Jump Start in Dialectical Behavior Therapy©

Dates: June 1-5, 2026
Presented to: Community Mental Health Affiliates
Presented by: Jesse Homan, Ph.D., LPC & Jessica Schneider, Psy.D.

There are trainings that teach you "*to know*" and trainings that teach you "*to do*". While it is incredibly important to understand the comprehensive structures and goals of DBT, most clinicians need help with what *to do* with DBT. All modes of treatment in DBT (Individual treatment, skills training, coaching, and consultation team) weave principles, strategies, and structure together in a way that move clients toward the lives they want to live. DBT individual therapy is the primary driver of DBT, bringing these complex principles together with precision and compassion. When clinicians understand what to do with individual psychotherapy in DBT, the other modes of DBT become far more accessible. The Jump Start in DBT© focuses on learning and practicing all aspects of DBT individual psychotherapy so that clinicians understand how to develop and move fluidly through the comprehensive treatment.

The course will focus on the strategies (validation, communication, case management, dialectical) and the assessments and interventions (chain analysis, exposure, contingency management, cognitive modification and skills coaching) in DBT. We will teach participants exactly how to conduct the first four sessions of DBT (Pre-Treatment) and each task within them. We will teach how to structure individual therapy, focusing on what happens from the beginning to end of each session, as well as covering what happens between sessions.

This training is principally designed to support therapists new to DBT, though Linehan Board Certified clinicians have reported that refresher training in the structure, strategies and principles increases their confidence and competence to deliver DBT individual Psychotherapy. The Jump Start in DBT© is also a solid refresher for clinicians beginning the certification process for DBT Certified Individual Therapist (www.dbt-lbc.org).

COURSE DESCRIPTION

Dialectical Behavior Therapy (DBT, Linehan, 1993) is a comprehensive treatment that balances principles of acceptance (mindfulness) and change (behaviorism). It is a systematic cognitive-behavioral approach to working with individuals with severe dysfunctional behaviors, especially those with chronic patterns of emotion dsyregulation and suicidal behavior. DBT has been applied to a wide array of populations including children and adolescents, and in a variety of settings including community mental health outpatient, private practice, intensive outpatient/partial hospitalization, residential, forensics and corrections. Research supports its use to target suicidality, treatment drop out, hospitalization, behavioral dyscontrol, substance use disorders, eating disorders, treatment resistant depression in the elderly, and its application with highly dysregulated couples and families.

This training focuses learning and practice on DBT individual psychotherapy. The Jump Start in DBT© training follows the course of DBT Stage 1 Individual Psychotherapy from the intake session, through the first four sessions ('Pre-Treatment"), and through the flow, principles, and protocols for individual sessions in Stage 1. The goal is for new DBT therapists to be able to begin seeing clients immediately following this training.

The Jump Start in DBT curriculum emphasizes case-based learning (clinical examples) and experiential learning (role plays, exercises, and homework) to support the individual and team in developing the capabilities necessary to provide DBT. As DBT is a team-based treatment, and

anyone providing any mode of DBT is required to be on a consultation team, part of the training will focus on how to structure an effective DBT consultation team.

Each training session will be 3 hours and 15 minutes (3 hours of training and a 15-minute break). We will teach for 90 minutes, take a 15-minute break, then teach for 90 minutes. The instructor will augment PowerPoint presentations, case examples and handouts with role plays and practices conducted in Zoom Break-Out Rooms. There will be homework that can completed with clients or others between each session of the course.

This course will NOT be teaching the content of DBT Skills Training Groups.
Skills will be addressed as they are used in DBT individual psychotherapy, but the actual skills will be taught in the Master Class: Core Skills in DBT© (access included with registration).

COURSE SCHEDULE

Day 1					**Contact Hours**
	8:30	-	10:15am	Introductions/Orientation	.50
				Introduction to Mindfulness/Practice	.50
				Introduction to Consultation Team	.75
	10:15	-	10:30am	*Break: 15 minutes*	
	10:30	-	12:00pm	Consultation Team (conclusion)	.50
				Communication Strategies	.50
				Case Management Strategies	.50
	12:00	-	1:00pm	**Lunch**	
	1:00	-	2:30pm	Dialectics and Dialectical Strategies	1.00
				Validation Strategies	.50
	2:30	-	2:45pm	*Break: 15 minutes*	
	2:45	-	4:15pm	Validation	.50
				Research and Assessment	.75
				Orienting to Treatment (Stages and Modes)	.25
	4:15	-	4:30pm	Q/A and Evaluations	.25
Day 2					
	8:30	-	10:15am	Mindfulness	.25
				Homework (validation strategies)	.50
				Orienting to Treatment (Stages and Modes)	.50
				Orienting to Telephone Consultation	.50
	10:15	-	10:30am	*Break: 15 minutes*	
	10:30	-	12:00pm	Orienting to Telephone Consultation	.25
				Orienting to Treatment (Agreements & Assumptions)	1.00
				Biosocial Theory	.25
	12:00	-	1:00pm	**Lunch**	
	1:00	-	2:30 pm	Biosocial Theory	.75

				Determining Life Worth Living Goals	.50
				Turning Goals into Behaviorally Defined Problems	.25
	2:30	-	2:45pm	*Break: 15 minutes*	
	2:45	-	4:15pm	Turning Goals into Behaviorally Defined Problems	.25
				Creating Primary Target Hierarchies	1.25
	4:15	-	4:30pm	Q/A and Evaluations	.25
Day 3					
	8:30	-	10:15am	Mindfulness	.25
				Homework (biosocial theory)	.75
				Getting Commitment to Treatment	.50
				Getting an Initial Suicide Risk Assessment	.25
	10:15	-	10:30am	*Break: 15 minutes*	
	10:30	-	12:00pm	Getting an Initial Suicide Risk Assessment	.25
				The Crisis Plan	.25
				Creating Effective Diary Cards	.50
				Structuring Individual Psychotherapy	.25
				Targeting	.25
	12:00	-	1:00pm	**Lunch**	
				Targeting	.75
				Introduction to Behaviorism	.25
				Behavioral Assessment	.50
	2:30	-	2:45pm	*Break: 15 minutes*	
	2:45	-	4:15pm	Behavioral Chain Analysis Overview	.75
				Behavioral Chain Analysis Demonstration	.75
	4:15	-	4:30pm	Q/A and Evaluations	.25
Day 4					
	8:30	-	10:15am	Mindfulness	.25
				Homework (Behavioral Assessment with MLA Demo)	.75
				Behavioral Chain Analysis Practice 1	.75
	10:15	-	10:30am	*Break: 15 minutes*	
	10:30	-	12:00pm	Behavioral Chain Analysis Practice 2	.75
				Principles of Behaviorism	.75
	12:00	-	1:00pm	**Lunch**	
	1:00	-	2:30pm	Principles of Behaviorism	.25
				Missing Links Analysis	.25
				The Suicide Protocols	1.00
	2:30	-	2:45pm	*Break: 15 minutes*	
	2:45	-	4:15pm	Generating Hypotheses & Choosing Controlling Variables	.75
				Solution 1: Problem Solving	.25
				Solution 2: Exposure	.50
	4:15	-	4:30pm	Q/A and Evaluations	.25

Day 5					
	8:30	-	10:15am	Mindfulness	.25
				Homework (Exposure)	.50
				Solution 2: Exposure	.50
				Solution 3: Cognitive Modification	.50
	10:15	-	10:30am	*Break: 15 minutes*	
	10:30	-	12:00pm	Solution 3: Cognitive Modification	.25
				Solution 4: Contingency Management	.75
				Solution 5: Skills	.50
	12:00	-	1:00pm	Lunch	
	1:00	-	2:30pm	Solution 5: Skills	.25
				Bringing Skills and Contingency Management Together	.50
				Didactic Strategies	.25
				Session Ending Strategies	.25
				What's Next?	.25
	2:30	-	3:00pm	Final Q&A and Evaluations	.50

COURSE OBJECTIVES

Following this training, participants will be able to:

1. Lead Mindfulness Practice;
2. Describe membership in the consultation team;
3. Describe the communication strategies in DBT;
4. Explain the case management strategies and how they are used;
5. List the dialectical strategies and when they should be implemented;
6. Describe the importance of cultural diversity as part of DBT;
7. List the levels of validation;
8. List the behaviors that are most effectively treated in DBT;
9. List the modes of DBT and their functions;
10. List the targets and rationale for DBT telephone consultation;
11. Explain the assumptions of clients and therapy in DBT;
12. Discuss the therapist and client agreements in DBT;
13. Explain the biosocial theory in DBT;
14. Create effective Life Worth Living Goals;
15. Translate Life Worth Living Goals to behaviorally defined problems;
16. Create a primary target hierarchy for a client;
17. Explain the 24 hour rule;
18. Explain the roles and tasks of the DBT Suicide Protocols;
19. Create a crisis plan for a client;
20. Construct an individualized diary card for a client;
21. Create an agenda for an individual therapy session;
22. Give examples of positive and negative reinforcement; and punishment
23. Explain when to use behavioral assessment, behavior chain analysis and missing links analysis
24. Define the variables in a behavioral chain analysis (vulnerability factors, prompting event, links, problem behavior, consequences);
25. Conduct a behavioral analysis of problem behaviors;
26. Conduct a Missing Links Analysis

27. Create a hypothesis with the controlling variables of a behavior;
28. Match the solutions in DBT with the various types of controlling variable determined during chain and/or missing links analyses;
29. Utilize informal exposure with an individual client;
30. Describe the difference between accepting a cognition and changing a cognition;
31. Demonstrate contingency management with a client;

WHO SHOULD ATTEND

The Jump Start in DBT is designed for any practitioners new to DBT, those who wish to join teams an/or who wish to work toward the training requirements for DBT Certification. For more information on the training requirements for certification, please see: Eligibility Requirements under the Certification Tab at www.dbt-lbc.org. Please note that this is the ONLY official site for DBT Certification.

COURSE PREREQUISITES

Participants who have read the following books prior to training will learn more and move faster:

1. Linehan, M. M. (1993a). Cognitive Behavioral Treatment of Borderline Personality Disorder. New York: Guilford Press.
2. Linehan, M. M. (2025). DBT Skills Training Manual: Revised Edition. New York: Guilford Press.
3. Linehan, M. M. (2025). DBT Skills Handouts and Worksheets: Revised Edition. New York: Guilford Press.

INSTRUCTORS

Jesse Homan Ph.D., LPC is the founder of Queen City Psychotherapy, LLC. He completed his doctoral studies in Social Work at Portland State University. He began working as DBT therapist in 2009, and spent numerous years at the Portland DBT Institute where he worked as a clinician, supervisor, trainer, and consultant. Jesse has been teaching DBT since 2013. He currently is a trainer for the Treatment Implementation Collaborative. He has had the opportunity to teach DBT in a wide variety of settings including: outpatient, residential, substance abuse treatment centers, schools, as well as juvenile justice systems. Jesse also currently volunteers as an adherence coder for the Linehan Board of Certification. He previously worked as an adherence coder for the Behavioral Research and Therapy Clinics at the University of Washington and has worked on multiple DBT studies as an adherence coder. Jesse has coauthored research presentations and clinical workshops that have been presented at the International Society for the Improvement and Teaching of DBT. He has co-authored chapters on establishing DBT training and supervision programs as well as implementing DBT in juvenile justice settings. Jesse is a Certified DBT Clinician by the DBT-Linehan Board of Certification.

Dr. Jessica Schneider is the Founder and Executive Director of Evidence Based Therapy, Chicago. She completed her Psy.D. in clinical psychology at the Chicago School of Professional Psychology in Chicago, IL. Throughout her supervised clinical work over the last 12 years, Dr. Schneider has treated adolescents and adults with chronic mental illness, including mood and behavior dysregulation, utilizing Cognitive Behavior Therapy (CBT), Dialectical Behavior Therapy (DBT), and Acceptance and Commitment Therapy (ACT). Dr. Schneider's research foci have been in the efficacy of school-based treatment in helping adolescent females cope with and confront the effects of relational aggression, helping HIV affected and infected individuals cope with the effects of the virus on the individual and family, and identifying the efficacy of different treatment modalities on

therapeutic and relational change. In addition, Dr. Schneider completed her APA-accredited internship and two-year postdoctoral fellowship at Casa Pacifica Center for Children and Families residential programs. Dr. Schneider worked with a multi-disciplinary team for foster and adjudicated youth. During her fellowship, she was intensively trained and became the lead consultant for the DBT team focused on treating adolescent girls in residential treatment. In addition, she trained front line staff in DBT skills coaching to help patients generalize their effective use of skills and new behaviors to their natural environment.

REFERENCES

Higgins, Stephen T., Kurti, Allison N., & Davis, Danielle R. (2019). Voucher-based contingency management is efficacious but underutilized in treating addictions. Perspectives on Behavior Science,42, 501-524.

Kirby, K.C., Benishek, L.A., & Tabit, M.B. (2016). Contingency management works, clients like it, and it is cost-effective. American Journal of Drug & Alcohol Abuse, 42(30),250-253.

Lee, R.K., Harms, C.A & Jeffery, S.E. (2022). The contribution of skills to the effectiveness of dialectical behavior therapy. Journal of Clinical Psychology, 78(12), 2396-2409.

Petry N.M., Alessi S.M., Olmstead T.A., Rash C.J., & Zajac K. (2017). Contingency management treatment for substance use disorders: How far has it come, and where does it need to go? Psychology of Addictive Behaviors, 31(8), 897-906.

Petry, Nancy M. Alessi, S.M., Rash, C.J., Barry, D. & Carroll, K.M. (2018). A randomized trial of contingency management reinforcing attendance at treatment: Do duration and timing of reinforcement matter? Journal of Consulting and Clinical Psychology, 86 (10), 799- 809.

Pfund R.A., Cook J.E., McAfee N.W., Huskinson S.L., & Parker J.D. (2021). Challenges to conducting contingency management treatment for substance use disorders: practice recommendations for clinicians. Professional Psychology Research,52(2),137-145.

Zeifman, R.J, Boritz, T, Barnhardt, R., Labrish, C. & McMain, S.F. (2020). The independent roles of mindfulness and distress tolerance in dialectical behavior therapy skills training. Personality Disorders, 11(3), 181-190