

DBT – Overview of Approach and Treatment

Ways to approach any problem

1. Solve the problem
2. Change your perception of the problem
3. Radically accept the problem
4. Stay miserable
5. Make it worse

Primary targets (hierarchy -levels)

1. Life-threatening behaviors (SI, NSSI)
2. Therapy-interfering behaviors (TIB)
3. Quality-of-life behaviors (QL)
4. Skills acquisition

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

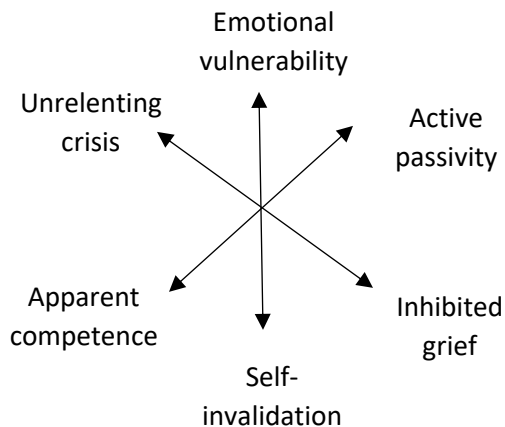
Components of treatment

1. Individual therapy
(session structure below)
2. Skills group
 - core mindfulness
 - interpersonal effectiveness
 - emotion regulation
 - distress tolerance
3. Phone skills coaching
4. Consult team

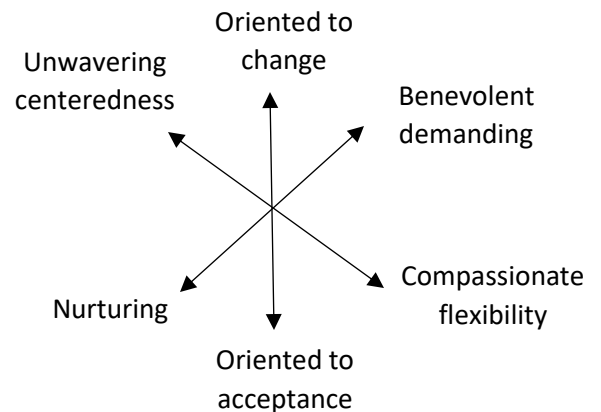
Session structure

1. Review Diary Card
2. Attention to target hierarchy
3. Chain Analysis on highest target
4. Weave in Solution Analysis
5. Follow hierarchy to discuss skills related to current life situations

Secondary targets (dialectical dilemmas)



Therapist characteristics



Dialectical approach

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

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Assumptions about Patients:

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

Assumptions about Therapists:

1. 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.
2. Clarity, precision and compassion are of the utmost importance.
3. The treatment relationship is a real relationship between equals.
4. Principles of behavior are universal, affecting clinicians no less than clients.
5. Treatment providers need support
6. Treatment providers can fail.

Behaviors to Decrease:

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

Core Strategies = Validation + Problem Solving

Dialectical Strategies:

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

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

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