Dialectical Behavior Therapy (DBT) Basics
Presenter

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• Master of Social Work (2007)
• Experienced in direct clinical care as well as mental health program coordination
• DBT group facilitator since 2013
• Received 65 hours of intensive DBT training
• Beacon Quality Management Specialist since 2017
Learning Objectives

• Identify the elements of comprehensive Dialectical Behavior Therapy (DBT) programs

• Describe the history and philosophy of DBT

• Explain how the functions of DBT treatment and modes of therapy are used to create successful clinical interventions

• Demonstrate how DBT skills training works through demonstration of techniques
Chapter 01
What is Dialectical Behavior Therapy?
What is Dialectical Behavior Therapy (DBT)?

- DBT is a type of cognitive behavioral therapy
- Focuses on increasing an individual’s ability to cope with intense emotions in healthy ways
- “Emotional Sensitivity”
- Transactional theory
  - Invalidating environments
History of DBT

• Developed by Marsha Linehan in the 1980s & early 1990s
• Treatment manual published in 1993
• Originally intended to treat Borderline Personality Disorder
• Dr. Linehan and her team added techniques and developed a treatment that would meet the unique needs of these patients.
What are Dialectics?

• DBT incorporates a philosophical process called *dialectics*
• Everything is composed of opposites
• Change occurs when there is a "dialogue" between opposing forces
• Dialectics makes three basic assumptions
  ➢ All things are interconnected
  ➢ Change is constant and inevitable
  ➢ Opposites can be integrated to form a closer approximation of the truth
Wise Mind Practice

- Think of something bothering you in your life that is unresolved.
Goals of DBT

- Cope with stress in healthy ways
- Learn to regulate emotions
- Improve interpersonal relationships
- Live in the moment
What makes a good DBT candidate?

- DBT is intended to treat high risk, multiple diagnosis individuals with pervasive, severe emotion dysregulation
- Individuals with high emotional reactivity, engaging in problem behaviors
- Commitment to change is not a prerequisite
DBT is Effective for the Following Conditions

- Borderline Personality Disorder
- Suicide and Self-harming Behavior
- Substance Use Disorders
- PTSD
- Cluster B Personality Disorders
- ADHD
- Mood Disorders
- Eating disorders (Binge and Bulimia)
DBT Effective in Reducing:

- Outpatient Services
- Inpatient Stays
- Utilization Costs
- Depression & Suicidal Behavior
Who can perform DBT?

- Therapists
- Counselors
- Social Workers
- Case Managers
- Milieu Staff

Training:
- 2 week intensive courses on clinical teams
- Certification available via Behavioral Tech
Chapter 02

How does DBT Work?
DBT Basics

- Individual takes ownership of their recovery, - self-sufficiency.
- Homework
  - Tracking emotions, urges, & behaviors
- Individual and therapist work together to:
  - Resolve the apparent contradiction between self-acceptance
  - Skills Training - encourage positive behaviors
DBT Assumptions

- Individuals are doing the best they can
- Individuals want to improve
- Individuals need to do better, try harder, and be more motivated to change
- All behavior is caused
- Individuals may not have caused their problems, but it is up to them to solve them anyway
- Figuring out and changing the causes of behavior is more effective than judging and blaming
- New behavior needs to be learned in all relevant contexts
Behavioral Skills Training

• DBT assumes that the problems exhibited by individuals are caused by skills deficits.

• Failure to use effective behavior is often a result of not knowing skillful behavior, or when / how to use it

• **Skills Trainings** teaches the individual a set of behavioral skills to strengthen their ability to use those skills in their everyday lives
  - Mindfulness
  - Emotion Regulation
  - Interpersonal Effectiveness
  - Distress Tolerance

Photo from *Psychiatric Times, 2016*
Stylistic Approaches

- **Validation**
  - Acknowledging the truth in an individual's experience

- **Irreverence**
  - Challenging patterns in the individuals perceptions & behaviors to get “unstuck”

- **Dialectics**
  - Synthesizing opposites to get closer to the truth

- **Use of Metaphor**
  - Using stories & symbols to illustrate concepts

- **Observing Limits vs. Setting Boundaries**
  - Within the therapeutic relationship; accepting what we can & can’t tolerate
Stages of DBT

1. **Pre-treatment**
   - Orientation to DBT
   - 1:1 meeting with therapist
   - Establishing commitment

2. **Stabilization**
   **Targets:**
   - Life Threatening Behavior
   - Therapy Interfering Behavior
   - Quality of Life Interfering Behavior
   **Interventions:**
   - 1:1 Therapy
   - Skills Training
   - Phone coaching
   - Consultation Team
   - Ancillary Treatments

3. **Symptom Reduction**
   **Targets:**
   - Reduce Symptoms
   **Interventions:**
   - 1:1 Therapy
   - Skills Training
   - Phone coaching
   - Consultation Team
   - Ancillary Treatments

4. **Problems in living**
   **Targets:**
   - Improve self-worth
   - Problem solving
   - Utilize supports
   **Interventions:**
   - 1:1 Therapy
   - Skills generalization

5. **Incompleteness**
   **Targets:**
   - Increasing capacity for joy and freedom
   **Interventions:**
   - 1:1 Therapy
   - Pursuing meaning and purpose
Secondary Targets for Borderline Personality

Dialectical Tensions

- Emotional Vulnerability vs. Self-Invalidation
- Unrelenting Crisis vs. Inhibited Experiencing
- Active Passivity vs. Apparent Competence
Chapter 03

Components and Modalities of Dialectical Behavior Therapy
## Two Main Treatment Settings

<table>
<thead>
<tr>
<th>Individual Therapy</th>
<th>Skills Group (Group Sessions)</th>
</tr>
</thead>
<tbody>
<tr>
<td>• Consists of one-on-one contact with a trained therapist</td>
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<tr>
<td>• Therapist helps individual:</td>
<td></td>
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<tr>
<td>o stay motivated</td>
<td></td>
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<tr>
<td>o apply DBT skills within daily life</td>
<td></td>
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<tr>
<td>o address obstacles that might arise over the course of treatment.</td>
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<tr>
<td>• Group led by one trained therapist</td>
<td></td>
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<tr>
<td>• Each session lasts ~ 2 hours</td>
<td></td>
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<tr>
<td>• Group meets weekly for 6 months</td>
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<tr>
<td>• Group members share experiences / provide mutual support</td>
<td></td>
</tr>
<tr>
<td>• Assigned homework or exercises</td>
<td></td>
</tr>
<tr>
<td>• Groups can be shorter/ longer – depends group members’ needs</td>
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</tbody>
</table>
Modes of DBT

**Individual Therapy**
- Behavioral Targets
- Diary Cards
- Behavioral Chain Analysis
- Developing Commitment

**Skills Training**
- Mindfulness Skills
- Interpersonal Effectiveness
- Distress Tolerance
- Emotion Regulation

**Coaching Phone Calls**
- Skills Generalization
- Behavioral Chain Analysis
- Crisis Intervention

**Therapist Consultation**
- Therapy for the therapist
- Problems in therapy
- Cheerleading
- Providing Dialectical Balance

**Ancillary Treatments**
- Medication Management
- Case Management
- Group Therapy
- Vocational & Educational Assistance
Individual Therapy

- Behavioral Targets
- Diary Cards
- Behavioral Chain Analysis
- Developing Commitment
Behavioral Targets (Stage 1)

1. Stabilization
   - **Interventions:**
     - 1:1 Therapy
     - Skills Training
     - Phone coaching
     - Consultation Team
     - Ancillary Treatments
   - **Targets:**
     1. Life Threatening Behavior
     2. Therapy Interfering Behavior
     3. Quality of Life Interfering Behavior

2. Symptom Reduction
   - **Interventions:**
     - 1:1 Therapy
     - Skills Training
     - Phone coaching
     - Consultation Team
     - Ancillary Treatments
   - **Targets:**
     - Reduce Symptoms

3. Problems in living
   - **Interventions:**
     - 1:1 Therapy
     - Skills generalization
   - **Targets:**
     - Improve self-worth
     - Problem solving
     - Utilize supports

4. Incompleteness
   - **Interventions:**
     - 1:1 Therapy
     - Pursuing meaning and purpose
   - **Targets:**
     - Increasing capacity for joy and freedom
Behavioral Chain Analysis

DBT requires evaluation of the Behavior

• How is the behavior conditioned?
  o Classically conditioned – cue is paired with the behavior
  o Operantly conditioned - reward/ punishment following behavior

• Behavior Chain Analysis

Vulnerabilities
  • Factors preceding problem behavior

Triggering Event
  • Cues preceding the behavior

Links
  • Identify actions, body sensation, cognitions, events and feelings

Unskillful Behavior

Consequences/Reinforcers
  • Following the problem behavior
# Diary Cards

<table>
<thead>
<tr>
<th>Individual Tracks</th>
<th>Incidents of behavioral targets, urges to engage in the behavior (scale of 1-5)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Incidents of substance and alcohol use</td>
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<tr>
<td></td>
<td>Consistency with medication regimen</td>
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<tr>
<td></td>
<td>Practice of skills over the last week</td>
</tr>
</tbody>
</table>

*Review in Individual therapy*

*Review only in Individual therapy*

*Review in Individual therapy & Skills Training*
Diary Card Example

<table>
<thead>
<tr>
<th>Day</th>
<th>Highest Urge To</th>
<th>Highest rating each day for:</th>
<th>Drugs</th>
<th>Actions</th>
</tr>
</thead>
<tbody>
<tr>
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<td></td>
<td></td>
<td></td>
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</tbody>
</table>

<table>
<thead>
<tr>
<th>Day &amp; Date</th>
<th>SUICIDE</th>
<th>S-M</th>
<th>PAIN</th>
<th>SCARE</th>
<th>ANGER</th>
<th>SEX</th>
<th>BEREAV</th>
<th>ALCOHOL</th>
<th>ILLEGAL</th>
<th>DRUGS</th>
<th>ADDED AS PRESCRIBED</th>
<th>PRE/OTC</th>
<th>S-M</th>
<th>Lying</th>
<th>Skills</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>0-3</td>
<td>0-3</td>
<td>0-3</td>
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- *Note: Use the scale to rate your urge.*

**Med Changes:**

**Homework for week and results:**

**Skills:**

**Before:**

**After:**

**Goal:**
Developing commitment

• Individuals
  o Commit to making changes to cues, practicing skills, using interpersonal skills with others

• Therapists
  o Do not assume commitment, and do not assume that commitment to change will be uniform across treatment

• Strategies including are used at the end of sessions to ensure commitment
  o Pros & Cons
  o Foot in the Door
Skills Training

- Mindfulness Skills
- Interpersonal Effectiveness
- Distress Tolerance
- Emotion Regulation
Mindfulness Skills

• Wise Mind

• “What” Skills
  o Observe
  o “Teflon mind”
  o Describe
  o Participate

• “How” Skills – Non-Judgmentally, One Mindfully, Effectively

Photo from Psychology Compass
Interpersonal Effectiveness Skills

Improve ability to
- Clearly communicate with others
- Say “no”
- Observe limits
- Head off conflict
- Attend to relationships

<table>
<thead>
<tr>
<th>Effectiveness</th>
<th>Objectives Effectiveness</th>
<th>Self Respect Effectiveness</th>
<th>Relationship Effectiveness</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>• DEARMAN</td>
<td>• FAST</td>
<td>• GIVE</td>
</tr>
</tbody>
</table>
Tools for Interpersonal Effectiveness

**DEAR**
- Describe
- Express
- Assert
- Reinforce
- Mindful
- Appear Confident
- Negotiate

**GIVE**
- Gentle
- Interested
- Validate
- Easy Manner

**FAST**
- Fair
- Apologies
- Stick to Values
- Truthful

Skills Training
## Distress Tolerance

- Tolerating distressing situations without engaging in problem behaviors

<table>
<thead>
<tr>
<th>Crisis Survival</th>
<th>Reality Acceptance Skills</th>
</tr>
</thead>
<tbody>
<tr>
<td>STOP skill</td>
<td>Radical acceptance</td>
</tr>
<tr>
<td>Pros and cons</td>
<td>Turning the mind</td>
</tr>
<tr>
<td>TIP</td>
<td>Half-smile</td>
</tr>
<tr>
<td>Distraction</td>
<td>Willing hands</td>
</tr>
<tr>
<td>Self-soothing</td>
<td>Willingness versus willfulness</td>
</tr>
<tr>
<td>Improving the moment</td>
<td>Mindfulness of current thought</td>
</tr>
</tbody>
</table>
PRACTICE: Radical Acceptance

• Think back to the problem you used earlier
  
  o Is there anything about the problem – about yourself, someone else, the world around you that you might be fighting?

  o Anything you’re resisting, or makes you feel tense about the situation?

  o Get comfortable and relax and open yourself to acceptance of the situation.

• Did you feel any different?
Emotion Regulation

• Reducing the intensity of emotion states that can cue engagement in problem behaviors

• Steps involved
  o Observing emotions
  o Changing emotional responses
  o Reduce emotional vulnerability
    – Examples – ABC, PLEASE
Coaching Phone Calls

- Skills Generalization
- Behavioral Chain Analysis
- Crisis Intervention
Skills Generalization

• Behavior needs to be learned across all environments

• Phone coaching
  o Increases the likelihood that individuals will be able to apply newly learned skills in all contexts
  o Provides in the moment reinforcement of skills
Behavioral Chain Analysis (Via Phone)

• In the moment evaluation of current cues, urges, emotions and reinforcers

• Therapist evaluates when the member began to experience urges

• Therapist coaches through the identification and execution of skillful means to prevent engagement in problem behaviors

• Contingency management (if all else fails….)

• Needs to happen BEFORE the problem behavior has occurred, not after- otherwise having your therapist on the phone becomes reinforcement of behavior (24 hour rule)
Crisis Intervention (as needed)

- Engagement of suicide assessment protocols/safety protocols as needed

- Assisting by using skills to return to behavioral chain analysis, and avoid problem behaviors (ie. distress tolerance)

- Last Resort - Hospitalization and use of emergency rooms

Illustration by Brittany England via healthline.com
Therapist Consultation

- Therapy for the therapist
- Problems in therapy
- Cheerleading
- Providing Dialectical Balance
Therapy for the therapist (weekly)

Problems in Therapy

Cheerleading

Providing Dialectical Balance
Individual Therapy

Skills Training

Coaching Phone Calls

Therapist Consultation

Ancillary Treatments

- Medication Management
- Case Management
- Group Therapy
- Vocational & Educational
Medication Management

Case Management

Group Therapy

Vocational & Educational

Ancillary Treatments
Chapter 04

In Summary
Key Takeaways

Comprehensive DBT programs can be an effective way to treat clients with high risk behavior, multiple diagnoses and emotion dysregulation

DBT works! Studies continue to show that comprehensive programs and skills training can be effective interventions to reduce problem behaviors

Therapists interested in providing DBT should explore training options as the treatment is extensive and requires a degree of expertise

Use the Behavioral Tech Website to find a therapist at https://behavioraltech.org/resources/find-a-therapist/
Thank you

Contact Us

🌐 www.beaconhealthoptions.com

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✉️ ClinicalTrainingDepartment@beaconhealthoptions.com
References

- What is the ‘B’ in ‘DBT’? Video retrieved on 5/22/2020 from https://behavioraltech.org/resources/faqs/dialectical-behavior-therapy-dbt/?wvideo=uv5bukdwi7
- What is the ‘D’ in ‘DBT’? Video retrieved on 5/22/2020 from https://behavioraltech.org/resources