

Jumpstarting Quality-of-Life Targets with DBT Next Steps Recovery Goals

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There is a turning point in treatment that every DBT therapist waits for – when a client’s life-threatening behavior (LTB) subsides and therapy-interfering behavior (TIB) is minimal. When they reach this point in treatment, therapists often have positive emotions and a sense of relief from the fear and agitation that comes with managing risk.

Treating quality-of-life (QOL) interfering behavior isn’t without its challenges, however. DBT Next Steps is an innovative adaptation of DBT for clients to create new capabilities and sustain the motivation to achieve QOL goals related to employment, independence, and relationships (Comtois, Carmel & Linehan, 2025a). The focus of this article is to first highlight the barriers to targeting QOL-interfering behaviors in DBT, followed by an overview of the DBT Next Steps Recovery Goals (Comtois, Carmel & Linehan, 2025a,b) as a strategy to bring clarity and precision to QOL targets.

Targeting is more difficult the lower down the hierarchy you get

While targeting LTB can be challenging, one advantage is that there’s relatively clear and straightforward problem behavior. A specific incident of self-harm leads to a chain analysis and a solution analysis. Similarly, TIB is often clearcut, such as targeting homework incompleteness.

QOL targets often lack behavioral specificity and imprecise assessment leads to solutions that miss the relevant problem. If a client’s goal is to be “less lonely” what is the QOL-interfering behavior? To approach current relationships differently? To find new relationships? Change the nature of their social life? Tolerate the emotions that show up while working to build a social network? This is compounded when there is a greater emphasis on consultation team to address therapist’s needs regarding LTB and TIB targets, leaving inadequate time and attention to support therapists targeting QOL goals.

Sometimes targeting QOL goals involves determining if there is a behavior to increase or decrease versus a stimulus control problem where the behavior is reasonable but not in the situations where it occurs (e.g., leaving a party without letting others know vs. leaving a work shift without letting others know). Seeking out the essence of the problems that interfere with QOL can be quite difficult and requires nuanced and sophisticated use of problem assessment strategies.

Bringing Clarity and Precision to QOL Targets: DBT Next Steps Recovery Goals

In DBT Next Steps, the selection of QOL targets and their effective treatment are central. In response to Marsha

Linehan’s question “What are the QOL targets for employment, independence, and relationship goals?”, the DBT Next Steps Recovery Goals were created. In the spirit of recovery, the list was reversed from QOL-interfering behaviors to decrease, to QOL goals to be achieved on the way to one’s life’s ambitions.

The 30 DBT Next Steps Recovery Goals (Comtois, Carmel & Linehan, 2025a) are organized into five domains: Living Wage Employment (e.g., demonstrate capability to financially support yourself), Interpersonal Proficiency (e.g., interpersonally easy to work/be with – even with difficult people and during stressful times), Life Outside Work (e.g., have at least a couple of friends whose values align with yours), Emotional Proficiency (e.g., able to experience negative emotions building, staying, and falling mindfully), and Self-Management (e.g., have an effective method of managing your time that balances work, leisure, household, and downtime).

Clients reassess their progress on these targets using a Self-Assessment (Carmel & Comtois, 2023; Comtois, Carmel & Linehan, 2025a,b and available free for download in the Resources section of www.dbtnextsteps.com). By working through the Recovery Goals, clients can identify where they need to make changes to achieve their ambitions, which leads to more effective definition of QOL targets that can be tracked on the DBT Next Steps diary card. Quarterly re-assessment can keep the therapist-client dyad on track and help the consultation team provide support.

Filling in the blank canvas: drawing out QOL goals collaboratively

The process of values or goals clarification can move slowly for clients with histories of invalidation. Clients

will often self-invalidate by overlooking or dismissing their decisions, drives, interests, and values. The “canvas” representing their life can remain blank with no vision of how to fill it. On the other hand, sometimes goals might be well defined, yet they appear to the therapist to be unattainable. Returning to the canvas metaphor, there might be a clear idea of what to paint on the canvas, yet the therapist has a sense that the canvas isn’t going to fit the artwork. For example, a middle-aged client might have the goal of becoming a physician when they have yet to earn a bachelor’s degree. The therapist might have concerns about how attainable this goal might be due to the client’s age, or they might see this is part of a larger tendency to self-invalidate by oversimplifying the ease of attaining a particular goal. The therapist could easily get lost with these concerns and overlook an opportunity to consider how the goal of becoming a physician stems from a value. Becoming a physician could speak to a value of wanting to serve the underserved, be a part of the medical field, or increase earning potential. If or when the client discovers their goal is not feasible, understanding the value driving the goal will help the client to pivot to something else.

The therapist’s uncertainty or wariness to move toward seemingly unattainable goals will inevitably influence the client’s view about whether their own goals are attainable (Carmel, Torres, Chalker & Comtois, 2018). The client who has an accurate sense of their therapist’s trepidation will often view the therapist as yet one more person who has no belief in them or confidence in their ability, and thus increase avoidance behaviors.

Targeting QOL goals: Seeing both the forest and trees

Targeting QOL goals requires that the therapist “zoom out” to identify relevant values, goals and aspirations of the client (sometimes recognizing patterns and highlighting goals that the client may not see themselves). Yet, the therapist must also “zoom in” to identify attainable action steps to move the client toward a life-worth-living goal and modify these steps as needed. As the therapist shifts from zooming in and zooming out, they are tasked with seeing both “the forest and the trees.” Focusing only on one perspective decreases clarity and precision.

Failures to target QOL leading to reoccurrences of LTB and TIB

Clients who have stabilized, are no longer engaging in LTB, yet haven’t made momentum towards life goals are in a precarious place. Clients are likely to experience depression, anxiety, shame, and suffering in quiet desperation. In this context, reoccurrences of LTB are common, and TIB can reoccur when the client is increasingly hopeless in themselves and/or in the effectiveness of the treatment to deliver.

Therapists are often devastated by their client’s reoccurrence of LTB. Yet there may simultaneously be a sense of ease and familiarity in returning to targets that are clearly defined and where they often have more mastery compared to the murky and sometimes opaque process of targeting QOL. As DBT therapists find these targets more straightforward to treat, therapy gets moving again - only to get stuck back in the same QOL place. If the client again returns to LTB or TIB, the therapist and client can become mired in a vicious cycle.

DBT Next Steps Recovery Goals offer a way to get unstuck from this cycle. When QOL becomes the focus of therapy, the 30 Recovery Goals offer more breadth and depth in the QOL realm to guide the client in the direction of their life ambitions. If there is a reoccurrence of LTB or TIB, the therapist can link these targets to the client’s Recovery Goals - rather than abandoning these goals altogether.

For example, a therapist who is targeting the TIB of their client dissociating in session might link this target to their Recovery Goal of demonstrating Emotional Proficiency while pursuing a romantic relationship. Demonstrating Emotional Proficiency by experiencing negative emotions building, staying, and falling mindfully during session (while simultaneously blocking dissociative responses) can lead to the ability to do so in other important social contexts such as dating. Thus, linking LTB or TIB targets to a meaningful Recovery Goal often yields a more engaged and collaborative response from the client. This engagement and collaboration isn’t as likely to occur when the rationale for targeting behavior is simply because it’s on the DBT treatment hierarchy without any reference to the client’s goals.

Consultation teams that set aside time to review the quarterly re-assessment of DBT Next Steps Recovery Goals are more likely to mobilize therapists to actively target QOL and assist their clients as they cross the divide between wanting to work vs. working, or yearning for a social life vs. becoming connected to a community.

Conclusion

Helping a client achieve their QOL goals and life ambitions is exciting work and having it get bogged down in unclear targets or client avoidance is so frustrating. Jumpstarting the process using the Recovery Goals and DBT Next Steps strategies will increase clarity and precision critical to actualizing DBT's potential for QOL goals.

References

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