Foundations of DBT

Working with Adolescents and Families

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Today’s Objectives

Describe
- Describe the structure of DBT, including treatment stages, therapeutic assumptions, and populations best suited for DBT

Utilize
- Utilize the DBT biosocial theory and describe how it can be related to adolescent clients

Apply
- Apply DBT validation strategies to adolescent clients and families

Adapt
- Adapt mindfulness skills to adolescent/family population

Create
- Create appropriate treatment goals and priorities for the complex multi-diagnostic adolescent client
Overview

- Mindfulness Skills
- Overview of DBT Theory/Therapy
- What does DBT consist of?
- Who is best suited for DBT?

Useful Resources

- Dialectical Behavior Therapy with Suicidal Adolescents by Miller, Rathus & Linehan
- DBT Skills Manual for Adolescents by Rathus & Miller
- DBT Principles in Action: Acceptance, Change and Dialectics by Swenson
What the heck is a dialectic?

*Finding validity in both the black and white*

Change vs acceptance
Warmth vs irreverence
Clients often want to live and die
Self harm is also self-preserving

Mindfulness

A particular way of being mindful (attentive, thoughtful, intentional)

A way of paying attention and directing one’s focus in the present moment, without judgement

Staying awake, controlling attention

The repetitive act of directing and *redirecting one’s attention to only one thing moment by moment*
Breathing Exercise

- *In Breath: Just this one*
- *Out Breath: Moment*

Themes to Keep in Mind

- Central dialectic: acceptance ↔ change
- Follow PRINCIPLES of DBT, not RULES
- DBT is a flexible, personalized and ideographic approach
- Focus on new skills and behaviors that need to be acquired, strengthened and generalized to all situations
More Themes

- Use non judgmental language
- Words: manipulation, but
- Avoid stigmatizing and stereotyping
- Not all BPD clients are difficult (avoid over-diagnosing)
- Use of compassion and empathy
- On same playing field as client (therapist not the expert)

What populations are best for DBT?

- Chronically suicidal clients
- Multi-diagnostic, difficult to treat
- Multiple hospitalizations
- Borderline Personality Disorder
- Self Injuring clients
- Depression in the elderly
- Bulimia and Binge eating
- Adolescents
DBT Outcomes (Linehan, Korslund, Harned, et. Al., 2015)

**Reduction in:**
- Suicidal Behaviors
- Self Injurious Behaviors
- Depression
- Hopelessness
- Anger
- Eating Disorder (Specifically binge eating and bulimia)
- Substance Use
- Impulsiveness
- Risky Behaviors

**Increase in:**
- Adjustment (general & social)
- Positive Self Esteem
- Treatment Retention

DBT Research and BPD

- DBT shows better results than treatment as usual for teens in terms of clinical outcomes and treatment completion
- DBT Skills Research (Neacsiu, Rizvi & Linehan, 2010)
  - Decrease in suicide attempts
  - Decrease in depression
  - Decrease in control of anger
  - Decrease in self harm incidents
- DBT vs "DBT Lite" (National Institute of Health & Clinical Excellence, 2009; 2015)
- DBT across cultures (German, et. al., 2015; Ramirez, et. al., 2017)
- Prevalence Rates of BPD in teens (Kaes~ Brunner & Chanen, 2014)
- Suicide Rates (Center for Disease Control Data & Statistics Fatal Injury Report for 2016)
DBT Assumptions About Clients

- People are doing the best they can
- People want to improve
- People need to do better, try harder, and be more motivated to change
- People may not have caused all of their own problems, and they have to solve them anyway
- The lives of emotionally distressed teenagers and their families are painful as they are currently being lived
- Teens and families must learn and practice new behaviors in all the different situations in their lives (e.g. home, school, work, neighborhood)
- There is no absolute truth
- Teens and their families cannot fail in DBT

DBT Assumptions About Therapy

- The most caring thing a therapist can do is help their clients change in ways that bring them closer to their own ultimate goals.
- Clarity, precision and compassion are of the utmost importance in the conduct of DBT.
- The therapeutic relationship is a real relationship between equals.
- Principles of behavior are universal, affecting therapists no less than clients.
- DBT therapists can fail.
- DBT can fail even when therapists do not.
- Clients cannot fail.
- Therapists need support.
Borderline Personality Disorder Reorganized

- Emotion Dysregulation
  - Affective lability and anger problems
- Interpersonal Dysregulation
  - Chaotic relationships and fears of abandonment
- Self Dysregulation
  - Identity disturbance/Difficulties with sense of self/Sense of emptiness
- Behavioral Dysregulation
  - Suicidal and self injurious behaviors
- Cognitive Dysregulation
  - Dissociative responses and impulsive behaviors

Diagnosis of BPD in Teens

- BPD should be distinguished from an identity problem, which is reserved for identity concerns related to a developmental phase
- Differentiate acute mental states from more pervasive patterns of behavior
- Must meet 5 or more of the DSM diagnostic criteria
Main Goal of DBT

Create a life worth living

How do we do this?

"In a nutshell, DBT is very simple. The therapist creates a context of validation rather than blaming the patient, and within that context the therapist blocks or extinguishes bad behaviors, drags good behaviors out of the patient, and figures a way to make the good behaviors so reinforcing that the patient continues the good ones and stops the bad ones." - Linehan
Biological dysregulation in the emotion regulation system interacts with an invalidating environment and leads to **PERVERSIVE EMOTION DYSREGULATION**

**Biosocial Model & The Window of Tolerance**

**Emotional Vulnerability**
- Biological
- Leads to an inability to modulate emotions
- High Sensitivity
- High Reactivity
- Slower Return to Baseline
Invalidating Environment

Invalidates (by punishing or ignoring) behavior independent of the actual validity of the behavior

- Characteristics of the Invalidating Environment:
  - Rejects communication of private experiences - instead they are met with erratic, inappropriate and extreme responses
  - Punishes emotional displays and intermittently reinforces emotional escalation
  - Over-simplifies ease of problem solving and meeting goals
  - Attributes the individual's experience to socially unacceptable characteristics or personality traits
    - “You’re being manipulative” “You’re just trying to get out of doing the dishes” “You shouldn’t feel that way” “Oh, what you’re feeling is actually ________”.

DBT Structure

- Individual DBT Therapy
- Group Therapy: DBT Skills
- Phone Coaching
- Peer Consult/Team Meeting
- For teens, parents also get skills groups and phone coaching

Timeline: 1 year for adults, 6 months for adolescents
Treatment Functions

- Enhance client capabilities
- Improve motivation
- Assure generalization to natural environment
- Structure environment
- Enhances therapists capabilities and motivation to treat effectively (consultation groups)

DBT requires clear, voluntary, and fully informed agreement before starting treatment of any sort

- Pretreatment: Commitment Strategies and Agreements
- Stage One: Severe Emotional and Behavioral Dyscontrol
- Stage Two: Quiet Desperation
- Stage Three: Problems in Living
- Stage Four: Incompleteness
From the DBT Skills Manual for Adolescents.... (Rathus & Miller, 2015)

- Emotional and behavioral dysregulation contribute to an adolescent’s difficulties in establishing a stable sense of self and forming fulfilling and stable relationships with peers and family members.
- Problematic impulsive or avoidant behavior is a consequence of emotion dysregulation or an effort to re-regulate.

Diary Card

- Used in individual
- Used to monitor target behaviors
- Guides the session
- Main Question it Addresses: What is upcoming (that may increase urges)?
Chain Analysis

- Used to help clients understand the function of a particular behavior.
- During a chain analysis of a particular problem behavior (for example, deliberate self-harm), a person tries to uncover all the factors that led up to that behavior.
- Ultimately a chain analysis will help you figure out all the things that can contribute to a problem behavior.
- In doing so, a chain analysis can give you insight into how to change such behavior.

DBT Skills Structure

- Core Mindfulness
- Interpersonal Effectiveness
- Emotion Regulation
- Distress Tolerance
- Walking the Middle Path
Validation

- Staying Awake (Literally, and unbiased listening and observing)
- Accurate Reflection
- Mind-Reading (articulating the un-verbalized thoughts, emotions and behavioral patterns)
- Validation in terms of past learning or biological dysfunction
- Validation in terms of present context or normative functioning
- Radical Genuineness

Final Thoughts

- Any final thoughts or questions?
- How can DBT be applied to your practice?
- Resources