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Principles of Skills Assessment in Dialectical Behavior Therapy

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Since its inception, increasing clients' capabilities in experiencing and managing emotions, interpersonal relationships, and crises has been central to both the theory and practice of Dialectical Behavior Therapy (DBT; Linehan, 1993a, 1993b; Linehan, 2015a, 2015b). Enabling clients to learn new skills, and to effectively implement them to change behavior, requires both capability and motivation on the part of skills trainers and individual therapists alike. The most effective DBT practitioners precisely assess at each stage of skills acquisition, strengthening, and generalization to determine how well their clients perform new skills. They assess what barriers are preventing effective skills use, in order to implement a focused endeavour to overcome any obstacles. This paper reviews principles of skills assessment within each treatment modality and provides therapists with checklists for identifying problems, and case vignettes illustrating helpful therapeutic strategies.

LINEHAN'S biosocial theory of the development of borderline personality disorder describes the central problem for individuals with this diagnosis as one of difficulties in the experience and regulation of affect (Linehan, 1993a; Crowell, Beauchaine, & Linehan, 2009). Early biological vulnerability transacts with invalidating caregiving environments, resulting in capability and motivational deficits for clients that primarily affect emotion regulation. Emotion dysregulation also impacts other areas of psychological and social functioning, such as interpersonal relationships, control of behavior, cognitive functioning, and the experience of the sense of self. Central to the biosocial theory underpinning dialectical behavior therapy (DBT) is that clients need to acquire new skills and to generalize them to their own environments to counteract these deficits. DBT therapists relentlessly focus on ensuring their clients acquire new skills, and systematically address those factors that impede clients' motivation (e.g., environmental contingencies, emotions and cognitions that either reinforce unskillful behavior or punish newly developing skillful behavior). Reflecting the centrality of enhancing clients' capabilities, skills training of some form is required in any comprehensive DBT program. Typically in outpatient settings clients will attend a weekly 2.5-hour skills group, in inpatient settings groups may be shorter and more frequent, and in adolescent programs, clients' parents may also participate in the group. Recent evidence from both a dismantling study (Linehan et al., 2015) and a study of the mediators of clinical outcomes in DBT (Neasciu, Rizvi, & Linehan, 2010) confirm the central role of skills in the treatment.

From several perspectives, therefore, effective teaching of skills is a vital capacity for DBT therapists to acquire. Yet, enticing a group of DBT clients into a learning environment can require a feat of charismatic persuasion. Their emotional pain is high and their emotional weather turbulent. Their relationships are volatile and their crises unremitting. Herein lies their catch-22; clients often have no confidence that the skills will work against this plethora of misery. Without trying the skill they cannot possibly develop confidence in it, but without that confidence, why would they try it? A skill untried or misapplied is an opportunity lost. If this goes on, the skills trainers and the clients can become equally demoralized.

To help novice therapists navigate this dilemma, we would like to suggest an addition to the "DBT assumptions" made about clients: *When clients say the skills don't work for them, they are telling the truth.* This assumption could be considered to be tacitly embedded in the existing assumption: *Clients are doing the best that they can.* Assumptions help therapists remain compassionately within the treatment frame, and often embody one side of a dialectic.

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When clients find the skills unhelpful, effective skills trainers, embodying this assumption, carefully assess the factors that need to change to produce the skill more effectively (Swenson, 2016). Thus, moving seamlessly and dialectically from an acceptance position to an existing assumption on the change end of the dialectic—*Clients must learn behaviors in all relevant contexts* (Linehan, 1993a)—DBT therapists both validate the valid in the client's statement while endeavouring to identify, correct, and shape the invalid (Koerner, 2012).

A number of factors impede the adequate assessment of skills use. Therapists may become frustrated, assuming that the client is being derogatory about therapy, is unmotivated, or is incapable of change—and frequently all three! The therapist must be able to unhook from interpretations such as, *The client is being willful; is not trying; has too much to gain from staying unskillful; is uncommitted; is lying*. Therapists may also become unmindfully preoccupied with thoughts about themselves, such as, *I am teaching it wrong*, or *I don't know what I'm doing*. In either of these circumstances, therefore, we advise therapists to treat a statement that the skills "didn't work" as an invitation to focus back on collaboratively assessing and finding a solution. Therapists who become overly preoccupied about their own performance or otherwise unmindful may benefit from asking for help from their Consultation Team. In this article, we will focus primarily on client factors interfering with effective skills use. In so doing, we also hope that therapists will be able to move away from worry about their own performance to consider different ways in which they may develop and shape their own skills as effective skills trainers. Text Box 1 lists common difficulties that result in clients stating, "The skills don't work." This list may help prompt therapists to assess rather than jump to interpretations.

Assessment is a cornerstone of DBT, informing intervention at every turn throughout the course of treatment. In teaching clients new skills, both skills trainers and individual therapists rely on formal and informal assessment to guide treatment decisions. Adept skills trainers must also know the appropriate skill for any situation and the likely pitfalls of each one. The skills trainer must assess carefully the acquisition of the skill, whether it has been strengthened sufficiently, and whether it is generalizing effectively to all relevant contexts. The following sections provide assessment questions and discuss potential obstacles that are important to address throughout skills training.

Text Box 1
Common Obstacles Causing Skills "Not to Work"

1. **Choosing the wrong situation:** "Yes I did practice my radical acceptance, my partner lashed out again, and I said to myself, 'I should just take it, can't do anything about getting hit,' but accepting it made me miserable."
2. **Misunderstanding the skill:** "Yes I used my GIVE skills; my daughter wanted her boyfriend around and I said OK. So I gave in, but I don't like him."
3. **Under- or overapplication:** "I did my PLEASE skills, I stopped watching TV at 2:00 a.m. and got 4 hours sleep, but I'm *still* exhausted," or, "I ate dinner mindfully, so I didn't talk to anyone and I chewed every bite really well, and listened to the sound of my knife and fork on the plate. It took hours."
4. **Stopping the skill prematurely:** "My friend Sarah has just been rushed into the hospital. I did the D in DEARMAN by telling my sister Carrie; I also said I was desperate to visit Sarah, so that was the E. It must have been obvious that I needed her to mind the kids, but she didn't offer, so I just changed the subject."
5. **Misunderstanding the outcome of skill use:** "I acted opposite to my emotion of anger with my brother, I walked away and cooled my body down, and unclenched my fists, and dropped my shoulders — all the things we learned, but I am still angry that he lied about the money"; "I used validation from 'walking the middle path' with my mom, but she still didn't let me go to the party."
6. **Not using a specific skill in a particular situation:** "I was skillful all week, I did *lots* of skills, I was mindful and regulated my emotions and everything, but nothing helped."
7. **Environmental inhibitors:** "I did the urge surfing and definitely drank less, but I don't think it works. My friend said I was being boring, and then my urges just came back stronger."

Principles of Skills Assessment Across All Treatment Modalities

Changing behavior requires therapists to attend to three aspects of learning skills: acquisition, strengthening, and generalization (Heard & Swales, 2016; Linehan, 1993a). In skills *acquisition* therapists establish the basics of the skill in the clients' behavioral repertoire. Therapists increase the likelihood that the skill will be emitted—skills *strengthening*—by providing corrective feedback and reinforcing successive approximations of the desired behavior. Finally, therapists ensure that new skills learned by clients within the therapy context transfer effectively to the clients' natural environments: skills *generalization*. Many therapists believe that skills training stops after the presentation of the skill in skills training group (i.e., they focus solely on the acquisition stage). Effective DBT therapists conduct comprehensive assessments of how well the skill has been acquired, strengthened, and generalized. In order to address any identified problems evident at each step, DBT therapists and skills trainers rely on the ability to step back and ask the following: Have they *really* got it? Are they actually likely to do it? If they seem to have it, are they doing it correctly? Are they doing enough of what they need to do? Or are they adding something that is spoiling

the effect? If they are doing the skill and reporting that it doesn't work, what's going awry? If they are not doing the skill, what is the reason for that? Throughout each modality, skills training, individual therapy, and telephone coaching, DBT therapists are assessing for strengths and obstacles in skills execution. This paper will review the process of assessment in each of these therapy modalities.

The principles of skills assessment include the following:

1. Skills use needs to be assessed in all contexts:
   a. Acquisition: in skills group and individual therapy
   b. Strengthening: in rehearsal, homework feedback, and individual therapy
   c. Generalization: via homework, individual therapy, and telephone consultation
2. Assessment should be both of general skillfulness over a time period, and also in the specific use of a particular skill.
3. Assessment should address whether the skill chosen is relevant to the current context (e.g., not relying on a small subset of skills, or only using the skill assigned for homework).
4. Assessment needs to take account of where the client is in treatment and apply the principle of shaping.
5. Assessors need to be able to pull back from the personal nature of any interaction to make a behavioral assessment.
6. Assessment should address what interfered with effective skills use (using such strategies as the Missing Links Analysis; Linehan, 2015a, p. 23).

Table 1 outlines the overall objectives of skills training across modalities and describes the main obstacles that therapists need to assess and address to ensure good clinical outcomes for their clients.

Table 1
Obstacles to Skills Acquisition, Strengthening, and Generalization

Objective for Skills Training	Obstacles to attaining the objective			
ACQUISITION				
Client has the skill in their response repertoire	Client doesn't know the skill name	Client doesn't know what the skill consists of	Client can verbally describe the skill but has never used it	Client confuses the skill with others.
STRENGTHENING				
The new skill response has been sufficiently shaped and reinforced	Client knows the skill but relies on prompting to produce any components of it	Client has produced the skill but reverts back to previous behavior	Client remembers the skill but dismisses it or quits easily	Client is reinforced for less effective behavior or punished for the new behavior
GENERALIZATION				
Client can produce the skill in the appropriate context	Client fails to recognize situations in which the skill would be useful	Client uses the skill in the wrong situation	Client is defeated or inhibited by specific environmental factors related to when they would need this particular skill	Client over-uses the same skill in every context
GENERALIZATION				
Client can apply the skill effectively in a straightforward situation	Client partially uses the skill but omits part of it	Client is over-applying an aspect of the skill, continues beyond the point at which the skill is maximally effective		
GENERALIZATION				
Client can combine the skill with others or modify it in a more complex situation	Client does not assess the effectiveness of the skill in the moment in order to adapt the skill to the situation	Client can assess whether the skill is working or not, but has inadequate repertoire for additional skills		

Skills Acquisition

During skills acquisition, therapists direct their interventions towards embedding the basics of the skill into clients' behavioral repertoires. While DBT therapists may teach skills to clients in any component of the treatment, skills training groups are typically the modality focused explicitly on this aspect of learning skills. In assisting clients to acquire the basics of the skill, DBT therapists and skills trainers first orient clients to the skill, in particular its primary function, and desired outcome (Linehan, 2015a, 2015b). At this point, skills trainers will also weave in some motivational strategies such as linking the outcome of the skill to goals of the clients, and shaping a degree of commitment to learning and trying out the new behavior (Koerner, 2012). Skills trainers then move to use a range of didactic strategies that provide clients with the basic steps of how to execute the skill. DBT therapists and skills trainers also augment didactic instruction with modeling of the skill, either directly in session or by using video clips or teaching stories. Evaluating whether the client actually has acquired the basics of the skill requires focused assessment using the Principles of Skills Assessment outlined earlier.

Conducting skills training mindfully means maintaining focus on the skill being taught during that session (Swenson, 2016). Those trainers who teach well constantly scan for signs that group members are absorbing and reproducing the material. Too often trainers monitor their own performance instead, asking themselves, "*Have I said what I need to say?*" rather than, "*Have they heard what they need to hear?*" The best skills trainers are looking for opportunities to assess the client's performance against a set of learning criteria that are listed in Text Box 2. An example of a skills trainer using this list follows. The numbers refer to items on the list, with evidence of the skills trainer assessing and solving obstacles to acquisition.

Example Scenario

Skills trainer: So let's recap on what we've just discussed. Lisa, what's the name of this skill and when would you use it? ***(1 & 2)***

Lisa: Er, 'Cope Ahead', but we always have to cope. That's all we ever do, cope. It's like you're saying we don't cope, but you have no idea what it's like.

Skills trainer: ***(Potential obstacle to 2 & 3. If Lisa is too focused on her reaction to the word "cope," she is unlikely to understand the skill until this is solved.)*** *That's a good point, Lisa, you have so many things to cope with, and a lot of them just loom right up and you don't get any notice, right?* ***(Validates and then moves to identify where this skill might help, 3.)***

Lisa: Yes, it's just one thing after another.

Skills trainer: So the main thing about this skill is that we try to rehearse managing ahead of time, so it's more likely to go the way we want. What's coming up that you could practice on? ***(Changes the word "cope" to "manage" to see if that will facilitate understanding, 3)***

Lisa: I don't know, I try not to think about what's coming up.

Skills trainer: ***(Identifies a potential block to skilled behavior: Lisa's tendency to avoid looking forward reduces anxiety)*** *Staying in this moment and just dealing with the current problem can be a great coping skill, and is very mindful, so we don't want to lose that.* ***(Begins with validation)*** *When you start to look ahead at first it will be a bit scary. It's hard in the short run but actually reduces problems in the long run.* ***(Repeats rationale, 3)*** *Try it with me now—think of something next week that could be hard.* ***(Moves fluidly into asking for change, 2)***

Lisa: (Sighs, rolls eyes, looks over at another group member, grins.)

Skills trainer: ***(Assesses the function of this behavior: Lisa's gestures may reduce internal tension as Lisa grapples with thoughts about next week, which is a new activity for her—so they are not necessarily problematic. Alternatively, they could function to facilitate avoidance. The skills trainer gives time for Lisa to answer, watching carefully.)***

Lisa: (After a pause) Ugh…I am going to pick up the kids from my ex, he always has a go at me for something. He's just picking a fight. He loves to ruin my day. (Laughs, looks at another group member, who also laughs.)

Skills trainer: ***(Assesses that Lisa can now identify an appropriate situation for Cope Ahead, 2.)*** *That's a great situation for Cope Ahead. So is there anything you can think of to make this more bearable?* ***(Moves smoothly from praising what has been given to asking for more, 5)***

Lisa: Go earlier in the day—he's way worse when he's tired. Maybe take Bradley with me. Just expect he's going to flare up I guess. Focus on the kids' faces, they love to see me.

Skills trainer: ***(Assesses that Lisa can demonstrated some aspects of the skill with prompting, 5)*** *"Yes, great. So next, you run through it again in your imagination, and try to see yourself coping." (4)*

Lisa: (slightly frustrated tone) "I just did that already.…"

Skills trainer: ***(Assesses that this response shows Lisa has not grasped the value of rehearsal, 4)*** *The more you rehearse your new, skillful response, the easier that trip will be, would you like to breeze happily through that visit?* ***(Links the skill to a tangible out-of-session goal, 3)***

Lisa: (Laughs.) That's never going to happen.

Skills trainer: Maybe not, but let's make a deal: You practice rehearsing Cope Ahead every day until the visit, and then we'll see

Text Box 2
Acquisition Assessment Checklist

1. Client knows the name of the skill
2. Client understands the situation in which the skill is used
3. Client understands the function and rationale of the skill
4. Client understands steps or components of the skill
5. Client can demonstrate the skill with help
6. Client can demonstrate the skill without help

next week if that visit was easier or harder than usual. ***(Sets up strengthening and generalization)*** *Who bets "easier"?* ***(asks the group)*** *Who bets "harder"? So Lisa, you can tell us next week.* ***(Applies an additional "in group" contingency to elicit commitment to practice outside of group)***

Lisa: OK.

Skills trainer: So, how will this practice look? Show me now. ***(5 &6)***

Lisa: (Big sigh, eye-roll, closes eyes, appears to be imagining.) Ok, so I'm not stomping up to the house like usual, maybe thinking of the kids' faces, if he starts up, I just walk back to the car, say—come on, kids.…

Skills trainer: ***(Assessment: this time Lisa has added some details without prompting (6) and there's a good chance she might do it)*** *Great, well done!*

Despite the dismissive remarks, eye-rolling, delayed response, and offended tone, at no point did the skills trainer in the scenario above interpret Lisa's behavior as uncommitted or willful. Rather, each of Lisa's actions was assessed for possible implications about her learning or reproducing of the skill. More importantly, the therapist did not allow Lisa's hopeless thoughts or demoralization interfere with the task of continually looking for solutions to possible problems that became evident.

In the teaching component of the group, one of the main assessment questions will be, *What is preventing this client from learning this skill with us, right here and now?* Obstacles can be divided into two broad sections: blocks to learning that relate to individual clients; and those structural or environmental problems that influence the entire group. Client-related barriers to learning are many and varied, and skills trainers should remain attentive to commonly occurring difficulties (see Text Box 3). Assessing which of these potential variables impacts clients' learning helps skills trainers to select relevant solutions. Those required to remediate, for example, low confidence, will be different to those for insufficient understanding. Skills trainers making in-session assessments of these barriers will weave in solutions as they teach—for example, frequent validation level-5 statements normalizing the difficulty of acquiring a particular skill for a client who lacks confidence. Skills trainers also make frequent repetitions of key points that will assist all clients, particularly those with poor understanding. If these in-session interventions prove insufficient, reviewing the list in Text Box 3 in consultation team may prove a useful next step. Therapists may brainstorm which is the most likely problem and generate solutions for the difficulty.

While an overconcern about skills trainers' performance frequently proves unhelpful, if a program has persistent problems with clients failing to learn the skills or disengaging from the group, the Consultation Team should conduct further assessment of whether the problems lie in the structure or content of the group itself. In some circumstances, environmental factors seriously disrupt the running of the group, making learning a challenge. For example, high levels of background noise or frequent interruptions may affect the skill acquisition for many group members. In other cases, deficits in skills trainers' capability and motivation may manifest themselves. Capacity deficits may include tangential teaching, unclear instructions, absence of linking the skills to typical client goals, irrelevant examples, and materials inappropriate to the group. Likewise, developing the dialectical capacity to highlight the advantages of a new skill while taking seriously clients' doubts, objections, fears, and reservations eludes some skills trainers. Seeking supervision and advice from more skilled and experienced DBT skills trainers who typically have good retention and engagement may help, as can advice from those who know little about DBT but know a lot about

Text Box 3
Client and Structural Obstacles to Skills Acquisition

CLIENT OBSTACLES

1. Poor attention (e.g., dissociation, distraction, going off topic, ADHD, leaving the room)
2. Poor understanding (e.g., learning difficulties, language problems, dyslexia, literacy problems, physiological hearing or sight problems)
3. Unhelpful cognitions (e.g., assumptions, judgments, self-invalidation)
4. Strong emotion (e.g., anger, embarrassment, anxiety, boredom)
5. Cannot see relevance of skill being learned to his/her own problems
6. Low confidence in either his/her ability to perform the skill or likelihood the skill will work
7. Intensity or pervasiveness of the problem makes learning the skill more difficult
8. Exhaustion; the client is overloaded, has low energy, poor sleep, medication effects
9. Trying new things is more uncomfortable than the status quo

STRUCTURAL OBSTACLES (obstacles that affect the entire group)

1. Trainers have a capability deficit in either their understanding of the skills or in how to teach skills in an accessible manner
2. Trainers have a motivational deficit related either to the DBT program as a whole, skills training in particular, or as a result of personal difficulties
3. Trainer unhelpful cognitions (e.g., I don't know how to teach this, the clients don't want to learn)
4. 4. Trainer strong emotions (e.g. frustration, fear)
5. Trainers do not manage and/or remove distractions in the teaching environment (e.g. interruptions, noise)

teaching in general. One of us (MS) experienced a significant improvement in the impact of group skills training in an adolescent unit when she sought advice and input from education staff in the unit. Professionally trained teachers subsequently learned DBT and joined the consultation team, providing an opportunity for a weekly synthesis of expertise in DBT with expertise in teaching!

Skills trainers with a motivational deficit may teach in a style that is frankly dull (no props, lack of variety in practice exercises, a predictive and repetitive format); they may be unprepared and evidently demoralized. Solving this problem requires more than good ideas and supervision on group content. Either the team as a whole or the team leader may need to inquire further into the source of the motivational deficit and whether it relates directly to DBT (e.g., experiencing burnout with a highly suicidal client), other aspects of the therapist's work (e.g., too many competing demands from other programs) or to aspects of his or her private life (e.g., a sick child or elderly relative). Solutions for these types of problems are many and varied, and teams will need to deploy as many DBT solutions as are relevant to the problem.

Skills Strengthening

Once the client has acquired the basics of the skill, the next task is to strengthen the skill so that the new behavior (e.g., skillfully asking for something) is *more* likely to occur, and an old behavior (e.g., shouting and threatening self-harm in order to get a response) is *less* likely to occur. During skills training, skills strengthening mostly happens during the homework feedback portion of the group, although it may also occur during the teaching portion when clients rehearse new skills. Strengthening is also a major focus of individual therapy. Often the clients' new skills are so underdeveloped that only the individual therapist can notice and appreciate initial efforts to change behavior. The key role in strengthening is to observe any new behavioral efforts, reinforce effectively, initiate and prompt rehearsal of new skills, provide corrective feedback, and so shape increasing competence in the skill. Therapists' assessment efforts at this stage are directed at establishing whether the skill is present in sufficient strength. Often therapists may only become aware that their strengthening efforts have been ineffective when they observe that the skill is not being implemented, despite successful acquisition.

In a standard DBT skills group, the teaching of any given skill takes two separate sessions. Initial acquisition occurs in one session, and homework is assigned. The following week, during "homework feedback," skills trainers assess how successfully the skill was acquired and provide some shaping and strengthening of skill use. Maximal skills acquisition and strengthening occur when skills trainers remain focused on the skill taught in the previous session, avoiding more general enquiries such as, "*What skills did you use this week?*" During the review of homework, skills trainers actively seek opportunities to assess how well the skill taught the previous week was acquired, as well as its strength (the likelihood that it will be implemented). Some trainers merge those two concepts, believing good knowledge of the skill is the main factor predicting its usage.

Strengthening relies more on therapists assessing and implementing effective reinforcers for changed behavior. Often the therapist's warmth and validation of the difficulty of the task work as reinforcers. Some clients will work for praise, though this comes with a caveat; many clients in DBT have a history where praise from a clinician has been paired with increased expectations or withdrawal of assistance. This can be quite aversive, and may actually punish engaging in new behavior. Effective therapists constantly assess for whether their own responses are functioning as reinforcers or punishers; looking away, taking a break from the topic, varying voice tone, and many other responses may affect the client's behavior. The ultimate reward for the client is a reduction in distress; once skills function effectively, this is the "natural real-world" reinforcer of new behavior. Obstacles in the clients' internal environment (such as fear) or external environment (a relative saying, "*Why didn't you just do this before?*") can stifle the use of a skill even when it has been well-learned.

Problems arise when the therapist and client focus exclusively on what has been done well: a common therapy-interfering behavior by therapists. An extension of the overly positive appraisal occurs when the client says that he or she did not do a particular skill, and rather than assess the obstacles to practice, the therapist seeks to *prove* to the client that, in fact, they *did* do the skill. While reinforcement of new, skillful behavior is essential, reinforcement provided in the absence of shaping and feedback is a missed opportunity for skills training. Here is an example of a failure to assess:

Example Scenario

Skills trainer: So last week we did the PLEASE skills, how did you get on, Kelly?

Kelly: Didn't do it, didn't even think about it.

Skills Trainer: ***(Does not assess the obstacle.)*** *But you remember it's about looking after yourself physically?*

Kelly: Nope… is it?

Skills trainer: ***(Does not assess how it is that the client does not remember.)*** *Yes— so for example, getting proper sleep. So what time did you go to bed?*

Kelly: I sleep really well, so I was in bed by 11 and slept till 7:30, all week.

Skills trainer: ***(Still no assessment.)*** *So you see, you DID do your homework! You can circle the PLEASE skills on the back of the card now.*

Kelly: (Shrugs) Ok, if you say so. (Circles the card.)

This approach results in no change to the client's behavior. If the therapist persists in hunting down any evidence of skillfulness from the client's current repertoire, the client may end up with a diary card filled with "practice" circles, without having gained any new skills. After a while the client will logically conclude that (a) it turns out they knew the skills all along, and were using them regularly, and (b) as nothing has improved for them, the skills *do not* actually work. For this reason therapists must assess whether clients are extending their repertoire or simply describing their usual behavior.

Assessing and problem-solving difficulties with skills use relies on the capacity of the skills trainer to provide reinforcing feedback when the behavior is on target, corrective feedback when a problem with the client's understanding or execution of the skill is evident, and reinforcement for successive approximation to the goal. Successful assessment may require asking the client to model exactly how the skill was implemented, to allow the opportunity to shape the behavior. Text Box 4 lists assessment questions for skills strengthening.

In the next example, the skills trainer models the constant back and forth between acceptance of the client's position with shaping the skill that is talismanic of the movement, speed, and flow of the treatment (Swenson, 2016). In this example, the client is referring to homework set the previous week. Numbers in brackets refer to items in the list (Text Box 4).

Example Scenario:

Skills trainer: So how did your GIVE practice go last week, Darren?

Darren: I tried it out, I did my homework. But man it didn't help at all.

Skills Trainer: Really? Let's see if we can figure out why it didn't work. Can you walk us through what happened? ***(2)***

Text Box 4
Assessment Questions for Skills Strengthening

1. What consequences function as reinforcers for this particular client? Can a reinforcer be utilized in session?
2. What components of the skill were completed effectively (at home or in session)?
3. What components need further coaching and shaping?
4. Has the client demonstrated the skill in front of the therapist?
5. Are other responses resulting in stronger reinforcement, inhibiting the strength of the new skill?
6. Can effectiveness be improved (e.g., rehearsal and shaping in session, problem solve contingencies and other obstacles)?
7. Can the client rehearse any component of the skill now?

Darren: My sister came to visit. You all know I've been trying to work on this relationship, and I thought this would be a perfect time to practice. So I was gentle in my tone, just like it says here. I acted interested, too – like, eye contact, nodding my head. I did validate her like we practiced last week, and I used an easy manner. And guys, it totally didn't work!

Skills trainer: Can you show us? ***(Assessing for any obstacle to desired outcome with the new skill; 3, 4)***

Darren: Sure. "Hey, Darlene. I know it's been hard for you lately. How are you doing?" (Darren talks in a low, flat tone, with eyebrows furrowed.) ***(Assessment has led to a clear path for intervention)***

Skills trainer: Great job validating and acting interested. Actually the words you used are perfect. ***(Reinforcement; from previous interactions the leader has learned that clearly pointing out what the client did well functions as a reinforcer for him, 1, 2)*** *Now, let's work on your tone and manner. Did you notice your facial expression?* ***(6)***

Darren: No. I was so focused on what I was saying I didn't even think about it.

Skills trainer: OK, we are going to try it again with a different facial expression. I think you might accidentally be sending off the vibe that you're angry at her. ***(6)***

Darren: She did act like I was angry at her! I couldn't figure it out!

Skills trainer: And one more thing? Let's try making the pitch of your voice higher. You notice, you're talking down here (models for him) and it's very flat. Notice the difference? (Skills trainer models a higher voice tone, with more fluctuation.) ***(6)*** *Group, can you hear the difference? (Members nod their heads, yes)*

Darren: OK, I see what you mean. Like this? (Repeats sentence, with higher, more fluctuating voice tone.)

Skills trainer: Yes! ***(Reinforce, 1)*** *Now, one more time, without the frown. I know you're concentrating, but it totally looks like you're mad! Can you relax your face a little more?* ***(moves from reinforcement to requesting more skilllful behavior, i.e., continues shaping. 6)***

Text Box 5
Obstacles to Skills Strengthening

1. History of reinforcement for unskillful behavior (e.g., relief after having a drink, or a teen missing school after self-harm)
2. History of punishment for trying new skillful behavior (e.g., the thought, "It won't work," or a spouse saying, "You don't need skills, you're fine!")
3. Client is not receiving any reinforcement/receives insufficient reinforcement for the new skill
4. While the client understands the skill, implementation of the skill is not yet effective
5. Inadequate assessment of controlling variables (e.g., assuming praise will reinforce a skill; not knowing what functions as a reinforcer for this client)
6. The client and skills trainer do not rehearse the skill
7. The client does not receive corrective coaching (e.g., not provided by the skills trainer or the client is too distracted or emotional to hear the feedback)

Darren: (Repeats sentence again.)
Skills trainer: That was awesome! ***(Reinforce, 1)*** *Group, any feedback?*
Other member: That made a big difference. Your voice and face weren't working against what you were trying to say. ***(Further reinforcement from group member, 1)***

Once again, there are a number of obstacles that may interfere with skills strengthening. Text Box 5 lists some common ones. Typically, these relate to problematic contingencies: not knowing what an effective reinforcer is for this client, or competing contingencies. Other obstacles may be due to the skills trainer failing to actively coach and shape. This may be due to factors influencing the therapist (e.g., the client punishes the therapist), or distractions, thoughts, emotions, and so on. Just as with skills acquisition, the consultation team can be enormously helpful to help resolve the issues.

Skills Generalization

The central focus of generalization is ensuring that new behavior moves from the therapy room and skills group to clients' natural environments. Towards this end, skills trainers and therapists assign and review homework, consult with clients by telephone, text and email, meet with clients with their families, and occasionally accompany clients into outside environments to coach in vivo, such as when a client has to provide evidence in a court case. Assessment in these contexts remains vital to ensuring that treatment changes clients' lives for the better, and focuses on what interferes with the new skill moving into a particular environment. Skills generalization often occurs in individual therapy where therapists plan for generalization by analyzing and solving barriers to skills use (Heard & Swales, 2016); this continues in treatment modalities specifically designed for generalization, such as phone coaching.

Planning for Generalization in Skills Group and Individual Therapy

Text Box 6 provides assessment questions relevant to generalization, and the following example demonstrates a skills trainer assessing for generalization while reviewing homework in group.

Example Scenario:

Skills trainer: Harry, how did you get on with the mindfulness homework last week? You were going to walk the dog mindfully, rather than thinking about all your problems while you are out walking. ***(3)***
Harry: What is the point of that? It's not going to change anything.
Skills trainer: ***(This is possibly a cognition that is interfering with practice; the therapist also wonders if an emotion is interfering)*** *Did you intend to practice and then that thought, "It's not going to change anything," cropped up? Or did you notice if you had any particular emotion in that moment?* ***(5)***
Harry: I just can't see it helping me.
Skills trainer: That makes perfect sense. If I have the thought, "I can't see it helping me," I am less inclined to practice. I know we talked last week about how mindfulness helps bring your mind back from all those worry thoughts, and you'd like to be able to just walk the dog without stressing about them. But maybe in the moment you didn't remember that mindfulness actually helps you with worry thoughts? Was it that this reason seemed less powerful when you went to practice? ***(Assessing for which obstacle(s) interfered, 5)***
Harry: Yes, I do remember discussing that, but once I'm in the situation it just doesn't seem like it will work.
Skills trainer: This is great. It seems like we've honed in on two problems: First, the thought, "It won't work," and second, not remembering the rationale for the skill. Seems like we might be able to solve both of those. Do you think that would increase the chances you'll practice this week? ***(5)***
Harry: I suppose it would, yes.
Skills trainer: Ok, so first let's get a reminder in place. What would help, a note in your phone, or something on your dog's leash? ***(5)***
Harry: If I pinned a note to his leash, I would definitely see it.
Skills trainer: Let's make that right now. Here's some paper, what should it say? ***(5)***
Harry: I'll write, "Don't forget, mindfulness helps on dog walks!"
Skills trainer: Fantastic. You'll pin that to the leash tonight?
Harry: Sure.
Skills trainer: Now, for that thought that is getting in our way. How about trying: "I would prefer to know for sure that this skill is going to help me, and at the same time I can give it a go and see what happens." That would be dialectical. What comes up if you say that to yourself? ***(5)***
Harry: (Thoughtfully) Well, it's true, I would prefer it… I don't know… I suppose I don't have much to lose by trying it.
Skills trainer: If we're too attached to the outcome it can stop us from trying new things. But at the same time, having some

Text Box 6
Assessment Questions for Generalization

1. Can the client identify when a skill is needed?
2. Does the skill chosen fit the situation?
3. Did the client apply the skill completely and accurately?
4. Did the client apply too much or too little intensity?
5. Can the client identify obstacles and problem solve (e.g., emotions, thoughts, forgetting, environmental factors)?
6. Is the client able to combine additional skills as needed?
7. Can the client monitor effectiveness of the skill?
8. Can the client be challenged to try the skill in a more complex situation?

caution helps us to avoid doing careless things. If we can get you to simply notice that attachment, you're already practicing mindfulness! How about we add that sentence to the note that goes on the leash? ***(5)***

Harry: OK, I'm writing it down here.

Skills trainer: So let's run through this quickly— You're walking the dog, and you think of mindfulness but immediately say to yourself, "That won't work." What do you do?

Harry: I read from this note! I say, "I would prefer to know for sure that this skill is going to help me, and at the same time I can give it a go and see what happens."

Skills trainer: Then you're already practicing. Great. Will you remember to post that on the leash? Will anything get in the way of you following through? ***(assesses for further obstacles to effectiveness)***

Harry: I could forget to put this on the leash so I'm putting a reminder in my phone right now.

Skills trainer: Great. Thanks, Harry.

In this example, the skills trainer begins by assessing the demonstrated level of skill, but once it is clear it was not practiced, moves to an assessment of what got in the way. She takes a position of phenomenological empathy—that there is probably a reasonable explanation for Harry's reluctance to practice—while holding the other end of the dialectic that rehearsal needs to occur! Several other strategies are evidently in play here by the skills trainer. In essence, she searches for and successfully identifies a controlling variable for the absence of practice, moves in to treat the problem—in this case, addressing Harry's forgetfulness, and his interfering cognition—and ends the interaction once she is fairly certain he has addressed those obstacles. Stylistically the skills trainer holds a genuine validating stance while at the same time pulling for change, highlighting the dialectic at the heart of DBT.

While the skills training modality of DBT can address obstacles to generalization during homework review, individual sessions provide much more time and flexibility to tailor the skills to the client's unique environment. During a chain analysis of target behavior, the individual therapist assesses exactly whether and how the client puts the skills into use when they are called for. She also urges clients to make their own assessment of skills effectiveness using a 0–7 scale on the diary card. Engaging clients in assessment of this type can be an important step in improving skills use in their own environments. Collaboratively reviewing this scale together provides another opportunity to examine obstacles when skills are rated as ineffective (e.g., client ratings of "tried but couldn't use them," "tried, could do them, didn't help," "didn't try, used them, they didn't help").

Once again, the assessment process has the most to offer when clients report that the skills advocated by the individual therapist have not been helpful with respect to target behaviors. Using skills effectively in everyday life is infinitely more complex than simply practicing a skill in skills group; clients will need to know how to identify which skill to use, whether additional skills will be needed, how to adapt the skill to the particular situation, and so on, often while experiencing intense emotions and thoughts.

Assessment of Skills Use in Telephone Consultation: Can the Client Apply the Skills Effectively in the "Heat of the Moment"?

While it might seem unusual to consider skills assessment in relation to telephone coaching, this is a vital opportunity to assess for deficits that will only occur in the real-world implementation of the skill. Telephone consultation functions to aid the client to produce the skill at the very time that she needs to deliver it. Speaking to the client by phone, while they are in a situation in their natural environment that is causing them difficulty, provides a uniquely helpful opportunity to assess what is going awry. As the therapist listens to the client's immediate difficulty, she needs to assess speedily the nature of the problem. A brief chain analysis can be helpful to identify what the client has thus far attempted, and any obstacles to more skillful behavior.

Although the assessment resembles that made in individual therapy, information here is in real-time. Thus, the testing-out and re-running elements that are possible in the "rehearsal room" of individual therapy are fewer. The client needs to gain confidence that the skill can produce a more favorable result than unskilled behavior, in an environment which may be unpredictable or inhospitable. To combat this, assessment has to be collaborative—clients may be sensitive to a voice tone or phrases that imply social distancing (e.g., "*What skills can YOU use?*") or a desire to get her off the phone. Assessment needs to be sharper and the therapist needs to trust the judgment of the client who is in the situation, especially if she reports that the skill is not working. The following example illustrates the assessment process in action, with numbers indicating the relevant skills assessment question in Text Box 6.

Example Scenario:

Telephone coach: Hi Joseph, how can I help?

Joseph: That DEAR MAN stuff just doesn't work. I did it with my partner, she's just walked off. I described how she is just mean to me all the time, and expressed how it makes me feel angry. But she stormed out.

Telephone coach: Can you tell me what you said? ***(Assess for what components of the skill were implemented, 3)***

Joseph: Like I just said, I told her I was angry, and that she was being mean. To be exact, I think I said, "When you say mean things, it makes me really angry." I was trying to be very skillful!

Telephone coach: That sounds like a great start! And this is a good situation to use DEARMAN. ***(Reinforce, 2)*** *If you remember*

the acronym, I think you got some 'Describe' in, and some 'Express'. We might tweak those a bit, but right now, I think the main things you're missing are the A and R. Actually asking for what you want, specifically, and then providing some reinforcement to her ***(3)****. I know you practiced those last week, so I'm wondering, what got in the way today?* ***(Assessing for obstacle, 5)***

Joseph: Oh gosh! I think I forgot. And I forgot because I was really mad. So I never actually told her what I wanted. I am not even sure what I want—maybe that's part of the problem?

Telephone coach: Right. So forgetting and not knowing exactly what you want are two separate things that got in your way. And maybe some emotion interfered, too. I think if we can get it written out now, and maybe rehearse it once before you say it to her, it might address both of those? ***(Offering solution to obstacles, 5)***

Joseph: OK. But how can I write it out if I don't know?

Telephone coach: I'll help! So is it that she says mean things that is the problem?

Joseph: Yes. I feel like she's just brushing me aside.

Telephone coach: Can you give me an example? I don't actually know what you mean when you say she was "mean." ***(3)***

Joseph: It was only one comment, she said, "You're overreacting," to me when I was upset.

Telephone coach: So are you asking her to not say that? Maybe to validate your reaction instead? ***(3)***

Joseph: Yes! I want her to validate me when I have strong emotions.

Telephone coach: OK great. We are getting there! I know she knows how to validate, based on your comments in group. Now, what's in it for her? This is the R in DEARMAN. ***(3)***

Joseph: Well, we won't fight if she can try and understand. And my emotions will actually come down pretty quickly.

Telephone coach: Great. OK, are you writing this out? You have something written for D, E, A, and R?

Joseph: Yes, I've got it.

Telephone coach: Can you practice once with me before you read it to her? ***(3)***

Joseph: OK. "Angela, earlier when you said I was overreacting, it was true my emotions were high, but when you said that it set off a lot of emotion for me. I was angry and I had a hard time using skills. I'm wondering if you could validate me instead. If you can, I think I'll be more skillful, my emotions will die down more quickly, and we won't end up fighting. Can you do that?"

Telephone coach: Fantastic! That sounds really different. You also added in some validation for her, too. ***(6)*** *Now, what if you forget, or emotion blocks you from carrying this out?* ***(5)***

Joseph: Well, just practicing it, and having it written out, will help. Plus I think it will work, which helps, too.

Telephone coach: OK, you're doing great. How about you practice again when we are off the phone, then text me later and tell me how it went? ***(Encouraging the client to evaluate the effectiveness of the skill, 7)***

Joseph: OK, I will. Thanks for the help.

Text Box 7
Obstacles to Skills Generalization

1. Client does not recognize a skill is needed in a particular situation, does not recognize opportunity to practice
2. Client forgets to practice the skill, no reminders in place
3. Client does not understand how to implement the skill in the particular situation
4. Client knows a range of skills but cannot select an appropriate one
5. Thoughts and/or emotions interfere with successful practice of the skill in vivo
6. Client/therapist rely on a narrow response repertoire (e.g., always use distraction)
7. Client/therapist oversimplify or are nonspecific with skills plan (e.g., "use emotion regulation when your spouse starts a fight")
8. Client has difficulty tolerating the distress of trying a new behavior

Factors inhibiting generalization can be difficult to assess, because often the therapist is not present to directly observe what is interfering. Text Box 7 provides a list of common obstacles that therapists can use to guide assessment when generalization fails. Once the therapist identifies specific blocks or chalenges, solutions will become more apparent. For example, if the client is only using a few skills, more attention can be paid to broadening the skills repertoire; or if she does not understand the skill sufficiently, the therapist can return to skills acquisition. This speed, movement, and flow is characteristic of a dialectical approach.

Putting It All Together

In reality, the processes of skills acquisition, strengthening, and generalization occur simultaneously in many cases. In the following example we can see these processes coming together. To begin, the therapist focuses on assessing whether the client chose an appropriate skill to address her problem—a generalization question. The therapist determines that she may have done better with a different skill set, in this case acting opposite to emotion, and identifies some misunderstanding of what the skill comprises (acquisition). The therapist then moves through instructing and demonstrating the skill, to rehearsing (strengthening) in session. So, while acquisition, strengthening and generalization are conceptually distinct, DBT therapists often move fluidly between them. Assessment and implementation of these steps is ultimately aimed at generalizing the skill into a wide variety of situations in the client's natural environment.

Example Scenario:

Therapist: I get the picture—you had been to your appointments on Friday, and got home at 4 pm, had some food and watched TV.

After your favorite program finished at 8:00 pm, you had the thought, "Everyone has gone home now, I won't see anyone until Monday," and you started to feel uncomfortable. Then you had the urge to harm yourself. I'm just wondering what emotion was in that 'uncomfortable' feeling.

Rita: Oh, I don't know, I feel like everyone else is getting on with their lives, their families, but here I am on my own again, like no one wants me.

Therapist: OK, good. Those are actually thoughts, though. I'm wondering if you know which emotions you were experiencing. Was it more like sadness, or more like shame, or some other emotion?

Rita: Definitely some sadness, when I think I'm alone, but shame when I think no one wants me.

Therapist: That makes sense. So did you try any of the skills at that point?

Rita: Yes, I tried distraction, I was flicking through the TV channels, but there was nothing on.

Therapist: The thing is, Rita, that distracting yourself might take your mind off it for a while, but remember how emotions help us by giving us information, we need to look at what these emotions are telling us and then use an emotion regulation skill. So would you like to work on the sadness or the shame?

Rita: The sadness, I guess.

Therapist: So do you remember the first step in regulating an emotion?

Rita: Name the emotion, and ask if it fits the facts.

Therapist: Great—so when does sadness fit the facts?

Rita: When there's a loss? Like when someone has died? But no one has died.

Therapist: Or it could be that you are missing something in that moment, like there is a hole where something should be.

Rita: Yes, some company. So I should just act opposite to sadness to get it down?

Therapist: We might need to take it down a bit, if it was just too intense, but we also need to acknowledge the truth in that emotion—you DO lack company, and unless we solve that problem the emotion will keep coming back up.

Rita: I can't just magic up company at 8:00 pm on a Friday night, can I? So that's when I think of harming myself, it makes the pain go away.

Therapist: This is partly true—it is better to use some Cope Ahead skill so that we can plan some contacts over a weekend—proper social activities rather than service interventions. So we need to draw up a list before you leave today of activities you can do on a Friday evening that brings you into contact with other people. If you would like a partner we will start to look at the dating options. At the same time we also need to have some immediate sadness-reducing strategies, in cases where you are stuck without any company. The fact is that it is much easier to tolerate a short-term gap in your social schedule if you are reasonably confident that you will have some rewarding contacts coming up soon. Do you have any ideas?

Rita: Well, it's pointless talking about "dating" and "social contacts" when people don't want to spend time with me.

Therapist: I wonder if we can notice those thoughts and rephrase them mindfully? What is the valid part of what your emotion and thoughts are telling you?

Rita: Everyone leaves me.

Therapist: Is it that no past friends are currently in your life, or do you mean intimate partners?

Rita: Well I have a couple of friends I've known since I moved here.

Therapist: So what about, "Though I have two friends that I have known for more than ten years, none of my previous partners are still with me today." Does that sound truthful to you?

Rita: Yes, but it doesn't sound as bad as it feels.

Therapist: Then we haven't got our mindful statement quite right yet. Have a go yourself, keep trying until you feel you have a phrase that captures the essence of what you feel, without exaggerating or catastrophizing.

Rita: (Pause) I feel sad that I am not currently with a partner, and I would like to have more close friendships.

Therapist: Well done, now we need to say it without any shame-behaviors, so head up, and say it confidently.

Rita: I feel sad that my past relationships haven't lasted, I would like to have more close friendships.

Therapist: Great— so let's recap; if on Friday when you noticed you were sad, instead of trying to distract yourself, you'd have said (without any shame behaviors) "I am sad that my past relationships haven't lasted, I would like to have more close friendships," and if we had an actual plan for some dating or social activities that you were going to attend, would you have been more likely to want to harm yourself or less likely?

Rita: Less likely— but I would still be scared that I might never meet someone.

Therapist: Of course, that makes sense, so what do you think is the final skill we will have to add in here? I'll give you a hint: none of us can foretell the future!

Rita: (Laughs) I guess I will have to radically accept that then… but it will be hard.

Therapist: Yes, remember it is a whole-body skill. We fight reality with our muscles, not just our minds, so you have to work on physically giving up your fight against reality. Deep breath… now what do you accept?

Rita: I accept that I can't know the future, whether I will or won't meet someone. (Lowers her shoulders, opens her hands.)

Therapist: Well done. That's quite a number of skills we needed once we really got into it. Now we're going to make a list of those social events you need to start signing up for, and some dating sites. Don't worry, we will be working together to help you through doing some of these things.

Rita. OK.

The therapist in the scenario above is moving away from the *"has the client got it"* assessment of the skills trainer into the more complex task of seeing whether the client can match the skill to the scenario, and combine skills to produce the desired outcome—in this case, a reduction in

the urge to harm herself. The therapist here uses multiple assessment strategies to combine strengthening and generalization of the skills into the client's outside life.

Summary

Teaching the skills forms only part of the process of ensuring clients acquire and deploy the DBT skills effectively. Effective behavior change relies far more on therapists' abilities to mindfully assess how the skills are being used in any given moment, and then address any deficits. When clients say that the skills are not working, they issue an invitation for their therapists to engage in a process of assessing and treating obstacles to behavior change. Therapists modeling an open response to clients' often-frustrated outcries encourage a similar curiosity, and willingness to persist until solutions are found. Together, the client and therapist raise more skilled behavior up the client's response hierarchy, until she is performing the skills effectively and without too much effort. As the therapist develops her own assessment skills, this can become one of the most rewarding parts of delivering the therapy.

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