

Wisconsin Public Psychiatry Network Teleconference (WPPNT)

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DBT Part 1: Foundations of Dialectical Behavioral Therapy

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Agenda

- Review of history and assumptions of DBT.
- Learn about each of the DBT skill sets.
- Discuss appropriate settings and referrals to a DBT program.
- Anything else?

HISTORY OF DBT

- Developed by Marcia Linehan to treat Borderline Personality disorder
- CBT with added Eastern philosophies which expanded into a skill-training model
- “Skills Training Manual for Treating Borderline Personality Disorder.” in 1993
- Use of the bio-psycho-social model

Characteristics of CBT

- Based on "rational thought." - Fact not assumptions.
- CBT is structured and directive. Based on notion that maladaptive behaviors are the result of skill deficits.
- Emphasis on the Here and Now
- Based on assumption that most emotional and behavioral reactions are learned. Therefore, the goal of therapy is to help clients *unlearn* their unwanted reactions and to learn a new way of reacting.
- Homework is a central feature of CBT.

Contrast between CBT and DBT

- **CBT:** Negative emotions are elicited by cognitive processes.

DBT: One's resistance to feeling emotions may contribute to emotional dysregulation

- **CBT:** Adverse life events elicit automatic processing.

DBT: Using healthier skills through repetition creates long-term change

Contrast between CBT and DBT (cont.)

- **CBT:** Focus on examination of cognitive beliefs and developing rational responses to negative, automatic thoughts.

DBT: Through skill development, will learn when it is most effective to use active strategies versus acceptance strategies.

- **CBT:** Most often individual therapy

DBT: Most often individual and group therapy



A = Activating Event

B = Beliefs, Thoughts, Attitudes, Assumptions

C = Consequences, Feelings, Emotions, Behaviors, Actions

CBT: Focus on understanding and challenging “B” in order to change “C”

DBT: Use Coping Ahead for “A” when possible

Use Moment to Pause, Observe and Describe, Non Judgmental Stance in order to assess most effective next action (active or acceptance?)

Be mindful that current “C” may influence the next “A”

What is the biopsychosocial model?

- **Biological** predisposition: high sensitivity and reactivity, slow return to baseline
- **Psychological** response: unhealthy coping skills “worked” at one point and thus were reinforced; but are no longer effective
- Invalidating **social** environment: Childhood trauma, use of emotional language met with negative and/or erratic responses, not modeled healthy coping skills

Dialectics

- Sx and distress result from disconnections between self and their surroundings.
- May have difficulty understanding and meeting opposing needs.
- Neither side has absolute truth
- Learn ways to move away from “all or nothing” thinking to “and/or” thinking.
- Things that seem like opposites can be true
 - You can love someone and be angry with them.
 - You can be strong and ask for help.
 - You can detach from a situation and be supportive.
- Helpful to get us “unstuck” and away from power struggles, be more flexible, and avoid assumptions and blame

USING DIALECTICS IN THERAPY

- Balance
- Acceptance and Action
- Wants and Needs
- Self acceptance and change
- Autonomy and attunement
- My needs and the needs of others
- Thoughts and feelings
- Feeling safe and taking a risk

Behavior

- DBT is a “skills based” treatment modality.
- Can be an effective compliment to process/talk therapy
- We are all doing the best we can, and need better skills to be effective.
- We have developed ineffective reactions through repetition, and need to change our behaviors in a safe way in order to develop more effective ways of responding.

DBT Assumptions

- Clients are doing the best they can
- Clients want to improve
- Clients must do better, try harder, and be motivated to change
- Client may not have caused their own problem but (and) must solve them anyway
- Client's lives are unbearable as they currently live
- Clients must learn new behaviors in all relevant contexts
- Clients cannot fail in therapy
- Therapists/Support people need support

COMPONENTS OF DBT

- Skills training group
 - Focused on enhancing capabilities by teaching behavioral skills.
 - A skills based group where clients are taught the skills and assigned homework to practice outside of session.
- Individual treatment
 - Focused on enhancing motivation and helping clients to apply the skills to specific challenges and events in their lives
- DBT phone coaching
 - In-the-moment coaching on how to use skills to effectively cope with difficult situations that arise in their everyday lives. Not processing.
- Consultation team
 - Support for the therapists in their work with people who often have severe, complex, difficult-to-treat disorders

Hierarchy of treatment targets

- Life-threatening behaviors
- Therapy-interfering behaviors
- Quality of life behaviors
- Skills acquisition

Hierarchy of Increasing Use of Healthy Skills

- Decrease stress response due to trauma
- “The 3 Rule”
 - If intensity of emotion/stress is above 3 in a 0-10 scale, use self soothe and healthy distraction
 - When the intensity goes below a 3, may look at processing, problem solving, active strategies
- Increase self-respect
- Goal directed behaviors

Five Skill Sets

- Mindfulness
- Distress Tolerance
- Emotional Regulation
- Interpersonal Effectiveness
- Walking the Middle Path (Adolescent DBT)

Disorders that (often) respond well to DBT

- Personality Disorders
- PTSD/Trauma
- Depression
- Mood Disorders
- Anxiety
- Substance Use Disorders
- Eating Disorders
- Impulse Control/Anger Issues

Considerations for forming a group

- How to screen for appropriateness
- Group rules/expectations
- Safety plan and safety expectations
- Open vs. Closed group
- Format: balance of process and education
- Ability to communicate/coordinate with primary therapist
- How to address Treatment Interfering Behaviors
- How to get your own support

Considerations when using DBT in therapy

- Repetition is the key!
- Consider teaching grounding techniques prior to DBT skills (like meditation!)
- Expect outside work (homework)
- Teach the concept before the individual skill
- Address biopsychosocial needs
- Use dialectical language
- Balance acceptance and change-based skills

Please Join us on 11/19/2020 for Part 2: DBT Techniques and Skills

Through case examples, we will focus on:

- A more in-depth look at the DBT skill sets, and a look at individual DBT skills
- How to do case formulation through a DBT lens
- Look at factors when considering someone for DBT therapy
- Discuss techniques on how to present DBT skills in a group and individual setting

Thank You!

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Resources

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www.dbtselfhelp.com