal

Rehearse a hard situation before it happens, including the likely snag and one backup. Picture doing the skill, not watching themselves fail.

Client / ID: _____ Date: _____ Clinician: _____

Upcoming situation (when, where, who). Keep it one event

Predicted emotion, urge, and intensity

One skill they will use (name it). First move in the first two minutes

Rehearsal: what they pictured saying and doing, in order

Likely snag and the backup move

After the event (fill later): what happened vs the picture

This trial

- ☐ One future event
- ☐ Skill named in advance
- ☐ Snag has a backup
- ☐ Not used to ruminate all week

Composite: Sunday dinner with a parent who comments on the plate. Predicted shame 70, urge to explain the whole week. Skill: FAST no plus a GIVE open if the room can hold it. First move: sit, water, one-line greeting. Snag: comment in the first five minutes. Backup: "I am not discussing my plate," then help with dishes. If the event is unsafe, cancel or change the setting. Do not cope-ahead into harm.

Build mastery rehearsal

One doable competence task that is slightly hard and finishable. Mood may move. Mood is not the point. Not a punishment schedule.

Client / ID: _____ Date: _____ Clinician: _____

Task that is slightly hard but can be finished this week

When and where. What "done" looks like in observable terms

What got in the way last time this kind of task was tried

Supports (alarm, shorter version, who knows)

Done / partial / not. What was actually finished

Mood before and after (optional). What competence was practiced

This trial

- ☐ Finishable in one sitting or one day
- ☐ Not extra work as punishment
- ☐ Not a mood test
- ☐ Difficulty is "slightly hard," not heroic

Composite: Fold and put away one basket of laundry before noon Saturday. Last barrier: started three baskets and quit. Supports: timer 25 minutes, stop after one basket. Done: basket in the drawers, rest still in the chair. Competence: finishing a bounded task. If "mastery" is a 14-day program, shrink it. If the client is in a depressive stall, pick a 10-minute version, not a bigger one.

STOP skill rehearsal

Interrupt an urge long enough to see it, then choose the next move. Pause is not freeze-forever and not a shutdown.

Client / ID: _____ Date: _____ Clinician: _____

Urge named and intensity 0-100. What they were about to do

What "pause" looked like (seconds or minutes, location, body)

What they observed in body, thought, and urge during the pause

Next move chosen after looking (act, wait, leave, ask, skill)

Did the pause hold, shorten, or collapse. Urge after 0-100

This trial

- ☐ Pause happened in real time, not only in session
- ☐ Next move was chosen, not frozen
- ☐ Observation was written after, not during a crisis
- ☐ Not used to freeze in an unsafe situation

Composite: Chat thread getting sharp. Urge 80 to send a three-paragraph defense. Pause: phone face down, stand, 40 seconds, feel the jaw. Observed: heat in the face, thought "they think I am stupid." Next move: one-line "I will reply tomorrow." Urge after 45. If pausing would keep someone in danger, leave or get help. Do not "observe" through an assault.

Pros and cons rehearsal

Weigh acting on one urge versus not acting, in the next hour and later. One urge. This is not a life-decision matrix and not a crisis safety plan.

Client / ID: _____ Date: _____ Clinician: _____

Urge, in one sentence. When it showed up

If they act on it now: short-term help, short-term cost, later cost

If they do not act on it now: short-term pain, later help, later cost

Which column they are treating as the whole story (circle it in session)

Decision for this instance, and the first ten minutes after

Review: did the predicted cost or help actually show up

This trial

- ☐ One urge, not a career rewrite
- ☐ Later cost was named, not only later hope
- ☐ Both act and not-act were written
- ☐ Not a substitute for a safety plan

Composite: Urge to cancel tomorrow's session at 9pm. Act now: relief tonight, later cost of another gap and a fee. Not acting: anxiety tonight, later help of keeping the chain. Decision: do not cancel; send a one-line "I will be there" and put the phone in another room. If the urge is self-harm, using, or driving off, stop this sheet and use the crisis plan, not a T-chart.

WHAT skills rehearsal

One present-moment move: notice, put into words, or join the moment. Do not stack all three as a sequence to perform. Not a meditation script.

Client / ID: _____ Date: _____ Clinician: _____

Which move this trial: notice / put into words / join

What was happening just before (setting, task, people)

What was noticed without adding a story (senses, thought as thought, urge as urge)

Words used, if this was a naming trial (facts a camera would catch)

How they joined, or what pulled them out of the moment

This trial

- ☐ One move this trial
- ☐ Naming stayed with facts
- ☐ Not a body-scan protocol
- ☐ Joining was doing the thing, not watching themselves

Composite: Washing a mug after a hard call. Move: notice. Noticed: warm water, soap smell, tightness in the shoulders, thought "I should have said X" labeled as a thought. Did not add a performance review. If joining is the move, they finish the mug and put it on the rack. If noticing turns into a 20-minute scan, shrink it to 60 seconds.

HOW skills rehearsal

How the practice was done: without ranking, one thing at a time, toward a workable next step. This sheet is about tone, not a new skill list.

Client / ID: _____ Date: _____ Clinician: _____

Assigned practice (which skill or task this attached to)

Ranking language that showed up (good/bad, succeeding/failing)

What else they were doing at the same time (phone, argument, replay)

Workable next step vs "doing it right." Which one they chose

One correction for the next trial (smaller, slower, or drop ranking)

This trial

- ☐ Attached to another practice, not a solo lecture
- ☐ One thing at a time was attempted
- ☐ Ranking was caught at least once
- ☐ Workable beat perfect

Composite: Client tried Wise Mind while also rewriting a text and grading the attempt. Ranking: "I am bad at this." Correction: phone in a drawer, one sentence, stop. Workable next step: send or delete, then stand up. If "how" becomes another way to fail, retire this sheet for a week and keep the other skill only.

Next-session review and chart stems

Review the one skill you assigned. Keep chart language short. Do not paste the worksheet into the note.

Client / ID: _____ Date: _____ Clinician: _____

What was assigned

- ☐ Wise Mind
- ☐ Radical acceptance
- ☐ GIVE
- ☐ PLEASE
- ☐ Cope ahead
- ☐ STOP
- ☐ WHAT
- ☐ Opposite action
- ☐ ACCEPTS
- ☐ FAST
- ☐ Check the facts
- ☐ Build mastery
- ☐ Pros and cons
- ☐ HOW

What happened

- ☐ Tried as assigned
- ☐ Did not try
- ☐ Tried in part
- ☐ Sheet retired this session

What got in the way (practical, mood, other people, or the plan was too big)

What changed in the target urge, emotion, or conversation, in the client's words

Keep, shrink, switch skill, or drop. One next trial, or stop.

Chart stems (facts only)

"Assigned one [skill] rehearsal for [target]. Client completed [n] trial(s). Response: [able / partial / flooded / requested stop]. Next: [keep / shrink / switch / drop] on [date]."

Do not dump ratings, composites, or extra trauma detail into the note.

Retire the sheet when

- ☐ Client can run the move without the page
- ☐ The practice is feeding rumination or checking
- ☐ The page has become compliance theater
- ☐ A different tool now owns the job (diary card, chain, DEAR MAN, TIPP)

If risk, dissociation, or coercive control showed up around the homework, do not "skill" that on this page. Follow your risk and reporting procedures, then decide whether any written skill rehearsal is still the right dose.