

Commitment Strategies Checklist

- T highlights and discusses PROS AND CONS of a commitment to change.
 - T "sells" commitment.
 - T relates commitments to change to P's own life patterns, to realistic expectations for the future, and to therapy rationale and expected outcome.
- T uses the DEVILS ADVOCATE technique to strengthen P's commitment and build sense of control.
- T uses "FOOT-IN-THE-DOOR" and "DOOR-IN-THE-FACE" techniques to obtain P's commitments to DBT goals and procedures.
 - T presents goals somewhat vaguely and in a favorable light, omitting discussion of how hard goals will be to reach, so that almost anyone would agree.
 - T elicits P's commitment to reach goals.
 - T redescribes goals, presenting more specifics and highlighting difficulties a bit more.
 - T elicits another commitment to reach goals.
 - T "ups the ante," presenting goals as very difficult to reach, perhaps more difficult than anything P has ever attempted—but attainable if P wants to try.
 - T elicits another commitment to reach goals.
- T highlights PRIOR COMMITMENTS P has made ("But I thought we/you had agreed...")
 - T discusses with P whether she still has a commitment made previously.
 - T helps P clarify her commitments.
 - T focuses on recommitment if goal is essential to DBT or to T's limits.
 - T renegotiates commitments if changes do not conflict with DBT or T's limits.
- T presents P with CHOICE stressing P's freedom to choose while at the same time presenting realistic consequences of choices clearly.
 - T highlights that P is free to choose to continue a life of coping by parasuicide, but if that choice is made another therapy will need to be found, since DBT requires reduction of parasuicide as a goal.
 - T highlights that P is free to continue therapy-interfering behaviors, but also clarifies T's limits if that choice is made.
- T uses principles of SHAPING in eliciting commitment from P.
- T generates hope in P by CHEERLEADING.
- T and P agree specifically on HOMEWORK.

Anti-DBT tactics

- T is judgmental about P's choice of goals and/or commitments.
- T is rigid about goals or procedures to reach goals, when rigidity is not imposed by DBT or T's limits.
- T imposes his or her own goals or treatment procedures on P when such goals or procedures are not dictated by DBT or T's limits, presenting them as necessary rather than arbitrary.