

UNC SCHOOL OF SOCIAL WORK CLINICAL INSTITUTE SERIES



Dialectical Behavioral Therapy (DBT)
DAY 2

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University of North Carolina at Chapel Hill

Day 2 Agenda



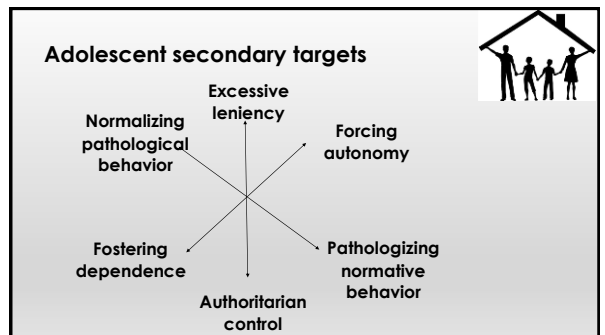
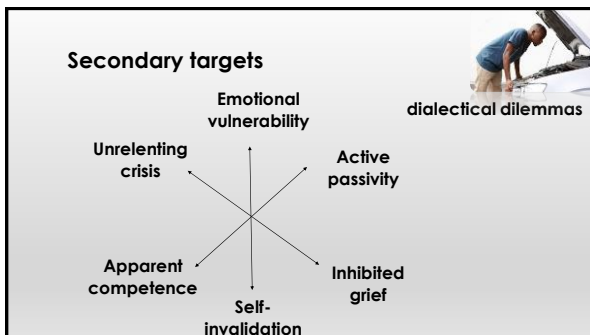
- 9:00 Welcome & Mindfulness
- 9:10 I. Case conceptualization
- 10:15 BREAK
- 10:30 II. Q & A and case consultation
- 12:00 LUNCH
- 1:00 III. DBT skills
- 2:30 Break
- 2:45 IV. DBT Skills
- 4:00 V. Summation, discussion, resources
- 4:30 END

I. Case conceptualization
(case formulation)

Elements of Case Formulation

- Demographic history & thorough symptom assessment
- Primary targets – according to stage of treatment
- **Secondary targets**
- Assessment of skills and skills deficits
- Uncovering "controlling variables"

Case conceptualization should be revised regularly



Case formulation

- Based on repeated BCAs and in-session observations
- Identify controlling variables and typical patterns that set off, lead to or maintain the problem behavior. Include operating hypotheses – “What’s getting in way?”
 - **EXAMPLES:** secondary targets, skill deficits, invalidation, problematic cognition, contingency/reinforcement patterns → “controlling variables”
- Opportunity to see what you don’t yet know
- Formal case formulation and “mini-case-formulations” (do often, include date)

*Guides your treatment plan . . .

Samantha – Developing a Case Formulation

Conceptualization comes through finding common links through repeated chains

Samantha – BCA of NSSIB

Cutting forearm

Vulnerabilities: Tired, food deficit, invalidated by mother

Triggering event: Friend left

Links:

- “I’m all alone”
- “My friend might die”
- Scared, sad, hopeless
- Noticed urge to cut
- Stared at razor
- Couldn’t think of alternative

Consequences:

- Felt relief
- Exhaustion
- Didn’t want to wake up

Skills?

Relationship with emotions?

Contingencies & reinforcement? • “Fuck it”

Samantha – BCA (therapy interfering behavior)

Called to quit therapy

Vulnerabilities: Hurting, Tired

Triggering event: Spoke about car accident in therapy

Links:

- “I don’t want to be doing this”
- Felt raw, exposed, guilt, shame, self-disgust
- Held it together until end of session
- Trouble breathing
- “I can’t stand it”
- Stepped into traffick

Consequences:

- Felt relief about giving up
- Later therapist helped me calm down

Skills?

Relationship with emotions?

Contingencies & reinforcement?

YouTube of Kelly Koerner on Mini Treatment Formulation

• FORMULATION

DISAGREEMENT
CRITICISM
INVALIDATION

COMMON LINKS ACROSS TARGETS = TALK

MINI TREATMENT PLAN

↑ S-VAL SELF-VALIDATION
↓ S-INVAL

- NOTICE S-INVAL
- LET GO
- PRACTICE S-VAL
- V1, V3-obs. des. and V4, V5

↓ AGGRESSION & SOME OF VALUES
↑ CHANGE “TALKING UP”
↑ RUMINATION “SHAME”

ROY KRAWITZ on treating pervasive self-invalidation and shame

Case formulation: Samantha

- Factors that control targeted problem:
 - Skill deficit? Teach relevant skill.

<input type="checkbox"/> Mindfulness	<input type="checkbox"/> Distress tolerance
<input type="checkbox"/> Emotion Regulation	<input type="checkbox"/> Interpersonal effectiveness
 - What else is getting in the way?
 - Secondary targets:

<input type="checkbox"/> Active passivity	<input type="checkbox"/> Apparent competence
<input type="checkbox"/> Emotion reactivity	<input type="checkbox"/> Self-invalidation
<input type="checkbox"/> Unrelenting crisis	<input type="checkbox"/> Inhibited grieving

Your Turn

In Pairs:

Fill out your own case conceptualization

➤ Select a current (or past) client of yours

II. Q & A

Case conceptualization?
 Linking to treatment planning?
 DBT treatment in general?
 Case consultation?

III. DBT Skills

Core Mindfulness & Interpersonal Effectives

Goals of Core Mindfulness:

- To learn to observe one's thoughts, feelings, and sensations without reacting to them
- To increase control of one's experience
- To cultivate a non-judgmental stance
- To participate in life with awareness (rather than impulsive or mood-dependent behaviors)
- To experience reality as it is

Main Core Mindfulness Skills

I. States of Mind	III. "How" Skills
II. "What" Skills	
a. Observe b. Describe c. Participate	a. Nonjudgmentally b. On-mindfully c. Effectively

Core Mindfulness – States of mind

- Awareness of each “mind state”

Cultivate “Wise Mind”

- Balanced point of view
- Intersection of reason and emotion states
- Embraces dialectic

The diagram consists of three overlapping circles. The top-left circle is light blue and labeled 'Reason Mind'. The top-right circle is light pink and labeled 'Emotion Mind'. The bottom circle is light green and labeled 'Body Mind'. The central area where all three circles overlap is shaded and labeled 'Wise Mind'.

Core Mindfulness – What and How Skills

What to do:

- Observe
- Describe
- Participate

How:

- Nonjudgmentally
- One-mindfully
- Effectively

Interpersonal Effectiveness

Interpersonal Effectiveness

→ What is the goal of the communication?

Objective Effectiveness
What is my objective – What do I need to get out of this interaction?

Relationship Effectiveness
How do I want the other person to feel about me after our interaction?

Self-respect Effectiveness
How do I want to feel about myself after our interaction?

Walk the Middle Path – Maintaining balance in relationships

Objective Effectiveness

What

DEAR

- Describe the current situation
- Express feelings and opinions
- Assert or by asking or saying no
- Reinforce

How

(WO)MAN

- Wise mind place
- One mindfully
- Mindful of objectives
- Appear confident
- Negotiate alternative solutions

Relationship Effectiveness

The image shows a string of warm white lights with several wooden clothespins. Five cards are pinned to the string, spelling out the word 'GIVE' in capital letters.

- Gentle manner
- Interested in the other person
- Validate the other person without judging
- Easy manner with humor

Self-respect Effectiveness

FAST

- be **F**air
- no **A**pologies
- **S**tick to values
- be **T**ruthful



Practice your DEAR (WO)MAN

Your turn

IV. DBT Skills

Emotion Regulation & Distress Tolerance

Emotion Regulation Skills

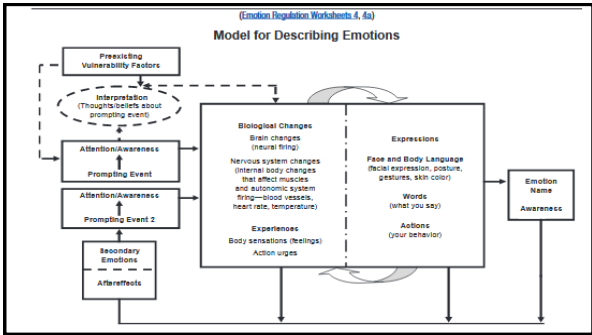
- Understanding & Naming Emotions
- Changing Unwanted Emotions
- Reducing Vulnerability to Emotion Mind
- Managing Extreme Emotions

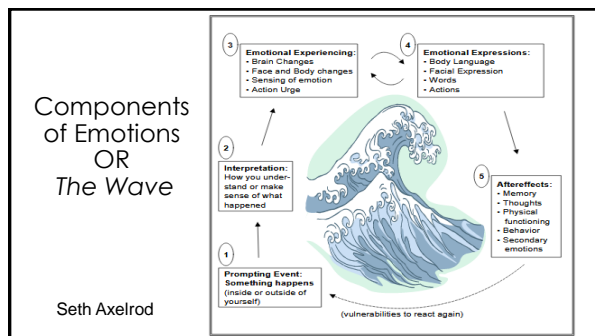
Emotion Regulation

Start with → All emotions are VALID

* May or may not be justified/warranted

Practice NAMING emotions





Changing unwanted emotions
→ **Opposite Action**

FEAR Approach
 ANGER Gently avoid/Be kind
 ENVY Gratitude
 LOVE Avoid/Distract
 SADNESS Get active/Avoid avoiding
 SHAME/GUILT Make public/Repeat

Distress Tolerance

*The ability to tolerate and survive crises **without making things worse***

Pain+ Non-acceptance =
Suffering & Being Stuck

Pain + Acceptance =
Ordinary Pain & the Possibility of Moving Forward

Holding an Open Heart Towards What Is.

DISTRESS TOLERANCE

- Crisis Survival Skills
- Reality Acceptance Skills
- Skills when the crisis is addiction

Crisis survival skills with Distraction

- Wise Mind **ACCEPTS**
 - Activities
 - Contribute
 - Comparisons
 - Change your Emotions
 - Push away thoughts
 - Think of other things
 - Sensations

IMPROVE the moment with cognitive techniques:

- Imagery
- Meaning
- Prayer
- Relaxation
- One-thing-in-the-moment
- Vacation
- Encouragement

FOCUS

Distress Tolerance Skills: Self soothe (with five senses)

Vision
- Hearing
- Smell
- Taste
- Touch

Crisis survival with Pros & Cons

Brainstorm:

	Pros	Cons
Making it worse by:		
Tolerating distress by:		

Keep me:

	Pros	Cons
Pros of tolerating distress by:		
Cons of making it worse:		

Reality Acceptance skills:

- Radical Acceptance
- Willingness
- Turning the mind

Distress Tolerance: Willingness practices

Small smile

Willing hands, posture

Willingness is saying yes to the mystery of being alive in each moment. Willfulness is saying no, or perhaps more commonly, "yes, but . . ."

Source: Gerald May, 1982, in *Care of Mind-Care of Spirit: Psychiatric Dimensions of Spiritual Direction*. San Francisco: Harper and Row, p.6.

Q & A and Summary

DBT Review

Ways to approach any problem

- Solve the problem
- Change your perception of the problem
- Radically accept the problem
- Stay miserable
- Make it worse

Components of treatment

- Individual therapy
- Skills group (CM, IPE, ER, DT)
- Phone skills coaching
- Consult team

Primary Targets (hierarchy -levels)

- Life-threatening behaviors (SI, NSSI)
- Therapy-interfering behaviors (TIB)
- Quality of life behaviors (QL)
- Skills acquisition

Session structure:

1. Review Diary Card
2. Attention to target hierarchy
3. Chain Analysis on highest target
4. Weave in Solution Analysis
5. Move down hierarchy → current life situations

Stages of therapy:

- IV. Incompleteness → Capacity for sustained joy
- III. Problems in living → Ordinary happiness & unhappiness
- II. Quiet desperation → Emotional experiencing
- I. Severe Behavioral Dysregulation → Control

DBT Review (cont.)

Secondary targets (dialectical dilemmas):

Therapist characteristics

Dialectical approach:

- Acceptance (validation) & Change (problem solving)
- Synthesis (and/both)
- Transactional (person & environment)

DBT Review (cont.)

Assumptions about patients

- People are doing the best that they can.
- People want to improve
- People must learn new behaviors both in therapy and in the context of day-to-day life.
- People cannot fail in DBT
- People may not have caused all of their problems, but they have to solve them anyway.
- People need to do better, try harder and be more motivated to change.
- The lives of people who are suicidal are unbearable as they are currently being lived.

Assumptions about therapists

- The most caring thing a therapist or treatment provider can do is help people change in ways that bring them closer to their own ultimate goals.
- Clarity, precision and compassion are of the utmost importance.
- The treatment relationship is a real relationship between equals.
- Principles of behavior are universal, affecting clinicians no less than clients.
- Treatment providers need support
- Treatment providers can fail.

DBT Review (cont.)

Core Strategies = Validation + Problem Solving

Behaviors to Decrease

- Interpersonal chaos
- Labile emotions and moods
- Impulsiveness
- Confusion about self and cognitive dysregulation
- Quality-of-life interfering behaviors

Skills / behaviors to increase:

- Core mindfulness
- Interpersonal effectiveness
- Emotion regulation
- Distress tolerance
- Self-management and life skills

Change Strategies:

- Contingency management
- Skills
- Exposure
- Cognitive Modification

Dialectical Strategies:

- Entering the paradox
- Metaphor
- Devil's advocate
- Extending
- Activating Wise Mind
- Making lemonade
- Allowing natural change
- Dialectical assessment

Core Strategies = Validation + Problem Solving

Levels of Validation:

1. Being Present
2. Accurate Reflection
3. Reading Cues
4. History
5. Normalizing
6. Radical genuineness

Validation Strategies

- Emotional validation
- Behavioral validation
- Cognitive validation
- Cheerleading

Case explorations

- What stage of treatment are they in?
- Primary target behaviors?
- Secondary targets?
- Life worth living goals?
- Acceptance, change, dialectical strategies?
- Skill areas to target?
- Consultation?

Resources

- Articles on DBT & Trauma
- Texts and websites
- Local resources
- Certification

DBT-LINEHAN
BOARD OF CERTIFICATION



<https://dbt-lbc.org/>



Closing awareness

& from Debbie & Robin

Thank you!