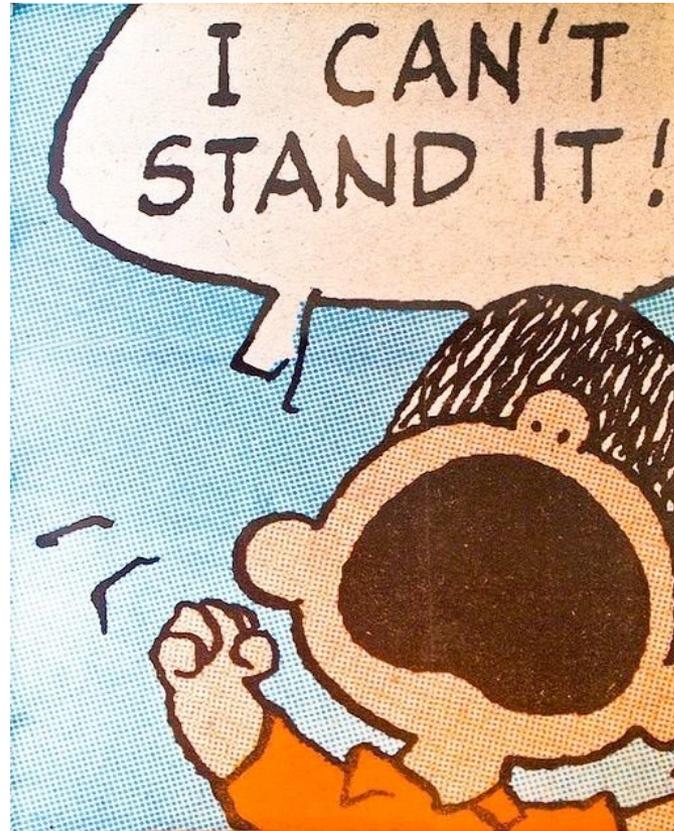


Dialectical Behavior Therapy



RAAM Social Worker/Counsellor Zoom Session
Friday, September 10, 2021
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Development...

- Developed by Marsha Linehan 1980 for BPD
- Comes out of the “third wave” of cognitive and behavior therapy (1950’s behavior therapy, 1970’s Beck cognitive therapy which merged into CBT)
- Incorporates mindfulness and acceptance techniques
- Core Belief:

"Pain is inevitable. Suffering is optional."

DBT

- It is really CBT in a different language with the addition of mindfulness and acceptance techniques
- Clts encouraged to accept problems rather than judging (distorted thinking), then helps clt look at how they can make changes so that their thinking is more in Wise Mind
- Principle-driven therapy
- Therapist guided by principles – allows more flexibility
- 4 modes of therapy: individual, skills group, telephone consultation, and therapy team
- Self-monitoring with behavior tracking sheets
- Suicide risk and assessment protocol
- Clts are taught to accept themselves as they are – learn tools to change behavior

CBT

- Protocol-based therapy
- Specific procedures are followed
- Offered in groups or individually – rarely occurs in both simultaneously
- Self-monitoring
- Clients learn techniques to help change distorted thinking

DBT vs. CBT

Biosocial Theory of BPD

Emotion Dysregulation:

...results from a combination of high emotional sensitivity or vulnerability (biological predisposition) and an inability to regulate or modulate ones emotions (processes we use) (Linehan, 1993a)

Emotional Vulnerability = biological predisposition/temperament

Inability to regulate emotions = to balance, consciously manage the experience and expression of emotion (Greenberg & Paivio, 1997)

Invalidating Environment:

...one in which there is a tendency to deny or respond unpredictably and inappropriately to the child's private experiences especially emotions, physical sensations and thought – examples: **in the home** - poor fit in family, chaotic home, abusive home; **outside of the home** - school, church, babysitters house, sports clubs, etc. (Miller et al. 2007)

Dialectical Theory of DBT

Main Principles

1. Everything is interrelated or interconnected
2. Reality is not static, but is in a process of continuous change
3. The truth (which is always evolving) can be found by integrating or synthesizing differing (and possibly opposite) views

To practice acceptance while continuing to work toward change

All points of view can have aspects that are both valid and incorrect, polarizations are inevitable

Taking the middle path = help clt to act in more effective ways and live more balanced

Is DBT effective for other disorders?

- 2008, Harned and colleagues noted several studies finding DBT to be effective in reducing behaviors associated with Axis I Disorders, including substance use, bulimia binge-eating disorder, depression, and anxiety
- It is also being used to treat anger, to reduce the level of risk in suicidal forensic patients with intellectual disability, has helped caregivers of loved ones with dementia

Stages of Treatment

- Stage 1 – pretreatment, attaining basic capacities
- Stage 2 – Reducing post-traumatic stress
- Stage 3 – Increasing self-respect and achieving goals

- Focus in on Stage 1 work

Pretreatment: Orientation and Commitment

- First several individual sessions focus on having the client and therapist make a decision as to whether they are willing and about to work together
- Helps clients to modify any beliefs or expectations about therapy that might lead to negative outcome
- Completion of assessment, providing psycho-ed to client about diagnosis, commitment to therapy and specific goals

Stage I: Attaining Basic Capacities

- Goal – reduce suicidal behaviors and thoughts, as well as other behaviors that are destabilizing, self-destructive, or otherwise unhealthy and address skills deficits

From highest to lowest priority:

1. Suicidal behaviors and non-suicidal self-harming behaviors
2. Behaviors that interfere with therapy
3. Suicidal ideation and “misery”
4. Maintaining treatment gains
5. Other goals the client identifies

DBT Components

1. Core Mindfulness Skills
 2. Interpersonal Effectiveness Skills
 3. Emotion Regulation Skills
 4. Distress Tolerance Skills
- DBT can be provided to clients in an effective way without introducing all of the components

Core Mindfulness Skills

- Aim – to reduce confusion about the self (BPD)
- Increases **awareness** of thoughts, emotions, and urges
- learn to **manage** thoughts, emotions, and urges
- Learn to **tolerate** thoughts, emotions, and urges
- Learning that internal experiences don't have to be acted upon, but can simply be acknowledged
- Outcome – internal experiences don't have to be acted upon and these experiences will gradually dissipate

Mindfulness Techniques

“Doing one thing at a time, in the present moment, with your full attention, and with acceptance”. Sheri Van Dijk, MSW

1. Choose an activity
2. Focus on the activity
3. Notice when your attention wanders
4. Gently bring your attention back
 - Monkey mind
 - Puppies

Additional Mindfulness Skills

- Mental Noting (witnessing) – clients become objective observers, just describing events as they experience them. Things are not right or wrong they “just are”.
- Internal or external
- Leaving judgments out

Reducing Emotional Reactivity

Three Styles of Thinking

1. The Reasoning Self – the part of ourselves that we use when we're thinking logically or reasoning something out – few to no emotions involved
2. The Emotional Self – the part that often gets us into trouble, as our behaviors are controlled by the emotion we're feeling in the moment
3. The Wise Self – we feel our emotions and are still able to think straight, and we weigh the consequences of our actions and choose to act in a way that's in our best interests in the long run, even if that means behaving in a way that's quite difficult.

Accessing The Wise Self

1. Mental Noting with Emotions
2. Improving Self-Talk
3. Just This Moment



Addressing Lifestyle Issues That Affect Clients Emotional State

- Balancing sleep
- Treating physical illness
- Reducing use of substances
- Improving nutrition
- Increasing exercise

Interpersonal Effectiveness Skills

- Aim – reduce interpersonal chaos that is often present and learn how to be more assertive
- Taught to think about what they most want to get out of an interaction
- Taught skills to reach their goal



Becoming More Effective in Relationships

- Assessing social supports
- Improving current relationships
- Communication styles
- Skill of assertiveness

Emotions

- Define
- Discuss the roles i.e. motivation, information, communication
- Psycho-ed re: connection between, thought, emotion and behavior
- Tracking emotions

Helping Clients Regulate Emotions

- Using mindfulness to reduce emotional pain
- Self-validation
- Accepting Reality
- Acting opposite to urges
- Watch your emotions

Increasing Positive Emotions

- Being effective in life
- Increasing positive experiences
- Goal setting
- Adopting an attitude of openness

Emotion Regulation Skills

- Aim – decrease mood liability
- Taught general information about emotions
- Learn connection between thoughts, feelings, and behaviors
- Learn by changing one (thought, feeling or behavior) will have an impact on the others
- Self-validation is emphasized

Distress Tolerance Skills

(aka Crisis Survival Skills)

- Aim – to help pts survive crises without making things worse i.e. by engaging in problem behaviors
- Skills help clients soothe and distract themselves from the problem

Identifying Problem Behaviours

- Examine costs and benefits
- Crisis Survival Skills

R – Reframe

E – Mindfully engage in an activity

S – Do something for Someone else

I – Intense sensations

S – shut it out

T – Think neutral Thoughts

T – Take a break

Why group?

- Clients are often moving from one crisis to another - its extremely difficult to teach skills in an individual session when the clt wants help with the current crisis
- Validation – being in a group with others who have similar problems
- Learning experience can be much richer – clients learn from each other
- Group is an excellent arena for practicing the skills being taught
- Clients receive coaching from the group therapist

You are the only one in control of your thoughts. DBT teaches us how to get to Wise Mind. It's where emotions and rational thought meet in the middle.

Resources

- “DBT Made Simple” Sheri Van Dijk, MSW
- “Calming the Emotional Storm” Sheri Van Dijk, MSW
- “The Dialectical Behavior Therapy Skills Workbook”
Matthew McKay, PH.D, Jeffrey C. Wood. PSY.D. Jeffrey
Brantley, MD
- DBT Self Help - <http://www.dbtselfhelp.com/>