Calming the Emotional Storm:

Essential Dialectical Behavior Therapy Skills for Emotionally Dysregulated Clients

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Conflict of Interest

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"Many of the concepts I'm presenting today are from my books. I do benefit financially from royalty payments from the sale of these products."

Objectives

At the end of this workshop, participants will:

- Have a basic understanding of the theories underlying DBT (the BioSocial Theory, Dialectics, and Behavior Theory)
- Have learned some skills and strategies to help clients to get unstuck and move toward healing
- Have an understanding of the flexibility of DBT, and of its applicability to psychiatric illnesses other than BPD

Emotion Dysregulation

- Difficulties regulating emotions are not uncommon, accounting for more than 75% of the mental illness described in the DSM - IV (Werner & Gross, 2010), and can also be present in people who have no specific mental illness.
- **Therefore, it only makes sense to use DBT for other disorders!

What is DBT?

- Dialectical Behavior Therapy is a treatment developed by Marsha Linehan in Seattle, Washington, to treat individuals with Borderline Personality Disorder (BPD)
- Marsha and her team were using traditional Cognitive-Behavioral Therapy (CBT) to treat this difficult population, and found that it was not very effective.

What is DBT?

- Marsha and her team attributed this to three factors:
1. Clients with BPD receiving CBT found the unrelenting focus on change inherent to the treatment invalidating

What is DBT?

2. Clients punished therapists for effective therapy (e.g. responded with anger, emotional withdrawal, threatened self-harm, etc.); and rewarded therapists when allowed to change the topic from one they didn't want to discuss to one they did want to discuss.

What is DBT?

3. The complexity of problems experienced by clients made it impossible to use standard CBT - therapists simply did not have time to address all of the problems presented by clients (e.g. suicide attempts, urges to self-harm or quit treatment, etc.) AND have session time devoted to helping the client learn and apply more adaptive skills.

What is DBT?

In response to these key problems, Marsha and her team made modifications to CBT to include mindfulness and acceptance techniques.

In this new model, accepting clients as they are (i.e. that their emotions, thoughts and behaviors make sense given their circumstances) is balanced with focusing on change and teaching skills needed to lead a life worth living

What is DBT?

Some of the differences between DBT and CBT:

- Mindfulness and acceptance
- Principle-driven vs. protocol-driven
- Contingency management
- (in individual DBT therapy there are other differences as well, including heavy emphasis on suicide assessment and commitment strategies)
- Mode of delivery

Standard DBT Model

1. Outpatient individual psychotherapy
2. Outpatient group skills-training
3. Skills Coaching
4. DBT team consultation

Modifying DBT

"In a recent study by Marsha's team, data showed no significant difference between Comprehensive DBT and a DBT Skills Condition on all major outcome variables during 12 months of treatment, and it looks like Comprehensive DBT begins to slightly outperform the DBT skills condition in the 12 month post-treatment follow-up on certain outcome variables." (The Skills Condition included a Consultation Team, and clients had case managers who were trained in the UWRAP and who assisted with suicide crises as they arose)

Modifying DBT

A Canadian study (McMain, Guimond & Streiner – 2017) looked at 84 patients with BPD, aged 18 and older:

- Provided 20 weeks of skills training only, compared to a waiting list group
- At 3 months follow-up:
  - Significant reductions in self-harm and suicidal behaviour, anger, impulsivity, and BPD symptoms; and an increase in mindfulness, distress tolerance, and emotion regulation

Modifying DBT

- A RCT on the 12-week DBT skills group for Bipolar Disorder I developed demonstrated a reduction in depressive symptoms, an increase in self-efficacy, and an increase in one's ability to manage one's emotions; hospitalizations and ER visits were also reduced in the 6 months post-group compared to 6 months prior to group (*Journal of Affective Disorders*, March 2013)

Research continues to be conducted on adaptations of DBT, and on using DBT for other disorders

(see handout)

Biosocial Theory of BPD

Patients with BPD have pervasive emotional dysregulation. This is the result of two main factors:

1. A biological predisposition to emotional vulnerability:
   - A person who is emotionally vulnerable reacts emotionally to things others wouldn't typically react to; emotional responses are more severe than what is warranted; it takes longer to return to baseline; and baseline includes higher than average emotional pain

BioSocial Theory: Emotional Vulnerability

Biological factors implicated in emotional vulnerability:

1. Genetics: work done by E. Aron has pointed to the possibility that between 20-30% of individuals are born "highly sensitive", physically & emotionally
2. Trauma: severe emotional or physical trauma causes changes in the brain to make it more vulnerable to intense feeling states.

BioSocial Theory: Emotional Vulnerability

Biological factors implicated in emotional vulnerability (continued):

3. Mental illness: Psychiatric disorders, especially when not well controlled by medications, lead to further emotional suffering.

BioSocial Theory:
The Invalidating Environment

2. The second factor contributing to emotion dysregulation is an ***Invalidating Environment:*** the tendency to deny, or respond unpredictably and inappropriately to the individual's private experiences (e.g. the child expresses an emotion and is judged or punished for this; is told that their experience is incorrect; the experience is minimized or ignored; and so on).

BioSocial Theory:
The Invalidating Environment

Examples of an invalidating environment include:

- The Abusive Home: physical, emotional, sexual or verbal abuse, or neglect is the epitome of the invalidating environment
- The Poor Fit: e.g. the creative child in a family of "rational-thinkers"; the emotionally sensitive child in a family without this sensitivity

BioSocial Theory:
The Invalidating Environment

Examples of an invalidating environment include:

- The Chaotic Home: e.g. parents who had an invalidating childhood; who have a mental illness or addiction; who are financially unstable
- Other Invalidating Environments: e.g. school, extra-curricular activities, social media, societal/systemic invalidation

(**Note this isn't about placing blame, but about helping us and our clients understand!)

BioSocial Theory: The Invalidating Environment

Consequences of the invalidating environment:

- The child doesn't learn to label or trust their private experiences, including emotions; instead, they learn to search the environment for cues on how to think, feel, and act (as an adult, this is experienced as "emptiness" or a lack of self-awareness).

BioSocial Theory: The Invalidating Environment

- An extension of not being able to label or trust their experience is that the child doesn't learn to modulate emotional arousal; or how to respond appropriately to distress
  - These emotional problems are not recognized by caregivers, and the child is told to control their emotions without being taught the skills to help them do this.

BioSocial Theory

In individual DBT work, understanding the patient's early experiences of attachment, relationships with parents/siblings, and temperament, is very important in understanding the patient's skill deficits and strengths; the bulk of the work, however, focuses on the here-and-now

The Valuable Aspects of the BioSocial Theory of BPD

- The model is *transactional*, and therefore avoids "blaming the patient" (clients are no longer judged/blamed for *ineffective* coping, because it's the *transaction* between the client and their environment that causes the problems, not the patient themselves)

The Valuable Aspects of the BioSocial Theory of BPD

- It focuses on helping patients acquire skills:
  - to **modulate** extreme emotions (they become experts at identifying their emotions and choosing behaviors that will reduce their intensity)
  - to **reduce** emotional vulnerability (they become experts at being mindful of themselves and their environment, and at making healthier lifestyle choices)

The Valuable Aspects of the BioSocial Theory of BPD

- It focuses on helping patients acquire skills (continued):
  - to reduce **mood-dependent** behaviors (they learn skills that disconnect emotions from behavior, reducing impulsive drinking, parasuicidal behaviors, etc.)
  - to **validate** their own thoughts, feelings, and behaviors (resulting in raised self-esteem/self-respect/self-efficacy)
  - locus of control shifts from external to internal

The Valuable Aspects of the BioSocial Theory of BPD

- It facilitates psychoeducation by identifying inadequate **learning** experiences (normalizing maladaptive behaviors learned in childhood)
- The BioSocial Theory reduces the therapist's sense of helplessness and frustration when relapse occurs – it helps us to not to take it personally!

BioSocial Theory

In individual DBT work, understanding the patient's early experiences of attachment, relationships with parents/siblings, and temperament, are very important in understanding the patient's skill deficits and strengths; the bulk of the work, however, focuses on the here-and-now

The Valuable Aspects of the BioSocial Theory of BPD

- Recalling that over 75% of DSM diagnoses involve emotion dysregulation, it makes sense to look at applying Linehan's (1993) biosocial theory to disorders other than BPD.

Dialectics

DBT is based on a dialectical philosophy:

- A more balanced way of thinking – getting away from Black & White and moving toward the Grays
- "Walking the middle path" (Miller)

How a Dialectical Worldview Informs Treatment Strategies in DBT

- There are no absolute truths – no one perspective is the truth; each position has its own wisdom or truth, even if it's only a kernel of truth; sometimes we need to hold two (or more) truths at the same time, without trying to figure out which one is "right"
- Opposites are interconnected and defined by each other; synthesizing these opposites is what leads to change

How a Dialectical Worldview Informs Treatment Strategies in DBT

- Emphasizes importance of balancing acceptance with change (i.e. validation with problem-solving and skills-training)
- Searching for what is left out in order to thoroughly analyze behaviors, thoughts and feelings
- Highlights oppositions (e.g. good/bad, right/wrong) in order to reduce interpersonal conflict

How a Dialectical Worldview Informs Treatment Strategies in DBT

- The only thing constant about reality is change! – being dialectical means being flexible
- Dialectics helps us to see from the others' perspective
- Increases options

And instead of *But*

Dialectics in Therapy

- Acceptance versus Change
- Your goals for your client versus their goals for themselves
- Learning to tolerate versus problem-solving
- Observing limits and being available to clients
- Help-seeking versus self-efficacy

Dialectical Strategies: Reciprocal vs. Irreverent Communication

- Reciprocal Communication:
  - Give and take; equality
  - Warmth and genuineness; validating
  - Use of self-disclosure
    - To validate or normalize an experience
    - To problem-solve
    - To model for the client how to self-disclose
    - Self-involving self-disclosure
    - Guidelines

Validation

What is validation?

- Communicating to the client that their responses make sense and are understandable within their current life context or situation
- Communicating acceptance of the client, taking the client's responses seriously and not discounting or minimizing them

Why validate?

- *Invalidation* increases emotional arousal, which makes it difficult for clients to process information
- Validating the emotionally aroused client (e.g. "I know you're angry") helps to reduce the intensity of emotions, allowing for new learning and therapeutic change (balances the push for change)

Benefits of Validation

- Enhances the therapeutic relationship
- Strengthens your empathy toward the client
- Encourages the client to keep going when they're ready to quit
- Teaches the patient through modeling, how to trust and validate themselves

Levels of Validation (Linehan, 1997)

1. Listening & Observing (listen mindfully, active listening)
2. Accurate Reflection (so what you're saying is…)
3. Articulating the Unverbalized (I would imagine you'd be feeling…)
4. Validate the current state based on history (e.g. of course you don't want to walk down the dark alley, you were assaulted in an alley)

Levels of Validation

5. Communicate the person's behaviour makes sense and is reasonable for anyone (e.g. Of course you don't want to walk down the dark alley, dark alleys are scary and dangerous; example with my cousin)

Levels of Validation

6. Radical Genuineness: treating the person as valid (matter of fact, not treating patient as fragile, direct and challenging)
   - This level of validation must come from the therapist's genuine self; at this level, almost any response by the therapist can be validating
   - Notice your natural, spontaneous reaction (versus the "Twilight Zone" therapist)
   - Not just verbal, but facial expressions and behaviour as well

How to Validate

- Only validate the valid! – e.g. you need to validate the extreme emotional response without validating the problematic behavior
- Be descriptive and nonjudgmental in articulating how the client's response isn't effective or doesn't make sense

Validation

- Pushing for change in the emotionally vulnerable client will likely be perceived as invalidating ("you don't understand how difficult it is if you expect me to change")
- But it will also be perceived as invalidating if all that occurs is validation with no effort to change ("you don't understand how awful it is if you're not helping me to change")

Dialectical Strategies: Reciprocal vs. Irreverent Communication

- Irreverent Communication: an unexpected, somewhat "off the wall" response to a client
  - Blunt, confrontational, honest, challenging
  - Off-beat sense of humor
  - Relies on a good relationship with client; and must be surrounded with validation
  - (Marsha's example)

Dialectical Strategies

- Devil's Advocate
  - e.g. You say you want to stop bingeing, but you're not using skills; I'm not so sure you're really committed to working on this.
- Making lemonade out of lemons
  - e.g. So you're finding it hard to tolerate sitting in group listening to others talk about their problems – that's great, you can practice being nonjudgmental!
- Use of metaphors

Behavior Theory: Definitions

- Something is reinforcing if it makes it more likely the behavior will happen again.
- Positively Reinforcing a behavior means that something the client sees as positive happens after a certain behavior occurs.

Behavior Theory: Definitions

- ***Negatively Reinforcing*** a behavior means that something the client finds unpleasant is removed after a certain behavior occurs
- ***Intermittent Reinforcement*** is when the positive or negative reinforcement occurs occasionally rather than every time the behavior takes place; ***it is one of the most successful ways of reinforcing a behavior***, since the individual never knows when she'll be reinforced (e.g. the gambler)

Behavior Theory: Definitions

- *Consequence:* The outcome of something that occurred earlier. In other words, when looking at the consequences of an individual's behaviour, we're asking the question "*what happened after the person acted?"*
- Consequences can be *positive* or *negative*

Behavior Theory: Definitions

- Shaping: By reinforcing behaviors that are *close to* the desired, end behavior, you can shape an individual's behavior (e.g. eliminating physical aggression with anger).
- Modeling: demonstrating a behavior for someone else to imitate (e.g. validation!)

Behavior Theory: Contingency Management

- A *contingency* is when there is a relationship between two events, so that if one event takes place, the other event is more likely to also occur ("if-then" relationship)
- The DBT therapist strives to be aware of the contingencies occurring in therapy and the therapeutic relationship, so that these contingencies can be used in the client's best interest

Behavior Theory: Contingency Management

- For example: the 24-Hour Rule

If a client self-harms, the DBT therapist will not increase therapeutic contact for 24 hours (will keep any previously scheduled contact)

This is meant to increase the client's motivation to seek contact when they need help to not engage in these behaviors; and to ensure the therapist doesn't reinforce the self-harm

Behavior Theory

- We always have to be considering:
  - Are we (or others) reinforcing behaviors we don't want?
  - Are we (or others) providing negative consequences or punishers to behaviors we do want?
  - How can we shape or model positive behaviors so that the client will eventually engage in these behaviors on her own?

Reducing Therapist Burn-Out

The Behavioral Analysis (BA)

- A detailed account of each thought, feeling, and action that moved the client from the Prompting Event to a Problem Behavior
- Helps identify reinforcers and triggers, and to increase overall awareness
- Should be exhaustive

Reducing Therapist Burn-Out

The Behavioral Analysis (BA)

- Done in partnership at first, then as homework
- Can be aversive for clients
- Emphasizes the client's responsibility
- Helps therapist and client see each point where an alternative response might have led away from the problem behavior

The Behavioral Analysis (BA)

1. What's the problem-behavior we're analyzing? (make sure this is clear!)
2. What were the vulnerability factors – often biological, can also include learning (what made it more likely on that day that the individual engaged in that behavior?)
3. What was the prompting event or trigger?
4. Describe the links in the chain from when the prompting event occurred to when the problem behavior occurred
5. What were the consequences (positive as well as negative)

The Behavioral Analysis (BA)

Part 2 – The Solution Analysis:

1. Ways to reduce vulnerability factors?
2. Ways to prevent the prompting event?
3. Ways to work on changing the links in the chain? – i.e. where can you insert SKILLS?
4. How can you repair or correct the harm done by the problem behavior?

Overview of DBT Skills

There are four modules in DBT:

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

Thank You!