




MINDEFULNESS...
MINDFULNESS...




The COURAGE
to face your life
without
JUDGMENT,
REACTION,
or DISTRACTION




DIALECTICAL BEHAVIORAL
THERAPY




STORIES



GOALS




DBT is the Treatment of a
Community of Clients by a
Community of Therapists




Overview of DBT

- Assessment
 - A process by which behavioral events are identified and ordered sequentially
- Problem solving
 - A process, by which, based on assessment, alternative interventions are listed and a target for intervention is selected
- Validation
 - The process of acknowledging and strengthening another person's experience verbally or functionally




Why learn a new treatment?

- Effectiveness
- Cost
- Staff Motivation




Borderline Personality Disorder is a persistent, severe and often fatal mental disorder.

DBT




Was developed in a context of treating specific problems and problem behaviors within an overall diagnostic group.



BPD Is Persistent

- 40% are inpatient high users; 40% have substance abuse problems
- Treatment outcomes for Axis I disorders worse
- Have an average of 5.5 Axis I diagnoses
- 4-7 years after diagnosis, 57%-67% meet criteria



BPD is Fatal

- 40-65% of suicides have a personality disorder
- Of personality disorder, BPD is most associated with suicidal behavior
 - Commit suicide – approx 10%
 - Attempt suicide up to 75%
 - Self mutilate 70-80%




GETTING A COMMITMENT



Commitment Strategies
 Get agreement on goals and commitment to target behaviors

- Selling Commitment – Evaluating pros & cons
- Playing the devil's advocate
- Foot in the door and door in the face techniques
- Connecting present commitment to prior commitment
- Highlighting freedom to choose & absence of alternatives
- Shaping stronger commitment
- Generating hope



Standard DBT Modes

- Individual Therapy
- Group Skills Training
- Telephone consultation
- Consultation Team
- Uncontrolled ancillary treatments




DBT Targets for Skills Training

Decrease behaviors likely to destroy therapy
 Increase skill acquisition and strengthen


- Mindfulness
- Interpersonal Effectiveness
- Emotion Regulation
- Distress Tolerance
- Self-Management

Decrease therapy interfering behaviors




Skills Training Procedures

- Skills Acquisition
- Skills Strengthening
- Skills Generalization




Skill Acquisition Procedures

- Instructions
- Modeling
 - Therapist Model
 - Self-evolving model
 - Demonstrating; role playing model
 - Self-disclosing model
 - Participant modeling
 - Models in environment
 - Models in books, movies, magazines, TV
 - Stories, metaphors, analogies




STRENGTHEN NEW SKILLS




Skill Strengthening Procedures

- Behavioral rehearsal
 - Describing new behavior
- Covert rehearsal
- Brief, unsetup rehearsal
- Role-playing
- Psychodrama type rehearsal
- Reinforcement of new skills
 - Natural
 - Arbitrary
- Coaching and feedback

Skills Generalization



Ensure skills generalize to all relevant contexts.



SKILL TRAINING MODULES

- Core Mindfulness (Focusing skills)
- Emotion Regulation (De-escalation skills)
- Interpersonal Effectiveness (Collaboration skills)
- Distress Tolerance (Crisis survival skills)

Core Mindfulness


Learning how to control your own mind without letting your mind control you.

What is mindfulness?

- The ability to control attention
- Happens anytime you are completely focused in the moment without judgment
- "Whatever your attention is on, that's what life is for you at any given moment" (Cindy Sanderson)
- It is a skill that makes solutions easier to identify or learn
- Welcome the experience rather than control it

"WHAT" Skills Goals


- To develop a lifestyle of participating with awareness
- To learn how to notice without necessarily responding
- To distinguish between thoughts and facts



Mindfulness Core Skills Wise Mind


Taking hold of your mind – the “WHAT”
Skills (what to do):

- Observe (Just notice)
- Describe (Put words on)
- Participate (Act intuitively from “wise mind”)




Mindfulness Core Skills Wise Mind

- Taking hold of your mind – the “HOW”
Skills (how to be mindful):
Non-judgmentally (neither good nor bad)
One-Mindfully (In the Moment)
Effectively (Focus on what works)




Emotion Regulation Skills

- Understand emotions
- Reduce emotion vulnerability
- Decrease emotional suffering
- Change by acting opposite to painful emotions




Emotion Regulation Skills – Reducing Vulnerability

- Opposite Action
- Problem solving
- Accumulate the Positive
- Build mastery
- Cope Ahead
- **PLEASE** Skills




Emotion Regulation – Letting Go

- Experience your emotion (as a wave)
- Experience body sensations
- Remember you are not your emotions
- Practice loving your emotions




Interpersonal Effectiveness Skills Guidelines for Effectiveness

- Objectives Effectiveness (Getting your objectives or goals in a situation)
- Relationship Effectiveness (Getting or keeping a good relationship while achieving your objectives)
- Self-Respect Effectiveness (Keeping or improving self-respect while achieving your objectives)




DEAR MAN

- Describe
- Express
- Assert
- Reinforce
- Mindfully
- Appear Confident
- Negotiate




DEAR MAN GIVE

- DEAR MAN + GIVE
 - Gentle
 - Interested
 - Validating
 - Easy Manner




DEAR MAN FAST

- DEAR MAN + FAST
 - Fair
 - (No) Apologies
 - Stick to Values
 - Truthfulness




Distress Tolerance Skills

- Crisis Survival Strategies
- Guidelines for Accepting Reality



Distress Tolerance - Crisis Survival Strategies

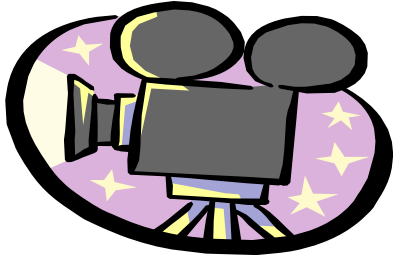
- Distract
- Self Soothe
- Improve the Moment
- Pros and Cons



Distress Tolerance – Accepting Reality

- Breathing
- Half Smile
- Radical Acceptance

VIDEO



Behavioral Analysis

- Critical Component to Effective DBT
- Intensive, observation without judgment of the problem behavior
- Done as close in time to the problem event as possible

Behavioral Analysis Strategies

- 1st figure out the problem
- Defining problem as a behavior (with a focus on emotions)
- Conducting a chain analysis

Steps to Problem Solving

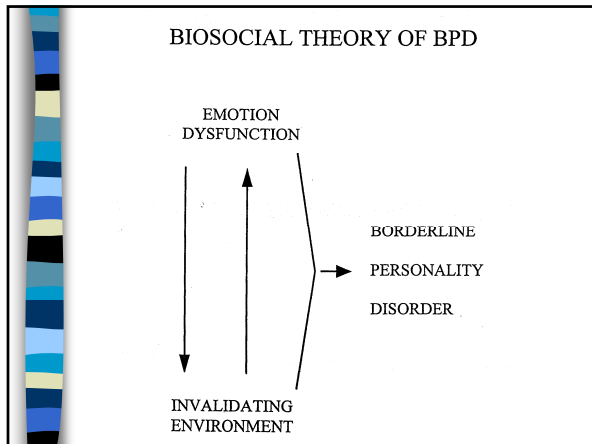
- Figure out the problem (Behavior Analysis)
- Test the hypothesis (Insight)
- Figure out what to do (Solution analysis)
- Give needed information (Didactic)
- Explain the rationale (Orienting)
- Get an agreement for collaboration (Commitment)

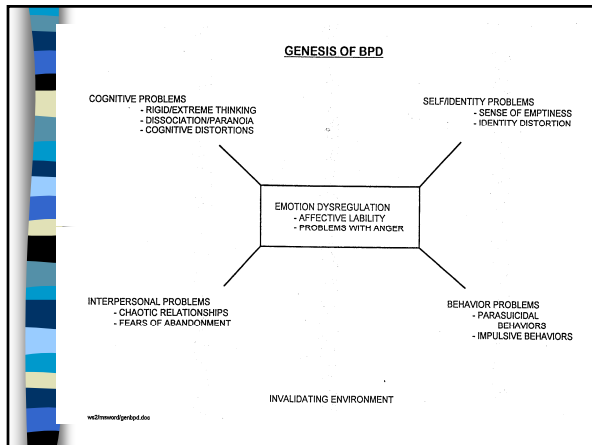
Basic Behavior Therapy Paradigm

Cue – Problem Behavior-
Consequences


BEHAVIOR

Anything a person does,
public or private, including
thinking, feeling or acting,






BPD is a Pervasive Disorder of the Emotion Regulation System




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

Emotion Dysregulation



Emotional Vulnerability
Inability to Modulate Emotions

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

The Client's View

Cue.....

Emotion Dysregulation=
Problem Behavior

Dysfunctional Behavior =
Problem Solution.....

Consequences




Validation Defined

The act of validating or making
valid...confirming, and
establishing or ratifying as valid.


Valid: What does it mean?

- At once relevant and meaningful – to the case or circumstance
- Well grounded or justifiable – In terms of empirical facts- Logically correct inference or generally accepted authority
- Appropriate to the end in view – I.e. effective for reaching the person's ultimate goals




Types of Validation

- Explicit verbal
- Implicit functional



Validation Targets

- Importance of problem
- Sense of "place"
- Emotional pain
- Difficulty of change
- Sense of out of control
- Dysregulation
- Behavior
 - Emotions, pain & suffering
 - Physiological responses
 - Cognitive appraisals, thoughts, beliefs & Values
 - Actions
- Inner strength & capabilities



Levels of Validation

- V1: Staying awake – unbiased listening & observing
- V2: Accurate reflection
- V3: Articulating the un verbalized emotions, thoughts or behaviors
- V4: Validation in terms of past learning or biological dysfunction
- V5: Validation in terms of present context or normative functioning
- V6: Radical genuineness - humanness


Invalidating Environment

Invalidates the behavior and/or identity independent of the actual validity of the behavior or the identity

Examples of Invalidating Responses


- Reject self description as inaccurate
- Reject response to events as inaccurate or ineffective
- Dismiss or disregard
- Directly criticize or punish
- Pathologize normal responses
- Reject response as attributable to socially unacceptable characteristic (e.g. over-reactive emotions, paranoia, naiveté, manipulative intent, lack of motivation, negative attitude, etc.)

Consequences of Invalidation




Failing to validate private experiences does not teach an individual to

- Label private experiences as normal in a larger social community
- Effectively regulate emotions
- Trust emotional & cognitive experiences as valid responses to events



By over simplifying problem solving ease, environment does not teach individual to

- Tolerate distress
- Form realistic goals and expectations



Dialectical Synthesis:
The Middle Path

Dialectical Analysis

Truth is sought through efforts to discover what is left out of current ways of ordering events.

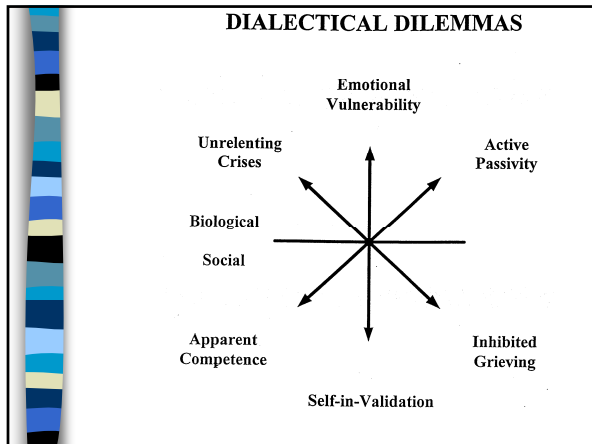
Dialectical Lifestyle

Walking the “Middle Path” with balanced behavior patterns.

- *Balanced Actions
- *Balanced Emotions
- *Balanced Cognition

Behavior Therapy vs. Zen Practice

- | | |
|-------------------|----------------|
| ■ Change | ■ Acceptance |
| ■ Problem solving | ■ Validation |
| ■ Rationality | ■ Intuition |
| ■ Logic | ■ Paradox |
| ■ Experimental | ■ Experiential |



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

- DBT Assumptions About Therapy**
- The most caring thing a therapist can do is help 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
 - Therapists treating borderline clients need support
 - DBT therapists can fail
 - DBT can fail even when therapists do not

Overarching DBT Goal




A life worth living




Overarching DBT Targets

- Wise Mind
- Dialectical Behavior Patterns
- Balanced Actions
- Balanced Emotions
- Balanced Cognition

Structure the Theoretical Foundations of Treatment



DBT requires a consistent philosophy of care.



Five Functions of All Comprehensive Treatments

- Enhance capabilities
- Improve motivational factors
- Ensure generalization to the natural environment
- Enhance therapist capabilities and motivation to treat effectively
- Structure the environment




STAGE 1:

- Reasonable (Immediate) life expectancy
- Connection to Help Givers
- Stability and control of action
- Basic Capabilities




Stage 1 Primary Targets

- | Decrease: | Increase: |
|---|-------------------------------|
| ■ Life threatening behaviors | ■ Mindfulness |
| ■ Therapy interfering behaviors | ■ Interpersonal effectiveness |
| ■ Quality of life interfering behaviors | ■ Emotion regulation |
| | ■ Distress tolerance |
| | ■ Self management |




Life Threatening Behaviors

- Suicide and Life-Threatening Crisis Behaviors
- Para suicidal Acts
- Changes in Suicidal Ideation and Communications
 - * Suicide Related Expectancies & Beliefs
 - * Suicide Related Affects




Therapy Interfering Behaviors of the Client

- Behaviors that interfere with receiving therapy (Non attending behaviors, non collaborative behaviors, non compliance)
- Behaviors that interfere with other clients
- Behaviors that burn out the therapist (Behaviors that push therapist's limits, behaviors reducing therapist's motivation to treat)



Therapy Interfering Behaviors of the Therapist

- Behaviors that unbalance therapy (Extreme acceptance or change, extreme flexibility or rigidity, extreme nurturing or withholding, extreme vulnerability or irreverence)
- Disrespectful behaviors




Quality of Life Interfering Behaviors

- Mental health related dysfunctional response pattern
- High risk or unprotected sexual behavior
- Extreme financial difficulties
- Criminal behaviors
- Seriously dysfunctional interpersonal behaviors
- Employment or school related dysfunctional behaviors
- Illness related dysfunctional behaviors
- Housing related dysfunctional behaviors

STAGE 2:




Quiet desperation – Emotional Experiencing




Stage 2 Primary Targets: Decrease Post Traumatic Stress Responses

- Distortion and denial of facts
- Stigmatization and self invalidation
- Denial and avoidance of trauma cues
- Dichotomous response style




Primary Targets Stage 3 - Problems in Living (Ordinary Happiness and Unhappiness)

- Increase self respect
- Decrease problems in living



Stage 4 Primary Targets- Capacity for Sustained Joy

- Increase awareness (self, past to present, self to others)
- Increase peak experiences flow
- Increase spiritual fulfillment



Client Agreements in DBT

- Stay in therapy for the specified time period
- Attend scheduled therapy sessions
- Work towards reducing suicidal behaviors as a goal of therapy
- Work on problems that arise that interfere with the progress of therapy
- Participate in skills training for the specified time period
- Abide by any research conditions of therapy and pay agreed upon fees

Therapist Agreements in DBT


- Make every reasonable effort to conduct competent and effective therapy
- Obey standard ethical and professional guidelines
- Be available to the client for weekly therapy sessions, phone consultations & provide needed therapy backup
- Respect the integrity and rights of the client
- Obtain consultation when needed

Role of the DBT Consultation Team

- The team pushes the therapist toward the client when necessary
- The team pulls the therapist back when necessary

Consultation Agreements in DBT

- To accept a dialectical philosophy
- To consult with the client on how to interact with other therapists & not tell other therapists how to interact with the client
- That consistency of therapists with one another is not necessarily expected
- That all therapists are to observe their own limits without fear of judgmental reactions from other consultation group members
- To search for non pejorative, phenomenological empathic interpretation of client behavior
- That all therapists are fallible




DBT Consultation: Setting the Tone

- Free exchange of feedback & ideas
- Tolerance for receiving feedback
- Non judgmental stance
- Non defensiveness
- Mutual respect
- Problem solving attitude
- Push for change balanced with validation and support
- Speed, movement & flow

Consultation to the Client



The primary role of the DBT therapist is to consult to the client about how to manage his/her social/professional network. It is not to consult with the network about how to manage the client.



Corollaries of Consultation to the Client

- Give other professionals general information about the treatment program
- Outside of the treatment team, do not discuss the client or their treatment without the client being present
- Within the treatment team, share information but keep the spirit of the strategy



Corollaries of Consultation to the Client

- Do not tell other professionals how to treat the client
- Teach the client to act as their own agent in obtaining appropriate care
- Do not intervene or solve problems for the client with other professionals
- Do not defend other professionals




Does DBT Work?

- 7 well controlled randomized clinical trials with varying research teams have established DBT as a valid treatment for BPD




Effectiveness

- Initial outcome trial: DBT vs. TAU
 - Fewer incidents of para suicide
 - Less medically severe incidents
 - Superior treatment retention
 - Fewer psychiatric inpatient days




Effectiveness

- Initial outcome trial: DBT vs. TAU
 - DBT equivalent to TAU for
 - * Depression
 - * Hopelessness
 - * Suicidal ideation
 - * Reasons for living



Effectiveness

- One Year Follow Up: DBT vs. TAU
 - Higher GAF scores throughout
 - Through first six months
 - * Less para suicidal behavior
 - * Less anger
 - * Better social adjustment
 - In final six months
 - * Fewer Psychiatric inpatient days
 - * Better interviewer rated social adjustment



NIMH Study (2006) DBT vs. TBE (Treatment By Experts)

DBT	TBE
■ Dropout 25%	■ Dropout 59%
■ Attempt suicide 23.1%	■ Attempt suicide 46.7%
■ ER visits 43.1%	■ ER visits 57.8%
■ Hospitalization 19.6% (at least 1)	■ Hospitalization 48.9% (at least one)

Consumer perspective

QUESTIONS

