UNC-CH School of Social Work Clinical Lecture Institute

DIALECTICAL BEHAVIOR THERAPY TWO DAY WORKSHOP

with

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UNC School of Social Work
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SCHEDULE

Friday

- 8:30 Registration
- 9:00 Introduction & BPD Criteria

10:30 Break

- 10:45 Target Hierarchy & Orientation to DBT

12:00 Lunch

- 1:00 Chain Analysis & Change Strategies

3:00 Break

- 3:15 Chain Analysis, cont.

Saturday

- 8:30 Sign In
- 9:00 DBT Skills Overview

10:30 Break

- 10:45 Behavior Therapy

12:00 Lunch

- 1:00 Validation & Dialectics

3:00 Break

- 3:15 Role Play & Wrap-Up

DBT
is designed for the severe and chronic multi-diagnostic, difficult-to-treat patient with both axis I and axis II disorders

DBT is a principle-driven treatment that includes protocols

DSM-V CRITERIA FOR BORDERLINE PERSONALITY DISORDER

A. Significant impairments in personality functioning manifest by:

1. Impairments in self functioning (a or b):
   a. Identity
   b. Self-direction

AND

2. Impairments in interpersonal functioning (a or b):
   a. Empathy
   b. Intimacy

DSM-V CRITERIA FOR BORDERLINE PERSONALITY DISORDER

B. Pathological personality traits in the following domains:

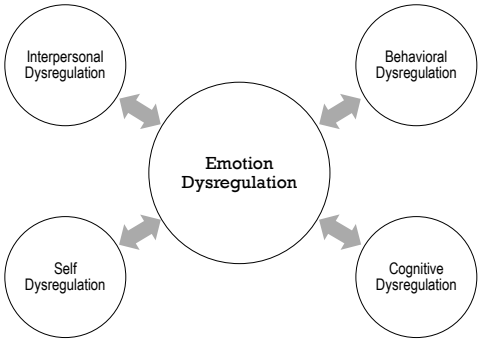
1. Negative Affectivity, characterized by:
   a. Emotional lability
   b. Anxiousness
   c. Separation insecurity
   d. Depressivity

DSM-V CRITERIA FOR BORDERLINE PERSONALITY DISORDER

B. Pathological personality traits in the following domains (continued):

2. Disinhibition, characterized by:
   a. Impulsivity
   b. Risk taking
3. Antagonism, characterized by:
   a. Hostility

CENTRAL PROBLEMS OF BORDERLINE PERSONALITY DISORDER



SINCE PUBLICATION DBT TRIALS WITH

- Forensic Population
- Eating Disorder
- Suicidal Adolescents
- Substance Abuse
- Depressed Elderly
- Binge Eating Disorder
- DBT-FST
- Substance Abuse
- Bi-polar

BPD IS A PERVASIVE DISORDER OF THE EMOTION REGULATION SYSTEM

BPD criterion behaviors function to regulate emotions or are a natural consequence of emotion dysregulation

DBT

1st STRUCTURE
2nd *do* BEHAVIOR THERAPY
3rd *add* VALIDATION
4th *add* DIALECTICS
5th *add* MINDFULNESS

DBT ASSUMPTIONS ABOUT PATIENTS

- Patients are doing the best they can
- Patients want to improve
- Patients must learn new behaviors in all relevant contexts
- Patients cannot fail in DBT
- Patients may not have caused all of their own problems, but they have to solve them anyway
- Patients need to do better, try harder, and/or be more motivated to change
- The lives of suicidal, borderline individuals are unbearable as they are currently being lived

DBT Assumptions about Therapy

- The most caring thing a therapist can do is help patients change in ways that bring them closer to their own ultimate goals
- Clarity, precision, and compassion are of the utmost importance in the conduct of DBT
- The therapeutic relationship is a real relationship between equals
- Principles of behavior are universal, affecting therapists no less than patients
- Therapists treating borderline patients need support
- DBT therapists can fail
- DBT can fail even when therapists do not

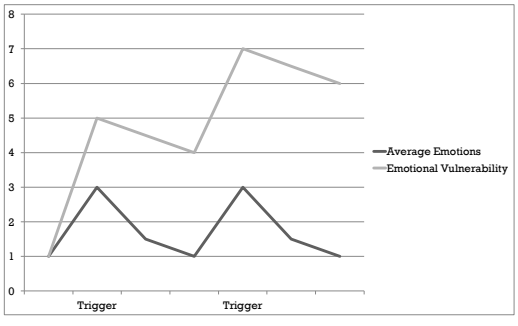
BIOSOCIAL THEORY – BIOLOGICAL ELEMENTS

- **Emotional Vulnerability**
  - Emotional Sensitivity
    - Increased frequency
    - Seemingly without cause
  - Emotional Intensity
    - Emotions are stronger
    - Emotions last longer

BIOSOCIAL THEORY – BIOLOGICAL ELEMENTS

- **Impulsive Behavior**
  - Difficulty Managing Impulses/Urges
    - Behavior without forethought
    - Behavior seemingly without cause
  - Difficulty Choosing Effective Behavior
    - Emotions interfere with goal-oriented behavior
    - Emotions contribute to goal-interfering behavior

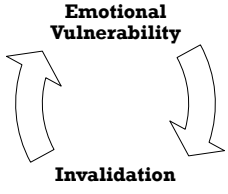
EMOTIONAL VULNERABILITY



BIOSOCIAL THEORY – SOCIAL ELEMENTS

- **Invalidation**
  - Communicating that one's **emotions**, **experiences**, **behaviors**, or **personhood** are invalid, wrong, bad, or crazy
  - Ignoring emotional expression
  - Poorness of fit
- **Reinforcing Ineffective Behavior**
  - Responding to emotional escalation
  - Demanding change without teaching how

BIOSOCIAL THEORY



Emotion Dysregulation

BIOSOCIAL THEORY

- All BPD criteria are
  - **Natural consequences** of emotion dysregulation *or*
  - Behaviors that **regulate emotions**

STAGES OF TREATMENT
DIALECTICAL SYNTHESIS

Pre-Treatment → Commitment and Agreement

Stage 1: Severe Behavioral Dyscontrol → Emotional Experiencing

Stage 2: Quiet Desperation → Behavioral Control

Stage 3: Problems in Living → Ordinary Happiness & Unhappiness

Stage 4: Incompleteness → Capacity for Joy

STAGE 1 PRIMARY TARGETS
DIALECTICAL SYNTHESIS

SEVERE BEHAVIORAL DYSCONTROL → BEHAVIORAL CONTROL

- Decrease
  - Life-threatening behaviors
  - Therapy-interfering behaviors
  - Quality-of-life interfering behaviors
- Increase behavioral skills
  - Mindfulness
  - Interpersonal Effectiveness
  - Emotion Regulation
  - Distress Tolerance
  - Self-Management

TARGET HIERARCHY

- Life-Threatening Behaviors
  - Any client behaviors that are associated with risk of suicide
- Therapy-Interfering Behaviors
  - Any client *or* therapist behaviors that interfere with effective work together
- Quality-of-Life-Interfering Behaviors
  - Any client behaviors that interfere with building a life worth living

Examples?

SUICIDAL AND LIFE-THREATENING BEHAVIORS

- Suicide and Life-Threatening Crises Behaviors
- Parasuicidal Acts
- Changes in Suicide Ideation and Communications
  - Suicide Related Expectancies and Beliefs
  - Suicide Related Affects

THERAPY-INTERFERING BEHAVIORS OF THE PATIENT

- Behaviors that Interfere with Receiving Therapy
  - Non-attending behaviors
  - Non-collaborative behaviors
  - Non-compliance
- Behaviors that Interfere with Other Patients
- Behaviors that Burn Out the Therapist
  - Behaviors that push therapists' limits
  - Behaviors reducing therapists' motivation to treat

THERAPY-INTERFERING BEHAVIORS OF THE THERAPIST

- Behaviors that Unbalance Therapy
  - Extreme acceptance or change
  - Extreme flexibility or rigidity
  - Extreme nurturing or withholding
  - Extreme vulnerability or irreverence
- Disrespectful Behaviors

QUALITY-OF-LIFE INTERFERING BEHAVIORS

- Mental health related dysfunctional response pattern (e.g., other severe DSM Axis I & IV Disorders)
- Extreme financial difficulties
- Criminal behaviors that may lead to jail
- Seriously dysfunctional interpersonal behaviors
- Employment or school related dysfunctional behaviors
- Illness related dysfunctional behaviors
- Housing related dysfunctional behaviors

STEP 1

STRUCTURE the Treatment FRAME

5 FUNCTIONS OF ALL COMPREHENSIVE TREATMENTS

1. Enhance capabilities
2. Improve motivational factors
3. Assure generalization to natural environment
4. Enhance therapist capabilities and motivation to treat effectively
5. Structure the environment

STANDARD DBT MODES

- Outpatient Individual Psychotherapy
- Outpatient Group Skills Training
- Telephone Consultation
- Therapists' Consultation Meeting
- Uncontrolled Ancillary Treatments
  - Pharmacotherapy
  - Acute-Inpatient Psychiatric

TASKS IN EMOTION MODULATION

- Decrease (or increase) physiological arousal associated with emotion
  - Re-orient attention
    - Inhibit mood dependent action
      - Organize behavior in the service of external, non-mood dependent goals

INVALIDATING ENVIRONMENT

Invalidates the behavior and/or identity independent of the actual validity of the behavior or identity

EXAMPLES OF INVALIDATING RESPONSES

- Reject self-description as inaccurate
- Reject response to events as incorrect or ineffective
- Dismiss or disregard
- Directly criticize or punish
- Pathologize normative responses
- Reject response as attributable to socially unacceptable characteristic (e.g., over-reactive emotions, paranoia, naiveté, manipulative intent, lack of motivation, negative attitude, etc.)

CHARACTERISTICS OF AN INVALIDATING ENVIRONMENT

1. INDISCRIMINATELY REJECTS communication of private experiences and self-generated behaviors
2. PUNISHES emotional displays and INTERMITTENTLY REINFORCES emotional escalation
3. OVER-SIMPLIFIES ease of problem solving and meeting goals

1. CONSEQUENCES OF INVALIDATING RESPONSES

- Environment does not teach individual to:
  - Label private experiences in a manner normative in larger social community
  - Effectively regulate emotions
  - Trust experiences as valid responses to events
- Instead, environment teaches individual to:
  - Actively self-invalidate and search social environment for cues about how to respond

2. CONSEQUENCES OF PUNISHING PAIN BEHAVIORS AND INTERMITTENT REINFORCEMENT OF ESCALATED EMOTIONAL DISPLAYS

- Environment does not teach individual to:
  - Accurately express emotions
  - Communicate pain effectively
- Instead, environment teaches individual to:
  - Oscillate between emotional inhibition and extreme emotional styles

3. CONSEQUENCES OF OVERSIMPLIFYING

- Environment does not teach individual to:
  - Tolerate distress
  - Solve difficult problems in living
  - Use shaping and other behavioral strategies to effectively self-regulate own behavior
- Instead, environment teaches individual to:
  - Respond with high negative arousal to failure
  - Form unrealistic goals and expectations
  - Hold perfectionistic standards

OVERARCHING DBT GOAL

A LIFE WORTH LIVING

GENERATE TARGETS BASED ON THIS LONG-TERM GOAL

PRE-TREATMENT GOALS & TARGETS

1. Agreement on Goals
   Commitment to Change
   - Initial Targets of Treatment
2. Agreement to Recommended Treatment
   - Patient agreements
   - Therapist agreements
3. Agreement to Therapist-Client Relationship

PATIENTS' AGREEMENTS IN DBT

- Stay in therapy for the specified time period
- Attend scheduled therapy sessions
- Work towards reducing suicidal behaviors as a goal of therapy
- Work on problems that arise that interfere with the progress of therapy
- Participate in skills training for the specified time period
- Abide by any research conditions of therapy and pay agreed upon fees

THERAPISTS' AGREEMENTS IN DBT

- Make every reasonable effort to conduct competent and effective therapy
- Obey standard ethical and professional guidelines
- Be available to the patient for weekly therapy sessions, phone consultations, and provide needed therapy back-up
- Respect the integrity and rights of the patient
- Maintain confidentiality
- Obtain consultation when needed

DBT TARGETS FOR SKILLS TRAINING

- Decrease behaviors likely to destroy therapy
- Increase skill acquisition and strengthen
  - Mindfulness
  - Interpersonal Effectiveness
  - Emotion Regulation
  - Distress Tolerance
  - Self-Management
- Decrease therapy interfering behaviors

DBT TARGETS FOR PHONE CALLS

- For the Individual Therapist
  - DECREASE suicide crises behaviors
  - INCREASE generalization of DBT behavioral skills
  - DECREASE sense of conflict, alienation, distance with therapist
- For the Skills Trainer
  - DECREASE therapy destructive behaviors
  - INCREASE immediate contacting of primary therapist

Don't Panic!

DBT THERAPISTS OBSERVE THEIR OWN LIMITS!

BEHAVIORAL CHAIN ANALYSIS

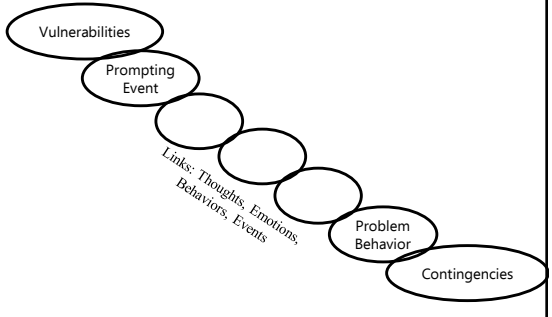
- AKA: Behavior analysis, chain analysis, or BCA
- Purpose: To understand all the factors that lead to a problem behavior and keep it in place. Understanding causes works better than judging.

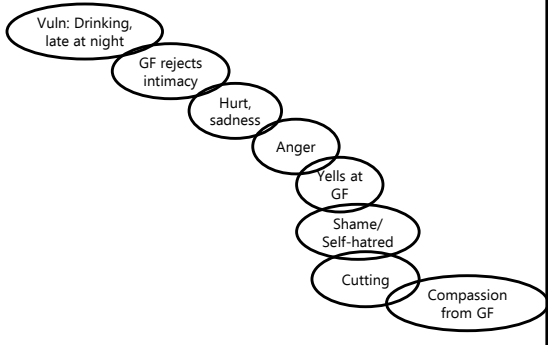
Other Analyses:

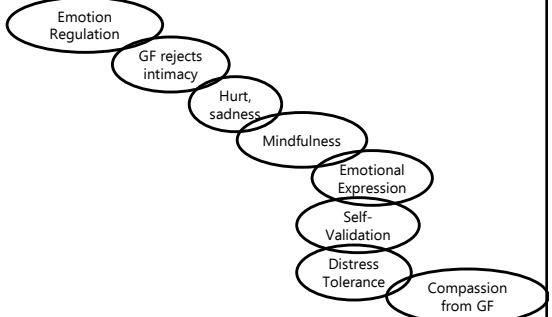
- Solution Analysis: Identifying solutions to result in a different behavior
- Task Analysis: How will this particular person implement these particular skills given her particular circumstances
- Missing Links Analysis: Identifying what was missing when a behavior didn't happen

STRUCTURE OF A BCA

- Begin with Target Behavior (often a behavior tracked on a diary card)
- Then, go back and identify the Prompting Event
- Go a step further back and identify Vulnerabilities
- Complete the chain between the Prompting Event and the Target Behavior
  - Identify links: events, thoughts, feelings, and behaviors
- Identify Contingencies of the Problem Behavior
- For each step, focus on exquisite detail of each link in the chain.







EXERCISE

- Select someone to go first. If you are going first, present your chain analysis to your partner. Partners, practice validation. Communicate what make sense and what you appreciate.
- Ask, "What am I missing?" Partners, offer feedback with kindness and respect.

FOUR FACTORS OF PROBLEM BEHAVIORS

1. Problematic Emotional Response
2. Problematic Cognitive Process
3. Skills Deficit
4. Problematic Contingencies

FOUR CHANGE STRATEGIES FOR PROBLEM BEHAVIORS

1.Problematic Emotional Response
- Exposure

2.Problematic Cognitive Process
- Cognitive Modification

3.Skills Deficit
- Skills Training

4.Problematic Contingencies
- Contingency Management

MOVING FORWARD

- Identify prevention strategies to help avoid vulnerabilities in the future.
- Identify skillful behavior that will help to avoid the problem behavior.
- Identify repairs that will address any negative consequence of the problem behavior.

REPAIRS

- Identify the actual negative consequences of your behavior.
- Repair the harm or distress that you caused to others or to yourself. Repair failure with success, not with constant berating of yourself or constant apologies.
- Consider whether overcorrection would be effective.

MISSING LINKS ANALYSIS

1.Did you know to do the behavior?

2.Were you willing to do the behavior?

3.Did you remember to do the behavior at the right time?

4.Did something interfere with doing the behavior when you remembered?

MISSING LINKS ANALYSIS

1. Did you know to do the behavior?
   Clearer communication of task, paying more attention
2. Were you willing to do the behavior?
   VITALS skills for Motivation, Pros and Cons, practicing willingness
3. Did you remember to do the behavior at the right time?
   Calendar, alert on phone, physical cue (e.g., meditation bracelet)
4. Did something interfere with doing the behavior when you remembered?
   Problem-solve around cognitions, rewards, potential obstacles, etc.

SKILLS TRAINING IN A NUTSHELL

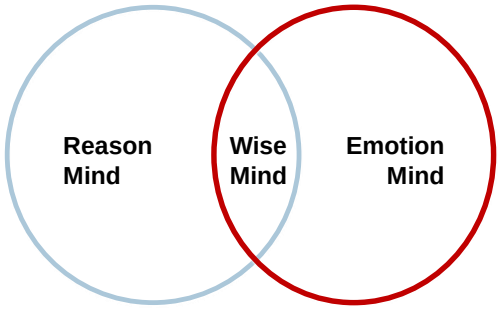
- Core Mindfulness
- Emotion Regulation
- Interpersonal Effectiveness
- Distress Tolerance

SKILLS TRAINING PROCEDURES

- Skills acquisition
- Skills strengthening
- Skills generalization

MINDFULNESS

States of Mind



MINDFULNESS

Taking Hold of Your Mind:
"What" Skills

Observe

Pay attention to direct experiencing at the level of pure sensation without adding to it

Step back and watch
Internal and external

MINDFULNESS

Taking Hold of Your Mind:
"What" Skills

Describe

Put words on the experience without adding constructs or interpretations to it

JUST THE FACTS—no inferences

"If you didn't/can't observe it, you can't describe it"

MINDFULNESS

Taking Hold of Your Mind:
"What" Skills

Participate

Enter completely into the experience of the current moment without separating oneself from ongoing events and interactions

Act INTUITIVELY from Wise Mind

MINDFULNESS

Taking Hold of Your Mind:
"How" Skills

Non-Judgmentally

- View reality as it is without evaluating as good or bad
- Not changing negative to positive
- Values, emotional responses and preferences are NOT judgments

MINDFULNESS

Taking Hold of Your Mind:
"How" Skills

One-Mindfully

- Do ONE THING AT A TIME
- Take the activity in the moment and make the moment about the activity
- Return to what you were doing again & again

MINDFULNESS

Taking Hold of Your Mind:
"How" Skills

Effectively

- Act from wise mind
- Decide to do what works staying away from what is "fair" or "right"
- Let go of the "principle of the matter" and keep your eye on YOUR objective

INTERPERSONAL EFFECTIVENESS SKILLS

Guidelines for Effectiveness

- Objectives Effectiveness
  - *DEAR MAN*
- Relationship Effectiveness
  - *GIVE*
- Self-Respect Effectiveness
  - *FAST*

INTERPERSONAL EFFECTIVENESS

- Objective effectiveness: DEAR MAN
  - Describe the current situation
  - Express feelings and opinions
  - Assert by asking or saying no
  - Reinforce the person ahead of time
  - Mindful of objectives without distraction
    - Broken Record
    - Ignoring Attacks
  - Appear effective and competent
  - Negotiate alternative solutions
    - Turn the Tables

INTERPERSONAL EFFECTIVENESS

- Relationship Effectiveness: GIVE
  - Gentle manner without attack or threat
  - Interested in the other person
  - Validate other person without judging
  - Easy Manner with humor or a "soft sell"

INTERPERSONAL EFFECTIVENESS

•Self-respect Effectiveness: FAST

Fair to myself and others

No Apologies for being alive

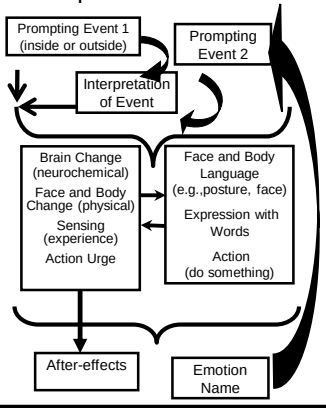
Stick to values

Truthful without excuses or exaggeration

EMOTION REGULATION SKILLS

- Understand emotions
- Reduce emotional vulnerability
- Decrease emotional suffering
- Increase positive emotional experiences
- Change by acting opposite to painful emotions

Components of Emotions



EMOTION ANALYSIS

- Event
- Story
- Feeling
- Body changes
- Action urge

- Event – Raising Positives
- Story – what story am I telling myself
- Feeling – mindfulness of current feeling
- Body changes – HEAR ME
- Action Urge – Opposite Action

STORY ANALYSIS

- What story am I telling myself?
- How am I interpreting this event?
- What is the most useful story I could be telling myself?
- Assume positive intent!
- Dialectics: worst, best, most likely

INCREASING POSITIVES

- Do pleasant things now
- Plan for positives
- Attend to relationships
- Avoid Avoiding
- Be mindful of positives
- Be unmindful of worries

EMOTION REGULATION

Reducing Vulnerability to Negative Emotions

PLEASE MASTER

- Treat PhysicaL illness
- Balance Eating
- Avoid mood-Altering Drugs
- Balance Sleep
- Get Exercise
- Build MASTERy

EMOTION REGULATION

Decrease Emotional Suffering

Letting Go of Painful Emotions:

Mindfulness of Your Current Emotion

- Observe Your Emotion
- Experience Your Emotion
- Remember: You Are Not Your Emotion
- Practice Loving Your Emotion

EMOTION REGULATION

Change by Acting Opposite to Unjustified Painful Emotions

- When **afraid**, approach
- When **ashamed**, continue behavior openly
- When **sad**, get active
- When **angry**, gently avoid/be kind

DISTRESS TOLERANCE

Crisis Survival Strategies

- Distract (Wise Mind *ACCEPTS*)
- Self-Soothe
- *IMPROVE* the Moment
- Pros and Cons

PROS AND CONS

	Pros	**Cons**
Engaging in problem behavior		
Using skills		

DISTRESS TOLERANCE

Guidelines for Accepting Reality

- Radical Acceptance
  - Turning the Mind
  - Willingness (over willfulness)

DEAR MAN GIVE FAST
ROLE PLAY

Do
Behavior
Therapy

BASIC BEHAVIOR THERAPY
PARADIGM OF DBT

Cue

Emotion Dysregulation

Problem Behavior

Consequences

FOR EXAMPLE

Cues Prescription picked up earlier that day, in room alone, ruminating about criticism roommate made of her earlier in the day

Emotion Dysregulation
of shame

Problem Behavior
overdose

Consequences
sleep, stop ruminating, wake reduced shame

PRINCIPLES OF LEARNING
(1)

REINFORCEMENT

Consequence that results, on average, in an increase in a behavior in a particular situation

POSITIVE REINFORCEMENT

Increases frequency of a behavior by providing a (positive) consequence

NEGATIVE REINFORCEMENT

Increases frequency of a behavior by removing or stopping an aversive stimulus

PRINCIPLES OF LEARNING
(2)

PUNISHMENT

Consequence that results, on average, in a decrease in a behavior in a particular situation

POSITIVE PUNISHMENT

Decreases frequency of a behavior by providing an aversive consequence

NEGATIVE PUNISHMENT

Decreases frequency of a behavior by removing or stopping a positive stimulus

PRINCIPLES OF LEARNING (3)

EXTINCTION

Reduction in likelihood of a behavior because reinforcement is no longer provided in a particular situation

EXTINCTION BURST

Temporary increase in frequency and/or intensity of a behavior whose reinforcement is withdrawn

SHAPING

Process of reinforcing successive approximations toward the desired behavior

Principles of Learning

Goal	Consequence
Strengthen Behavior	-Add Reinforcer -Remove Aversive
Weaken Behavior	-Withhold Reinforcer -Maintain Aversive
Suppress Behavior	-Add Aversive -Remove Positive

BEHAVIORAL ANALYSIS STRATEGIES

- Defining problem as behavior (with a focus on emotions)
- Conducting a chain analysis

GET AGREEMENT ON THE GOALS AND COMMITMENT TO TARGETED BEHAVIORS: COMMITMENT STRATEGIES

- Selling commitment: evaluating the pros and cons
- Playing the devil's advocate
- Foot-in-door and door-in-the-face techniques
- Connecting present commitment to prior commitments
- Highlighting freedom to choose and absence of alternatives
- Shaping

CONTINGENCY PROCEDURES

- Contingency Management (more on this tomorrow)
- Observing Limits

CONTINGENCY MANAGEMENT

- Reinforcement of target-relevant adaptive behaviors
  - Immediate versus Delayed
  - Continuous versus Intermittent
- Extinction of target-relevant maladaptive behaviors
  - Finding another response to reinforce
  - Soothing
- Aversive consequences……with care
  - Correction/Over-correction
  - Vacation from therapy
  - Termination from therapy as a "last resort"

CONTINGENCY MANAGEMENT PRINCIPLES

- Assessing the potency of consequences
- Principles of satiation
- Using natural vs arbitrary consequences
- Principles of shaping

OBSERVING LIMITS PROCEDURES

- Monitoring limits
- Honesty about limits
- Extending limits…..Temporarily
- Consistent firmness
- Soothing, validating and problem solving around unwelcome limits

EXPOSURE PROCEDURES

- Orienting
- Providing non-reinforced exposure
- Blocking action tendencies associated with problem emotion
- Blocking expressive tendencies associated with problem emotion
- Enhancing control over aversive events

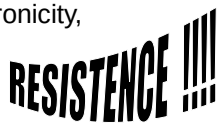
CONTINGENCY CLARIFICATION PROCEDURES

- Clarification of current contingencies
  - Highlighting consequences as they occur
  - Self-involving self-disclosure
- Clarification of future contingencies in therapy
  - Highlighting limits

COGNITIVE RESTRUCTURING

- Teaching cognitive self-observation
  - Self-monitoring forms
- Identifying and confronting maladaptive cognitive content and style
  - Lists of dysfunctional, irrational myths/beliefs
- Generating alternative adaptive cognitive content and styles
  - Cognitive restructuring practice sheets
- Developing guidelines for when to trust and when to suspect cognitive interpretations
  - Judgmental heuristics and biases

Overcoming Chronicity,



OR WHY STANDARD TREATMENTS FEEL LIKE PUSHING A 1,000-POUND BOULDER SINGLE-HANDEDLY TO THE VERY TOP OF MOUNT EVEREST.

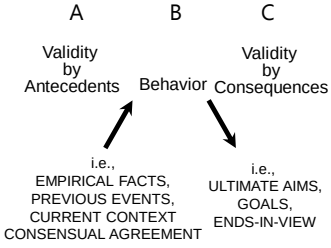
STEP 3

add validation

VALID: WHAT DOES IT MEAN?

- *At once relevant and meaningful*
  - To the case or circumstances
- *Well grounded or justifiable*
  - In terms of empirical facts
  - Logically correct inference, or generally accepted authority
- *Appropriate to the end in view*
  - I.e., effective for reaching the individual's ultimate goals

THE ABC'S OF DETERMINING VALID BEHAVIOR



FUNCTIONS OF VALIDATION

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

TYPES OF VALIDATION

- Explicit Verbal
- Implicit Functional
- Location Validation
- Matching Vulnerability

THERAPIST SKILLS IN DBT: VALIDATION

- Six Levels of Validation
  - Level One: *Listening and Observing*
  - Level Two: *Accurate Reflection*
  - Level Three: *Reading between the Lines*
  - Level Four: *Validation of Causes*
  - Level Five: *Validating as Reasonable in the Moment*
  - Level Six: *Treating the Person as Valid*

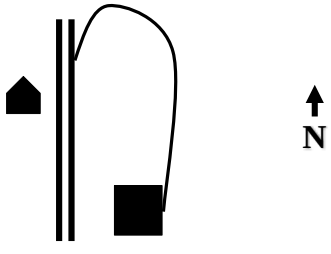
THERAPIST SKILLS IN DBT: VALIDATION

- Implicit Functional: Responding to wants and needs
- Matching Vulnerability: Mutual self-disclosure to build connection

THERAPIST SKILLS IN DBT: VALIDATION

- Location Validation
  - When meeting resistance, demonstrate that you understand where the client is and how you can help her get where she wants to be.

THERAPIST SKILLS IN DBT: VALIDATION



THERAPIST SKILLS IN DBT: VALIDATION

- Location Validation
  1. Demonstrate you understand C's location
     - "You are here…yes?"
  2. Demonstrate you understand C's goal
     - "And you'd like to be here…yes?"
  3. Link change to C's goal while deeply appreciating C's location
     - "Because of where you are and where you want to go here's what works…"

THERAPIST SKILLS IN DBT: VALIDATION

- Location Validation
  - Do all of the above with enough **vivid accuracy** for your client to **nod without reservation**
  - **Be open to being wrong**; be open to the client's influence.

THERAPIST SKILLS IN DBT: VALIDATION

Role Play

- Pair up with someone you don't know
- Take turns with one person acting as therapist and the other acting as a somewhat challenging client.
- While you role play as the therapist, respond only with validation. Do not attempt to alter how the client is thinking, feeling, or behaving.
- Especially focus on Level 5 Validation (Validation as Reasonable in the Moment) and Level 6 Validation (Treating the Person as Valid).

STEP 4

DBT as Dialectics

DIALECTICS AS PROCESS OF CHANGE

The process of change whereby an idea or event

(Thesis)

generates and is transformed into its opposite

(Antithesis)

and is preserved and fulfilled by it, leading to a reconciliation of opposites

(Synthesis)

DIALECTICS AS A WORLD VIEW: ASSUMPTIONS

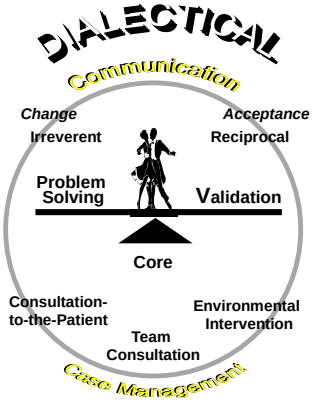
- Holistic, connected, and in relationship
- Complex, oppositional, and in polarity
- Change is continual
- Change is transactional
- Identity is relational and in continuous change

TRANSLATING A DIALECTICAL WORLD VIEW INTO TREATMENT

Provides foundation of biosocial etiology
1. Transactional development and maintenance
2. Systemic disorder

Dialectically informs treatment strategies
1. Balance of Acceptance vs. Change
2. Search for "what is left out"
3. Emphasis on speed, movement, flow

Dialectically informs treatment goals
1. Emotion regulation
2. Interpersonal effectiveness
3. Mindfulness
4. Distress tolerance

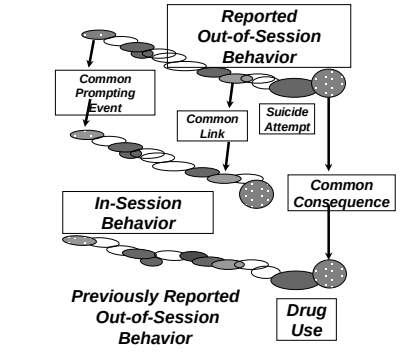


DIALECTICAL DILEMMAS

DBT SECONDARY TARGETS

Increase	Decrease
1. Emotional Modulation	1. Emotional Reactivity
2. Self-Validation	2. Self-Invalidation
3. Realistic Judgment	3. Crisis Generating Behaviors
4. Emotional Experiencing	4. Grief Inhibition
5. Active Problem-Solving	5. Active-Passivity
6. Accurate Expression	6. Apparent-only Competence

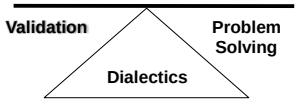
Movement, Speed & Flow



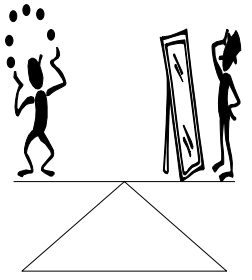
DIALECTICAL STRATEGIES

- Balancing treatment strategies
- Entering the paradox
- Metaphor
- Devil's advocate
- Extending
- "Wise Mind"
- "Lemonade out of lemons"
- Allowing natural change
- Dialectical assessment

APPLY CORE STRATEGIES



BALANCE IRREVERENT AND RECIPROCAL VULNERABILITY COMMUNICATION STYLES



STYLISTIC STRATEGIES: RECIPROCAL COMMUNICATION

Responsiveness
- "Staying Awake"
- Taking the patient's agenda seriously
- Responding to the "manifest content" of the patient's communications

Self-disclosure
- Orienting to therapist self-disclosure
- Self-Involving Self-Disclosure
- Personal self-disclosures

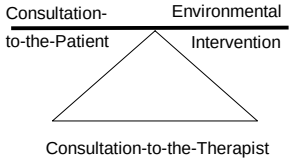
Warm engagement

Genuineness

STYLISTIC STRATEGIES: IRREVERENT COMMUNICATION

- Reframing patient's communication in an unorthodox, offbeat manner
- Plunging in where angels fear to tread
- Using a confrontational tone
- Calling the patient's bluff
- Oscillating intensity
- Expressing omnipotence and impotence

COMBINE CONSULTATION STRATEGIES WITH INTERVENTION IN THE ENVIRONMENT



ENVIRONMENTAL INTERVENTION

Intervene in the environment

when the short term gain

is worth the long term loss in learning

ENVIRONMENTAL INTERVENTION STRATEGIES

- Providing information to others independent of the patient
- Patient advocacy
- Entering the patient's environment to give assistance

CONDITIONS MANDATING ENVIRONMENTAL INTERVENTION

- When the patient is unable to act on her own behalf and the outcome is very important
- When the environment is intransigent and high in power
- To save the life of the patient or avoid substantial risk to others
- When it is the humane thing to do and will cause no harm
- When the patient is a minor

CONSULTATION-TO-THE-PATIENT

The primary role of the DBT therapist is to *consult to the patient* about how to manage his/her social/professional network.

It is not to consult with the network about how to manage the patient.

CONSULTATION-TO-THE-PATIENT STRATEGIES

- Orienting patient and network to the approach
- Consultation about how to manage other professionals
- Consultation about how to manage other members of the whole interpersonal network

COROLLARIES OF CONSULTATION-TO-THE-PATIENT

- Give other professionals general information about treatment program.
- Outside of the treatment team, do not discuss the patient or her treatment without the patient present.
- Within the treatment team, share information but keep the spirit of the strategy.
- Do not tell other professionals how to treat the patient.
- Teach the patient to act as her own agent in obtaining appropriate care.
- Do not intervene or solve problems for the patient with other professionals.
- Do not defend other professionals.

STEP 5

DBT as practice

DBT AS PRACTICE

- With one's self
- With an individual
- With a team

IN DBT, THE THERAPIST ACTING FROM WISE MIND…

practices

- Observing (Just Notices)
  - Describing (Puts Words On)
  - Participating (Acts Intuitively from Wise Mind)

and is

- Non-Judgmental (Neither Good nor Bad)
- One-Mindful (In-the-Moment)
- Effective (Focus on What Works)

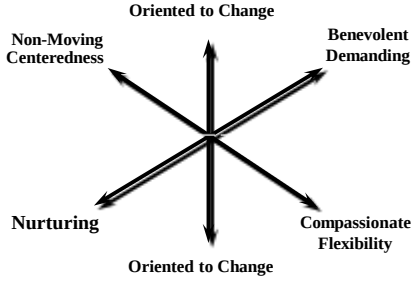
AT THE VERY LEAST

- A DBT therapist notices what he/she is reinforcing.
- Phone calls
- In session
- In skills class
- In team

CONSULTATION-TO-THE-THERAPIST STRATEGIES

- Meeting to confer on treatment
- Keeping supervision/consultation agreements
- Cheerleading
- Providing dialectical balance

THERAPIST CHARACTERISTICS



DBT TEAMS

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DBT CONSULTATION AGREEMENTS

- To accept a dialectical philosophy
- To consult with the patient on how to interact with other therapists and not to tell other therapists how to interact with patient
- That consistency of therapists with one another (even across the same patient) is not necessarily expected
- That all therapists are to observe their own limits without fear of judgmental reactions from other consultation group members
- To search for non-pejorative, phenomenological empathic interpretation of patient's behavior
- That all therapists are fallible