

DBT Certification by The Hirose Institute Session Six

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Welcome Back!

1. Mindfulness activity:
2. Homework review:

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Behavioural Analysis

Group Exercise Part Two: The Solution Analysis

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Formulation and Treatment Planning

- We're always on the look-out for what skills our client is missing – what skills-deficits need to be addressed?
- “Mini Treatment-Plans” (Kelly Koerner) can be helpful:
 - These cues...
 - Set off this emotion/these thoughts in you...
 - Which lead to these unhealthy means of coping and unintended consequences...
 - (Get the Head Nod)
 - Introduce the replacement behaviour

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Formulation and Treatment Planning

Mini Treatment Plan for Taylor

These cues: having a disagreement with someone; sensing (whether accurate or not) that someone is angry with you...

Set off: self-blame, self-judgment, anxiety and shame...

Which leads to urges to cut and/or suicide...

Replacement behaviours: observing and describing, interpersonal effectiveness skills to check out with other person, self-validation, radical acceptance, distress tolerance skills

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Case Examples

Exercise

Mini-Treatment Plan

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Formulation and Treatment Planning

When there's an absence of skillful behaviour:

1. Does the client have the necessary skills? – if not, skills training.
2. Are circumstances reinforcing dysfunctional behaviour, or failing to reinforce functional behaviour? – if so, Contingency Management.
3. Are conditioned emotional responses blocking more skilful responding? – if so, Exposure Therapy.
4. Are effective behaviours inhibited by faulty beliefs and assumptions? – if so, Cognitive Modification.

(These difficulties are usually going to come out in Behavioural Analysis!)

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Helping Clients Get Unstuck

Dealing with objections to skills:

1. Validate! – frustration, hopelessness, disappointment, difficulty of skill
2. Review - the skill and how/when to use
3. Ensure relevance – clear link to goals
4. Problem-solve – did the skill match the situation? Need to use different skill? Need to modify the skill (e.g. Assess level of difficulty)
5. Generate hope, cheerlead
6. Get commitment to practice
7. Radically Accept – some clients will reject some skills; some skills won't work for some clients/situations; the skills won't always work!

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Helping Clients Get Unstuck

Example:

"I tried to use the distress tolerance skills but they didn't work so I gave up and binged"

1. Validate! – "I know it's hard to break out of this pattern"
2. Review – "What do you mean the skills didn't work? What did you do?" (review the skill if needed)
3. Ensure relevance – clear link to goals
4. Problem-solve – long list of skills? Suggested time length for each item? Additional skills to help with urges? Is not bingeing at all too much to start?
5. Generate hope, cheerlead
6. Get commitment to practice skills/modifications
7. Radically Accept

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Helping Clients Get Unstuck

Further commitment strategies

Sell the skill:

- Pro's and con's
- Devil's advocate
- Foot in the door/door in the face
- Turn the tables/negotiate
- Clarify contingencies – point out contingencies of effective and ineffective behaviour

Don't get stuck in a power-struggle – if there's no movement, identify this and agree to disagree – Radical Acceptance (you can always come back to it later!)

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Helping Clients Get Unstuck

Strategies to enhance motivation and commitment:

- Clarify/confirm the goal & link the skill
- Be nonjudgmental! – recognize that the client has valid reasons to be stuck, find them and validate
- Inquire about wilfulness
- Use self-involving self-disclosure
- Behavioural analysis/Missing Links Analysis

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Helping Clients Get Unstuck

Missing Links Analysis:

Did I know what effective behavior was needed or expected?

1. If no, what got in the way of knowing? Describe problem solving.
2. If yes, was I willing to do what was needed?
3. If no, what got in the way of wanting to do what was needed? Describe problem solving.
4. If yes, did the thought of doing what was needed or expected ever enter my mind?
5. If no, describe problem solving.
6. If yes, what got in the way of doing what was needed or expected right away? Describe problem solving.

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DBT for Depression

Skills to use:

- Opposite Action – behavioural activation
- Increasing pleasurable emotions through goal-setting
- Contingency management?
- Self-soothing skills – self-care
- Mindfulness to increase enjoyment of pleasant experiences
- STRONGR skills to reduce vulnerability to EM
- Nonjudgmental stance to change negative thinking
- Radical acceptance with events and situations that are keeping them stuck

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DBT for Anxiety

Skills to use:

- Mindfulness to increase ability to tolerate the anxiety
 - Validate the client and help them learn to validate themselves to prevent escalation
 - Opposite Action – act opposite to the anxiety and approach instead of avoid; point out the contingencies that maintain the avoidance behaviours
 - STRONGR skills to reduce vulnerability to EM
 - Cope Ahead for the feared situations that are likely to happen
 - Radical acceptance with events and situations that increase anxiety
- *** Technique for panic attacks

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DBT for Bipolar Disorder

- The complexity of bipolar disorder is quite similar to the complex nature of BPD
- Use Mood Charts to monitor mood, and/or Tracking Sheets to monitor when there are a number of problem behaviours
- Assess what skills the individual is lacking
- Focus overall should be on managing emotions more effectively

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DBT for Bipolar Disorder

Skills to use:

- Mindfulness to increase self-awareness of mood states and possible signs of oncoming episodes
- Opposite Action – with whatever unhealthy mood state is presenting
- STRONGR skills to reduce vulnerability to EM
- Radical acceptance of past events and situations that continue to cause painful emotions
- Nonjudgmental stance toward self with regard to illness and problem behaviours

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DBT with Grief

Skills to use:

- Mindfulness to reduce dwelling on the past and increase acceptance of the loss
- STRONGR skills – self-care will help to reduce vulnerability to emotion mind
- Self-validation (grief is different for everyone, this is what it is for me right now)
- Radical Acceptance

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DBT with Anger

Skills to use:

- Mindfulness to reduce dwelling on the past
- STRONGR skills – self-care will help to reduce vulnerability to emotion mind
- Assessing the function of the emotion – what purpose is it serving?
- Assess whether the individual seems to be labeling emotions accurately – confusing anxiety with anger?
- Assess communication style – if the client is typically passive, has a hard time saying no, etc., they'll be more likely to explode at times (might use Cope Ahead here)
- Nonjudgmental stance
- Radical Acceptance

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DBT with Low Self-Esteem

Skills to use:

- Mindfulness to reduce dwelling on the past and to increase awareness of self-judgments
- Assess communication style – if the client is typically passive, has a hard time saying no, etc., this feeds into low SE; developing healthier relationships and increasing assertiveness increases SE (might use Cope Ahead here)
- Opposite Action (anxiety is likely preventing them from being more assertive, and/or from forming new relationships)
- Building mastery – healthy activities and a sense of fulfillment will increase SE
- Nonjudgmental stance with a focus on self-judgments

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DBT with Substance Abuse/Eating Disorders

Skills to use:

- Mindfulness to reduce dwelling on the past and future
- Distress tolerance skills and Urge Management to help reduce acting on urges to use
- Building mastery to increase activities and fulfillment so the individual has more in their life
- Assess for low SE and use skills to assist in improving
- Assess purpose of the substance – to avoid emotions (including alleviate boredom), to soothe, to help socialize, etc. and address these problems
- Assess relationships and other possible factors that are maintaining the behaviour
- Dialectical Abstinence
- (also modifications to DBT for substance use and ED)

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DBT with Dissociation

Skills to use:

- F-TIP skills to re-regulate
- Mindfulness to increase awareness of early warning signs and thoughts about trauma/other triggers; to ground (“big toes little toes”); and to learn to tolerate uncomfortable or distressing emotions
- Assess purpose of dissociation (avoidance); and find ways to address these problems (contingency management?)

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Consultation

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