

Dialectical Behavior Therapy (DBT) Basics

Presenter

- Matthew Rynkiewicz, LCSW
- 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?

Emotional Behavior Therapy

Positive behavioral therapy

Increasing an individual's ability to
cope with emotions in healthy ways



- Transactional theory
 - Invalidating environments



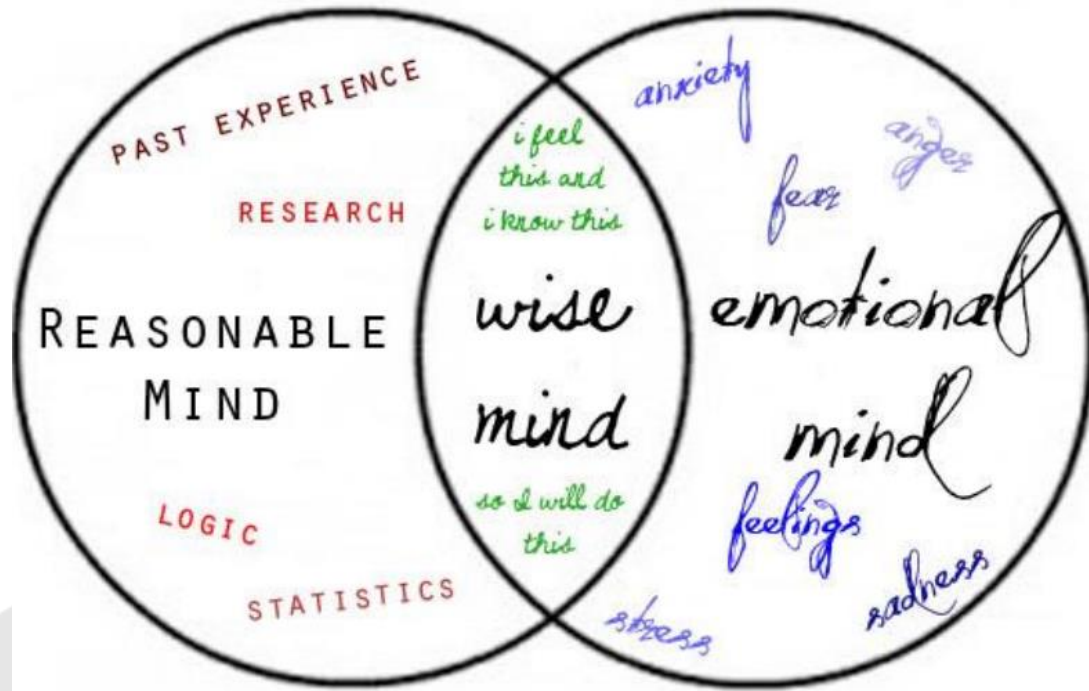
History of DBT

- 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.



Photo from [University of Washington](#)

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?

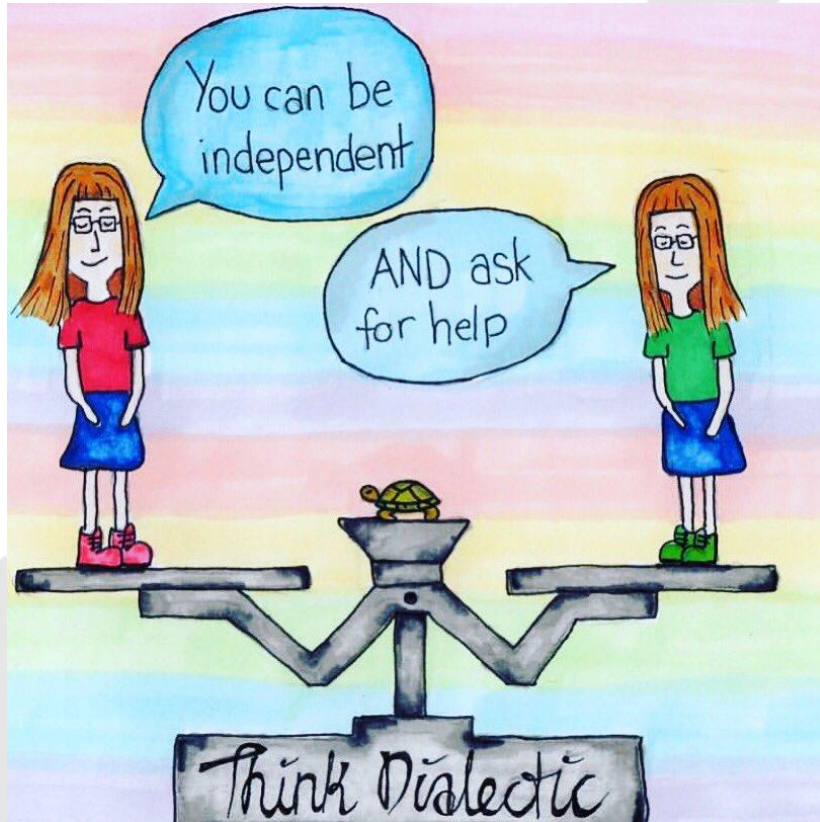


Photo from [WestSide DBT](#)

- 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

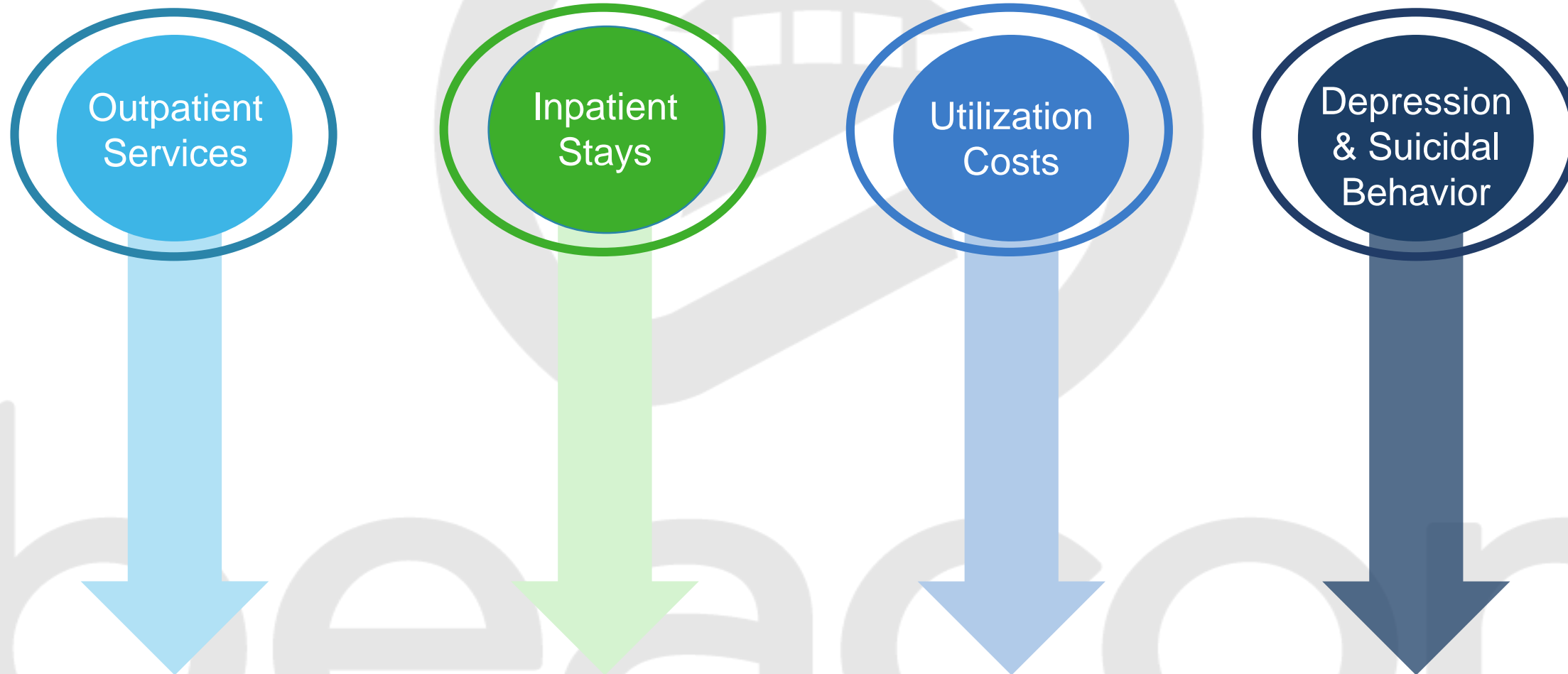
Cluster B
Personality
Disorders

ADHD

Mood Disorders

Eating disorders
(Binge and
Bulimia)

DBT Effective in Reducing:





Countries with DBT Programs

Interest/Initial Development

Current Developments

The Global Scope of DBT

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



Photo from [Allure.com](https://www.allure.com/10/23/19) 10/23/19

- 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

Mindfulness

(being aware of the present moment without judgment)

Emotion regulation

(understanding and reducing vulnerability to emotions, changing unwanted emotions)

Distress tolerance

(getting through crisis situations without making things worse and accepting reality as it is)

Interpersonal effectiveness

(getting interpersonal objectives met, maintaining relationships, and increasing self-respect in relationships)

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

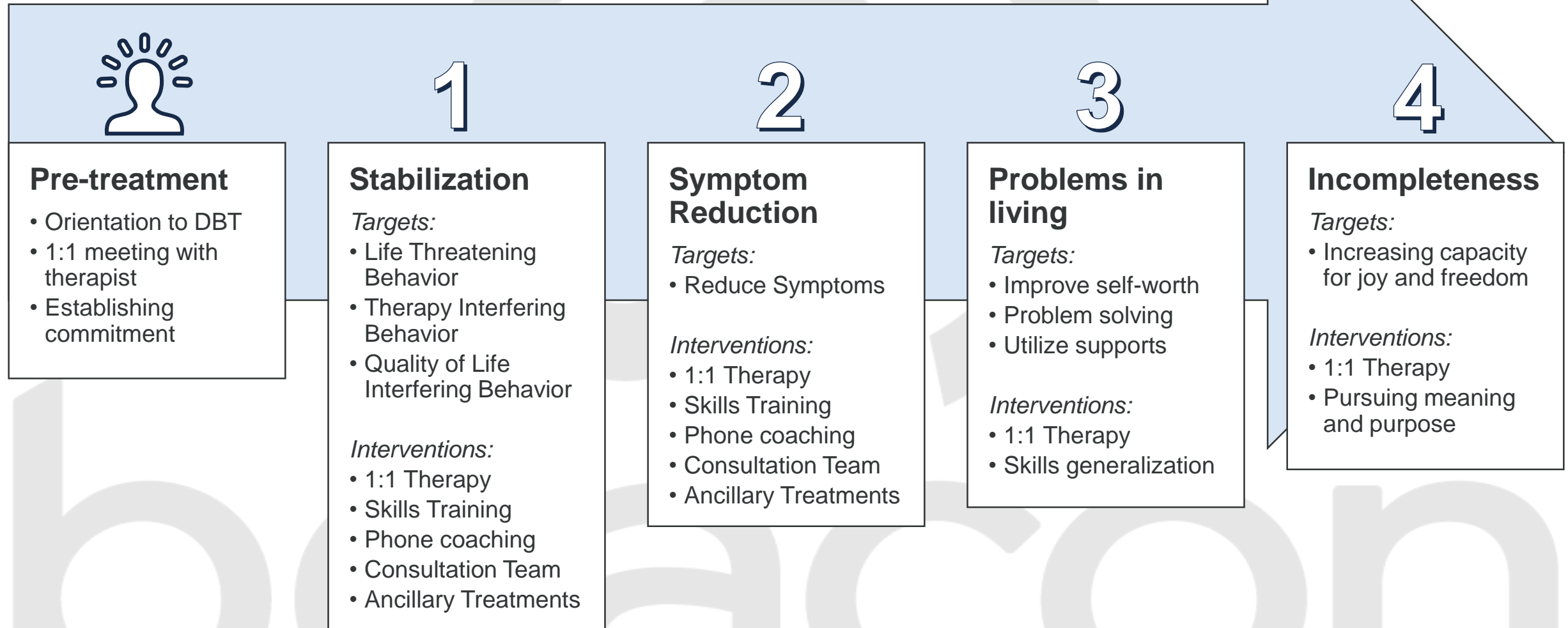
Use of Metaphor

- 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



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

Individual Therapy

- Consists of one-on-one contact with a trained therapist
- Therapist helps individual:
 - stay motivated
 - apply DBT skills within daily life
 - address obstacles that might arise over the course of treatment.

Skills Group (Group Sessions)

- Group led by one trained therapist
- Each session lasts ~ 2 hours
- Group meets weekly for 6 months
- Group members share experiences / provide mutual support
- Assigned homework or exercises
- Groups can be shorter/ longer – depends group members' needs

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

Skills Training

Coaching Phone Calls

Therapist Consultation

Ancillary Treatments

- Behavioral Targets
- Diary Cards
- Behavioral Chain Analysis
- Developing Commitment

Behavioral Targets (Stage 1)



Pre-treatment

- Orientation to DBT
- 1:1 meeting with therapist
- Establishing commitment

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

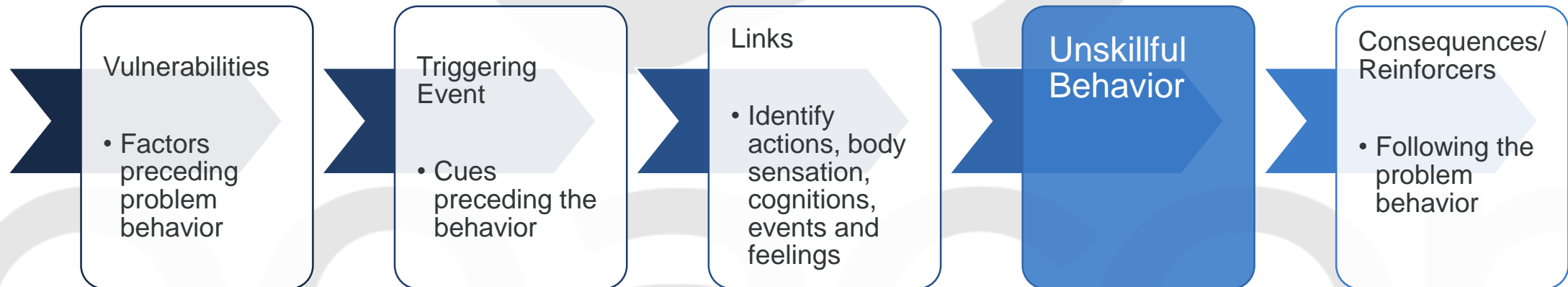
Targets:

- Increasing capacity for joy and freedom

Behavioral Chain Analysis

DBT requires evaluation of the Behavior

- How is the behavior conditioned?
 - Classically conditioned – cue is paired with the behavior
 - Operantly conditioned - reward/ punishment following behavior
- Behavior Chain Analysis



Diary Cards

Individual Tracks

Incidents of behavioral targets, urges to engage in the behavior (scale of 1-5)

Incidents of substance and alcohol use


Consistency with medication regimen

Practice of skills over the last week

Review
only in
Individual
therapy

Review in
Individual therapy
& Skills Training

Diary Card Example

		Client Name: _____		Filled out in session? Y N How often did you fill out this card? ___ Daily ___ 2-3x ___ Once		Date Started _____													
Day & Date	Highest Urge To:			Highest rating each day for:							Drugs				Actions			REVIEW	
	Use	Suicide	S-H	Pain P E	Sad	Shame	Anger	Fear Anxiety	Enjoy- ment	Alcohol	Illegal Drugs	Med: as prescribed	PRN/OTC			S-H	Lying		Skills
	0-5	0-5	0-5	0-5	0-5	0-5	0-5	0-5	0-5	# Specify	# Specify	Y / N	# Specify			Y / N	#		0-7
Mon																			
Tues																			
Wed																			
Thurs																			
Fri																			
Sat																			
Sun																			
Med Changes:				USED SKILLS 0 = Not thought about or used 1 = Thought about, not used, didn't want to 2 = Thought about, not used, wanted to 3 = Tried but couldn't use them 4 = Tried, could do them but they didn't help 5 = Tried, could use them, helped 6 = Used them automatically, didn't help 7 = Used them automatically, helped															
Homework for week and Results:																			
				Before	After	Belief in control of...				Before	After	Therapist:							
Urge to use (0-5):						Emotion: (0-5):						Therapist Signature:							
Urge to quit therapy (0-5):						Behaviors (0-5):						Reviewed On:							
Urge to harm self (0-5):						Thoughts (0-5):													
Urge for Suicide (0-5):																			

Developing commitment

- Individuals
 - Commit to making changes to cues, practicing skills, using interpersonal skills with others
- Therapists
 - 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
 - Pros & Cons
 - Foot in the Door

Individual
Therapy

Skills Training

Coaching
Phone Calls

Therapist
Consultation

Ancillary
Treatments

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

Mindfulness Skills

- Wise Mind
- “What” Skills
 - Observe
 - “Teflon mind”
 - Describe
 - Participate
- “How” Skills – Non-Judgmentally,
One Mindfully, Effectively

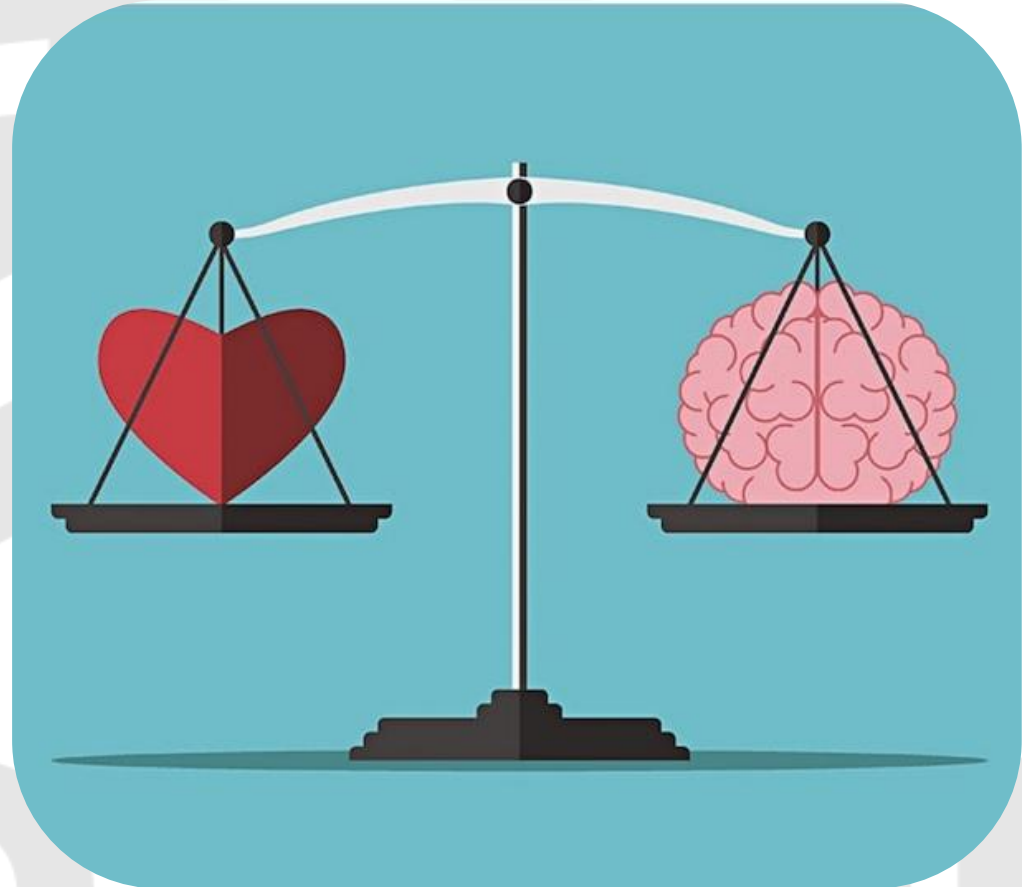


Photo from [Psychology Compass](#)

Interpersonal Effectiveness Skills

Improve ability to

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

Objectives
Effectiveness

• **DEARMAN**

Self Respect
Effectiveness

• **FAST**

Relationship
Effectiveness

• **GIVE**

Tools for Interpersonal Effectiveness

D Describe

E Express

A Assert

R Reinforce

M Mindful

A Appear Confident

N Negotiate

G Gentle

I Interested

V Validate

E Easy Manner

F Fair

A Apologies

S Stick to Values

T Truthful

Distress Tolerance

- Tolerating distressing situations without engaging in problem behaviors

Crisis Survival

STOP skill
Pros and cons
TIP
Distraction
Self-soothing
Improving the moment

Reality Acceptance Skills

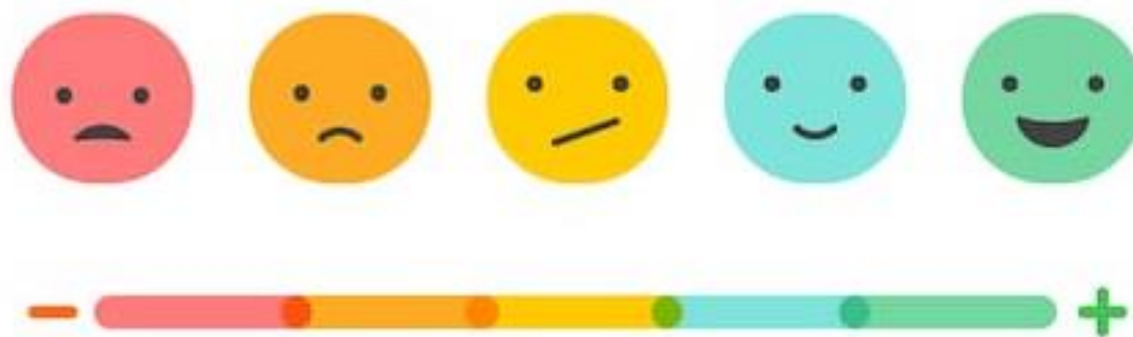
Radical acceptance
Turning the mind
Half-smile
Willing hands
Willingness versus willfulness
Mindfulness of current thought

PRACTICE: Radical Acceptance

- Think back to the problem you used earlier
 - Is there anything about the problem – about yourself, someone else, the world around you that you might be fighting?
 - Anything you're resisting, or makes you feel tense about the situation?
 - 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
 - Observing emotions
 - Changing emotional responses
 - Reduce emotional vulnerability
 - Examples – ABC, PLEASE



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Individual
Therapy

Skills
Training

Coaching
Phone Calls

Therapist
Consultation

Ancillary
Treatments

- Skills Generalization
- Behavioral Chain Analysis
- Crisis Intervention

Skills Generalization



- Behavior needs to be learned across all environments
- Phone coaching
 - Increases the likelihood that individuals will be able to apply newly learned skills in all contexts
 - 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

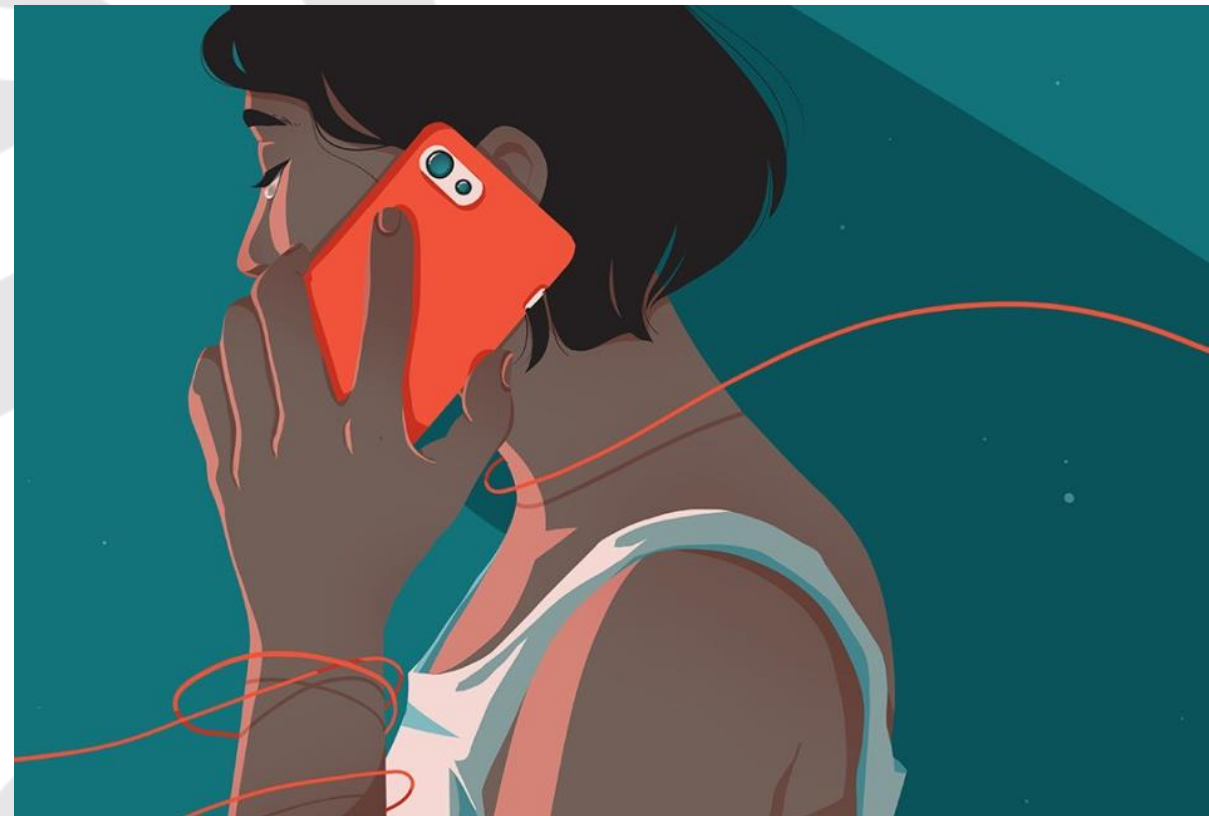


Illustration by Brittany England via [healthline.com](https://www.healthline.com)

Individual
Therapy

Skills
Training

Coaching
Phone Calls

Therapist
Consultation

Ancillary
Treatments

- 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

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

Ancillary Treatments

Medication
Management

Case
Management

Group Therapy

Vocational &
Educational



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

 Matthew.Rynkiewicz@beaconhealthoptions.com

 ClinicalTrainingDepartment@beaconhealthoptions.com

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