

UNC SCHOOL OF SOCIAL WORK  
CLINICAL LECTURE INSTITUTE

**DBT: AN OVERVIEW**  
Learning the Principles of  
Dialectical Behavior Therapy

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Our Agenda

- Mindfulness exercise
- History of DBT
- Biosocial theory
- States of mind
- Four modules
- Five parts of the DBT protocol
- Dialectical Strategies
- Validation Strategies
- Behavior Chain Analysis
- Stages of Treatment

**MINDFULNESS**

Mindfulness is moment-to-moment awareness, without judgment, of one's thoughts, feelings, or body sensations

The therapist's regular practice of mindfulness is considered a core competency in DBT, and is a requirement for certification.



## HISTORY OF DBT

- Designed by Marsha Linehan, Ph.D., 1980s and 90s
- Designed for suicidal and self-harming patients with Borderline Personality Disorder
- Theoretical underpinnings include cognitive, behavioral, client-centered, and Zen orientations
- Useful for anyone who is emotionally sensitive, with multiple, chronic, severe, and difficult-to-treat problems, on Axis I and/or Axis II

- Cognitive-Behavioral Treatment of Borderline Personality Disorder published 1993, along with accompanying skills training manual
- Behavioral Tech ([behavioraltech.org](http://behavioraltech.org)) and the Linehan Institute are her research, treatment, and training entities
- Additional research has been conducted on DBT with teens, families, people with substance abuse, the depressed elderly, and those with eating disorders, as well as more recent research on Stage 2 of treatment
- Revised/updated skills training manual published November, 2014



## A BIOSOCIAL THEORY OF EMOTION DYSREGULATION

### Major premise:

“That BPD is primarily a dysfunction of the emotion regulation system; it results from biological irregularities combined with certain dysfunctional environments, as well as from their interaction and transaction over time.”

(Linehan, 1993)

### Emotion Dysregulation

Definition: When you can't “turn down the volume” on your emotions



## (BPD) is a pervasive disorder of the emotion regulation system

- Maladaptive behaviors function to regulate emotions
- or...
- Maladaptive behaviors are a natural consequence of emotion dysregulation

## Emotion dysregulation comes from two different sources

### Emotional Vulnerability



Inability to Modulate Emotions

## Emotional Vulnerability

- This is hard-wired
- Characteristics
  - High sensitivity
    - Immediate reactions
    - Low threshold for emotional reaction
  - High reactivity
    - Extreme reactions
    - High arousal interferes with thought processes
- Slow return to baseline
  - Long-lasting reactions
  - Highly sensitive to the next emotional stimulus

## Tasks in Emotion Modulation

- Decrease physiological arousal associated with the emotion
- Inhibit mood-dependent actions
- Reorient attention
- Organize behavior in service of external, non-mood-dependent goals

When emotionally dysregulated we cannot do these things

### Major premise:

“That BPD is primarily a dysfunction of the emotion regulation system; it results from biological irregularities combined with certain dysfunctional environments, as well as from their interaction and transaction over time.”

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## Invalidating Environment

- The “social” part of biosocial theory
- Pervasively dismisses or negates the behavior and/or identity, independent of the actual validity of the behavior or identity
- Indiscriminately rejects communication of private experiences
- Punishes emotional displays but...
- ...intermittently reinforces emotional escalation
- Oversimplifies ease of problem-solving and meeting goals

People invalidate when they don't have the means to give someone what he/she wants

### Invalidating environment teaches the individual to...

- Actively self-invalidate and search the social environment for cues on how to respond
- Oscillate between emotional inhibition and extreme emotional styles
- Form unrealistic goals and expectations of self and others

### As a result...

- Being invalidated causes further dysregulation (escalation in order to get one's needs met)
- Those with BPD do not learn how to tolerate distress
- They don't learn how to label their emotions accurately
- They don't learn how to regulate emotional arousal
- They don't learn to trust their own emotions as reasonable responses to events
- Over time, those with emotional sensitivity learn to invalidate themselves
- They tend to rely on others to tell them the "right" way to respond to stimuli
- They tend to oversimplify the ease of solving life's problems

Emotional sensitivity results from the interaction of biological vulnerability with invalidation, over time

### Assumptions about emotionally sensitive people

- They are doing the best they can
- They want to improve
- They must learn new behaviors in all relevant contexts
- They may not have caused all of their own problems, but they have to solve them anyway
- They cannot fail in DBT

### Assumptions, continued

- They need to do better, try harder, and/or be more motivated to change
- Their lives are unbearable as they are currently being lived

### Symptoms of Borderline Personality Disorder (choose 5)

1. Frantic efforts to avoid real or imagined abandonment
2. Unstable and intense interpersonal relationships characterized by alternating between extremes of idealizing and devaluing
3. Markedly and persistently unstable sense of self
4. Impulsivity in at least two areas that are potentially self-damaging (e.g., spending, sex, substance abuse, binge eating, reckless driving – not NSSIB)
5. Recurrent suicidal behavior, gestures, or threats; NSSIB (self-mutilating behavior)
6. Affective instability due to a marked reactivity of mood
7. Chronic feelings of emptiness
8. Inappropriate, intense anger or difficulty controlling anger
9. Transient, stress-related paranoid ideation or severe dissociative symptoms

### Why DBT?

“To learn and refine skills in changing behavioral, emotional, and thinking patterns associated with problems in living that are causing misery and distress.” (Linehan, 1993)

• **Dialectical**: the tension between two opposites, e.g., acceptance and change

• **Behavior**: DBT teaches people skills they need and may not have, to help them live more effectively

• **Therapy**: Treatment is both individual, with a DBT-trained therapist, and group, in a weekly skills class. The ability of both individual and group therapists to combine warmth, nurturing, and validation with absolute insistence upon learning and applying the skills so that the patient's treatment goals can be met, cannot be overstated

### The goal of DBT

The ultimate goal of DBT is to help the person have a life worth living.



### STATES OF MIND

### Rational (Reason) Mind

- Rational thinking
- Logical, concrete
- Planning, organizing, evaluating
- Problem-solving
- Cool-headed
- Unflappable
- Total absence of emotions
- Mr. Spock
- Joe Friday: “Just the facts, ma’am”

### Emotion Mind

- Emotions are in control of thoughts and behaviors
- Hot Headed
- Fly off the handle
- Artistic temperament
- A sports car: 0 - 60 in < 2 seconds

### Body Mind

- Body sensations
- What do you feel in your body?
- Where do you feel it?
- What do you notice, what clues are there?

### Wise Mind

- Joining Emotion Mind, Body Mind, and Rational Mind to form something deeper and higher
- Your ‘gut’ or intuition
- Point of balance in your thinking
- Your ‘third eye’

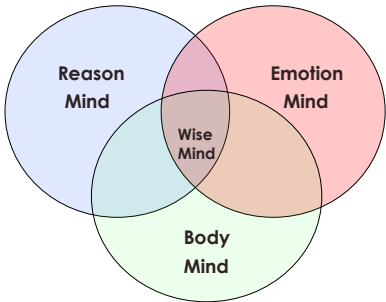
When skillful, we are in Wise Mind.

Wise Mind is the place where Emotion Mind, Rational Mind, and Body Mind intersect.

### How Do I Know It’s Wise Mind?

- Is the feeling passionate or moderated?
- Is there a balance between emotions and reason?
- Does the decision have staying power?
- What is your breathing like?

Wouldn’t it be nice to be in Wise Mind all the time?





## FOUR SKILLS MODULES

### Assumption

Because of emotional vulnerability (biological) plus the invalidating environment (social), the emotionally sensitive person does not have these skills

### The Skills Modules

1. Core Mindfulness (to decrease cognitive dysregulation)
2. Interpersonal Effectiveness (to decrease interpersonal chaos)
3. Emotional Regulation (to decrease affective lability)
4. Distress Tolerance (to decrease impulsivity and mood-dependent behaviors)

### Core Mindfulness

The foundation of all other skills modules

### Core Mindfulness

- Problems:
  - Avoidance of discomfort produces maladaptive behaviors
  - Sense of internal emptiness
  - Feeling overwhelmed
  - Believing that with enough effort one can get what one wants
  - Despair that life isn't fair

### Core Mindfulness

- Goals of the module:
  - To learn to observe one's thoughts, feelings, and body sensations without reacting to them
  - To increase control of one's mind
  - To cultivate a non-judgmental stance
  - To participate in life with awareness, because participation without awareness is characteristic of impulsive and mood-dependent behaviors
  - To approach, not avoid
  - To experience reality as it is

## Core Mindfulness

- What is “Mindfulness”?
  - Being ‘full of mind’
  - A state, an attitude, a perspective
  - Being fully in the current moment
  - A way of paying attention
  - A way of finding your center or balance
  - A lampshade to direct your attention

## Interpersonal Effectiveness

- Problems:
  - Chaotic interpersonal relationships
  - Idealizing followed by devaluing
  - Not knowing how to balance what one needs with what others want
  - Giving, giving, giving... until one explodes
  - Feeling guilty for saying “no”
  - Doing anything to avoid the other person being upset

## Interpersonal Effectiveness

- Goals of the module:
  - Decrease interpersonal chaos
  - Ask for what you want
  - Say “no” and be taken seriously
  - Build relationships and end destructive ones
  - Sustain or increase self-respect
  - Walk the “middle path”, balancing acceptance and change, wants and needs in relationships

## Emotion Regulation

- Problems:
  - Discomfort with emotions
  - Intense emotional reactions
  - Mood swings
  - Chronic depression, anger, or anxiety
  - Avoidance of feelings

## Emotion Regulation

- Goals of the module:
  - Accept that emotions are a part of life and strive for some control over them (not total control)
  - Understand emotions
  - Know what emotions do for us
  - Reduce emotional vulnerability
  - Decrease emotional suffering
  - Increase positive emotional experiences
  - Learn to act in ways opposite to the emotion

## Distress Tolerance

- Problems:
  - Impulsivity
  - Inability to delay gratification
  - Inability to endure distress



## Distress Tolerance Skills

- Goals of the module:
  - Survive crises
  - Have a “first aid kit” for tough situations
  - Learn how to get through a difficult situation without making it worse and without harming yourself or anyone else

## Distress Tolerance

- These are the skills to use
  - When we cannot solve the problem
  - When we cannot solve the problem right now
  - When we need to distract ourselves from urges or emotional distress



## FIVE PARTS OF THE DBT PROTOCOL

## Individual Therapy

Sessions are structured.

Each weekly session starts with a review of the diary card, which is a data-collection tool.

In addition to skills use, the therapist reviews SI, urges to use non-suicidal self-injurious behavior (NSSIB), urges to practice other target behaviors, and acting on urges to use NSSIB or other targets.

The therapist and the patient together conduct a Behavior Chain Analysis (BCA) of what led to urges and/or acting on urges.

IF there is time, the patient presents issues s/he wants to talk about.

## Skills Class

Each weekly skills class meets for two hours, including a break.

All DBT-adherent skills classes begin with a mindfulness exercise.

Homework is reviewed, and skills class leaders take turns, week by week, teaching a skill.

The Core Mindfulness module is reviewed after every other module, as it is foundational (“core”).

## Skills Coaching Phone Calls

Unlike other treatments for BPD, in DBT between-session phone calls to the therapist are encouraged (and may even be practiced so that the patient is comfortable making them).

These are not lengthy. The reasons for them are:

- To get the therapist’s help to identify and/or practice skills so that one’s target behavior(s) are not used; and/or
- To repair the relationship with the therapist

### Consultation Team

Teams meet regularly for the purpose of providing support to the therapist.

- DBT therapists make a commitment to:
- be an active member of their team
  - practice mindfulness
  - adopt a dialectical stance in group
  - remain non-judgmental
  - improve their own skills
  - make amends after an absence

Behavioral principles are universal: they affect therapists no less than their patients.

DBT therapists can fail; DBT can fail even when therapists don't.

Behavioral Skills Training (BST) Worksheet									
Therapist's Behavior					Client's Behavior				
Time	Task	Success	Notes	Comments	Time	Task	Success	Notes	Comments
10:00	1. Greet client	Yes			10:00	1. Greet therapist	Yes		
10:05	2. Review agenda	Yes			10:05	2. Review agenda	Yes		
10:10	3. Check in with client	Yes			10:10	3. Check in with therapist	Yes		
10:15	4. Review homework	Yes			10:15	4. Review homework	Yes		
10:20	5. Review skills	Yes			10:20	5. Review skills	Yes		
10:25	6. Review goals	Yes			10:25	6. Review goals	Yes		
10:30	7. Review progress	Yes			10:30	7. Review progress	Yes		
10:35	8. Review feedback	Yes			10:35	8. Review feedback	Yes		
10:40	9. Review session	Yes			10:40	9. Review session	Yes		
10:45	10. Review session	Yes			10:45	10. Review session	Yes		
10:50	11. Review session	Yes			10:50	11. Review session	Yes		
10:55	12. Review session	Yes			10:55	12. Review session	Yes		
11:00	13. Review session	Yes			11:00	13. Review session	Yes		
11:05	14. Review session	Yes			11:05	14. Review session	Yes		
11:10	15. Review session	Yes			11:10	15. Review session	Yes		
11:15	16. Review session	Yes			11:15	16. Review session	Yes		
11:20	17. Review session	Yes			11:20	17. Review session	Yes		
11:25	18. Review session	Yes			11:25	18. Review session	Yes		
11:30	19. Review session	Yes			11:30	19. Review session	Yes		
11:35	20. Review session	Yes			11:35	20. Review session	Yes		
11:40	21. Review session	Yes			11:40	21. Review session	Yes		
11:45	22. Review session	Yes			11:45	22. Review session	Yes		
11:50	23. Review session	Yes			11:50	23. Review session	Yes		
11:55	24. Review session	Yes			11:55	24. Review session	Yes		
12:00	25. Review session	Yes			12:00	25. Review session	Yes		

### DIALECTICAL STRATEGIES

### Dialectical Strategies

- Thesis
- Antithesis
- Synthesis
- “What is being left out here?”
- Dialectics seeks to find a third path, to balance opposites

The primary dialectic in DBT is that of acceptance and change.

### Examples of Dialectical Strategies

- Use of metaphor, parables, and stories
- Devil’s Advocate
- Extending
- Activate the patient’s Wise Mind

## Ricardo

45-y.o. Latino man, unmarried, childhood history of abuse neglect. Only person in family to graduated from high school. Graduated from college and began a prestigious profession, only to lose his job.

Subsequently, he has a number of health issues which produce chronic pain. He is also depressed and often spends the day on the sofa, "curled into a ball."

His therapy appointment may be the only time he leaves the house each week. He is supported by ex-girlfriend, with whom he lives; he is not on Disability and has no health insurance or other resources.

Over the course of the several months you've been seeing Ricardo, he habitually rejects all efforts you make to be helpful. He expresses hopelessness (although he never misses an appointment).

**What dialectical strategies might you use to engender some forward motion?**

## VALIDATION STRATEGIES

## Validation

Lets the patient know that her response makes sense given the current situation or her past history.

Can be emotional, cognitive, or behavioral

## When is something "valid"?

- Relevant and meaningful
- Justified by the circumstances
- Appropriate, given one's goal

## Functions of Validation

- For emotion regulation
- As acceptance to balance change
- To help the patient strengthen self-validation
- As feedback
- To strengthen the therapeutic relationship

## Six Levels of Validation

1. Listening and observing
2. Accurate reflection
3. Articulating the unverbilized
4. Validating in terms of sufficient (but not necessarily valid) causes
5. Validating as reasonable in the moment
6. Radical genuineness

### Examples of Validation Strategies

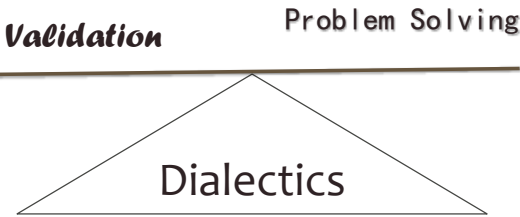
- Counter “shoulds”
- Discriminate facts from interpretations
- Respect differing values
- Cheerlead
- Find the kernel of truth
- Do not validate the invalid

### Ricardo

Returning to Ricardo, you recently suggested to him that the two of you might try some pain management techniques together. His response was, “That’s too little, too late.”

How can you validate this?

### Balance Core Strategies



### BEHAVIOR CHAIN ANALYSIS

### Behavior Chain Analysis

- **Collaborative** strategy
- **Aversive** consequence
- **About getting a complete picture of a behavior:** what is it? how did it start? what keeps it going?
- **When done correctly, clinician and client can:**
  - decipher** factors that led to behavior, identify **patterns**, and put **new behaviors into effect**.

**We cannot solve what we cannot understand!**

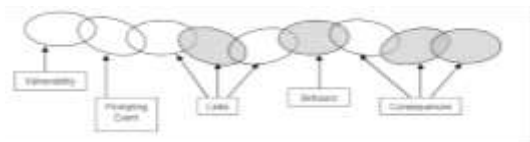
### Behavior Chain Analysis

- Thorough, step-by-step assessment of the problem behavior
- Goal: increase understanding of what the problem is, what triggers it, what interferes with the resolution, and what can be used to solve the problem in the future

### Conducting the BCA

- 1. Describe **specific problem behavior** (most severe and best remembered) – use specific language about events, thoughts, feelings, intensity.
- 2. Describe **trigger** (why then? what going on in environment, thoughts, feelings?)
- 3. Identify **vulnerabilities** (stress, fatigue, emotion, etc.)
- 4. **Chain of events** (in excruciating detail) and associated thoughts, feelings, vulnerabilities
- 5. Identify **consequences** (to self, to others)
- 6. **Solutions?**
  - 1. Where in chain could you do something different?
  - 2. Anything you could have done to prevent from starting?
  - 3. Repairs that you can make?

### Behavior Chain Analysis



### STAGES OF TREATMENT

#### Stage 1: Severe Behavioral Dyscontrol

When the house is burning down, the thing to do is to put the fire out. Later we can investigate why it got started, if we want.



#### Stage 2: Quiet desperation

Here is where uncovering and insight-oriented work takes place, to move the person to emotional experiencing. Exposure work to allow the person to tolerate shame may also be indicated.

#### Stage 3: Problems in living

Help the person to achieve ordinary happiness and unhappiness

#### Stage 4 – Incompleteness



Help the person develop the capacity for living “happy, joyous and free”