The Essentials of Dialectical Behavior Therapy

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Why Learn DBT?

- Therapists find DBT philosophies of acceptance and non-judgment to be a natural fit
- DBT offers a breadth of interventions, many of which speak to the treatment alliance
- DBT is a “privileged” approach (i.e., promoted by clients, payers, and policy-makers who advocate its use)
- DBT is a teachable, learnable, and practical approach...this is a relative strength compared to other equally efficacious, yet more complicated approaches to deploy

How to be Effective as a Therapist

“Therapists should select for each patient the therapy that accords, or can be brought to accord, with the patient’s personal characteristics in view of the problem. Also implied is that therapists should seek to learn as many approaches as they find congenial and convincing. Creating a good therapeutic match may involve both educating the patient about the therapist conceptual scheme and, if necessary, modifying the scheme to take into account the concepts the patient brings to therapy” (Frank & Frank, 1991, p.xv).

In other words, learn many approaches and customize to your clients

Yes You Can!

- DBT can be used in many different treatment formats
- Across many different populations
- Or integrated with other therapies
- Adaptation is mainstream practice…and evidence-based practice
DBT Originated With CBT

- Linehan began work with suicidal and self-injurious clients in the 1980’s, using CBT; Linehan used her expertise to adapt CBT based on client needs and preferences
- Linehan’s *Cognitive-Behavioral Treatment of Borderline Personality Disorder* was published in 1993
- Numerous RCTs established DBT as an empirically-supported treatment (EST), also referred to as an evidence-based treatment (EBT)
- DBT places greater emphasis on behavioral interventions compared to cognitive interventions, and is guided by a different theory than CBT
- DBT is directive and change-oriented

DBT Balances Its Change Orientation with Client-Centered Elements

- Belief in clients’ capacity to grow and change
- View of acceptance/self-acceptance as a prerequisite to change
- Empathic understanding of clients’ internal frame of reference with non-judgmental, positive regard
- Emphasis on the therapist being authentic and genuine
- Present focus over past and/or future

DBT’s Most Fundamental Dialectic:

Acceptance Versus Change

Dialectical Philosophy

- Dialectic originated with early philosophers
- No position is absolute; each position has its own wisdom or truth (if only a kernel at times)
- Opposite tensions are interconnected, interrelated, and defined by each other
- The synthesis of opposites, through understanding varying contexts and seeking a workable balance, leads to change
- Change is continual, so dialectics require fluidity
Examples of Dialectic Synthesis in DBT

- Acceptance (validation) and change (direction)
- Tolerance of experience versus problem-solving
- Emotion and reason (Wise Mind)
- Doing one’s best and needing to do better
- Active client and active therapist
- Goals of therapy (and/or program) and goals of client
- Integrating research and practice (per EBP)

DBT Synthesizes Many Approaches

- DBT shares commonalities with CBT, client-centered, psychodynamic, gestalt, paradoxical, and strategic approaches among others (Heard & Linehan, 1994; Marra, 2005)
- Mindfulness has been around awhile
- Dialectics go back to ancient philosophers
- Dialectically, DBT is both innovative and derivative
  “There is no new thing under the sun” - Ecclesiastes 1:9

IS IT DBT?: Essential Elements That Make It DBT

- Structured Therapy and Environment
- Treatment Stages/Hierarchy
- Follows Biosocial Theory
- Systematically trains and coaches skills
- Validation Balanced with Interventions
- Behavioral/CBT Interventions
- Use of the Diary Card and Behavioral Analysis
- Integration of Dialectics
- Integration of Mindfulness
- Regular Consultation
- Serves the Five Functions of Comprehensive DBT

Essential 5 Functions of DBT

- Improve clients’ motivation for change
- Enhance clients’ capabilities
- Help clients generalize skills/behaviors to their natural environments
- Enhance the motivation and skill of therapists
- Structure the treatment/program and environment

The 5 functions can be (and should be) applied in any and all treatment modes
Importance of Treatment Structure

- Clear treatment framework (i.e., structure) is a common factor in empirically supported treatments for borderline personality disorder (BPD) (Weinburg et al., 2011)
- Research shows that more complex client presentations require greater treatment structure
- Structure creates predictability, safety, and success for clients and therapists
- “Saying what you do, and doing what you say” is the foundation of trust, and it speaks to the therapy alliance

Examples of Treatment Structure

- Service delivery (treatment) framework
- Structuring sessions
- Detailed therapy agreements, rules, and expectations (of therapists too)
- Use of treatment stages and hierarchy
- Treatment plans with clear goals and objectives, created early in the therapy process
- Describing the typical routines of therapy and/or each part of a program
- Use of diary cards, behavioral analysis, homework, and written safety and skills plans
- Detailed protocols for dealing with safety issues
- Start and end on time!

Treatment Stages

- Pretreatment stage: Oriented client and the environment to the treatment and establish commitment (i.e., agreement on goals and methods)
- Stage 1 with treatment targets and hierarchy of:
  - Decrease life-threatening behaviors
  - Decrease therapy interfering behaviors
  - Decreased quality of life interfering behaviors
  - Increase skill use to address targets
- Note that Stage 1 is what Linehan has researched

- Stage 2: Decrease PTSD (if applicable) and other major stress responses while increasing more complete emotional experiencing and expression
- Stage 3: Increase self-respect, achieve individual goals, and address ordinary problems of living
- Stage 4: Find fulfillment, become more actualized, and increase personal spirituality
- Note that Linehan is beginning to research Stage 2
The Hierarchy In More Detail

- The Treatment Hierarchy determines “what to treat when” and sets the following priorities (i.e., treatment targets):
  - Suicidal behaviors and intense suicidal urges
  - Self-injurious behaviors (SIB) and intense SIB urges
  - Treatment-interfering behaviors (TIB)
  - Quality-of-life interfering behaviors
- The hierarchy is a set of guidelines that can be adjusted and customized based on expertise and client needs

Core Assumptions of DBT

- Clients are doing their best...and need to do better
- Clients may not have created all of their problems, but they are responsible for solving them
- Clients want to improve, and they need to be motivated and active in therapy and life to realize changes
- Therapists and therapy environments need to be non-judgmental and acceptance-based balanced with being structured and accountable
- Both clients and therapists are responsible for practicing skills
- Therapists need to actively seek support from colleagues to stay motivated and effective

DBT Theory: The Biosocial Model

- Clients suffer from emotional vulnerabilities
- Emotional vulnerabilities can come from many sources (e.g., attachment issues, loss, trauma), but is often assumed to be biological
- Chronic and consistent invalidation exacerbates emotional vulnerabilities
- An ongoing, reciprocal relationship exists between emotional vulnerabilities and environments

DBT Theory: The Biosocial Model

- Emotional vulnerabilities are characterized by:
  - Emotional sensitivity
  - Emotional reactivity
  - Slow return to emotional baseline
- Over time emotions get sensitized, leading to a “kindling” effect
- This emotionality (and associated invalidation) is associated with many problems (disorders)
- Emotionality leads to escape and avoidance that leads to chronicity
Common Types of Invalidation

- Abuse and neglect
- Inappropriate ignoring
- Open rejection of thoughts, feelings, and behaviors
- Making “normal” responses “abnormal”
- Failing to communicate how experience “makes sense”
- Expecting behaviors that one cannot perform (e.g., due to developmental level, emotionality, or behavioral deficits)

Biosocial Theory Coherently Guides Treatment Targets and Strategies

- Validation is a primary intervention to:
  - Reduce acute emotionality
  - Provide gentle exposure to emotions
  - Provide a corrective validating environment (and new learning)
  - Create a bridge to learning self-validation
  - Open the client up to change interventions
- Emotion regulation is taught to:
  - Understand how emotion happen
  - Reduce vulnerability to intense emotions
  - Increase opportunities for positive emotions
  - Assist in stepping out of ineffective mood-congruent behaviors

Biosocial Theory Coherently Guides Treatment Targets and Strategies

- Mindfulness (non-judgment and acceptance) is taught to:
  - Reduce amplifying emotions
  - Reduce escape and avoidance of emotions
  - Create qualitatively different and effective experience of emotions
- Distress Tolerance is taught to:
  - Provide healthy ways of coping with emotions when needed

Use the theory to conceptualize the purpose of the interventions used

The Diary Card: An Essential Tool

- Self-monitoring of urges, target behaviors, symptoms, skills, emotions, and other important information (e.g., positive experiences (highlights), treatment objectives, gratefulness)
- Helps to structure and generalize what is learned in therapy to natural environments; builds awareness and skill use
- Provides a tremendous amount of information to track how the client is doing, determine if there are target behaviors on the treatment hierarchy to prioritize, and to set the treatment agenda
- Also provides opportunities to positively reinforce success and to inquire about extra-therapeutic factors
Diary Card Guidelines

- Orient clients to why the diary card is important and how it will help them reach their goals
- Complete each day, preferably at the same time, for the previous 24 hours
- Review diary cards at the beginning of sessions and use the information to set the agenda with clients
- Address incomplete diary cards as a TIB

Four Main Skills Modules

- Mindfulness
- Distress Tolerance
- Emotion Regulation
- Interpersonal Effectiveness
Mindfulness

- Wise Mind: Dialectical synthesis of emotion and reason
- Two Steps to Wise Mind:
  - Observe and Describe Non-judgmentally and One-mindfully
  - Participate Effectively

Distress Tolerance

- Wise Mind ACCEPTS
- IMPROVE the Moment
- Self-Soothe
- Radical Acceptance
- Everyday Acceptance
- Pros and Cons
- Willingness

Emotion Regulation

- Understanding a Model of Emotions
- PLEASED (self-care)
- Build Positive Experience
- Build Mastery
- Opposite-to-Emotion (O2E)

Interpersonal Effectiveness

- Self-Respect Effectiveness (FAST)
- Relationship Effectiveness (GIVE)
- Goal Effectiveness (DEAR MAN)
Supplemental Skills and Modules

- **TIP**: Temperature, Intense Exercise, Progressive Relaxation
- **Bridge Burning**: Removing the Means of Acting on Harmful Urges
- **Urge Surfing**: The Non-reactive Observation of the Ebbs and Flows of Urges
- **Supplemental Skills Modules**:
  - Dialectics Module
  - Building Routines Module
  - Boundaries Module
  - Problem-solving Module

DBT Skills...

- Provide a common language for effective behaviors
- Help clients label, remember, and use effective behaviors
- Teach new behaviors to reinforce (one of the most benevolent ways of changing behaviors)
- Provide a “safety net” in therapy...therapists and clients can almost always “fall back” on skills

Tips to Improve Skills Training

- Be strengths-based (often we think of skills deficits and forget to identify what is working)
- “Catch” and label skill use continuously
- Reinforce anything and everything that is not a problem behavior
- Shape emerging behaviors
- Orient to purpose and goal of skills taught
- Assign individualized homework and get commitment to follow-through
- Consider your audience and their needs
Validation: The Keys to the Kingdom

• Validation is the non-judgmental acknowledgement of the client’s experience
• Validation creates the conditions of acceptance that usually precede change
• As a rule, start with validating the client, and return to validation when the client is “stuck” (remembering that rules have exceptions)

Slowing Down and Pacing

• Validation is NOT a means to an end
• Validation requires time to be processed
• Moving too quickly sends unintended messages about emotions and distress
• Clients will typically let you know if too much time is spent on validation

Levels of Validation (Linehan, 1997)

• Being acutely attentive
• Reflecting verbal communication
• Describing non-verbal communication
• Expressing how experience makes sense given history or biology
• Expressing how experience makes sense in the present moment and context
• Being in genuine, human contact

Validation as an Exposure Technique

• Regulates emotions by decreasing their intensity
• Provides gentle, informal exposure to emotions with a sense of self-efficacy
• Allows for a more complete expression of emotions, cueing a fuller adaptive response
Balance of Validation and Change

- Validation opens clients to change:
  - Lets clients know you understand the nature of their issues and pain
  - Exposure to painful emotions create a qualitative difference in relating to emotions (decreasing ineffective escape and avoidance behaviors)
  - Exposure to painful emotions can create motivation to invest in change

Behavioral Contingencies

- The consequences of behavior influence what we learn
- A temporally close relationship between behavior and consequence influences what will happen the next time we are in a similar situation with similar context
- Highlighting contingencies (e.g., structure, expectations, safety, immediate feedback, etc.) helps clients learn and be more effective

Examples of Contingency Management

- Program rules and expectations with consequences
- Defined treatment plans with consequences for specific behaviors
- Safety expectations
- Changes to environment to reinforce or extinguish behaviors
- Observing limits (boundaries)
- Every observable therapist (or team) response is an informal contingent procedure

Most Effective Behavior Change Methods

- Provide non-contingent reinforcement
- Model effective behavior
- Reinforce non-problem behaviors (DRO, DRA, and DRI)
- Train skills to reinforce
- Make a high-probability behavior contingent on a low-probability behavior
- Lower vulnerability and meet organismic needs proactively
- Harness high level motivations to leverage change
Dialectical Strategies

- Enter the paradox by highlighting:
  - Mismatch between words and behaviors
  - Discrepancy between values and behaviors
  - Inaction in light of knowledge of what would be helpful
  - Tension between preferred reality and actual reality
  - When client wants relationship but actively works to destroy it
  - Strength and resiliency behaviors that contrast a poor self-concept

Dialectical Strategies

- Refusing right and wrong/answers can be yes and no (e.g., a therapist can care and still set limits on availability)
- Use of metaphors or stories
- Devil’s advocate
- Extending
- Wise Mind activation
- Exception Rule
- Making lemonade out of lemons

Purpose of Behavioral Analysis

- Develop a picture of what comes before a behavior (antecedents)
- Develop a picture of what comes after a behavior (consequences)
- Understand the context that surrounds behaviors
- Use this understanding to actively problem-solve and develop skill use
- Used often during Stage 1 for targets on the treatment hierarchy (SI, SIB, TIB)
- Also an excellent method for adding structure to sessions

How to Frame Behavioral Analysis

- Some clients experience change analysis as punishment; if this happens, be sure to validate the experience
- However, discuss how change analysis is a learning tool to help clients reach their goals
- Discuss expectation that change analysis will be used for target behaviors on the hierarchy (i.e., SI, SIB, TIB), and for both in-session and out-of-session behaviors that require problem-solving
- Also consider using change analysis for positive behaviors
During the Behavioral Analysis Process

• Orient clients to the procedure and continue to orient as you go through the change analysis (Why is this important to the client?)
• Validate the emotions that arise and that change analysis can be difficult. Attending to emotions also provides exposure effects
• Use positive reinforcement for efforts and breakthroughs
• Remember that the end goal is to learn skills and solve problems
• Coordinate what is learned with crisis, safety, and other skills plans

Steps in Behavioral Analysis

1. Clearly define the target behavior
2. Ask about frequency, intensity, and duration of the behavior
3. Go step-by-step until you have a clear picture of the following:
   a. What made the client vulnerable
   b. What was the prompting event (trigger)
   c. What are the links between the prompting event and the target behavior (e.g., emotions, thoughts, physical sensations, other behaviors, what is happening or not happening in the environment)
   d. What were the consequences of the target behavior
4. Go back and have client hypothesize possible skills to use to address vulnerabilities and intervening links, as well as skills to replace target behaviors (take out safety plan if applicable)
5. Have client problem-solve how to skillfully deal with consequences so they do not develop into vulnerabilities
6. Have client develop a plan to make amends with others for the target behavior if applicable
7. Get commitment from client that he/she will actively practice the identified skills
Reciprocal Communication: Self-involving disclosure

• Sharing “benign” and human examples of skill use and practice
• Using examples of how you have approached and solved a problem
• Sharing when you would have felt, thought, or responded similarly to how a client reports in a given situation
• Sharing your reactions to the client in the moment, providing information that manages relationship contingencies (creating new learning)
• Letting the client know about the current state of the relationship, to manage contingencies or address feared reactions

Self-disclosure of Personal Information

• Personal information may not relate to client or the therapy; if it is not relevant, do not share it as a rule
• Observe and disclose your limits in regard to personal information when needed (ok to explore what personal inquiries mean to the client)
• Never share personal problems/issues!
• Does it pass the “public” test? In other words, would you share it in front of an audience of your colleagues?

Irreverent Communication

• Irreverence is an offbeat style intended to:
  – Get the client’s attention through surprise or an unexpected response
  – Show another point of view or get the client to process on a different level
  – Create a shift with emotions, thoughts, or behaviors
• Irreverence works best when used by therapists with a naturally irreverent style
• Irreverence is not necessary to be an effective DBT therapist; use it only if it comes from a genuine place

Examples of Irreverent Communication

• Responding to or reframing a client’s communication in an unexpected way, usually picking up on a subtle or unspoken aspect of the communication
• Taking a direct route: “Going where angels fear to tread”
• Being confrontational (e.g., calling “bullshit” on client)
• Call a “bluff” while providing a (well-timed) way out
• Switch intensity levels (e.g., between humor and seriousness)
• Using silence while waiting for a particular response
• Express impotence or omnipotence
Skills (Phone) Coaching

- Determine your (or your program’s) availability
- Set clear contingencies about phone coaching:
  - Clients must observe agreed upon limits
  - Clients fill out a coaching worksheet first
  - Calls are intended to be brief (3 to 5 minutes) and:
    - Are focused on problem-solving with skills
    - Are not “therapy” focused
    - Are not “venting” calls
  - Calls must happen before acting on a target behavior (no calls within 24 hours of acting)
- Consider scheduling coaching calls proactively, especially when client is working skills
- Do not underestimate how effective message check-ins are for some clients

Putting It Together: An Individual DBT Session

Next Steps: Ideas for Development as a DBT Therapist

- Assess your current understanding and skill level
- Seek ongoing supervision and/or consultation
- Find other interested therapists to create a consortium
- Pursue continuing education (preferably from different instructors)
- Review books, manuals, and research articles
- Seek out online resources
- Develop your own skills materials and worksheets (perhaps even a specialized manual for your population)
- Do periodic program development
- Professionals are ultimately responsible for their own development!

Thank You!

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