Short-Term Distress Menu - Clinician dialogue

Guide a collaborative conversation about short-term distress menu while checking fit and participant choice.

Mental health professionals | 15 minutes

Fictional example: Taylor chooses quiet music while waiting for an uncertain result.

Invite and obtain permission

Offer: "Would it be useful to explore short-term distress menu using an ordinary or fictional example? We can adapt it, observe, or stop." Ask what the person wants from the conversation.

Elicit before teaching

Ask: "How does this show up, if at all, in your own words?" Offer this idea tentatively: Short-term coping aims to get through a moment without adding avoidable harm. Ask what fits and what does not.

Guide the task

Build a menu of accessible distraction, soothing, and support options with a clear time to reassess. Ask for permission before giving an example. Use this fictional illustration if useful: Taylor chooses quiet music while waiting for an uncertain result.

Reflect and check accuracy

Reflect only what was offered: "I heard you describe ___. What did I miss?" Ask: Which option fits this moment, and when will you reassess? Avoid assigning motives or interpreting silence as agreement.

Respond to a mismatch

If the person rejects the frame, say: "Thank you for correcting it. What would be more useful?" Return to their language or choose a different approach.

Close with agency

Ask which observation, question, or support request the person wants to keep. Confirm a manageable ending and appropriate follow-up; do not turn a tentative possibility into a homework obligation.

Reflection

What would tell me to adapt, stop, or seek supervision?

Scope and adaptation

These are selected DBT-informed educational exercises, not comprehensive DBT, phone coaching, or crisis care. Use individualized clinical assessment and existing care plans. No cold-water immersion, breath holding, intense exercise prescriptions, exposure assignments, or risk scoring are included. Behavior chains and opposite-action decisions need clinician guidance when risk or complexity is present.

Original AI-assisted educational draft; independent clinical review pending. Version 1.0. Background: Dialectical Behavior Therapy Skills Training: Fundamentals. Full source links and scope: library.morethantherapy.org/approaches/resources/DBT-A07-3