Dialectical Behavior Therapy
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Who is it for?
- Patients with severe and chronic multi-diagnosis picture/difficult to treat patients with both Axis I and Axis II Disorders
- Borderline Personality Disorder
  - Marked by emotional, interpersonal, behavioral, cognitive dysfunction.
  - Biosocial theory: Biological dysfunction in the emotion regulation system IN COMBINATION WITH an invalidating environment (often times, incidence of sexual abuse history)

Biosocial Theory
- What is an invalidating environment?
  - "pervasively trivializes, blames, rejects & attributes socially unacceptable characteristics to an individual's cognitive, behavioral & emotional responses despite the fact that the responses make sense in terms of facts, inferences, accepted norms or in terms of long term goal" (Koenig et al, 1998 in Katz and Cox, 2002).
- What is emotional vulnerability?
  - High sensitivity to emotional stimuli, emotional intensity, slow to return to emotional baseline.

Invalidating Environment + Emotional Vulnerability
- Lead to...
  - Emotion regulation dysfunction
  - Interpersonal dysfunction
  - Self-regulation dysfunction
  - Cognitive dysfunction
  - Behavioral dysfunction

Why DBT with adolescents?
- Targets non-compliance (core: DBT strategy is to increase commitment to treatment)
- Targets family psychopathology (looking at aspects of the invalidating environment)
- Multimodal intervention addresses multiple problems

Research support
- Widiger & Frances, 1989:
  - 11% of psychiatric outpatients/19% of psychiatric patients (adults) met criteria for Borderline Personality Disorder.
- Linehan, 1993:
  - DBT vs. TAU groups study showed that DBT group had 8.46 Inpatient days per year vs. TAU, who had 39.36 days per year, (p value included DBT skills groups and individual therapy)
  - Swenson, Sanderson, Dull, Linehan; 2001:
    - Application of DBT in inpatient SUD unit, "the inpatient unit can play a limited, focused, and powerful role in the overall treatment of the patient"
- Rathus & Miller, 2002:
  - DBT as promising treatment with adolescents (including DBT skills groups, individual therapy, and multi-family groups)
What are Dialectics?

- The synthesis between and argument and a counter-argument/reconciliation of opposites (acceptance and change).
- "debate...establishing truths on both sides rather than disproving one argument."
- Implicit in dialectics is that there is no one truth, therefore it recognizes that there are multiple perspectives and ways to treat our clients.

Core Strategies of DBT

- Teaching patients to accept themselves and their world as it is in the moment
- Problem Solving (change & confrontation strategies)
- Validation (supportive acceptance strategy)

Balance the Skills

Emotion Regulation
Mindfulness
Interpersonal Effectiveness
Self-Regulation
Walking the middle path
Distress Tolerance

How do we help our clients balance acceptance vs. change?

- Commitment strategies
  - Assessing "stages of change" (see handling)
  - Using empathy & validation
  - "cheerleading", reassuring patient
  - Acknowledging & validating fears
  - Empowering clients by addressing their freedom to choose (make healthy choices for themselves)
  - Discuss absence of alternatives
  - Evaluate pros and cons

How do we help our clients balance acceptance vs. change? (cont.)

- Acceptance strategies
  - Find some validity within even the most extreme responses
  - Positive reinforcement while still acknowledging ongoing struggle
    - (even when we think we are reinforcing positive behavior, our clients might feel invalidated unless we let them know that we recognize that it might have been difficult).

Teach Skillful Behavior to Replace Problem Behavior

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(merging of dialectic themes)
**DBT Assumptions about Patients**

- Patients are doing the best they can (not manipulating).
- 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 patients with suicidal, borderline features are unbearable as they are currently being lived.

**DBT Assumptions about Therapists**

- Must believe in and practice what we are teaching.
- Must have awareness of burn-out (how can we be effective if we feel burnt out?)
- Must model the behaviors that we teach.
- Must BALANCE supportive acceptance vs. confrontation and change strategies.

**Therapists Characteristics**

- Oriented to change
- Oriented to acceptance
- Non-moving centeredness
- Nurturing
- Benevolent demanding
- Compassionate flexibility

**Skills Training Objectives**

- Skills Acquisition
  - Being taught the skills in skills group.
- Skills Strengthening
  - Practicing the skills in group (i.e. with other group members/role playing).
- Skills Generalization
  - Completing homework assignments, diary cards.
  - Practicing the skills in your own environment.

**MINDFULNESS**

**PRESENT MIND**

- learning to be in control of your own mind, instead of letting your mind be in control of you.
- recognizing the moment, what it looks like, feels like, tastes like, sounds like.

**Mindfulness**

**States of Mind**

- Reasonable Mind
- Wise Mind
- Emotion Mind
Mindfulness Skills
- "WHAT" SKILLS
  - Observe
  - Describe
  - Participate
- "HOW" SKILLS
  - Non-judgmentally
  - One-mindfully
  - Effectively

DISTRESS TOLERANCE
- CRISIS survival strategies - tolerating short term pain.
- Guidelines for ACCEPTING REALITY - tolerating long term pain.

DISTRESS TOLERANCE
Crisis Survival Strategies
- DISTRACT (Wise Mind ACCEPTS)
- SELF-SOOTHE
- IMPROVE the Moment
- PROS & CONS
- Radical Acceptance
  - Turning the Mind
  - Willingness (over willfulness)

EMOTION REGULATION
- Understanding emotions.
- Reduce emotional vulnerability (decrease patient's vulnerability).
- Decrease emotional suffering.
- Change by acting opposite to painful emotion (increase positive emotions).

Interpersonal Effectiveness
- Attending to Relationships
- Balancing Priorities vs. Demands
- Balancing the Wants-to-Shoulds
- Build Mastery and Self-Respect

Walking the Middle Path
- Understanding dialectics
- Validation
- Balance of acceptance vs. change
- Working with adolescent dialectical dilemmas
  - Normalizing pathological behaviors vs. pathologizing normal behaviors
  - Excessive leniency vs. authoritarian control
  - Fostering dependence vs. forcing autonomy
Application to Inpatient Setting

- Skills Groups
  - Currently, approximately 3 groups per week
  - Each week focuses on a particular skill set (e.g., distress tolerance, interpersonal effectiveness)
  - Patients are given handouts and worksheets at each group
    - Strong emphasis on practicing the skills outside of group.
    - Group notes in the progress notes section of the chart.
- Individual Consults
  - Getting more in-depth with clients individually on particular skill sets that the treatment team feels would be most helpful to their treatment goals.

How can you use DBT with patients individually or during 1:1s? (see handout)

1. OBSERVE the dysfunctional behavior/event
2. DESCRIBE the behavior/event as dysfunctional
   - Be: "This behavior or event is your enemy!"
3. ELICIT a coping response or opposite action
   - Be: "What skills can you use?"
4. INSTRUCT (teach) the client what to do
   - Be: "Listen, when this behavior/event shows up or threatens you, do this one."

What next with DBT in the TCH Department of Psychiatry?

- Continued staff trainings (studies show that use of DBT skills on inpatient units actually increases job satisfaction)
- Expand DBT to Pavilion Day Treatment
- Develop Multifamily DBT Skills Group on Inpatient
- Use of diary cards on intensive services units

Application to Eating Disorders Unit

- Focus on one module per week
- 3 groups per week
- Use of a Diary card modified for eating disorders (see handout)
- Diary card reviewed in am community meeting

How can you use DBT with patients individually or during 1:1s? (cont...)

5. ORIENT to importance of new behavior
   - Be: "This new behavior must be done to save your life!"
6. Get COMMITMENT to do it.
   - Be: "Are you willing to do that?"
7. PRACTICE new behavior in session
   - Be: "Imagine that the behavior/event shows up, you do... and rehearse."
8. TROUBLE SHOOT (elicit or teach what will interfere)
   - Be: "Now, what can we count on to go wrong and interfere with your being skills?"

MINDFULNESS
DBT SKILLS
**Core Mindfulness Skills**
- Mindfulness skills are central to DBT.
- These are the first skills taught and are the skills highlighted the entire year.
- These skills can be practiced outside any spiritual or religious context.

**Where did Mindfulness Meditation Skills Come From?**
- Mindfulness skills are psychological and behavioral versions of meditation skills taught in Eastern spiritual practices.
- Linehan drew most heavily from the practice of Zen, but the skills are compatible with most western contemplative and eastern meditation practices.

**MINDFULNESS**
**PRESENT MIND**
learning to be in control of your own mind, instead of letting your mind be in control of you.

**Mindfulness States of Mind**
- Reasonable Mind
- Wise Mind
- Emotion Mind

**A Person who is in "Reasonable Mind"...**
- Approaches knowledge intellectually
- Thinks rationally or logically
- Attends to empirical facts
- Acts in a planful manner
- "cool" in approach to problems

**A Person who is in "Emotion Mind"...**
- Uses her current emotional state to control thinking and behavior
- Cognitions are "hot"
- Reasonable and logical thinking is difficult
- Facts are amplified or distorted to be congruent with current affect
- The energy of the behavior is also congruent with the current emotional state
A Person who is in "Wise Mind"...

- Is the integration of "emotion mind" and "reasonable mind"
- "wise mind" often goes beyond these two previous mind states by adding intuitive knowing to emotional experiencing and logical analysis.
- Mindfulness skills are the vehicles for balancing "emotion mind" and "reasonable mind".

Mindfulness Skills

- "WHAT" SKILLS
  - Observe
  - Describe
  - Participate

- "HOW" SKILLS
  - Non-judgmentally
  - One-mindedly
  - Effectively

MINDFULNESS "WHAT" SKILLS

- OBSERVE
  - Pay attention to direct experiencing at the level of pure sensation without adding to it.
  - Step back and watch (without adding words).
  - Observe both internal and external. Notice what comes through your senses: eyes, ears, nose, tongue.

MINDFULNESS "WHAT" SKILLS

- DESCRIBE
  - Put words on the experience without adding interpretations to it.
  - JUST THE FACTS—no inferences.
  - "if you didn't/can't observe it, you can't describe it"

MINDFULNESS "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.
  - Engage activity fully.

MINDFULNESS "HOW" SKILLS

- NON-JUDGMENTALLY
  - View reality as it is without evaluating as good or bad. Focus on the "what" not the "good" or "bad", the "should" or "should not".
  - Not changing negative to positive.
  - Accept each moment, each event.
  - When you find yourself judging, don't judge your judging.
**MINDFULNESS “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 are doing again and again.

- **EFFECTIVELY**
  - Act from Wise Mind.
  - Decide to do what works, staying away from what is “fair” or “right.”
  - Act as skillfully as you can, meeting the needs of the situation you are in, not the situation you wish you were in; not the one that is fair; not the one that is more comfortable.
  - Let go of the “principle of the matter” and keep your eye on your objective.

**DISTRESS TOLERANCE**

**DBT Skills**

- Why bother?
  - Coping with pain is important for 3 reasons:
    - 1) pain is a part of life
    - 2) if you can't deal with pain, you might act impulsively (from emotional mind)
    - 3) when you act impulsively, you may end up hurting yourself, someone else, or not get what you want.

**DISTRESS TOLERANCE**

**Guidelines for ACCEPTING REALITY**

- Observing your breath
- Half-smiling
- Awareness
- Radical Acceptance
  - Turning the Mind
  - Willingness (over willfulness)

- Suffering = Not accepting pain
- Acceptance =
  - Letting go of fighting reality
  - Turning suffering you CANNOT cope with into pain you CAN cope with
  - Acceptance = Approval
**Distress Tolerance**

**Radical Acceptance**

- Three Myths about Acceptance:
  - If you refuse to accept your painful something, it will magically change.
  - If you accept your painful situation, you will become soft and just give up (or give in).
  - If you accept your painful situation, you are accepting a life of pain.

**Distress Tolerance**

**Distract Skills**

- A ctivity: do something you enjoy, ride a bike, take a picture, swim, hike, draw, dance, sing, write.
- C ontributing: give something to someone, do something nice for someone else.
- C omparisons: compare yourself to others less fortunate than you.
- E motions: recognize your current emotional state and do something to bring about a different emotional state.
- P ushing away: push the painful situation out of your mind, build an imaginary wall between you and the situation.
- T houghts: read, do word puzzles, count, focus your mind on something else.
- S ensations: hold ice in hand, take a hot bath, bake cookies.

**Distress Tolerance**

**Self Soothing Skills using the Five Senses.**

- V ision
- H earing
- S mell
- T aste
- T ouch

**Distress Tolerance**

**Crisis Survival Strategies**

**Improve the Moment**

- I magery: visualizing oneself in a safe place.
- M eaning: what is the purpose of this experience?
- P ray: meditation, higher meaning, faith.
- R elaxation.
- O ne thing at a time: being mindful of an activity.
- V acation: can even be just a “break” from normal activity.
- E ncouragement: positive self talk. What would you say to a friend in this situation? Say that to yourself.

**Distress Tolerance**

**Crisis Survival Strategies**

**PROS & CONS**

- Tolerating Distress vs. NOT Tolerating Distress

**PROS**

- Distract (Wise Mind Accept)
- Self-Soothe
- Improve the Moment
- Pros & Cons
Interpersonal Effectiveness

Interpersonal Effectiveness Skills

- Attending to Relationships
- Balancing Priorities vs. Demands
- Balancing the Wants-to-Should
- Build Mastery and Self-Respect

What gets in the way?

- Lack of skill: you don't know what to say or how to act.
- Worry thoughts: have skill, but worries interfere.
- Emotions: have skill, but emotions make you unable to use them (emotions have control rather than the skills you know).
- Can't decide: have skill, but can't decide how to balance.
- Environment: have skill, but environment makes you feel stuck.

INTERPERSONAL EFFECTIVENESS

Goals

- Objectives Effectiveness
  - Getting your objectives or goals met.
- Relationship Effectiveness
  - Getting/keeping a good relationship.
- Self-Respect Effectiveness
  - Keeping/improving self-respect while achieving your objectives.

INTERPERSONAL EFFECTIVENESS

Getting to your Objective: DEAR MAN

- D escribe the current situation
- E xpress feelings and opinions
- A ssert by asking or saying no
- R einforce the person ahead of time
- M indful of objectives without distraction
- A ppear effective and competent
- Negotiate alternative solutions

INTERPERSONAL EFFECTIVENESS

Keeping the Relationship: GIVE

- G entle manner without attacking or threatening
- I nterested in the other person
- V alidate other person without judging
- E asy manner with humor or a "soft shell"
INTERPERSONAL EFFECTIVENESS
Keeping your Self-Respect, FAST
- F air to myself and others (NO)
- A pologies (don't OVER-apologize)
- S tick to values
- T ruthful without excuses or exaggerations

Emotion Regulation DBT Skills

Three Ways to Regulate Emotions
- PLEASE MASTER
- Understanding emotional process and changing irrational thoughts
- Opposite Action

Understanding The Process Experienced When Having an Emotion
- Triggers or event causing the emotion
- Thoughts about the trigger
- Body Sensations experienced for the emotion
- Action Urge- what you feel like doing
- Expression of the emotion

Understanding Emotional Process
- Understanding how triggers, thoughts, feelings and behaviors are related is one way to regulate emotions.
- Identifying the thoughts and then changing them if they are irrational can help one feel less angry, frustrated, sad, etc...

Opposite Action
- Another way to regulate emotions
  - When experiencing a negative emotion you do the opposite of what you feel like doing
  - Changing your actions can change your emotions
    - Half smile
EMOTION REGULATION
Increasing Positive Emotions
- Short Term
  - Increase pleasant activities
- Long Term
  - Work towards goals
  - Attend to relationships
  - Avoid avoiding

EMOTION REGULATION
Justified vs. Unjustified Emotions
- When experiencing UNJUSTIFIED painful emotions, change by acting opposite.
- When experiencing JUSTIFIED painful emotions, change by problem solving.

Finding the Middle Path
- Acceptance + Change = Middle Path
- Teaches us that there is more than one way to see a situation and problem solve
- Moves us from “either or” thinking to “both and” thinking

Walking the Middle Path
DBT Skills

Middle Path
Dialectical Dilemmas
- Authoritarian control vs. excessive leniency
- Fostering dependence vs. forcing autonomy
- Normalizing pathology vs. pathologizing normal behaviors

Application of DBT skills to Eating Disorders
- Assumption: E.D. is an effective yet maladaptive coping skill to assist the patient navigate the distressful areas of their world.
- Patients use the “ED skill” to:
  - Tolerate distress
  - Regulate emotions
  - Cope with or disconnect from relationships
  - Compensate for a lack of mindfulness
Other applications of DBT to ED

- To improve Pts. Ease of Eating (EOE)
  I.e. Pts. fear of eating.
  The Skills involved are:
  - validation
  - Wise mind
  - Opposite to emotional action
- Black and white thinking to more dialectical thinking – Middle path
- Teaching both pts. and parents the DBT skills empowers everyone
Bibliography


Behavioral Tech DBT Trainings (www.behavioraltech.com):


Other great resources on Mindfulness:

Jon Kabat-Zinn

- *Wherever you go, there you are*
- *Full Catastrophe Living*
- *Coming to our Senses*

Pema Chodron

- *The Places that Scare You*
- *When Things Fall Apart*
- *Start Where You Are*