Understanding Dialectical Behavior Therapy

Midwest Conference on Problem Gambling & Substance Abuse

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Development of DBT:

- Marsha M. Linehan
- Initially, a treatment was being designed to utilize behavioral therapy with suicidal and self-harming populations.

Development of DBT (Con't):

- Problems with her research → a need to add dialectics and validation to CBT.
- Final product = DBT
  - *Helping people find lives worth living through relentless compassion and effective behavior change strategies.*

Understanding BPD:

- Nine DSM Criteria—the only diagnosis that includes self-harm as a criteria.
- BPD is driven by powerful and rapid shifts in mood, which then dysregulate many or all aspects of an individual's life.
- Evolved into a disorder about which provider's became hopeless and/or burnt out.
- Now viewed as an "emotion regulation" disorder.

Understanding BPD (Con't)

The Biosocial Model

Biological Mood Sensitivity

Invalidating Learning Environment

Understanding BPD (Con't)

Emotional Vulnerability:

- High Emotional Sensitivity
  - Immediate Reaction
  - Low Threshold for Emotional Arousal
- High Emotional Reactivity
  - Extreme Reaction
  - Hard to Think Clearly
- Slow Return to Baseline
  - Long Lasting Reactions

Understanding BPD (Con't)
A Disorder of Dysregulation

• Emotional Dysregulation	• Rapidly shifting feelings and moods; problems with anger
• Interpersonal Dysregulation	• Chaotic relationships; fear of being left alone or abandoned
• Self Dysregulation	• Fluctuating or absent sense of self sense of emptiness
• Cognitive Dysregulation	• Dissociation; paranoid thinking; over-personalization
• Behavioral Dysregulation	• Self-harm behaviors; impulsive behaviors

Dialectical Dilemna

Emotional Vunerability
Sense of emotional agony, falling into the abyss, loss of control, task impossibility

Biological
Social

Self invalidation
(self-directed hate and contempt; dismissal of pain & difficulty; unrealistic expectations)

BPD is Common

- 11% of psychiatric outpatients meet DSM-IV criteria for BPD
- 19% of psychiatric inpatients meet criteria
- 33% of personality-disordered outpatients meet criteria
- 63% of personality-disordered inpatients meet criteria
- 74% of BPD population is female

BPD is Often Lethal

- 70-75% have a history of at least one self-injurious act
- Suicide rates for BPD are 9%
- Those with history of self-injurious behavior have at least double the risk of completed suicide

BPD is Expensive

One Year Health Care Costs Per Patient
Estimated for "Treatment as Usual" (TAU)

Individual Psychotherapy	2,915
Group Psychotherapy	147
Day Treatment	876
Emergency Room Care	56
Psychiatric Inpatient Days	12,008
Medical Inpatient Days	1,094
	17,609

DBT Reduces Criterion Behaviors:

When compared to TAU, DBT significantly reduced:

- Frequency of self-harm behaviors
- The severity of self-harm behaviors
- Treatment drop-out
- Inpatient psychiatric days

(Linehan, Armstrong, Suarez, Allmon & Heard, 1991; Linehan, Schmidt, Dimeff, Craft, Kanter & Comtois, 1999)

RCT's and Substance Abuse

- DBT has been shown to be more effective than TAU in treatment of BPD and treatment of BPD and co-morbid diagnosis of substance abuse.
- For women with co-morbid substance abuse, in addition to similar findings to the original study regarding improvement in BPD criterion behaviors, DBT was more effective than TAU at reducing drug abuse.

(Linehan, Armstrong, Suarez, Allmon & Heard, 1991; Linehan, Schmidt, Dimeff, Craft, Kanter & Comtois, 1999)

DBT Reduces Costs

	TAU	DBT
Individual Psychotherapy	2,915	3,885
Group Psychotherapy	147	1,514
Day Treatment	876	11
Psychiatric Inpatient Days	12,008	2,614
Medical Inpatient Days	1,094	360
	17,609	8,610

Assumptions about BPD & Therapy:

1. Patients are doing the best they can.
2. Patients want to improve.
3. Patients need to do better, try harder, and be more motivated to change.
4. Patients may not have caused all of their own problems, but they have to solve them anyway.

Assumptions about BPD & Therapy (Con't):

5. The lives of suicidal, borderline individuals are unbearable as they are currently being lived.
6. Patients must learn new behaviors in all relevent contexts.
7. Patients cannot fail in therapy.
8. Therapists treating borderline patients need support.

Dialectics – The Effectiveness Behind DBT

Dialectics

"Both…*And*"

Helping clients find true balance in emotion, thoughts, and behavior and/or choices. Teaching them, as well as showing them how live in balance.

Validation

"Yes…*And*"

Acknowledging another person's reality, noting that their thoughts, feelings, sensations, and responses are real, and are valid in their own right.

Fundamental Dialectic
Acceptance AND Change

Standard DBT:

Includes Four Components

- Individual DBT-based treatment
  - One hour per week
- Group Skills Training
  - Two hours per week
- Skills Coaching
- Consultation Team
  - Two hours per week

5 Functions of Comprehensive DBT:

1. Structuring the Environment

2. Enhancing client capabilities

3. Generalizing skills to the natural environment

4. Improving client motivation

5. Enhancing the capabilities and improving the motivation of staff

Core Strategies of DBT

1. Validation

2. Problem-Solving

(Behavioral Chain Analysis; Didactics; Commitment; Shaping; Homework)

Validation:

- The "Acceptance" Strategy in DBT

- Validation communicates to the patient that her behavior makes sense and is understandable in the current context.

- Goal of validation is to engage the patient in trying to understand herself and her actions, emotions, and thoughts.

Problem Solving:

The “change” strategies in DBT.

The therapist attempts to engage the patient in analyzing her own behavior, committing to change, and then taking the active steps to make the changes.

Problem Solving (Con't)- Behavioral Chain Analysis (BCA):

1. Identify appropriate focus for analysis (the problem behavior). Be specific.

2. Find the prompting event in the environment--"When did you first have the thought…"

3. What was going on right before that?

4. What did you think, feel (emotions and sensations), do, notice happening around you at that moment?

5. What happened AFTER the behavior?

Problem Solving (Con't)- Behavioral Chain Analysis (BCA):

6. Identify each link in the chain of events, including the consequences of the behavior-"What was damaged by this behavior?"

7. Do a solution analysis —generate all possible solutions across the sequence.

8. Select one or two key solutions and obtain a commitment to use these in the next situation.

9. Troubleshoot the solutions — "What will get in the way of this working?"

DBT – Individual Therapy

Stages of Treatment

- Pre-treatment (sessions 1-4)
  - Orientation and commitment
  - Explicit agreement to do DBT
- Stage One DBT (1 year)
  - Behavioral Dysregulation
- Stage Two Treatment
  - Quiet Desperation
- Stage Three Treatment
  - Ordinary Problems in Living
- Stage Four Treatment
  - Freedom

Individual Therapy

- Hierarchy
- Structure
- Process

Treatment Hierarchy

- Decrease life-threatening behavior
- Decrease therapy-interfering behavior
- Decrease quality-of-life interfering behaviors
- Improve skill use

Structure of Sessions

- Warm, genuine greeting.
- Request for diary card.
- If no diary—behavior chain and complete card.
- Review diary card.
- Address hierarchy and prioritize.
- Reinforce with “free time” at end of session.

Process of Session

- It the provider's job to maintain liking, respect, and hope for consumers.
- When these important elements of treatment waver, honest self-examination, the consultation team, and skill use are critical in finding synthesis.
- Be aware of vulnerability to discouragement when clients appear to have "taken a step backwards", do not change as rapidly as we would like, or do and say things that are offensive to us.

DBT – Skills Training

Structuring the Skills Group

- Setting is optimally like a classroom—table, chairs, extra notebooks, pens, board (normalizing and protective).
- Agenda is structured and doesn't vary (not process-oriented).
- Focus highlights skill use, mutual coaching, conversational teaching of skills, and behavioral rehearsal.

Schedule – Skills Group

- Co-leaders take attendance, comment on absences, make follow-up calls.
- Mindfulness practice (5 minutes)
- Review of diary cards and homework (50 minutes)
- Break (snacks, chat)
- Skills teaching, practice, and homework assignment (50 minutes)
- Closing (5-10 minutes)

4 Modules Taught on a Rotating Basis

1. Core Mindfulness Skills
2. Emotional Regulation
3. Interpersonal Effectiveness
4. Distress Tolerance

Core Mindfulness Skills

- Central to DBT

- Skills are compatible with Western contemplative practices

- Definition = "Paying attention in a particular way; on purpose, in the present moment, and non-judgmentally." Jon Kabat-Zinn

Core Mindfulness Skills (Con't)

"What" Skills

- Observe
- Describe
- Participate

"How" Skills

- Non-Judgmental Stance
- One-Mindfully
- Effectively

Emotional Regulation

- Increase non-mood-dependent decisions to improve movement toward long-term goals.
- Understanding one's own emotions and developing a language to express them.
- Prevent mood variability—reduce vulnerability to "Emotion Mind"
- Increase positive emotion events
- Decrease emotional suffering

Interpersonal Effectiveness

- Similar skills to those taught in assertiveness training.

- Effective strategies for asking for what one needs, saying no to requests, maintaining ones own self-respect, and coping through conflict with others.

DBT – Coaching

Structuring Coaching

- 24/7 availability by individual provider
- Provider "observes limits"
- Provider manages limits
- Provider has back up 24/7
- Team members support each other in managing limits

Coaching calls are very brief and do not "solve the problem"

Coaching is Most Effective When Used in the Following:

- Client is too emotionally dysregulated to access skills and needs help to prevent self or other harm.
- Client has tried to access skills and can't think of any more to use.
- Client feels that there has been a "tear" in the therapeutic relationship and needs repair.
- Client wants to report on progress in skill use.
- Ultimate Goal of Coaching = Generalization to the Natural Environment

Coaching Process

1. Identify the purpose of the call.
2. Validate
3. What skills have been helping you hang on so far?
4. Is there something that you've tried before that worked in this situation? What do you think you can do to cope now.
5. Try THIS and I'll check back with you in a few minutes/later/tomorrow to see how it goes.

DBT – Consultation Team

A Community of Therapists Treating Each Other

Consultation Agreements

- Dialectical Agreement
- Consultation to the Patient Agreement
- Consistency Agreement

Consultation Agreements (Con't)

- Observing Limits Agreement
- Phenomenological Empathy Agreement
- Fallibility Agreement

Structure of Consultation Team Meetings

Mindfulness (5-15 minutes)
Agreements (2-5 minutes)
Behavior Chain Analysis, if necessary (5 minutes)
Repairs (2 minutes)
Agenda (2 minutes)
Consultation (30 minutes)
Teaching (30 minutes)
Administrative Issues (20 minutes)
Observations (2-5 minutes)

Implementing DBT

- Begin with a small pilot program
- Spend time studying the standard model and planning your program before implementing treatment elements.
- Ask for help!
- Have experts evaluate your program.
- Expect that outcomes will result in continuous change.

- www.behavioraltech.org
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- Many slides reproduced with permission from Ronda Reitz, Ph.D., Dept of Mental Health - Missouri
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