

Youth Wellness Hubs Ontario

Substance Use

Practice Brief on

Dialectical Behavioural

Therapy Skills

Training in Youth



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Acknowledgements

This Substance Use Practice Brief on Dialectical Behavior Therapy (DBT) Skills Training for Substance Use in Youth provides practical considerations to help clinicians implement dialectical behavior therapy skills training into practice. This brief is intended to support therapists, counsellors, social workers, social service workers, nurse practitioners, registered nurses, physicians, and other healthcare professionals providing treatment and counselling to youth aged 12-25 with substance use and addiction concerns.

This document is intended for educational and informational purposes only. It is not a substitute for professional training, institutional policies, or clinical judgment. Additionally, this document provides a brief overview of DBT principles and is not sufficient for the provision of standard, comprehensive DBT. It is intended solely to guide the integration of DBT-informed skills into clinical practice.

Youth Wellness Hubs Ontario (YWHO) in collaboration with provincial partners are supporting substance use capacity building for child and youth mental health and addictions professionals across Ontario. A special thanks to the Provincial Steering Committee for Substance Use Capacity Building for guiding and supporting this work and ensuring system collaboration and alignment across sectors.

Contributors of this document:

- Victoria E. Stead, Ph.D., C.Psych., Clinical Psychologist at St. Joseph's Healthcare Hamilton, Assistant Professor in the Department of Psychiatry & Behavioural Neurosciences at McMaster University, and Faculty Member of the Peter Boris Centre for Addictions Research
- Christopher Bourke, Knowledge Mobilization Lead, YWHO Provincial Office
- Leshawn Benedict, Knowledge Broker, YWHO Provincial Office
- Karleigh Darnay, Director Clinical Practice & Implementation, YWHO Provincial Office
- Art Vijayaratnam, Brand and Content Specialist, YWHO Provincial Office
- Abdur Willie, Youth Engagement Specialist, YWHO Provincial Office
- Waasii Hester, Youth Engagement Specialist, YWHO Provincial Office

For more information about this document, please contact training@ywho.ca

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What is Dialectical Behavior Therapy?

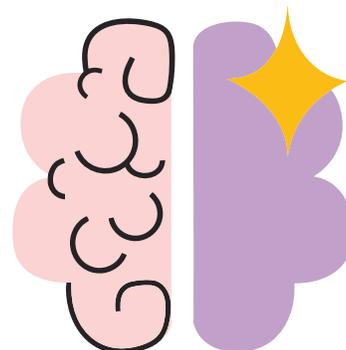
Dialectical Behavior Therapy (DBT) is intended to target emotion dysregulation (i.e., affect instability and uncontrollable anger) and behavioural difficulties (i.e., suicidal/self-harm behaviours and behavioural aggression).^{1,2} Originally, DBT was developed for those with chronic suicidality and borderline personality disorder (BPD). However, today, DBT is an evidence-based treatment used to treat a variety of mental health challenges, including substance use.³⁻¹⁰ Notably, DBT-informed skills training interventions, targeting emotion regulation, have shown to be promising for youth with co-occurring substance use and mental health disorders.^{6,11}

DBT emphasizes the importance of helping youth both accept their current experiences and work toward meaningful change. This modality prioritizes a validating therapeutic stance, acknowledging clients' current struggles and lived experiences, while simultaneously promoting growth, skill acquisition, and building of a "life worth living": one that is meaningful, rewarding, and aligned with personal goals and values.^{1,2}

Comprehensive DBT is a standardized treatment model that emphasizes adherence to its full framework, which includes²:

- weekly individual therapy sessions,
- weekly group-based skills training,
- between-session phone coaching (as needed), and
- weekly therapist consultation team meetings.

While full adherence to the treatment model is emphasized, DBT Skills Training alone has also been shown to produce clinical improvements and is more feasible to implement, especially, in community-based settings.¹² Integrated, evidence-based approaches that target both substance use and co-occurring mental health symptoms are recognized as best practice and are supported by clinical guidelines. Implementing DBT principles and skills in flexible ways (outside of a full and comprehensive DBT program) aligns with best practices for treating substance use and concurrent disorders.¹³⁻¹⁶



Identify Youth Appropriate for DBT Skills Training

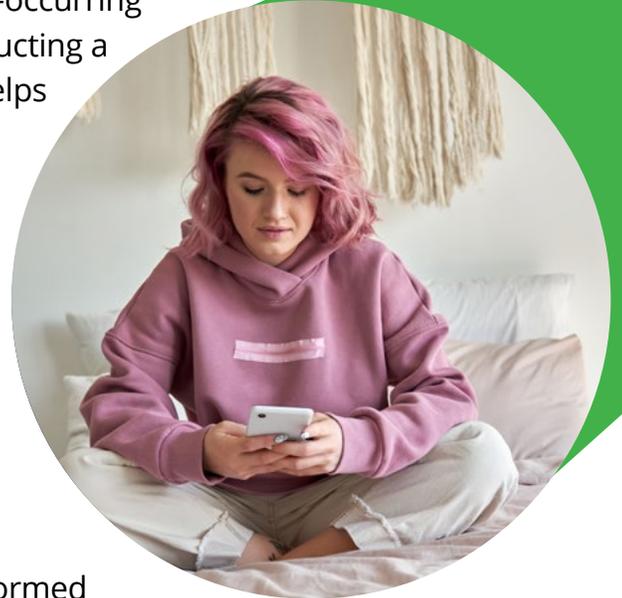
The first step is to identify which youth are most likely to benefit from DBT-informed skills. This requires clinicians to assess youth for patterns of substance use, symptom presentation (including risk factors and co-occurring conditions), and their treatment goals. Importantly, conducting a comprehensive assessment remains best practice and helps guide treatment planning and ensures that youth receive the right level of care.¹⁶

Careful assessment of risk, comorbidities, functional impairment, and youth goals guides clinicians in determining an appropriate starting point (within a DBT framework or otherwise) and in prioritizing treatment targets. This step is essential for tailoring interventions to the unique needs of youth with more complex presentations and substance use concerns.

Clinicians can utilize a quick screener to decide if DBT informed skills could be started right away or if a full DBT program is more appropriate. Youth who present with the following may be ready to start DBT-informed skills:

- Emotion-driven and/or impulsive substance use
- Low distress tolerance
- Interpersonal triggers/peer pressure
- Repeated slips and lapses
- Desire/openness to reduce use/consider harm reduction strategies
- Commitment to attend regular sessions and complete out of session practice
- Readiness or ambivalence about change
- *Without* acute safety risks (e.g., active suicidality/self-harm, and high-risk substance use)
- *Without* major therapy-interfering behaviors (e.g., frequent between session crises, low attendance and homework completion, hostility/aggression, etc.).

Clinicians can begin DBT Skills Training (e.g., mindfulness, distress tolerance, etc.) while continuing to monitor symptom severity and risk. If a youth is presenting with life-threatening behaviors (e.g., active suicidality, severe self-harm, high-risk substance use), significant therapy-interfering behaviors (e.g., repeated no-shows, disruptive intoxication in session, hostility), or destabilization due to severe comorbidity or functional decline, it is likely best to pause and complete a full assessment to determine if comprehensive DBT or a higher level of care is required.



DBT Skills & Youth-Specific Considerations

Youth-specific adaptations for DBT-informed care allows clinicians to thoughtfully adjust skills so that youth with substance use difficulties can develop effective coping strategies and make meaningful progress toward recovery goals.^{17,18}

The section below outlines DBT skills particularly relevant for this population, along with practical considerations for their implementation. Clinicians may refer to the DBT Skills Training Manual for detailed descriptions of each skill.² A full list of DBT skills and applications can be found in Appendix A. Moreover, the section below highlights their relevance to substance use and outlines key considerations for working with youth. The skills outlined below may also be delivered in both individual and group sessions, integrating practice with psychoeducation from the DBT Skills Training Manual.²

Each skill should be presented to youth with a clear rationale, emphasizing its relevance to substance use and related symptoms, as well as its role in building coping capacity. Skills are to be introduced and practiced during sessions, with youth encouraged to apply them between sessions and document their practice using worksheets.

MINDFULNESS

The foundation of DBT and helps youth notice urges, triggers, and patterns without immediately acting on them.

Example of Specific Skills ([see Appendix A for Substance use specific applications](#)):

- States of Mind
- What Skills (what someone does to be mindful):
Observe, Describe, and Participate
- How Skills (how someone acts mindfully):
Nonjudgmentally, One-mindfully, and Effectively



By teaching mindfulness, including states of mind, as well as the “what” and “how” skills, youth can more effectively recognize and strengthen their awareness of substance-use urges. This awareness supports reducing impulsive behaviors and, in turn, can help decrease overall substance use (when that is the treatment goal) or mitigate riskier patterns of use. Mindfulness requires consistent practice, similar to any other skill, sport, craft. Even brief exercises can be incorporated at the beginning of each youth session to reinforce learning.

Youth-specific Considerations for Mindfulness

Teach youth-friendly mindfulness activities	Fun or interactive games/activities; have youth choose which mindfulness they want to do; in group settings allow youth to lead the mindfulness practice (e.g., 5-senses; Name “2-things that don’t suck”, etc.)
Normalize that mindfulness can be challenging	This may be challenging for youth given the constant presence of social media and the way multitasking is often reinforced in their daily lives.
Have youth practice being “mindful” in everyday	If youth are on social media or playing videogames – encourage them to practice doing these things “mindfully” using their What and How skills.

Ways to Implement Mindfulness Skills:

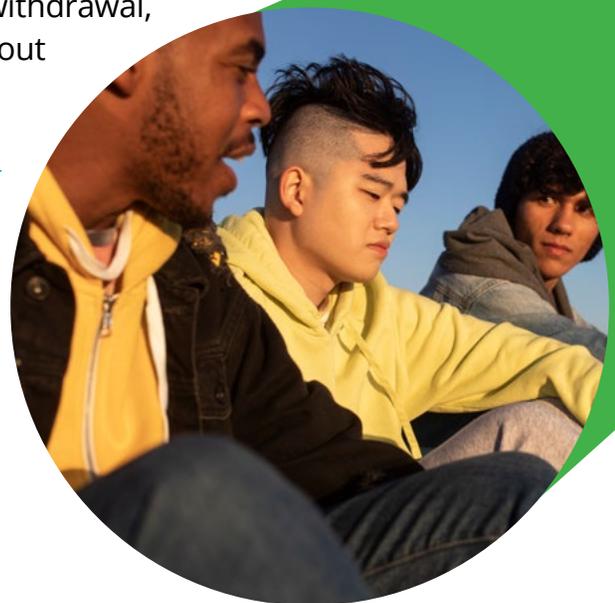
- Youth can **practice mindfulness meditation** with/without clinician led inquiry. It is strongly recommended to conduct mindfulness exercises as prescribed by DBT to enhance learning (see DBT Skills Training Manual).²
- Have youth **track/log moments of being mindful** throughout the day (e.g., this can be done with the tracker; see above).

DISTRESS TOLERANCE

Offers crisis survival skills especially relevant for cravings, withdrawal, and triggers. It teaches how to survive crisis moments without using substances.

Example of Specific Skills ([see Appendix A for Substance use specific applications](#)):

- STOP Skill
- TIPP Skill
- Distract with ACCEPTS
- IMPROVE the Moment
- Self-soothe
- Pros & Cons
- Radical Acceptance and Turning the Mind



Distress tolerance skills are particularly important to consider for youth engaging in substances that have riskier consequences (e.g., due to substance-type, amount, frequency, method, outcomes following use). Youth who engage in higher risk substance use behaviors could benefit from developing a Distress Tolerance Plan utilizing distress tolerance skills. This plan supports youth in managing high-intensity substance-use urges or overwhelming emotional arousal that may precipitate use. This is a critical first step, as it creates the stability needed to then engage with more advanced, higher-order thinking and skill development (e.g., problem solving, perspective taking, evaluating ideas or emotional regulation).

Pros & Cons are also important to implement early in treatment to build motivation. The outcomes of the Pros & Cons exercise can be used to reinforce a young person’s treatment goals. Radical Acceptance helps youth acknowledge the reality of their substance use: including cravings, consequences, and setbacks - rather than avoiding or resisting it. Turning the Mind supports clients in actively recommitting to their treatment and substance-use goals (especially after setbacks) and strengthens their ability to attend to their goals and keep going, even after things don’t go as planned.

Youth-specific Considerations for Distress Tolerance	
Have youth create their own distress tolerance plan.	Provide handouts that youth can use to make their plan. Encourage youth to make it in a way that enhances their likelihood of using it: e.g., colour-coding as needed, make it visually appealing, create a poster board to keep in room, provide them with a thermometer with different temperatures = emotional intensity and have them include skills that they can use at each level (i.e., the distress tolerance skills they have been practicing over the week).
Reviewing Pros & Cons	Substance use can be challenging for anyone, especially youth, as there is stigma around use. Using a general example in a group setting can help normalize the process and make it feel less personal or intimidating for youth.
Be sure to include youth-relevant examples	Provide youth relevant examples and also ask youth to provide their own examples that might fit better for them.

Ways to Implement Distress Tolerance Skills:

- Youth can complete **DBT Skills training distress tolerance worksheets** from the DBT Skills Training Manual.²
- Have youth create an **Individualized Distress Tolerance Skills Plan**.
- **Use an emotion thermometer** (a visual tool for rating emotional intensity) and guide youth to label it with distress tolerance skills that work best at different levels, creating a quick-reference tool for high-intensity situations.
- Encourage youth to **share their Distress Tolerance Plans** in group settings, promoting peer learning, skill modeling, and mutual support.
- Have youth **practice using plan/skills in session and between sessions** when emotions/urges are less intense to promote rehearsal.



EMOTION REGULATION

Helps reduce vulnerability to lapses/slips by better identifying and managing emotions that often drive or follow substance use.

Example of Specific Skills ([see Appendix A for Substance use specific applications](#)):

- PLEASE Skills
- Mindfulness of Current Emotions
- Ride the Wave
- Understanding and Naming Emotions
- Opposite Action
- Check the Facts
- Build Positive Experiences



Teaching emotion regulation skills allows youth to recognize the links between their emotional experiences and their substance use. Overall, these skills are essential because they provide youth with effective ways to manage emotional intensity, thereby reducing reliance on substances as a coping mechanism – particularly when reduced use or abstinence is the treatment goal. These skills are best introduced once youth have developed a foundation in distress tolerance and can more readily engage with higher-order content.

Youth-specific Considerations for Emotion Regulation

Implement these skills in engaging and interactive ways.

In group settings, youth can work in pairs or small groups to brainstorm ways to apply the PLEASE skills, then share their examples with the larger group. Another example might be to break youth into small groups/pairs and assign an emotion and scenario they need to work through for Opposite Action or Check the Facts and have these youth present this to the larger group.

Ways to Implement Emotion Regulation Skills:

- Practice some of these skills as part of **mindfulness activities** e.g., riding the wave of an urge – have youth watch or listen to something emotionally evocative and have them attend to the sensations in their body (riding the wave).
- In session, have youth **engage in “acting opposite”** via role play or behavioural rehearsal etc.
- Provide written vignettes and **have youth identify emotions**, whether the emotions are justified and how they might implement opposite action options, etc.

INTERPERSONAL EFFECTIVENESS

DBT Interpersonal Effectiveness skills help young people communicate their needs and wants clearly. Young people might bottle their feelings or hope people ‘read their minds’ related to their wants and needs, which results in a build-up of emotion and/or outbursts. An inability to regulate emotions, resolve conflicts, and having impaired social processes can lead young people to use substances.¹⁹⁻²¹ Substance use can cause ruptures in relationships, and relationships can also trigger use. These skills help repair and protect important relationships. Interpersonal effectiveness skills also help young people express their emotions and preserve their self-respect in relationships that are invalidating.



Example of Specific Skills ([see Appendix A for Substance use specific applications](#)):

- DEAR MAN
- GIVE
- FAST

These skills can be particularly useful for youth navigating challenging social situations related to their substance use (e.g., asking friends not to invite them to events where substances will be present).

Youth-specific Considerations for Interpersonal Effectiveness

Provide youth-relevant interpersonal examples when presenting these skills to youth

e.g., having to end a relationship with a friend who continues to use substances or requesting to repair a friendship after a transgression following substance use

Ways to Implement Interpersonal Effectiveness Skills:

- Have youth **practice role playing** in session with a clinician or in group settings with peers.
- Have youth complete **out of session practice** and track this via DBT Skills Training worksheets.
- Encourage **youth to share their examples** (especially in group settings) and have other peers from the group provide feedback about their use of the skill.

Implementation Considerations for DBT Sessions

Implementation Considerations for DBT Group Skills Training:



Program Duration: ^{2,22,23}

- Typically, 24 weekly sessions - extended cycle (modules repeated, with deeper practice and generalization)
- Adapted for 12-16 weeks (see DBT Skills Training for Adolescents)
- Duration depends on youth needs/level of care/program capacity



Session Duration:

- 90-120 minutes (typically with a short break)



Group Size and Format:

- 6–10 youth
- Consider smaller groups for youth with greater support needs
- Can be offered as closed groups (fixed membership)
- Can be offered as rolling groups (new members join mid-cycle; this requires strong orientation and reminder of group rules/guidelines whenever new member joins)
- Consider diverse learning styles and formats



Facilitators:

- Recommended to be co-facilitated by 2 clinicians trained in DBT (e.g., psychologist, social worker, psychotherapist, nurse, addictions counselor, peer worker etc.) – with one clinician being a regulated healthcare professional
- Facilitators should be trained to be able to provide appropriate skills coaching during group when needed
- Facilitators ideally participate in a DBT consult team or supervision for fidelity and support



Typical Session Breakdown:

1. **Check-in (5–10 min):** Attendance, symptom/risk screen (if indicated), group rules
2. **Mindfulness practice (5–15 min):** Short, youth-friendly activity, include rationale and highlight relevance.
3. **Homework/tracker review (15–30 min):** Review assigned homework worksheets and skills attempted. Normalize slips and highlight repairs as they arise during this review.
4. **Break (5-15 minutes):** especially if running a 120-minute session
5. **New skill teaching (20–30 min):** Didactic with substance use-specific rationale and examples.
6. **Active practice (20–25 min):** Role-plays, small groups, real-life application of the new skill teaching.
7. **Wrap-up & homework assignment (~5-10 min):** Identify skill to practice, commit to tracker entry.

It is important to clarify expectations around abstinence during sessions (e.g., arriving sober and/or if they have used prior to group, participating effectively in group without disturbing others). When lapses are disclosed, address without shaming - emphasize harm reduction, nonjudgment, and repair after lapses rather than punishment. Additionally, youth should be asked to refrain from forming personal relationships outside of sessions during the duration of their participation in a group. This helps maintain anonymity, reduce peer pressure, and protect the therapeutic environment.



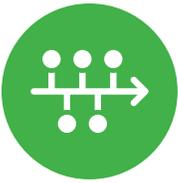
Individual Sessions:

Incorporate substance use tracking (e.g., logs, diary cards, or weekly trackers) and address urges and use directly in session to support harm reduction planning. These sessions can complement a DBT Skills Training Group, form part of a Comprehensive DBT program, or be delivered individually using a skills training curriculum.



Family Involvement:

Include resources on family-specific offerings that provide education on substance use (this does not necessarily need to be DBT-specific).



The use of the DBT diary card/weekly tracker:

DBT diary cards are implemented to help youth track (problem) behaviors, urges, emotions, and skill use. It aims to build self-awareness, highlight patterns over time, aid in substance use reduction, and guides session focus by showing what issues need attention. For youth with substance use, diary cards can be adapted to monitor cravings, use, and triggers, linking skill practice directly to substance use treatment goals. Youth are encouraged to complete their trackers daily between sessions. This practice is often most effective when reviewed in individual sessions, but whenever possible and if the only option, integrating them into group sessions is encouraged.

Tracking substance use is important for youth who want to reduce their use and/or associated risks. When youth track the quantity of their use (daily) they are more likely to reduce their use.²⁴ Tracking can provide useful information for young people who might not know how much they are using on a regular basis. Clinicians typically introduce the tracker by explaining its purpose and collaboratively deciding with the young person which substances should be monitored. They can establish how the tracking will be done (e.g., frequency, format, and level of detail) so that it feels clear, useful, and manageable. When youth are using multiple substances, it is important to track all of them. This allows clinicians to capture potential harms related to mixing substances and to monitor whether use of one substance increases as another is reduced.



Clinician Note:

When not delivering comprehensive DBT, consider using an alternative term for the diary card (e.g., “weekly tracker”) to avoid confusion.

In Summary:

- DBT is an evidence-based treatment that can be used to treat many different mental health and substance use challenges
- DBT skills interventions that focus on developing skills related to mindfulness, distress tolerance, emotional regulation, and interpersonal effectiveness have been shown to produce clinical improvements in young people, especially in community-based settings
- It is important to identify youth who are likely to benefit from DBT informed skills or a full DBT program by looking at patterns of substance use, symptom presentation, risk factors, co-occurring conditions, treatment goals and conducting a comprehensive assessment to help guide treatment planning to ensure youth are receiving the right level of care
- Ensure that youth specific considerations are implemented when using DBT such as tailoring skill development, using relevant examples and helping youth connect strategies to their own experiences using substances

Links and Resources

- Linehan, M. M. (2025). DBT® skills training manual: Revised edition. Guilford Press. https://www.guilford.com/books/DBT-Skills-Training-Manual/Marsha-Linehan/9781462556359?srsltid=AfmBOoq_1bpgXHWCeFXDgEr9XJUKmUIUHVJksNaCxzB6XyjFQ4klzdzT
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- Treatment Implementation Collaborative – Free resource library: <https://www.ticllc.org/tic-video-library>
- Using Mindfulness to Embrace Addictive Cravings and Urges - https://www.youtube.com/watch?v=M1SdYo_ZYeE&t=172s

Appendix A:

Table of applications of specific DBT skills within a substance use framework

DBT Module	Integrated Substance Use-Specific Applications
Mindfulness	<p>States of Mind – Accessing Wise Mind → Balancing emotion mind (“I need it now”) and reasonable mind (“my value is to reduce my use for my long-term goals”) to find a grounded middle path (i.e., Wise Mind)</p> <p>Observe & Describe → Noticing urges, cravings, and thoughts as events in the mind instead of commands you have to follow.</p> <p>Nonjudgmental Stance → Seeing lapses/slips/relapses risk or slips without labeling yourself as “bad” or “a failure,” which reduces shame-driven use.</p>
Distress Tolerance	<p>STOP Skill → When experience a craving to use:</p> <ul style="list-style-type: none"> • Stop (where you are – and don’t act), • Take a step back (leave the space you are in, remove yourself from substance use triggers) • Observe (how you are feeling inside and what you notice around you) • Proceed mindfully – i.e., choose a skill to use to help cope (e.g., harm reduction strategies, other distress tolerance skills, etc.) <hr/> <p>TIPP Skill → when experiencing high-intensity cravings/urges/withdrawals/crises; These skills can be particularly useful when dealing with the physiological symptoms associated with substance use:</p> <ul style="list-style-type: none"> • Temperature: ice dives, ice pack on face • Intense exercise: jumping jacks, sprints, push-ups, 2-min wall sit • Paced breathing – 4 breaths in 6 breaths out • Progressive muscle relaxation

- Distract with ACCEPTS** (when trying to not act on or delay an urge):
- **Activities:** Go for a walk/hike, play sport, draw, or do a short workout instead of using.
 - **Contributing:** Call or text a friend to check in, help family make dinner, volunteer
 - **Comparisons:** Remind yourself of times you've overcome cravings before or been able to remain abstinent/reduce us
 - **Emotions:** Watch a funny video, listen to uplifting music.
 - **Pushing Away:** Set aside worry time ("I'll think about this tomorrow"); simply say "no!"
 - **Thoughts:** Do a puzzle, count backwards from 100 by 7, name a movie for every letter of the alphabet
 - **Sensations:** Hold an ice cube, take a cold shower, blast upbeat, loud music

- IMPROVE the Moment:** Strategies to help improve the quality of the present moment – making it easier to survive a crisis/high intensity urge – typically optimal at a lower emotional intensity than the above.
- **Imagery:** Picture cravings as waves that rise and fall; visualize blowing the craving like a balloon and sending it up in the sky far away
 - **Meaning:** Remind self: "reducing use/abstaining keeps me aligned with my goals"
 - **Prayer/Spirituality:** Engage in prayer, meditation, or reflection
 - **Relaxation:** Deep breathing, stretching, or listening to calming music
 - **One Thing in the Moment:** Focus only on eating one snack mindfully
 - **Vacation (brief):** Take a break- a nap, time in nature, an afternoon disconnected from your phone
 - **Encouragement:** Self-talk like, "I can ride this wave without using."

- Self-soothe** (*using the 5 senses*): Strategies to help soothe self when feeling distressed – maybe following using other skills to cope with high intensity urges (e.g., those above) or perhaps as a way to cope with withdrawal symptoms:
- **Vision:** dim lights and or/light a candle, look at nature, observe objects in the room
 - **Hearing:** Play calming or energizing music, listen to a podcast, listen to the rain outside a window
 - **Smell:** Use essential oils, smell a pet, Spray a favorite perfume, cologne, or body spray
 - **Taste:** Savor a favorite snack or tea/coffee slowly
 - **Touch:** Wrap in a soft blanket, pet a dog, squeeze a stress ball

	<p>Pros & Cons → Identify youth-specific factors of staying the same (i.e., continuing to use) versus changing (i.e., reducing use/implementing harm reduction strategies/abstaining), followed by the short-term and long-term consequences of these factors to ground wise-mind decision-making. This skill is often an important tool to use during periods of ambivalence and ways to start out and identify clients' goals for treatment and what is keeping them “stuck” (i.e., in the short-term of staying the same).</p> <hr/> <p>Radical Acceptance → fully accepting cravings, emotions, or pain, and the reality of one's situation without fighting them. The purpose of this skill is to:</p> <ul style="list-style-type: none"> • Reduce secondary suffering that comes from fighting against reality (e.g., “I shouldn't feel this way,” “This isn't fair”). • Acknowledge substance use cravings or triggers without judgment, which promotes the use of alternative coping strategies instead of acting on urges. • Accept past consequences of substance use (e.g., conflict with family, academic disengagement, etc.) without getting stuck in shame or guilt that often perpetuates further use. • Shift focus to the present, enabling more constructive action toward recovery goals and a life worth living.
<p>Emotion Regulation</p>	<p>PLEASE Skill → reduce vulnerability to cravings and urges by attending to important biological needs:</p> <ul style="list-style-type: none"> • treating Physical illness • balancing Eating • reducing use of mood-Altering substances, • balancing Sleep • getting daily Exercise <hr/> <p>Mindfulness of Current Emotions - Ride the Wave → Imagine cravings as an ocean wave: they rises, peak, and eventually fall. Breathe slowly, watching it change moment to moment.</p> <hr/> <p>Understanding and Naming Emotions → Identify and label emotions, particularly those linked to substance use- while distinguishing between emotional states and substance use cravings and recognizing the interplay between the two.</p> <hr/> <p>Opposite Action → Identifying which emotions trigger problematic substance use and developing opposite action plans for those emotions to reduce the likelihood of use (E.g., If shame fuels using, practice approaching supportive people instead of isolating).</p>

	<p>Check the Facts → Testing whether urges are based on assumptions (e.g., “I can’t cope without using”; “having an urge to use means I need to act on the urge”) versus reality.</p> <hr/> <p>Build Positive Experiences → Scheduling substance free activities that bring joy and mastery, creating alternatives to using.</p>
<p>Interpersonal Effectiveness</p>	<p>DEAR MAN (Describe, Express, Assert, Reinforce, Mindful, Appear confident, Negotiate) → Asking for help or setting limits around substances (e.g., asking a friend not to bring alcohol over; asking a friend not to talk about substances around you).</p> <hr/> <p>GIVE (Gentle, Interested, Validate, Easy manner) → Repairing and maintaining relationships with validation and gentleness, e.g. when others are upset about past substance use.</p> <hr/> <p>FAST (Fair, no Apologies, Stick to values, Truthful) → Maintaining self-respect when pressured to use or mistreated (“No thanks, I’m not using today”) without guilt or shame.</p>

Appendix B: Sample Tracker²

Substances		Emotions (intensity 0-5)								
		Urge 0-5	Quant	Sad/ Depressed	Anxiety	Anger/ Frustration	Shame	Boredom	Happiness/ Joy	Love
Sub 1.	Urge 0-5									
	Quant									
Sub 2.	Urge 0-5									
	Quant									
Sub 3.	Urge 0-5									
	Quant									
Sub 4.	Urge 0-5									
	Quant									

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