

# **Dialectical Behavior Therapy Certification Program – Day One**

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# Day One Overview

- Basics of Personality Disorders
- Basics of Borderline Personality Disorder
- DBT Basics
  - DBT History
  - Basics of Interventions and Skills
  - Dialectics
  - Hierarchy and Stages of Treatment
  - Behavioral Psych Basics
- Essential Elements of DBT



# Day Two Overview

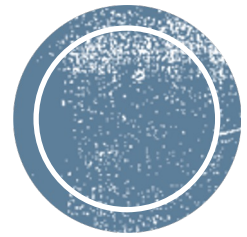
- Basics of DBT Skills
  - Mindfulness Basics
  - Opposite Action
  - Problem Solving
  - Basics of Distress Tolerance
- "Tying it All Together"
- Making DBT Evidence-Based Practice
- The Process of Therapy (Structure of Individual and Group)
- DBT Skills Revisited (with emphasis on activities)
  - Mindfulness



# Final Day Overview

- DBT Skills
  - Dialectics
  - Distress Tolerance
  - Emotion Regulation
  - Interpersonal Effectiveness
  - Acronyms, Acronyms, and more Acronyms!
- Unique Approaches
  - Diary Cards
  - Behavior and Solution Analysis
  - Irreverence
  - Consultation Groups
- Basics of Self-Directed Violence
- Safety and Suicide Assessment





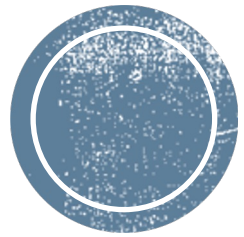
# **Volunteers for Mock Sessions?**



# CONFLICT OF INTEREST



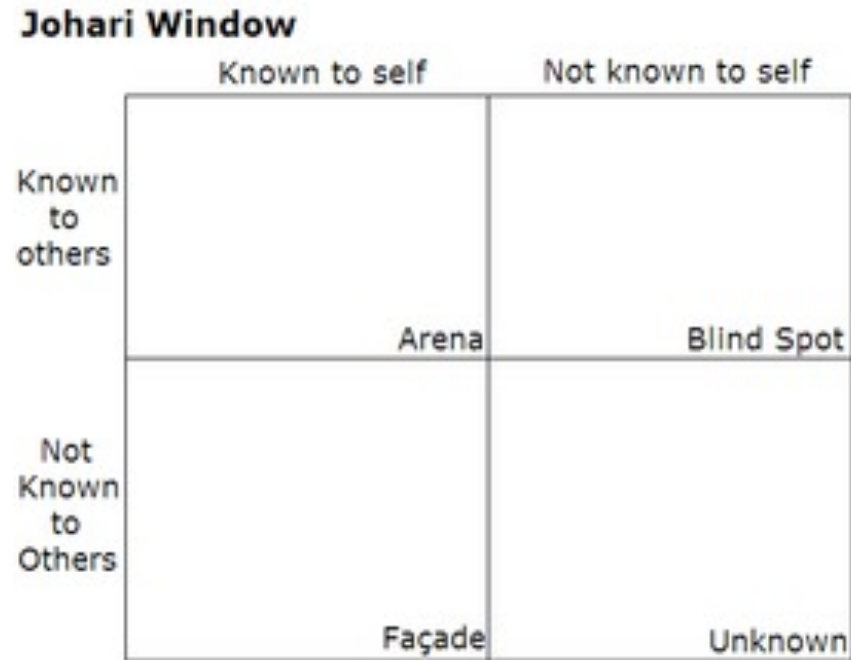




# **Personality Disorder Basics**

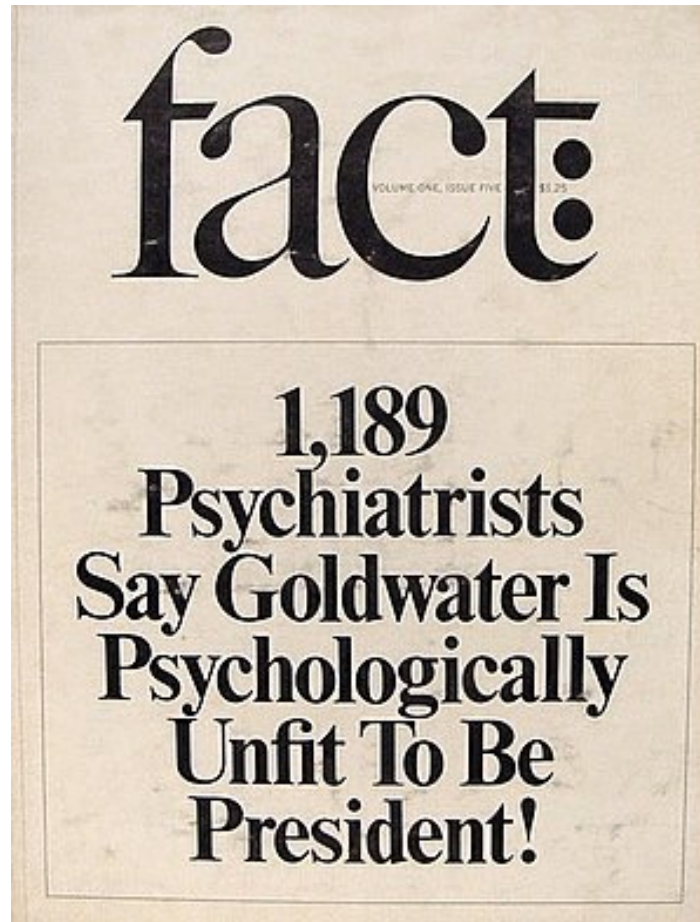


# The JoHari Window





# The Goldwater Rule



# Some Things to Consider in Diagnosing a Personality Disorder

- How long?
- Pervasiveness?
- Is there evidence that they were like this in childhood or adolescence?
- Distress?
- “Love and work, work and love...”



# Treatment Errors/Misdiagnosis

- Beware of bad referral info/bad intel
- Be sure to rule out organic causes (Bipolar)
- Be sure to rule out situational causes



# Limitations of the Research and Potential Risks

- While there is strong evidence that DBT has helped with many diagnosis it is not the only therapy modality you can use
- Individual therapy alone does not cause harm
- Groups alone do not cause harm (though the amount of benefit of either is in question)
- DBT is an option; not the gold standard



# Limitations of the Research and Potential Risks (cont.)

- The best outcomes come when clinicians meet all 5 modes
- Skills alone do not make clients worse
- Individual therapy alone does not worsen symptoms
- Per Dubose, we still don't know how much better they actually get





# **Borderline Personality Disorder**





# Borderline PDO Demographics (per Chapman, 2010)

- 1.6% of General Population
- 20% Inpatient Population
- 4x More Common in Females
- Most Common Personality DO in Clinical Setting
- Having a diagnosis can be helpful



# Current DSM 5 Borderline PDO Requirements

## Borderline Personality Disorder

A pervasive pattern of instability of interpersonal relationships, self-image and affects and marked impulsivity, beginning in early adulthood and present in a variety of contexts, as indicated by five (5) or more of the following:



# Current DSM 5 Borderline PDO Requirements (cont.)

## Borderline Personality Disorder

- 1) Frantic efforts to avoid real or imagined abandonment
- 2) A pattern of unstable and intense interpersonal relationships characterized by alternating between extremes of idealization and devaluation
- 3) Identity Disturbance – markedly and persistently unstable self-image or sense of self



# Current DSM 5 Borderline PDO Requirements (cont.)

- 4) Impulsivity in at least two areas that are potentially self-damaging
- 5) Affective instability caused by a marked reactivity of mood, for example, intense episodic dysphoria, anxiety, or irritability, usually lasting a few hours and rarely more than a few days.
- 6) Chronic feelings of emptiness
- 7) Inappropriate, intense anger, or difficulty controlling anger, for example, frequent displays of temper, constant anger, recurrent physical fights.
- 8) Transient paranoid ideation or severe dissociative symptoms.

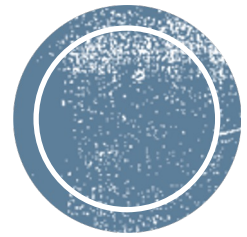


# Current DSM 5 Borderline PDO Requirements (cont.)

## Self-Directed Violence

- Previously referred to as “Self-Injurious Behaviors”
- Rate of completed suicide in clinical populations is about 5-10% (per Oumaya et al., 2008)
- Self-Directed Violence occurs in the majority of samples





# **DBT Basics: Brief Overview, Basic Assumptions, Skills, and Underlying Assumptions**



# Basic DBT Concepts

- Treatment is long term
- Individual Psychotherapy
- Group Skills Training
- Telephone Consultation
- Treatment Teams
- Ancillary Treatments as needed



# DBT brief history

- Dialectical Behavior Therapy has over thirty years of research and inquiry behind it
- Linehan's first book was published in 1993
- Linehan's personal history/IOL story
- Linehan's most recent edition of the text was 2015



# The DBT Overview (Linehan, 2015)

- Clients often end up with crises because they lack skills to help them cope
- DBT skills are taught individually or in group
- Linehan's most recent Skills Training Manual offers a comprehensive curriculum (2015, but it is not your only option)



# **Per Dr. Linehan (though she is not connected to this training)**

- Training and team support is required
- The team allows us to get support and supervision weekly
- This helps prevent burnout, as well as model adherence
- The coaching phone is part of protocol (we will discuss later)
- Clinicians should have an ongoing mindfulness practice



# Basic Assumptions of DBT

- People are doing the best they can, and they actually want to improve
- People may not have caused their problems... but they have to solve them anyway
- Everything is caused by something, and everything exists in a sequence
- Changing is better than blaming



# DBT and the Core Strategies of Psychotherapy

- Validation
- Problem Solving
- Irreverence (Linehan's idea)
- Reciprocal Communication
- Acceptance vs. Change
- Ancillary treatments: psychopharm, inpatient, etc.





# Goals and Targets for Skills Training

- Skill Acquisition, strengthening, and generalizing
- What the clinician addresses falls along a hierarchical process



# The Acceptance Skills

Mindfulness - both a skill for dysregulation and a fundamental component of the model

Distress Tolerance/Crisis Survival Skills - decrease impulsive behavior, suicide threats, and self-directed violence



# The Change Skills

- Interpersonal Effectiveness Skills
- Emotion Regulation Skills



# Interventions *NOT* Unique to DBT

- Some elements of Cognitive Behavior Therapy
- Exposure and response prevention
- Skills training
- Reinforcement

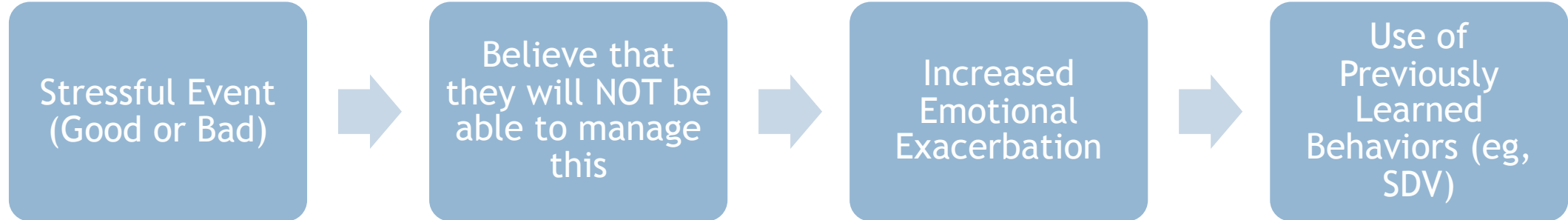


# Interventions Unique to DBT

- The hierarchy of treatment
- Dialectical focus
- Emphasis on emotion regulation and distress tolerance skills
- Microanalytic chain analysis/Behavior Chain Analysis/Chain Analysis/Change Analysis/Behavior Change Analysis...
- Commitment strategies
- Telephone consultation

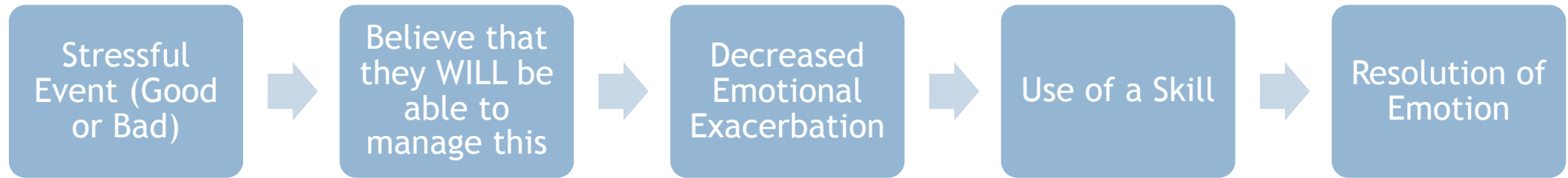


# When Clients are Not SKillful





# When Clients are Skillful



# Dialectics

- For BPD afflicted individuals, black and white thinking is prevalent
- Nothing is absolute
- The idea of opposites and synthesis
- Change is continual



# Dialectics in DBT

- Acceptance/validation and change/challenge
- Compassion and accountability
- Wise Mind
- Doing one's best... but knowing I could always do better
- Goals of therapy, goals of the program, and goals of client
- EBP and clinical acumen



# Dialectics in DBT (cont.)

- Dialectical Process help us
  - Engage clients
  - Find new solutions (even for old problems)
  - Be validating while confronting



# **Some Notes About The Contextual Model of Therapy (e.g., Frank & Frank, 1993)**

- Remember: research suggests a lot of this is about factors outside of theory
- Jerome Frank, Bruce Wampold,, etc.
- Basic Concepts of all psychotherapy are relevant here as well.



# DBT and The Contextual Model

- DBT has *not* been shown as the gold standard of treatment
- McMain et al., 2009, but plenty of others as well



# The Hierarchy of Primary Targets in DBT

First Stage Targets:

1. Decreasing Suicidal behaviors
2. Decreasing therapy interfering behaviors
3. Decreasing quality of life interfering behaviors
4. Increasing behavioral skills



# The Hierarchy of Primary Targets in DBT (cont.)

Second Stage Targets:

5. Decreasing posttraumatic stress

Third Stage Targets:

6. Increasing self respect for self

7. Achieving individual goals





# The Hierarchy of Primary Targets in DBT (cont.)

- Target 8: increase freedom
  - expand awareness
  - peak experience and flow
  - spiritual fulfillment



# Biosocial Theory

- What is the biological explanation for current interpersonal problems?
- What is the social/learned component of current interpersonal problems?
- It provides us (the therapist) with a compassionate, validating perspective
- Provides client with inspiration to change



# Basics of Understanding “Origin Stories”

- Helps to outline both the “biological” and the environmental influences of current problem behaviors
- Gives some “energy” to push harder and change
  - The “high of righteous indignation”
- Often rooted in family of origin, but may be related to peer groups as well



# Things That Make this Challenging

- Sensitivity
- Propensity for Emotional Reactivity
- Slower Return to Baseline



# Behavioral Psych Basics

- When considering what is a reinforcer or a punishment we need to look at it nonjudgmentally - “what is their currency?”
- What are the reinforcements/punishments in their external world?



# Reinforcements Vs. Punishment

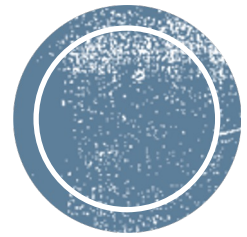
- Reinforcer: Anything that increases the likelihood of a behavior.
- Punishment: Anything that decreases the likelihood of a behavior.
- Positive: to apply something
- Negative: to remove something



# Invalidating Families

- The Chaotic Family
- The Perfect Family
- The Ordinary Family





# Essential Elements of DBT





# The Four Modules of DBT

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



# **Common Factors in Empirically Supported Treatments of BPD (Weinberg, et al., 2011)**

- Meta Analysis Including:
  - Dialectical Behavior Therapy (DBT)
  - Mentalization-Based Psychotherapy (MBT)
  - Transference-Focused Psychotherapy (TFP)
  - Schema-Focused Psychotherapy (SFT)
  - General Psychiatric Management (GPM)
  - Systems Training for Emotional Predictability



# **Common Factors in Empirically Treatments of BPD (Weinberg, et al., 2011)**

- What Worked:
  - Clear treatment framework
  - Attention to affect



# **Common Factors in Empirically Treatments of BPD (Weinberg, et al., 2011)**

- What Worked (cont.)
  - Focus on the treatment relationship
  - Active therapist
  - Exploratory and Change-Oriented Interventions



# Five Essential Functions of DBT

1. Improve clients' motivation for change (traditionally individual)
2. Enhance clients' capabilities (traditionally skills group)
3. Help clients generalize skills/behaviors to their natural environments (traditionally phone coaching)
4. Enhance the motivation and skill of therapists (traditionally consultation)
5. Structure the treatment/program and environment



# Common Factors (cont.)

- Remember that not all clients fit with this theory
- Ask about the client's theory about their difficulties and what would help for change - remember that they are the expert
- Client's theories are already accepted by them, which is an advantage
- DBT skills and interventions are widely adaptable
- If DBT can't work, find a more preferable treatment

