DIALECTICAL BEHAVIOR THERAPY

Buffy T. Wooten, Ph.D.
Wooten & Associates, PLC
www.pppassociaes.com

Seminar Objectives

- Overview and Definitions
- Outcome Research Summary
- Guiding Principles & Treatment Strategies
- Behavioral Assessment & Solution Analysis
BPD Treatment Complications

- Consume a disproportionate amount of MH Services, up to 40%
- Multiple, Complex and Severe Axis I disorders are co-occurring w/ Axis II dynamics
- Unrelenting Crises
- High Risk Suicidal Behavior
- Extreme Emotional Sensitivity
- Intermittent Progress
- Recurrent Treatment Failures
- Therapist Distress

The quandary: Which is it?

Skillful Motivated Effective
Manipulative Intentional Self-serving
Research

• Randomized controlled trials have shown standardized DBT to reduce:
  • Suicide attempts
  • Self Injurious Behaviors
  • Substance Abuse
  • Bulimia
  • Binge Eating
  • Depression
  • Premature Termination of Treatment

Research

• DBT is more cost effective than Treatment as Usual in reducing:
  • Medical severity of suicide attempts
  • Hospitalizations, # Inpatient days
  • Emergency Room Visits
  • Utilization of Crisis beds

• These studies were all done where the comprehensive DBT program was in place. Most included subjects diagnosed with Borderline Personality Disorder or w/persons with SIB histories.
Biosocial Theory of BPD

- Biological Dysfunction in the Emotion Regulation System
- Invalidating Environment

\[ \text{Persistent & Pervasive Emotion Dysregulation} \]

9/3/2021 Buffy T. Wooten, Ph.D.

- Genetics
- Intrauterine environment
- Radical postnatal influence of neglect and/or abuse
- Psychological trauma during development
• To judge, disregard, dismiss, pathologize or otherwise punish the individuals’ valid emotional responses
• To intermittently reinforce the escalation of emotional responses
• To oversimplify the ease of solving emotional problems

Emotions: A full system response
Treatment functions

- Enhancing capabilities
- Generalizing capabilities
- Improving motivation and reducing dysfunctional behaviors
- Enhancing and maintaining therapist capabilities and motivation
- Structuring the environment

Using Dialectics in Therapy

Targeting cognitive modification through conversations that expose the contradictions inherent in ones’ own position and the validity of the opposite position; striving to achieve a position that is integrative and internally consistent with their values

Teaching and demonstrating the skill of searching for what is missing or left out of the current position and what is valid in each position (opposing view)
Dialectical Strategies

- Balancing Acceptance and Change
- Using Irreverent styles of communication
- Consultation to the Client
- Metaphors
- Devils Advocate

DBT STRUCTURAL ELEMENTS

- GROUP SKILLS TRAINING
- INDIVIDUAL THERAPY
- PHONE COACHING
- CASE CONSULTATION TEAM
Group Skills Training

- 20-24 weeks
- 1.5-2.5 hours per week
- Mindfulness Practice
- Diary Card Review
- Didactic Presentation
- Rehearsal
- Homework

Individual Therapy

- Mindfulness Practice
- Diary Card Review
- Behavior Chain Analysis
- Assessment
- Change Intervention
- Acceptance/Validation
- Generalization
"Much of what goes on in any psychotherapy can be thought of as "assessment." That is, the therapist and the patient try to figure out just exactly what is influencing what; what factors are causing the person to act, feel, and think as she does; what is going wrong or right in the patient's life and in therapy; and what is going on at this very moment."

- Marsha Linehan, 1993

Organizing Individual Session

- Welcome & Acknowledgement
- Diary Card Review
- Identify Session Targets
  - Life Threatening Behaviors
  - Therapy Interfering Behaviors
  - Quality of Life Interfering Behaviors
- Attend to Crisis events
- Behavior Chain on Target Behaviors
- Check In on other Modes of Tx
  - Rx, Group Attendance, Skills Acquisition, CM, Support
- Assign homework, reinforce b/w session support
The Behavioral Intervention

What are the relevant behaviors?
What are the reinforcers for the behaviors?
In what contexts do the behaviors occur?
Teach new behaviors
Insert new behaviors strategically
Observe new behavioral experiences
Identify natural reinforcements for the new behaviors
Vulnerability Factors

- Fear of Loss of Relationship
- Physical Pain

Prompting Event:

- Noticed Bump

Thoughts:

- Memory
- Feeling
- Behavior

Problem Behavior:

- Face Picking

Consequential Behaviors:

- Sleep
- Rx
- Anger Out

VULNERABILITIES

- Preparing a speech about her recovery and memories of the past
- Allergic to certain foods
- Computer crashed thought "I'm falling apart"
- Intense conversation with partner
- Patron said something to me
- Frustrated by what patron said

PROMPTING EVENT

- Saw the image of a python eating a crocodile on her computer

SECTION 1

- Action: Surfing the internet at work
- Action: Reading a political article
- Body Sensation: Headache
- Thought: "Cutting off communication is working"
- Thought: "I have to hold myself together"

SECTION 2

- Emotions: Terror, Panic
- Body Sensation: Shaking
- Action: Shut computer
- Thought: "Cutting off communication is working"
- Thought: "If I cut it off it will go away"

SECTION 3

- Body Sensation/Thought: "I am going to cry"
- Thought: "I have to hold myself together"

Problem Behavior:

- Linked to lack of coaching before attempting to use skills appropriately

Consequences:

- Emotional, goal, plan, fear
- Didn't get to practice skills
- Reinforced avoidance of similar
- Therapist is frustrated with me
Cognitive-Behavioral Interventions

1. Skills Training
2. Cognitive Modification
3. Exposure
4. Contingency Management

SECTION 2 - Solution Analysis

**Emotions:** Terror, Panic

**Body Sensation:** Shaking

**Action:** Shut computer

**Distress Tolerance:** Distract with ACCEPTS, Self-soothe

**Mindfulness (OBSERVE):** “I need a skill right now. What is my plan?”

**(Effective Behavior)**
SECTION 3 - Solution Analysis

Thought:
“Cutting will neutralize this image”

Thought:
“If I cut it will go away”

Body Sensation/Thought:
“I am going to cry”

Thought:
“I have to hold myself together”

Mindfulness (OBSERVE):
Ride the wave rather than escape

Mindfulness (WISE MIND/ Effectiveness):
Connect to long term goal

Distress Tolerance:
TP skill, go get ice, paced breathing

Interpersonal Effectiveness:
CART/MAN ask for a break
What do I do when this isn’t working?

I Got Nothing

DBT SECONDARY TARGETS

- Emotional Vulnerability
- Active Passivity
- Unrelenting Crisis
- Biological Consequences
- Environmental Consequences
- Apparent Competence
- Self-Invalidation
- Inhibited Grieving
# The DBT Therapist

**Analyst and Coach**

<table>
<thead>
<tr>
<th></th>
<th>Expert in the mechanics of behavior change</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Listens Attentively</strong></td>
<td></td>
</tr>
<tr>
<td><strong>Intensely Attuned to Client</strong></td>
<td>Relentlessly monitors progress</td>
</tr>
<tr>
<td><strong>Courageously &amp; Honorably challenges learned rationales</strong></td>
<td>Consistent, enthusiastic reinforcer of positive behaviors</td>
</tr>
</tbody>
</table>

---

*Practice Mindful Presence*

- Curiosity
- Openness
- Acceptance
- Loving

-Dan Siegel
References

- Cognitive Behavioral Treatment of BPD, Linehan, 1993
- DBT Principles in Action, Swenson, 2016
- Guildford DBT Practice Series, 2019
  - Phone Coaching
  - DBT Teams
  - Behavior Chain Analysis

Wooten & Associates, PLC
www@pppassociates.com
bwooten@pppassociates.com