Dialectical Behavior Therapy
in the Treatment of
Borderline Personality Disorder

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— ★ —
DBT CALIFORNIA
— ★ —

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Introductions

• Who are we?

• Who are you?

• Things to be mindful of during training

2

Who can DBT treat?

DBT is designed for the severe and chronic multi-diagnostic, difficult-to-treat patient

3

DBT: An Introduction

• First RCT in 1991→ over 20 years of empirically supported data

• DBT is considered the gold standard for the treatment of BPD

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Efficacy & Costs
Of DBT v. TAU

• More than 50 published studies of DBT, 14 RCT
• Cost for DBT is about 50% of TAU
• Results show:

  ▪ Significantly fewer inpatient days

  ▪ Decrease suicide attempts, self-injury, aggression

  ▪ Decrease substance abuse, eating disorders, anger, depression, PTSD, family/relationship problems

  ▪ Fewer emergency medical visits

  ▪ Less therapy dropout, less relapse

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Efficiency & Costs
Of DBT v. TAU

• Results of research also indicate that DBT intervention is effective in improving social and global functioning

• Marsha Linehan describing goal of DBT

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Theory of Borderline Personality Disorder in DBT

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BPD is a Pervasive Disorder of the Emotion Regulation System

BPD criterion behaviors function to regulate emotions or are a natural consequence of emotion dysregulation

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BPD is a Pervasive Disorder of the Emotion Regulation System

A pervasive pattern of instability of interpersonal relationship[s, self-image, and affects, and a marked impulsivity, beginning by early adulthood and present in a variety of contexts, as indicated by 5 (or more) of the following:

1. Frantic efforts to avoid real or imagined abandonment
2. A pattern of unstable and intense interpersonal relationships characterized by alternating btwn. patterns of devaluation and idealization
3. Identity disturbance
4. Impulsivity in at least 2 areas that are potentially self-damaging
5. Recurrent suicidal behavior, gestures, or threats; or self-mutilating behavior
6. Affective instability due to a marked reactivity of mood
7. Chronic feelings of emptiness
8. Inappropriate, intense anger or difficulty controlling anger
9. Transient, stress-related paranoid ideation or severe dissociative sx

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BPD is a Pervasive Disorder of the Emotion Regulation System
Be mindful...
- You only need to meet 5 criteria in order to carry a diagnosis of BPD....
- This leaves 256 combinations of criteria
- Consider:
  - Other problems/stressors
  - Gender
  - Cognitive functioning
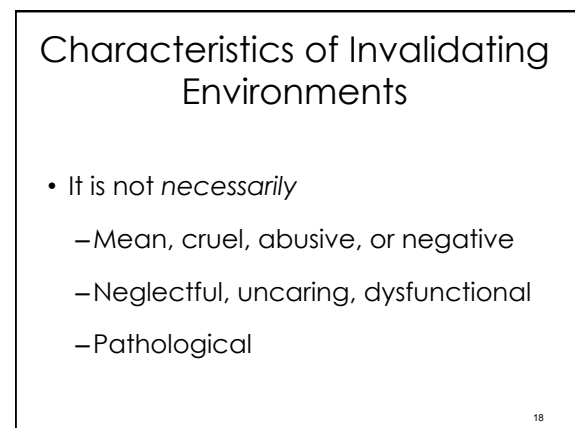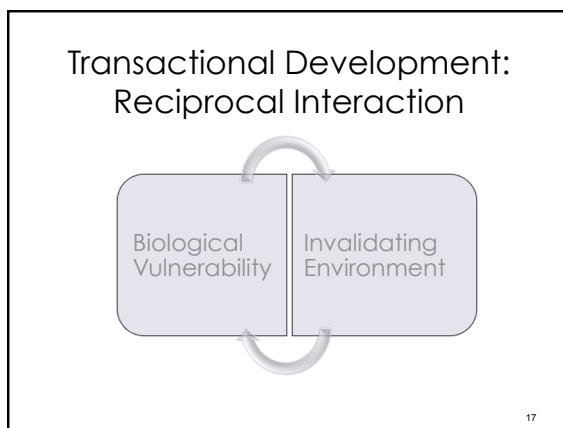
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BPD Is a Disorder of Emotion Regulation

Emotional Vulnerability

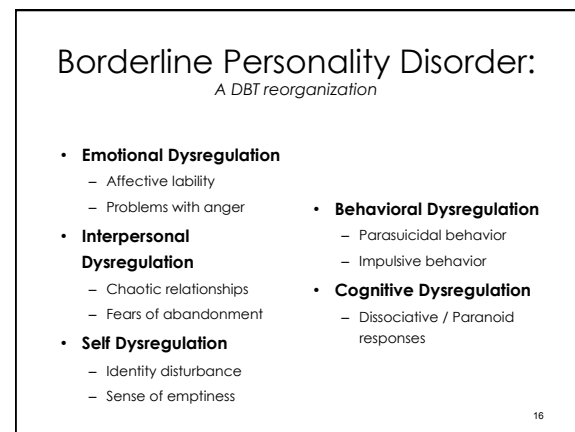Inability to Modulate Emotions
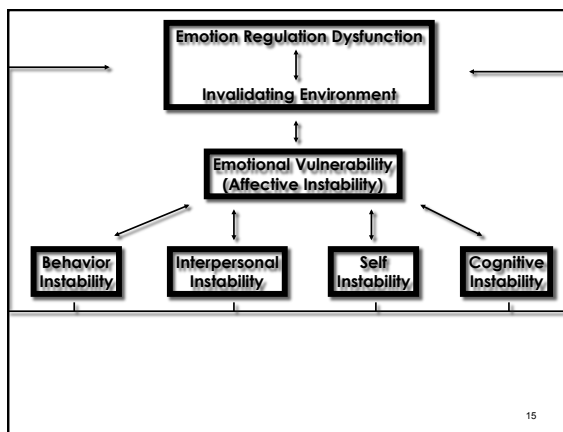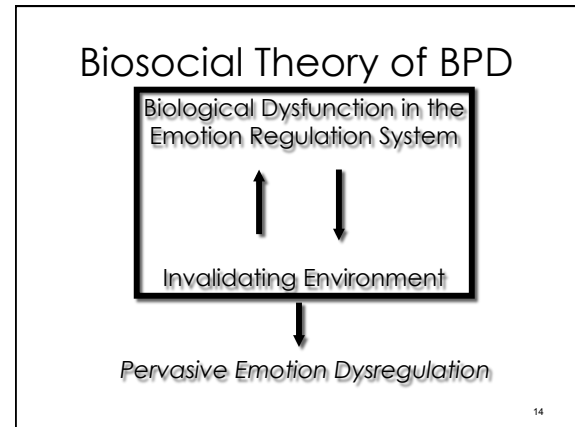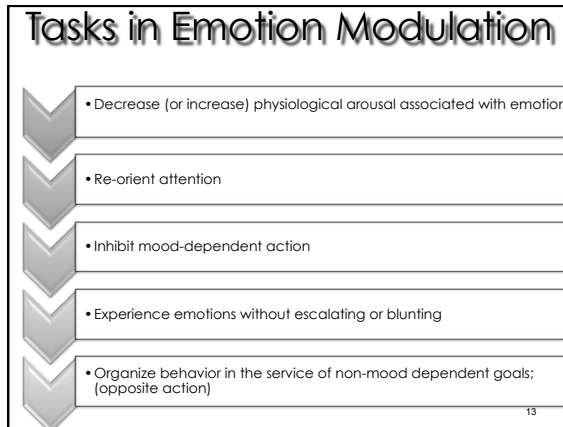
Emotional Dysregulation
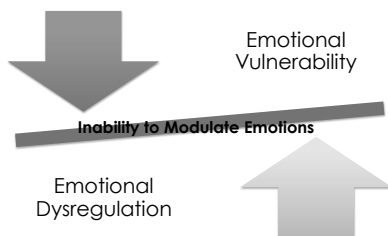
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Emotional Vulnerability

- High Sensitivity
  - Immediate Reactions
  - Low threshold for emotional reaction
- High reactivity
  - Extreme Reactions
  - High Arousal dysregulates cognitive processing
- Slow return to baseline
  - Long-lasting reactions
  - Contributes to high sensitivity to next emotional stimulus

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Tasks in Emotion Modulation

- Decrease (or increase) physiological arousal associated with emotion
- Re-orient attention
- Inhibit mood-dependent action
- Experience emotions without escalating or blunting
- Organize behavior in the service of non-mood dependent goals; (opposite action)

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Biosocial Theory of BPD

Biological Dysfunction in the Emotion Regulation System

↑ ↓

Invalidating Environment

↓

Pervasive Emotion Dysregulation

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Emotion Regulation Dysfunction

Invalidating Environment

Emotional Vulnerability (Affective Instability)

Behavior Instability | **Interpersonal Instability** | **Self Instability** | **Cognitive Instability**

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Borderline Personality Disorder:
A DBT reorganization

- **Emotional Dysregulation**
  - Affective lability
  - Problems with anger
- **Interpersonal Dysregulation**
  - Chaotic relationships
  - Fears of abandonment
- **Self Dysregulation**
  - Identity disturbance
  - Sense of emptiness

- **Behavioral Dysregulation**
  - Parasuicidal behavior
  - Impulsive behavior
- **Cognitive Dysregulation**
  - Dissociative / Paranoid responses

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Transactional Development: Reciprocal Interaction

Biological Vulnerability

Invalidating Environment

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Characteristics of Invalidating Environments

- It is not *necessarily*
  - Mean, cruel, abusive, or negative
  - Neglectful, uncaring, dysfunctional
  - Pathological

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Characteristics of Invalidating Environments

1. Self-generated behaviors and communication of private experiences pervasively rejected as invalid
2. Emotional displays and/or pain behaviors met by punishment and escalation or met by erratic, intermittent, reinforcement
3. Ease of problem solving and meeting goals is oversimplified. Overemphasis on positive thinking

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Invalidating Environment Teaches the Individual to:

•
environment for cues on how to respond
• Oscillate between emotional inhibition and extreme emotional styles
• Form unrealistic goals and expectations

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Invalidating Environment Fails to Teach:

• How to label and regulate emotional arousal
• How to tolerate distress
• When to trust their response as a valid reaction to life events

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The Result...

Behaviors that result from the invalidating environment:
• Direct or indirect attempts to regulate intense emotions
• Suicide attempts, self injury, substance abuse, risky sex, violence, school drop out, impulsivity, symptoms of depression, hopelessness and anger

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Behavioral Patterns: Dialectical Dilemmas and Treatment Targets

• Emotional Vulnerability versus Self-Invalidation
  – Enhance self-trust by attending to emotional cues and rational thoughts
  – Expose to primary emotions that are not realistic for the situation and lead to secondary emotions
• Active Passivity versus Apparent Competence
  – Increase active problem solving
  – Teach clients to become more adept at communicating about emotions
• Unrelenting Crisis versus Inhibited Grieving
  – Increasing consequential thinking to decrease crisis-generating behavior
  – Using mindfulness and distress tolerance to experience negative emotions

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Validating Environment

• Legitimizes the experience of the members of the environment, especially private ones (emotions, wants, desires, thoughts, beliefs, sensations, etc...)
• Validates those experiences even when they are quite discrepant from others
• Accepts: tolerates/appreciates differences, does not try to change or control
• Does not use aversive control strategies
• Communicates acceptance and caring
• Facilitates problem solving and coping

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We Don't Say:

- "But"
- "Manipulative"
- "Not ready to change/get clean..etc......"
- "Not motivated"
- "Self-sabotage"
- "Lazy"

These phrases go against the assumptions of DBT and are not behaviorally descriptive

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The Overarching DBT Goal is...

A LIFE Worth Living

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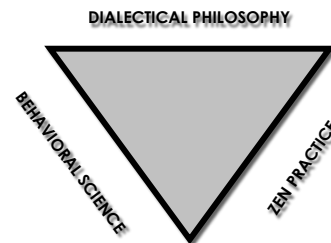## What makes DBT different?

Start with standard behavioral therapy

Add validation

Add dialectics

Add mindfulness

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Core Theories

DIALECTICAL PHILOSOPHY

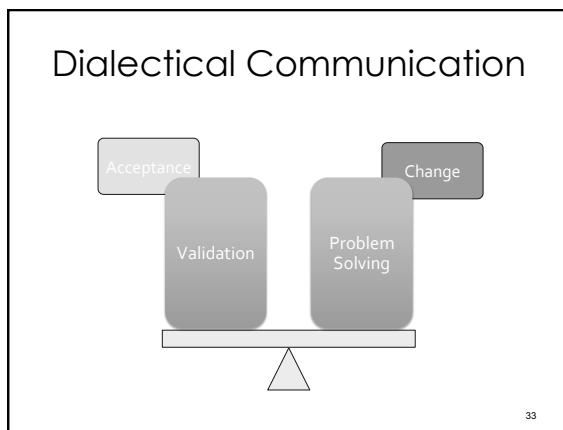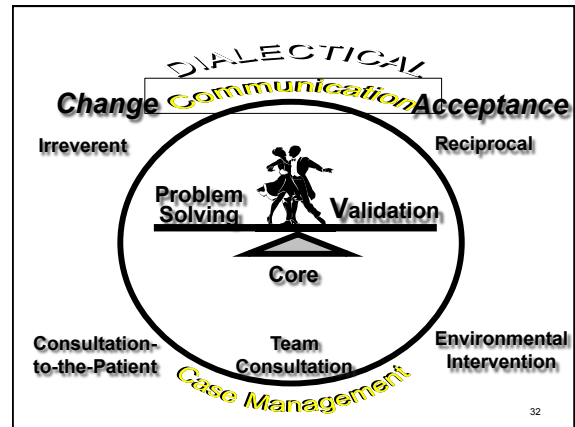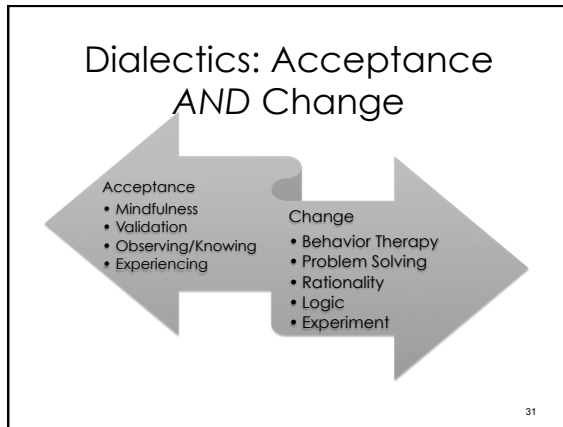BEHAVIORAL SCIENCE

ZEN PRACTICE

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What are Dialectics?

1. Dialectics are holding two opposing truths at the same time → seeing the truth in opposing sides of view

   a) Truth in black and truth in white (yin/yang)

2. Often DBT patients have difficulty with dialectical thinking

   a) Leads to "black and white" thinking

3. Main dialectic in DBT is balance of acceptance and change

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Core Theories: Dialectics

- Two things that appear to contradict each other AND are both true at the same time
- Acknowledges tension between 1 side of the opposition and the other
- Finding the Middle Path
- Live a dialectical lifestyle—balanced actions & emotions
- 2 contradictory things are both true!
- Core Dialectic: Acceptance and Change

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Dialectics: Acceptance *AND* Change

Acceptance
- Mindfulness
- Validation
- Observing/Knowing
- Experiencing

Change
- Behavior Therapy
- Problem Solving
- Rationality
- Logic
- Experiment

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DIALECTICAL

Communication

Change **Acceptance**

Irreverent Reciprocal

Problem Solving   Validation

Core

Consultation-to-the-Patient   Team Consultation   Environmental Intervention

Case Management

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Dialectical Communication

Acceptance   Change

Validation   Problem Solving

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Core Theories: Zen Practice

- Zen Practice → "like trying to explain the taste of honey to someone who hasn't tasted it."
- A practical experience of focusing your mind
- Not religious or a moral teaching

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Core Theories: Zen Practice

- Includes:
  – Observing the breath
  – Observing the mind
  – Group meditation
- DBT Therapists often have own practice and engagement to be able to effectively teach and discuss

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So, you have the background....now, what is DBT???

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Structure of the Milieu and Modes of Treatment

Standard DBT is

Outpatient Treatment

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Standard DBT Modes

- Outpatient Individual Psychotherapy
- Outpatient Group Skills Training
- Telephone Coaching
- Therapists' Consultation Meeting
- Uncontrolled Ancillary Treatments
  - Pharmacotherapy
  - Acute-Inpatient Psychiatric

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DBT with Intellectual Disabilities DBT-SS

- Research: Promising studies (Brown, Brown, and Dibiasio 2013); No RCT
- Specifically designed for adults with intellectual and developmental disabilities who have emotion dysregulation and challenging behaviors

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DBT-SS

- Modifications to standard DBT
  - No specific individual therapy modifications
  - Self-monitoring modifications: shift summary forms completed by staff; adapted diary cards with pictures
  - Simplification, shaping, and task analysis become essential. Complex behavior are broken down into much smaller steps
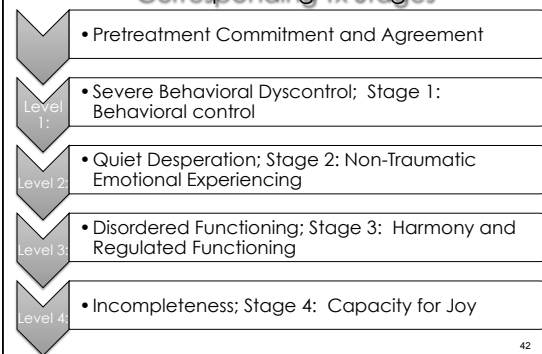
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DBT-SS

- DBT Skills System (Brown, 2011)
  - 9 core skills
  - Developed for wide range of learning levels

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Levels of Disorder and Corresponding Tx Stages

- Pretreatment Commitment and Agreement

Level 1:
- Severe Behavioral Dyscontrol; Stage 1: Behavioral control

Level 2:
- Quiet Desperation; Stage 2: Non-Traumatic Emotional Experiencing

Level 3:
- Disordered Functioning; Stage 3: Harmony and Regulated Functioning

Level 4:
- Incompleteness; Stage 4: Capacity for Joy

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Pre-Treatment Assessment

- Inclusion/exclusion criteria
- Problem assessment (diagnostic, primary targets, secondary targets)
- Client expectations, goals, and desires
- Contingencies around participation
- Capacity for DBT and other available treatments
- Analysis of problems in previous treatments (failures, dropout, prior therapy-interfering behaviors, etc...)
- Social/family/work environment factors

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Pre-Treatment Assessment

- Includes detailed suicide assessment
- Use assessment tools:
  - L-RAMP
  - Reasons for Living
  - http://blogs.uw.edu/brtc/publications-assessment-instruments/
- Get history around behaviors, ideation, intent, planning, access to means
- Don't be shy!!

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Pre-Treatment Goals and Targets

- Agreement on Goals
- Commitment to Change
- Initial Targets of Tx
- Agreement to Recommended Treatment
- Pt. Agreements
- Therapist Agreements
- Agreement to Therapist
- Client Relationship

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Orienting Strategies

- Role Introduction
  - Relationship between two equals
  - Active stance in treatment
- Orienting to new expectations

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Commitment Strategies

Why is Commitment Important?

→ Important because it will increase the likelihood that client will adhere to the treatment and not drop out!

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Levels of Commitment

- Client must commit to eliminate suicidal behavior and building a life worth living
- Client needs to commit in collaborating with specific tx procedures selected
- Commit to implement behavioral solution agreed upon

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The Need for Flexibility

- Flexibility and respect for the client

- Therapist = salesperson

- Therapist will apply commitment strategies

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Levels of Commitment

- Commitment strategies?

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Day 2

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Day 2

– Welcome Back!
– HW Review
– Any questions?

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Primary DBT Targets (Stage 1)
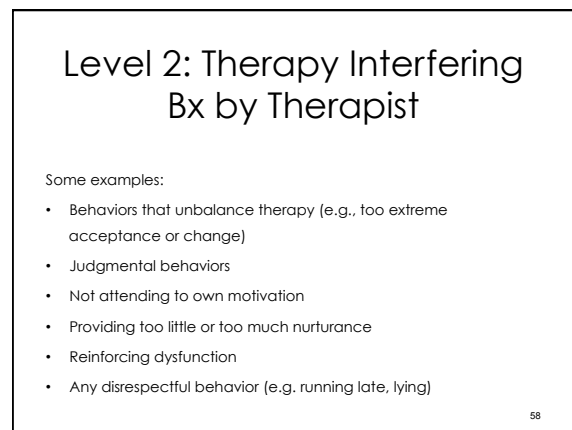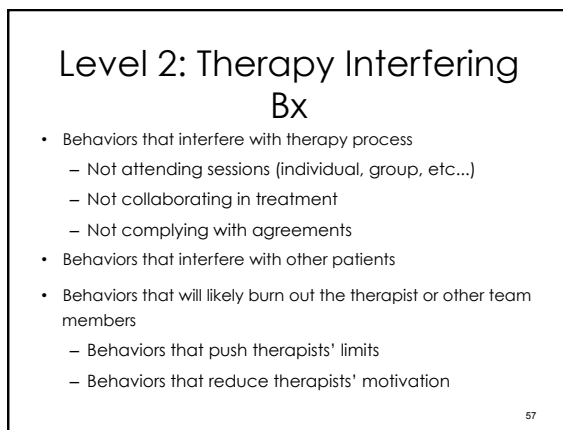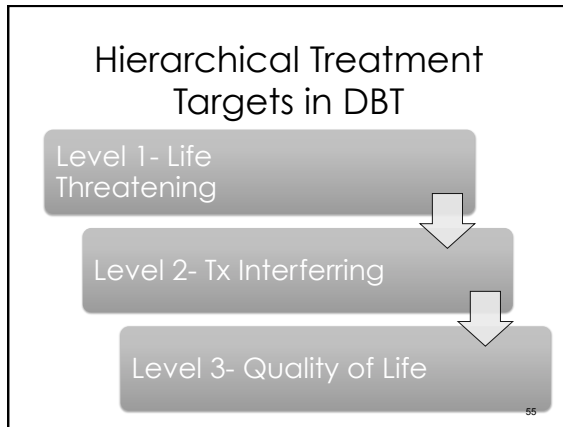Severe Behavioral Dyscontrol →Behavioral Control

- Dialectical Synthesis
- Decrease:
  - Life-threatening behaviors
  - Therapy-interfering behaviors
  - Quality-of-life interfering behaviors
- Increase Behavioral Skills:
  - Mindfulness
  - Interpersonal Effectiveness
  - Emotion Regulation
  - Distress Tolerance

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Structure the Goals of Treatment

DBT Structures Treatment by Levels of Disorder and Stages of Treatment

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Hierarchical Treatment Targets in DBT

Level 1- Life Threatening

Level 2- Tx Interferring

Level 3- Quality of Life

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Level 1: Life Threatening Bx

Suicide-related behaviors

Self-injurious behaviors

Changes in suicide ideation

Communication about suicide

Aggressive and violent behavior

Other life-threatening behaviors...

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Level 2: Therapy Interfering Bx

- Behaviors that interfere with therapy process
  - Not attending sessions (individual, group, etc...)
  - Not collaborating in treatment
  - Not complying with agreements
- Behaviors that interfere with other patients
- Behaviors that will likely burn out the therapist or other team members
  - Behaviors that push therapists' limits
  - Behaviors that reduce therapists' motivation

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Level 2: Therapy Interfering Bx by Therapist

Some examples:

- Behaviors that unbalance therapy (e.g., too extreme acceptance or change)
- Judgmental behaviors
- Not attending to own motivation
- Providing too little or too much nurturance
- Reinforcing dysfunction
- Any disrespectful behavior (e.g. running late, lying)

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Level 3: Quality of Life Interfering Bx

-
  relationships, education, etc...
- Health related dysfunctional behaviors
- Lack of stable housing
- Severe mental health problems (eating, substance use, depression, anxiety, other disorders)
- High risk sexual behavior
- Extreme dysfunctional interpersonal behaviors

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Structure the Comprehensiveness of Treatment

DBT Structures Treatment by Functions

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Functions of Comprehensive DBT

- Enhance capabilities
- Improve motivation
  - (Focus on inhibiting/interfering emotions, cognitions, actions, and reinforcement contingencies)
- Assure generalization to the natural environment
- Structure the environment
- Enhance therapists' capabilities and motivation to treat effectively

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Interventions and Strategies

Core Strategies (Validation and Problem Solving)
  - Validation Strategies
    - Emotional validation
    - Behavioral validation (non-judgmental stance)
    - Cognitive validation – kernel of truth, wise-mind
    - Cheerleading
  - Levels of Validation
  - Problem Solving Strategies
    - Chain analysis, Solution analysis, Commitment Strategies

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Interventions and Strategies

- Stylistic Strategies
  - Reciprocity
    -
    -
    -
    -
  - Irreverence
    -
    -
    -
    -

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Interventions and Strategies: Dialectical Strategies

- Entering the Paradox
- Nurturing vs. demanding
- Persistence and stability vs. flexibility
- Metaphors
- Devils Advocate
- Extending
- Wise Mind
- Lemonade out of Lemons
- Natural Change

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DBT Assumptions about the Patient with BPD

- Patients . . . are doing the best they can.
- . . . want to improve
- . . . need to do better, try harder and be more motivated
- . . . may not have caused all their own problems, but they have to solve them anyway
- The lives of suicidal, borderline individuals are unbearable as they are currently being lived
- Patients must learn new behaviors in all relevant contexts.
- Patients cannot fail in DBT

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DBT Assumptions about Therapy

- The most caring thing a therapist can do is help patients 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 patients.
- Therapists treating patients with BPD need support.
- DBT therapists can fail.
- DBT therapy can fail even when therapists do not.

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Core Theories

DIALECTICAL PHILOSOPHY

BEHAVIORAL SCIENCE

ZEN PRACTICE

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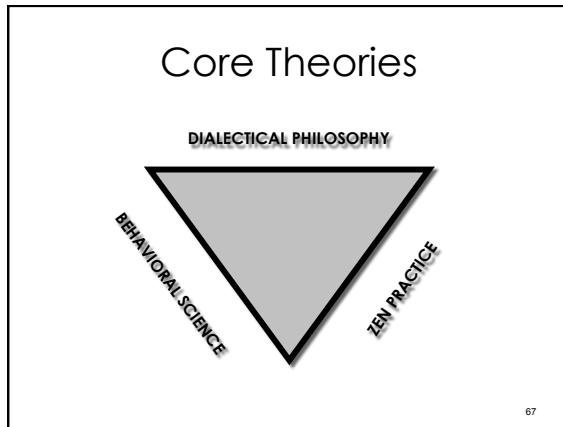
Core Theories: Behavioral Science & Learning Theory

- Behavioral Science → study of animal and human behavior
- Learning Theories:
  -
    - Behavior is learned through reinforcement/ consequences
  -
    - Learned behavior through repetitive pairing or associations with antecedents

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Decreasing Target Behaviors

- Punishment: consequences that result in a reduction in the behavior → rarely used in DBT
  - Positive Punishment: something aversive is added (e.g. alarm)
  - Negative Punishment: take away something pleasant (e.g. "grounded")

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Increasing Target Behaviors

- Reinforcers: consequences that strengthen a behavior, resulting in an increase in the behavior they follow
  - Positive: applying something positive after a behavior or providing a positive consequence (e.g. elevator light)
  - Negative: removing, stopping, or decreasing something aversive after a given behavior (e.g. seatbelt buzzing)

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Decreasing Target Behaviors

- Extinction: reductions in a given behavior that has been reinforced before by no longer allowing or providing reinforcement→ occasionally relevant
- Reduce antecedent stimuli for dysfunctional behavior
- Increase antecedent stimuli for alternatives
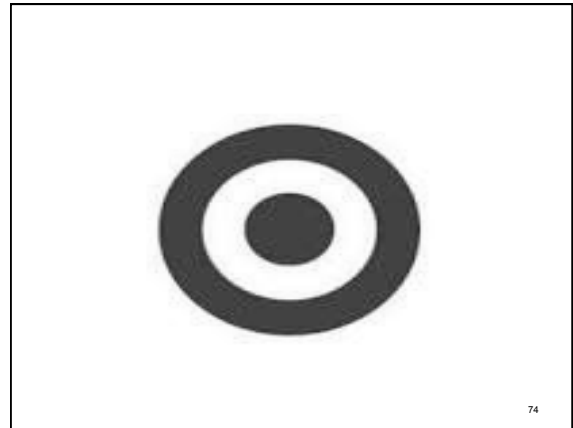- Reinforce skillful alternative behaviors

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Basic Behaviorism

Classical Conditioning

-
  together
- Urges/Cravings

WHAT'YA MEAN YOU'RE NOT INTO IT?

PAVLOV'S OTHER DOG

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75
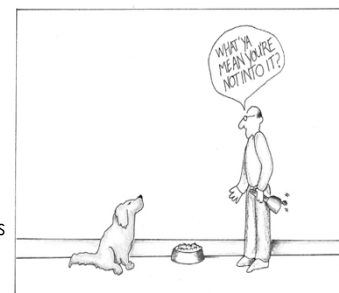
Basic Behaviorism

- Why does this behavior make sense?

- How does it work for the person?

- How did it used to work?
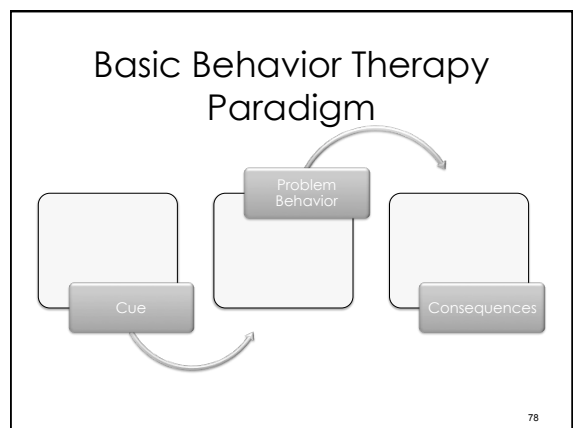
- What is being triggered?

- Skills deficit?

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Do Behavior Therapy!

DBT is a radically behavioral treatment → Focused on behavior change first → Cognitions addressed to a degree

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Basic Behavior Therapy Paradigm

Problem Behavior

Cue

Consequences

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Basic Behavior Therapy Paradigm of DBT for BPD

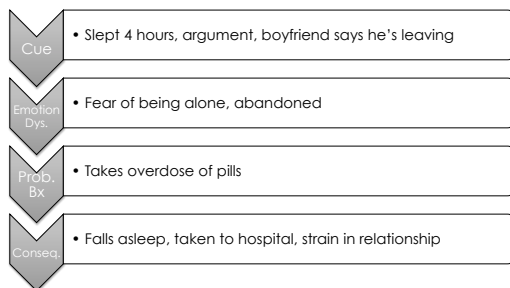Emotion Dysregulation

Cue

Problem Behavior
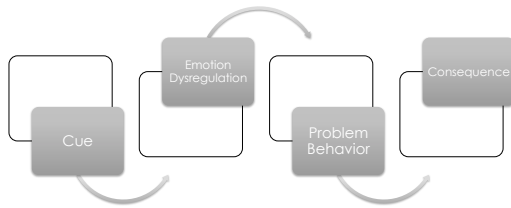
Consequence

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ABC's of Behavior

- We can intervene at any level
- Behaviors do not exist in a vacuum!
- Consequences of one behavior can become an antecedent of another
- Understanding behavior can naturally engender change.
- Changing behavior takes a lot of precision

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Basic Behavior Therapy Paradigm of DBT for BPD

- **Cue** • Slept 4 hours, argument, boyfriend says he's leaving
- **Emotion Dys.** • Fear of being alone, abandoned
- **Prob. Bx** • Takes overdose of pills
- **Conseq** • Falls asleep, taken to hospital, strain in relationship

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Our Game Plan

- Catch them when they are doing well
- Collaborate
- Create opportunities for new, skillful behavior
- Shape….shape….shape
- Block problematic behavior to create opportunities for skillful alternatives
- Mix social reinforcers (praise, warmth, attention) with the impact of the skill
- Stay regulated!!!
- Use your skills!!

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DBT Analysis and Problem Solving

-

  – via chain analysis

-

-

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DBT Analysis and Problem Solving

-

  – Skills Training

  – Contingencies

  – Exposure

  – Cognitive Modification

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DBT Analysis and Problem Solving

·

– Didactic

– Orienting

– Commitment

– Assessment
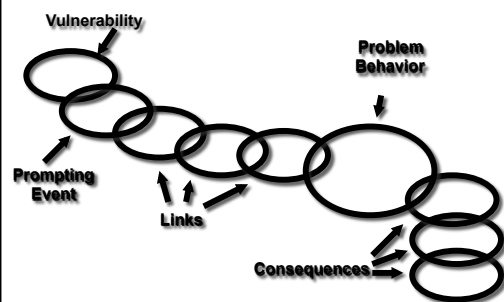
85

Behavioral Analysis Strategies "Naive Observer"

1. Define problem in terms of behavior
   a) Topography
   b) Intensity
   c) Frequency
   d) Duration
2. Conduct a chain analysis
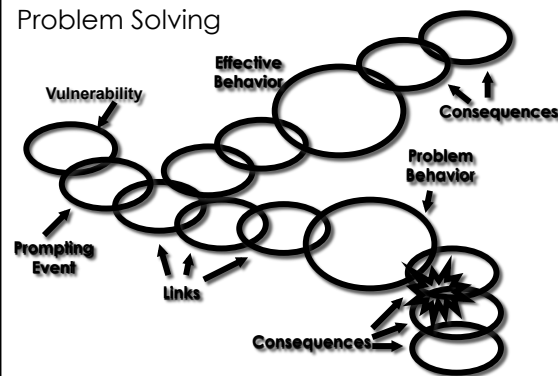   a) Determine variables controlling behavior

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Chain Analysis

Vulnerability

Problem Behavior

Prompting Event

Links

Consequences

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Solution Analysis

· Identify goals, needs, and desires

· Generate possible solutions

· Evaluate solutions

· Choose a solution

· Troubleshoot a solution

· Obtaining commitment to implement

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Problem Solving

Effective Behavior

Vulnerability

Consequences

Problem Behavior

Prompting Event

Links

Consequences

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Putting It All Together

· Marsha Linehan Chain Demonstration

*minute 12

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What makes DBT different?

Start with standard behavioral therapy

Add validation

Add dialectics

Add mindfulness

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What is Validation?

- Validation is communicating that you understand where the other is coming from
- Can be verbal or behavioral
- Does not mean agreeing
- Does not mean condoning
- If you've accurately validated → emotion will decrease/de-escalate
- If you've missed it → emotion will increase/ intensify

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What is Validation?

- Accept the client and communicate acceptance to the client
- Taking the client seriously
- Does not discount or trivialize
- To attest to the truth or validity of something
- *Any way* you can search for understanding and communicate that understanding

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What Validation is NOT

- Problem Solving
- I've been through that!
- "I understand"
- Agreeing/ condoning/liking

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What to Validate?

- Feelings or Emotions
- Legitimacy in wanting something
- Beliefs, opinions, or thoughts about something
- True values about something
- How difficult a task is
- How hard a person is trying to accomplish something
- Things a person does that are effective for themselves
- Things a person does for another

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Levels of Validation

1. Staying Awake: Unbiased listening and observing
2. Accurate reflection
3. Articulating the unverbalized emotions, thoughts, or behavior patterns
4. Validation in terms of past learning or biological dysfunction
5. Validation in terms of present context or normative functioning
6. Radical Genuineness

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Nonverbal Validation

- Respond in a way that your actions communicate that you are taking him or her seriously (Functional Validation)
  - → give them food
  - Lonely→ let them join you in doing something
  - Wanting time alone→ let them take space
- Provide nurturance and support
  - Think: "How would I want someone to treat me in this situation?"
  - Ask: "What would you like me to do?"
  - Do: give a hug
- Balance and Use Interpersonal effectiveness skills
  - Balance importance of your relationship with your self respect
  - Just because you can do something doesn't mean you have to; and just because it's not your job doesn't mean that you can't
  - Think: What would work? What is important?

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Validation: Your BEST Tool

- Start every interaction by finding something to validate

- Find the kernel of truth and validate that;

- "Validate the valid" and

- "Invalidate the invalid"

- When in doubt, validate

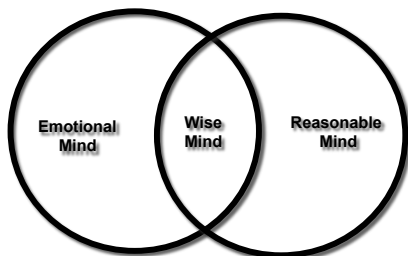- Practice, practice, practice

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Practice Validation

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What is Mindfulness?

1. Mindfulness is awareness of the present moment
   a) Noticing thoughts, feelings, behaviors/ urges
2. Often DBT patients have difficulty with staying in the moment
   a) Jumping ahead to thinking about the future→ anxiety
   b) Going back to thinking about the past → depression/sadness
3. Mindfulness is at the core of other skills

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States of Mind

Emotional Mind   Wise Mind   Reasonable Mind

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Mindfulness Skills

What	How
Observe	Non-judgmentally
Describe	One-Mindfully
Participate	Effectively

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