

PATIENT RESOURCE

# The TIPP Method

Cool. Move. Breathe. Release. | Body-first coping options for intense emotion, panic, anger, and overwhelm.

**T**

**TEMPERATURE**

**I**

**INTENSE EXERCISE**

**P**

**PACED BREATHING**

**P**

**PROGRESSIVE MUSCLE RELAXATION**

Choose the options that are safe and comfortable for you. This is a skill-building workbook, not a test or a requirement to complete every exercise.

READ THIS FIRST

# Your Safety Comes First

Use these pages with a mental health professional or independently when appropriate.

## Important

This workbook supports coping practice. It does not replace mental health assessment, therapy, medical care, medication, or emergency services.

## Need help right now?

If you are in emotional crisis or thinking about suicide, call or text 988 in the United States. Tell clinic staff immediately if you need help staying safe. For immediate danger or a life-threatening emergency, call 911.

## Your choice

You may skip any exercise, use a gentler option, or stop. Feeling uncomfortable, dizzy, short of breath, faint, or in pain is a reason to stop and seek appropriate assistance.

Do not delay urgent medical or crisis help to finish a worksheet. If you are not sure you can keep yourself or someone else safe, ask for live assistance now.

## ORIENTATION

## What Is TIPP?

A distress-tolerance skill set drawn from Dialectical Behavior Therapy (DBT).

TIPP focuses on physical sensations and arousal when emotions are intense. It may make it easier to pause before acting on an urge. It does not need to eliminate emotions to be useful.

**T | Temperature**

Use a tolerable cool sensation, not extreme cold.

**I | Intense Exercise**

Use short, appropriate movement only if medically safe.

**P | Paced Breathing**

Breathe gently and comfortably, without breath-holding or straining.

**P | Progressive Muscle Relaxation**

Gently tense and release muscles; skip painful areas.

## SAFETY

## Choose a Safe Version

Some body-based practices can be inappropriate for certain health conditions.

**Cooling**

Avoid extreme cold, prolonged cold exposure, submerging your face, and breath-holding. Use a cool cloth on hands or a cool object instead. Seek medical advice about face-cooling if you have cardiovascular, circulatory, or fainting concerns.

**Movement**

Do not do vigorous exercise with chest pain, faintness, shortness of breath, acute illness, injury, or a medical restriction. Choose gentle movement or skip it.

**Breathing and muscles**

Never force a breathing count. Stop if dizzy or air-hungry. Avoid tensing an injured, painful, or medically restricted muscle group; release gently without holding your breath.

**If uncertain**

Ask your clinician or medical professional which options are appropriate for you. TIPP is a menu, not a mandatory sequence.

STARTING POINT

# Notice the Emotional Wave

You can use a word, a check mark, or a short sentence.

**My emotion or urge intensity right now is:**

|                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |
|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| 0                        | 1                        | 2                        | 3                        | 4                        | 5                        | 6                        | 7                        | 8                        | 9                        | 10                       |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

0 = manageable or no distress    10 = highest distress

**What am I noticing?**

|                                      |                                         |
|--------------------------------------|-----------------------------------------|
| <input type="checkbox"/> Anxiety     | <input type="checkbox"/> Anger          |
| <input type="checkbox"/> Fear        | <input type="checkbox"/> Shame          |
| <input type="checkbox"/> Panic       | <input type="checkbox"/> Numbness       |
| <input type="checkbox"/> Strong urge | <input type="checkbox"/> Other / unsure |

**What happened just before I felt this way?**

**What do I need to avoid doing while distressed?**

TIPP STEP 1

# Temperature

Cool, not extreme

## How to try it

Hold a cool drink, touch a cool cloth, or notice comfortable cool air. Avoid ice directly against bare skin or other extreme methods.

## Choose an option that feels appropriate:

☐ Cool cloth on hands

☐ Cool drink in my hands

☐ Comfortable cool air

☐ Skip this step

## What safe cooling option will I choose?

## What did I notice in my body afterward?

TIPP REFLECTION 1

## Temperature — Personal Practice

Make this strategy workable for your actual circumstances.

**My plan for using this skill safely:**

**How will I know it is time to stop, switch skills, or ask for help?**

**Anything I want my clinician or support person to know:**

TIPP STEP 2

# Intense Exercise

Movement that fits your health

## How to try it

If medically appropriate, try a brief brisk walk, marching in place, or wall push-ups. Intensity is relative to your ability. Gentle movement or rest is also valid.

## Choose an option that feels appropriate:

☐ Short brisk walk

☐ March in place

☐ Wall push-ups

☐ Gentle movement / skip

## What movement is safe for my body and setting?

## What changed after moving or resting?

TIPP REFLECTION 2

## Intense Exercise — Personal Practice

Make this strategy workable for your actual circumstances.

**My plan for using this skill safely:**

**How will I know it is time to stop, switch skills, or ask for help?**

**Anything I want my clinician or support person to know:**

TIPP STEP 3

# Paced Breathing

Comfortable, never forced

## How to try it

Breathe at an easy rhythm; a slightly longer exhale is optional. If counting increases anxiety, let go of the count and breathe naturally.

## Choose an option that feels appropriate:

☐ Comfortable slow breath

☐ Optional gentle longer exhale

☐ Natural breathing

☐ Skip this step

## What breathing pattern felt comfortable, if any?

## What did I notice afterward?

TIPP REFLECTION 3

## Paced Breathing — Personal Practice

Make this strategy workable for your actual circumstances.

**My plan for using this skill safely:**

**How will I know it is time to stop, switch skills, or ask for help?**

**Anything I want my clinician or support person to know:**

TIPP STEP 4

# Progressive Muscle Relaxation

Release without strain

## How to try it

Gently tighten one comfortable muscle group briefly, then let go. Skip areas with pain or injury. You can simply notice and soften tension instead.

## Choose an option that feels appropriate:

☐ Hands (if comfortable)

☐ Shoulders (if comfortable)

☐ Feet against floor

☐ Simply release / skip

## Which areas were comfortable to relax?

## What was different after the release?

TIPP REFLECTION 4

## Progressive Muscle Relaxation — Personal Practice

Make this strategy workable for your actual circumstances.

**My plan for using this skill safely:**

**How will I know it is time to stop, switch skills, or ask for help?**

**Anything I want my clinician or support person to know:**

## AFTER PRACTICE

## Pause and Recheck

A small change, no change, or an increase in distress is useful information—not a grade.

**My emotion or urge intensity after practice is:**

|                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |
|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| 0                        | 1                        | 2                        | 3                        | 4                        | 5                        | 6                        | 7                        | 8                        | 9                        | 10                       |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

0 = manageable or no distress    10 = highest distress

**Which option was helpful, tolerable, or not helpful?**

**What would support me in the next ten minutes?**

### Safety check

If you cannot stay safe, tell clinic staff or contact immediate support. Call or text 988 for emotional or suicidal crisis; call 911 for immediate danger.

PERSONAL PLAN

## My TIPP Menu

You do not have to use every part of TIPP. Make a menu you can remember.

**My safe temperature option**

**My safe movement or non-movement alternative**

**My comfortable breathing option**

**My muscle-release or relaxation option**

PERSONAL PLAN

## Support and Next Steps

Skills work best alongside connection and timely support.

**The first person or clinic staff member I can ask for help:**

**What I can say when I need support:**

Example: I am overwhelmed and need someone to stay with me.

**One safe next action I can take today:**

### Crisis support

988: call or text for crisis support. 911: immediate danger or life-threatening emergency.

PRACTICE TRACKER

# Seven-Day TIPP Practice Log

Notice patterns. Choose an option appropriate for your health and circumstances.

**Day 1 | Situation, skill used, before/after intensity, and what I learned**

**Day 2 | Situation, skill used, before/after intensity, and what I learned**

**Day 3 | Situation, skill used, before/after intensity, and what I learned**

**Day 4 | Situation, skill used, before/after intensity, and what I learned**

PRACTICE TRACKER

## Seven-Day TIPP Practice Log — Continued

A blank day is not failure. Return whenever you are ready.

**Day 5 | Situation, skill used, before/after intensity, and what I learned**

**Day 6 | Situation, skill used, before/after intensity, and what I learned**

**Day 7 | Situation, skill used, before/after intensity, and what I learned**

QUICK REFERENCE

# One-Page TIPP Guide

Use only medically appropriate options. Do not use a coping skill in place of urgent assistance.

## PAUSE

Notice your emotion, urge, and immediate safety needs.

## T — TEMPERATURE

Use a comfortable cool sensation; avoid extreme cold.

## I — INTENSE EXERCISE

Move briefly if medically safe; gentle movement or skipping is acceptable.

## P — PACED BREATHING

Breathe comfortably; do not strain, hyperventilate, or hold your breath.

## P — MUSCLE RELAXATION

Gently tense and release, or just soften tension without straining.

**My next safe step:**

CREDITS AND ADDITIONAL RESOURCES

## Publication Information

Discreet author and resource information.

### THE TIPP METHOD

2026 Edition | Mental Health Skills & Recovery Series

Author: Bobby Perrine

Original publication: Bodhi Life Balance

Additional mental health workbooks:

<https://bodhilifebalance.com/mental-health-workbooks>

This educational workbook uses the TIPP framework from Dialectical Behavior Therapy. It is not a diagnostic assessment or an individualized treatment plan.

References for background: Linehan, M. M. (2015). DBT Skills Training Manual (2nd ed.), Guilford Press. 988 Suicide & Crisis Lifeline: 988lifeline.org.