DIALECTICAL BEHAVIOR THERAPY: IS IT FOR YOU & YOUR CLIENTS?

Workshop for the
5th CIBHS Evidence-Based Practices Symposium
Anaheim, CA

Robin McCann, PhD
April 23, 2015
Disclosure Statements

• Robin McCann, PhD
  – Receives Compensation as a Contracted Trainer with Behavioral Tech, LLC
Objectives

• Gain sufficient knowledge to make an informed decision about whether to practice DBT
  – Describe the foundational principles of DBT
  – Understand the components of DBT
  – Identify the targets of DBT
  – Identify the skills modules taught in DBT
Learn & Practice Behavior Therapy?

Learn & Practice Validation?

am I willing to

Adopt a Dialectical World View?
am I willing to

Adopt a behavioral paradigm?
Work within the Structure of a DBT Program? Be part of a DBT Consultation Team?

Am I willing to

Keep My Practice Informed by Evidence?
Learn and Teach DBT Skills?

Am I willing to Help Clients: Acquire Skills? Strengthen Skills? Generalize Skills?
What is DBT?

• A treatment designed for regulating emotions
  – Originally for treatment of suicidal behaviors
  – It’s continually evolving

• A treatment based on theoretical foundations and assumptions
  – A treatment that assumes that skills are essential

• A program intended to meet specific functions

• A structure for organizing treatment

• A set of strategies, procedures, and protocols
  – Skills!!!

• Jazz!
What is DBT?

A treatment designed for problems regulating emotions

Originally for treatment of suicidal behaviors
What is DBT?
A continually evolving treatment based on Evidence
Treatment Settings
Target Problems
Randomized Controlled Trials

28 Randomized Controlled Trials at 19 Independent Sites in 8 Different Countries with 12 Distinct Patient Populations

- Linehan
- Koons
- Safer
- Craighead
- van den Bosch
- Verheul
- Lynch
- McMann
- Mehlum
- Carter
- Turner
- Clarkin
- Feigenbaum
- Pistorello
- Van Dijk
- Priebe
- Courbasson
- Bohus
- Telch
- Bradley
- Harned
- Bedics
- Harley
- Feldman
- Soler
- Hill
- Hirvikoski
- Neacsiu

http://www.linehaninstitute.org/resources/fromMarsha/
Miga, Neacsiu, Lungo, Heard, & Dimeff (in preparation)
• Cochrane Collaboration Meta Analysis
  – an independent, non-profit organization formed to organize medical research information for healthcare professionals, patients, and policy makers, has examined DBT for BPD.

• DBT is the most robust psychological therapy for treating BPD and is effective in reducing suicide attempts, self-harm, and anger while improving general functioning (Stoffers et al., 2012).
Populations Studied

- Adults with Borderline Personality Disorder (women & men)
  - Suicidal behaviors
  - Anger
  - Substance use disorders
- Adults with depression
  - Older depressed adults
  - Treatment resistant depression
  - Disorders of overcontrol
- Women military veterans
- Women with binge eating disorder
- College students
- Adolescents
  - Non-suicidal self-injury
  - Suicidal behaviors
  - Bi-polar disorder
  - Substance use disorders

See DBT Data to Date: http://linehaninstitute.org/resources/fromMarsha
DBT Outcomes in Borderline Personality Disorder (BPD)

- Reduces:
  - Suicide Attempts
  - Non-Suicidal Self Injury (NSSI)
  - Depression
  - Hopelessness
  - Anger
  - Substance dependence
  - Impulsiveness

- Increases:
  - Adjustment (general & social)
  - Positive self-esteem

(See Stoffer et al., 2012)
Settings

- Standard Outpatient
- Intensive Outpatient
- Partial Hospitalization
- Inpatient
- Acute inpatient
- Forensic setting
- Residential Treatment Centers
- Educational Institutions

See DBT Data to Date: http://linehaninstitute.org/resources/fromMarsha
What is DBT?

A treatment that cuts suicide attempts in half.

DBT includes expert suicide treatment protocols.
DBT Compared to Expert Community Therapy

- Suicide attempts: 50%
- Emergency Department visits for suicidal behaviors: 53%
- Inpatient admission for suicidal behaviors: 73%

All remain 50% lower during follow-up

(Linehan et al, 2006)
What is DBT?

A treatment that assumes that **skills** are essential to building a life worth living.

A growing body of evidence supports this.

(Neacsiu et. al, 2011)
What is DBT?

A treatment based on theoretical foundations & assumptions
Foundations

Behavioral Science

Dialectical Philosophy

Zen/Contemplative Practice
The DBT View of BPD: A Pervasive Disorder of the Emotion Regulation System

BPD criterion behaviors:
• Function to regulate emotions or
• Are a natural consequence of emotion dysregulation
The DBT View of BPD: A Pervasive Disorder of the Emotion Regulation System

BPD criterion behaviors:
- Function to regulate emotions
- Are a natural consequence of emotion dysregulation

Skills Deficits
The Overarching DBT Goal is...

A Life Worth Living
What is DBT?

A program intended to meet specific functions
5 Functions of Comprehensive Treatments & Corresponding DBT Modes

- Improve motivational factors
  - Individual Treatment
- Enhance capabilities
  - Skills Training
- Assure generalization to natural environment
  - Between Session (Phone/milieu) Coaching
- Structure the environment
  - DBT Case Management
- Enhance therapist capabilities and motivation to treat effectively
  - DBT Consultation Team
What is DBT?

A set of strategies, procedures, and protocols
Dialectics and Communication in Case Management

- Change
- Acceptance
- Irreverence
- Reciprocity
- Problem Solving
- Validation
- Consultation to the Client
- Team Consultation
- Environmental Intervention

Case Management
DBT Procedures

• Contingency Procedures
• Skills Training
• Exposure
• Cognitive Modification
DBT Protocols & Special Strategies

- Crisis Strategies
- Suicidal Behaviors Protocol
- Therapy Interfering Behaviors Strategies
- Telephone Strategies
- Ancillary Treatment Strategies
- Relationship Strategies
- Formal Exposure Protocol
Why is it called Dialectical?

THE FOUNDATIONS OF DBT
Where DBT Started: 1980

• Attempt to use behavior therapy with persons at high risk for suicide with multiple suicide attempts/self-injuries

• Review failures and define them as problems to be solved

• Implement potential solutions and study the outcomes
## The Development of DBT

<table>
<thead>
<tr>
<th>Problem</th>
<th>Solution</th>
</tr>
</thead>
<tbody>
<tr>
<td>Change-Focused Approach vs. Acceptance-Focused Approach</td>
<td>• <strong>Dialectical Balance</strong>: Use Change-oriented &amp; Acceptance-oriented Treatment Strategies</td>
</tr>
<tr>
<td>Client Distress About Focusing on One Problem at a Time</td>
<td>• <strong>Teach</strong> Acceptance-oriented Skills &amp; Change-oriented skills</td>
</tr>
<tr>
<td>Therapist Confusion</td>
<td>• <strong>Balance</strong> a Target-based agenda with Protocol-based agenda</td>
</tr>
<tr>
<td>Therapist Dysregulation</td>
<td>• DBT Consultation Team</td>
</tr>
<tr>
<td></td>
<td>• Suicide Risk Assessment &amp; Management Protocol</td>
</tr>
<tr>
<td>Research Funding Needed: DSM Diagnosis vs. Suicidal Behavior</td>
<td>• NIMH Funding to Research Borderline Personality Disorder</td>
</tr>
</tbody>
</table>
Problem 1

Extreme sensitivity to rejection and invalidation made a change-focused treatment untenable.
Focus on Change

EMOTIONAL AROUSAL
Sense of Out-of-control

HIGH Arousal + Out-of-control

No Learning – No Collaboration
The Client shut down, withdrew, quit, or ATTACKED!
Problem 2

Extreme suffering made an acceptance-based approach also untenable.
Solution: APPLY a Dialectical Approach

Change Strategies

Acceptance Strategies

DIALECTICS

BALANCE
DIALECTICS
Dialectics Teaches Us That:

• Everything and every person is connected in some way.
• Everything is made of opposing forces/opposing sides.
• Change is the only constant.
• Change is transactional
A “How To” Guide for Thinking & Acting Dialectically

Be Aware that We Are All Connected
A “HOW TO” GUIDE FOR THINKING & ACTING DIALECTICALLY

Walk the Middle Path
Embrace Change
Remember Change is Transactional
Essential Balance to Behavioral Strategies

VALIDATION
Validation Means:

• Finding the kernel of truth in another perspective
• Acknowledging causes of
  – Emotions
  – Thoughts
  – Behaviors
• Showing you care and understand another person
How Do You Know What Is Valid?

• At once relevant and meaningful
  – To the case or circumstances
• Well grounded or justifiable
  – Fits empirical facts
  – Logically correct
  – Generally accepted
• Appropriate to desired outcome
  – Effective for reaching the individual's ultimate goals
Levels of Validation

- Staying awake: unbiased listening and observing
- Accurate reflection
- Articulating the unverbalized emotions, thoughts, or behavior patterns
- Validation in terms of past learning or biological dysfunction
- Validation in terms of present context or normative functioning
- Radical genuineness
DBT’s Approach to Problem-Solving

BEHAVIOR THERAPY
DBT Approach to Solving Problems

- Based on Cognitive Behavioral principles
- Systematically applies the principles of behavior to the task of changing our own or someone else’s behavior

Get more of the behaviors we want

Have less of the behaviors we don’t want
Behavioral Treatment Assumes

• Behavior either:
  – Is a response to a cue
  – Serves a purpose for the individual
• We must ACT our way in to feeling better
• Change is possible if we learn new more skillful behaviors
  – The “bar” is held high
• To effectively solve a problem, first we need to understand:
  – The context in which the problem occurs
  – The details of the problem behavior
What is a “Behavior”? 

Any response of the individual can be defined as a “behavior”… thoughts, images, sensations, and emotions.
DBT Problem Solving

- Behavioral Analysis
- Insight
- Solution Analysis
  - Skills Training
  - Exposure
  - Cognitive Modification
  - Contingencies
- Didactic
- Orienting
- Commitment
Analyze Target Behavior

Antecedent (aka Cue, Prompting Event)

Problem Behavior

Emotion Dysregulation

Consequences
Analyze Target Behavior

**Antecedent**
(aka Cue, Prompting Event)

**Problem Behavior**

**Emotion Dysregulation**

**Consequences**

**Skills**
Cognitive Modification
Exposure

**Contingency Management**
Structure the Treatment

DBT structures treatment by:

- Functions
- Treatment Goals
- Levels of Disorder
- Treatment Targets
DBT Functions and Standard Modes Combined

<table>
<thead>
<tr>
<th>Improve client motivation</th>
<th>via</th>
<th>Outpatient Individual Psychotherapy</th>
</tr>
</thead>
<tbody>
<tr>
<td>Enhance client capabilities</td>
<td>via</td>
<td>Outpatient Group Skills Training</td>
</tr>
<tr>
<td>Assure generalization to natural</td>
<td>via</td>
<td>Telephone Consultation</td>
</tr>
<tr>
<td>environment</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Structure the environment</td>
<td>via</td>
<td>Case Management; Family &amp;</td>
</tr>
<tr>
<td></td>
<td></td>
<td>organizational interventions</td>
</tr>
<tr>
<td>Enhance therapist capabilities</td>
<td>via</td>
<td>Therapists’ Consultation Meeting</td>
</tr>
<tr>
<td>and motivation to treat effectively</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

- **Uncontrolled Ancillary Treatments**
  - Pharmacotherapy
  - Acute-Inpatient Psychiatric
DBT Consultation Team:
A community of therapists treating a community of clients
Stages of Treatment: Dialectical Synthesis

Pre-treatment ► Commitment and Agreement

Stage 1:
Severe Behavioral Dyscontrol ► Stability and Behavioral Control

Stage 2:
Quiet Desperation ► Non-anguished Emotional Experiencing

Stage 3:
Problems in Living/Non-complicated Disorders ► Ordinary Happiness/Unhappiness

Stage 4:
Incompleteness ► Freedom and Capacity for Joy
Stage 1 Primary Targets for Individual Therapy: Dialectical Synthesis

Severe Behavioral Dyscontrol ➤ Behavioral Control

- Life-threatening Behaviors
- Therapy-interfering Behaviors
- Quality-of-life Interfering Behaviors

Increase Behavioral Skills

- Core Mindfulness
- Distress Tolerance
- Interpersonal Effectiveness
- Emotion Regulation
- Self-Management

Decrease Behavioral Dyscontrol
DBT Targets for Skills Training

- Decrease Behaviors Likely to Destroy Therapy
- Increase Skill Acquisition / Strengthen Skills
- Decrease Treatment Interfering Behaviors
DBT AS SKILLS

Balance the Skills

Emotion Regulation
Change

Mindfulness
Acceptance

Interpersonal Effectiveness

Distress Tolerance

SELF REGULATION
Six Month Treatment Cycle

- Mindfulness (2 weeks)
- Interpersonal Effectiveness (6 weeks)
- Mindfulness (2 weeks)
- Distress Tolerance (6 weeks)
- Mindfulness (2 weeks)
- Emotion Regulation (6 weeks)
Mindfulness Skills
Mindfulness States of Mind

Reasonable Mind

Wise Mind

Emotional Mind
Mindfulness: Taking Hold of Your Mind

“WHAT” Skills

Observe
- Just notice the experience
- Have a ‘Teflon Mind’
- Control your attention
- Be like a guard at the palace gate: Alert!

Describe
- Put words on the experience
- Put experiences into words

Participate
- Enter into & become one with your experience unselfconsciously
- Act intuitively from Wise Mind
- Actively practice skills as you learn them
Mindfulness: Taking Hold of Your Mind

“WHAT” Skills

Non-Judgmentally
- See but don’t evaluate
- Unglue your opinions from the facts
- Acknowledge wholesome & harmful, but don’t judge
- Don’t judge your judging

One-Mindfully
- Do one thing at a time
- Let go of distractions
- Concentrate your mind

Effectively
- Focus on what works
- Play by the rules
- Keep you eye on your objective
- Act as skillfully as you can
Distress Tolerance Skills
A DISTRESS TOLERANCE SKILLS:
Crisis Survival Strategies

• Distract
• Self-Soothe
• IMPROVE the Moment
• Pros and Cons
DISTRESS TOLERANCE SKILLS:

Guidelines for Accepting Reality

- Observing Your Breath
- Half-smiling
- Awareness
Interpersonal Effectiveness Skills
INTERPERSONAL EFFECTIVENESS SKILLS:
Getting What You Want

Remember “DEAR MAN”

Describe
Express
Assert
Reinforce

(stay) Mindful
Appear Confident
Negotiate
INTERPERSONAL EFFECTIVENESS SKILLS:
Keeping a Relationship

Remember “GIVE”

- (be) Gentle
- (act) Interested
- (use an) Validate
- Easy Manner
INTERPERSONAL EFFECTIVENESS SKILLS:
Keeping Your Self-Respect

Remember “FAST”

(be) Fair
(no) Apologies
(be) Stick to Values
(be) Truthful
Emotion Regulation Skills
Emotion Regulation Skills
(1 of 2)

• Understand emotions
  – Observe and describe emotions
  – Understand function of emotions

• Reduce Emotional Vulnerability
  – Decrease negative vulnerability
  – Increase positive emotions
Emotion Regulation Skills
(2 of 2)

• Decrease Emotional Suffering
  – Letting go of painful emotions
  – Mindfulness of painful emotions

• Change by Acting Opposite to Painful Emotions
  – When afraid, approach
  – When ashamed, continue behavior openly
  – When depressed, get active
  – When angry, gently avoid/be kind
DBT OPPOSITE ACTION
DBT as...

- Cue Exposure
- Response Prevention
- Opposite Action
Learn & Practice Behavior Therapy? Learn & Practice Validation?

am I willing to

 Adopt a Dialectical World View?
am I willing to

Adopt a behavioral paradigm?
Work within the Structure of a DBT Program? DBT Consultation Team?

Be part of a

Am I willing to

Keep My Practice Informed by Evidence?
Learn and Teach DBT Skills?

Am I willing to Help Clients: Acquire Skills?
Strengthen Skills?
Generalize Skills?
Do It With Strategic Style

Play

JAZZ

with

Warmth & irreverence & reciprocity &
Walking in where angels fear to tread, etc.
FOR MORE INFORMATION

The Linehan Institute
http://www.linehaninstitute.org/

Behavioral Tech, LLC
http://behavioraltech.org/index.cfm

University of Washington
Behavioral Research & Therapy Clinics
http://blogs.uw.edu/brtc/

Thank you