The Art and Science of Dialectical Behavior Therapy

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Disclosures

- Dr. Harned
  - Receives federal grants to research DBT and DBT PE
  - Is paid to provide training and consultation in DBT and DBT PE

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THE DEVELOPMENT AND STRUCTURE OF DBT

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Dialectical Behavior Therapy

is designed for the highly suicidal, severe, multi-diagnostic, and difficult-to-treat patient

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Dialectical Behavior Therapy

evolved from problems applying standard treatments to severe and chronically suicidal patients

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Where DBT Started: 1980

- **Patients: high risk for SUICIDE with multiple suicide attempts/self-injuries**
- **Funding: NIMH treatment development grant for suicidal behavior**
- **Starting point: behavior therapy**

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Immediate Problems to Solve

1. **Extreme sensitivity to rejection and invalidation made a change focused treatment untenable.**

2. **Extreme suffering made an acceptance based approach also untenable.**

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Solution Was to Apply

A Dialectical Approach Balancing

Change Strategies **Acceptance Strategies**

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DBT Therapist Strategies

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Immediate Problems to Solve

3. **Low distress tolerance made focusing on:**
    - **one problem area,**
    - **one part of a problem,**
    - **one disorder, *or***
    - **one therapy topic**

→ **IMPOSSIBLE!**

with frequent crises overtaking any ability for sustained work on change.

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Solution Was to Develop

A Dialectical Approach Teaching

Change Skills

Acceptance Skills

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DBT Skills

CHANGE

ACCEPTANCE

Emotion Regulation

Mindfulness

Interpersonal Effectiveness

Distress Tolerance

Middle Path

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DBT Skills Modules and Goals

Mindfulness	Distress Tolerance	Emotion Regulation	Interpersonal Effectiveness
Reduce suffering and increase happiness	Survive crisis situations	Understand and name emotions	Be skillful in getting what you want from others
Increase control of your mind	Accept reality	Decrease frequency of unwanted emotions	Build relationships
Experience reality as it is	Become free	Decrease emotional vulnerability	Increase self-respect in relationships

ACCEPTANCE **CHANGE**

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Immediate Problems to Solve

4. **Ever changing clinical presentation together with frequent crises resulted in confused therapists and a chaotic therapy.**

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Solution Was to Provide

A Dialectical Balance

Target-based Agenda

Protocol-based Agenda

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Individual Therapy Primary Targets

- Decrease
  - Life-threatening behaviors
  - Therapy-interfering behaviors
  - Quality-of-life interfering behaviors
- Increase behavioral skills
  - Mindfulness
  - Distress tolerance
  - Emotion regulation
  - Interpersonal effectiveness

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Standard DBT Skills Training Group Format (Adults)

Total Length: 2.5 Hours	
Mindfulness	• 5 minutes
Homework Review	• 60 minutes
Break	• 10-15 minutes
Didactic / New Teaching	• 60 minutes
Wind-Down	• 10-15 minutes

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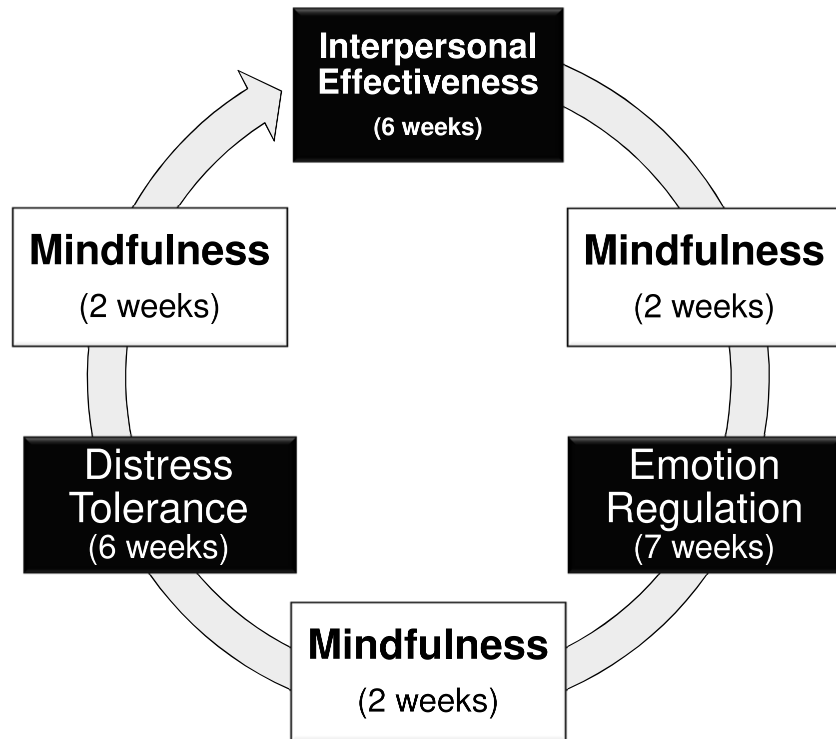
Six Month Treatment Cycle



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DBT Targets for Skills Training

- Decrease behaviors likely to destroy therapy
- Increase skill acquisition/ strengthen skills
- Decrease treatment interfering behaviors

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Next Problems to Solve

5. **High suicide risk made restricting contact to therapy sessions untenable**

6. **Patients were often unable to implement solutions generated in therapy sessions on their own outside of therapy**

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A Dialectical Balance

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Targets for DBT Phone Calls

- For the Individual Therapist
  - DECREASE suicide crises behaviors
  - INCREASE generalization of DBT behavioral skills
  - DECREASE sense of conflict, alienation, distance with therapist
- For the Skills Trainer
  - DECREASE therapy destructive behaviors
  - INCREASE immediate contacting of primary therapist

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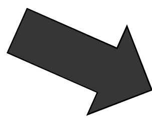
Immediate Problems to Solve

7. Therapists' emotion dysregulation led to:

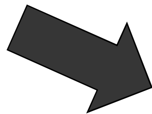
- **excessive fear, anger and hostility**



attempts to control the patient, rejection and attack

OR

- **excessive empathy**



falling into the pool of despair and abandoning therapy

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Solution Was to Provide A Dialectical Balance

Client

Therapist

Team

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Consultation Team Functions

- Monitor and increase adherence to DBT principles
- Increase and/or maintain therapist motivation
- Support when therapists are stretched (and even when not stretched)
- Track client progress and address client problems

Peer Group Therapy

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Summary of Modes and Functions of DBT

1. **Skills training**
   - ✓ Enhance capabilities
2. **Individual therapy**
   - ✓ Improve motivation
   - ✓ Structure the environment
3. **Telephone coaching**
   - ✓ Generalization to natural environment
4. **Therapist consultation team**
   - ✓ Enhance therapist capabilities & motivation

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CORE DBT TREATMENT STRATEGIES

Problem Solving and Validation

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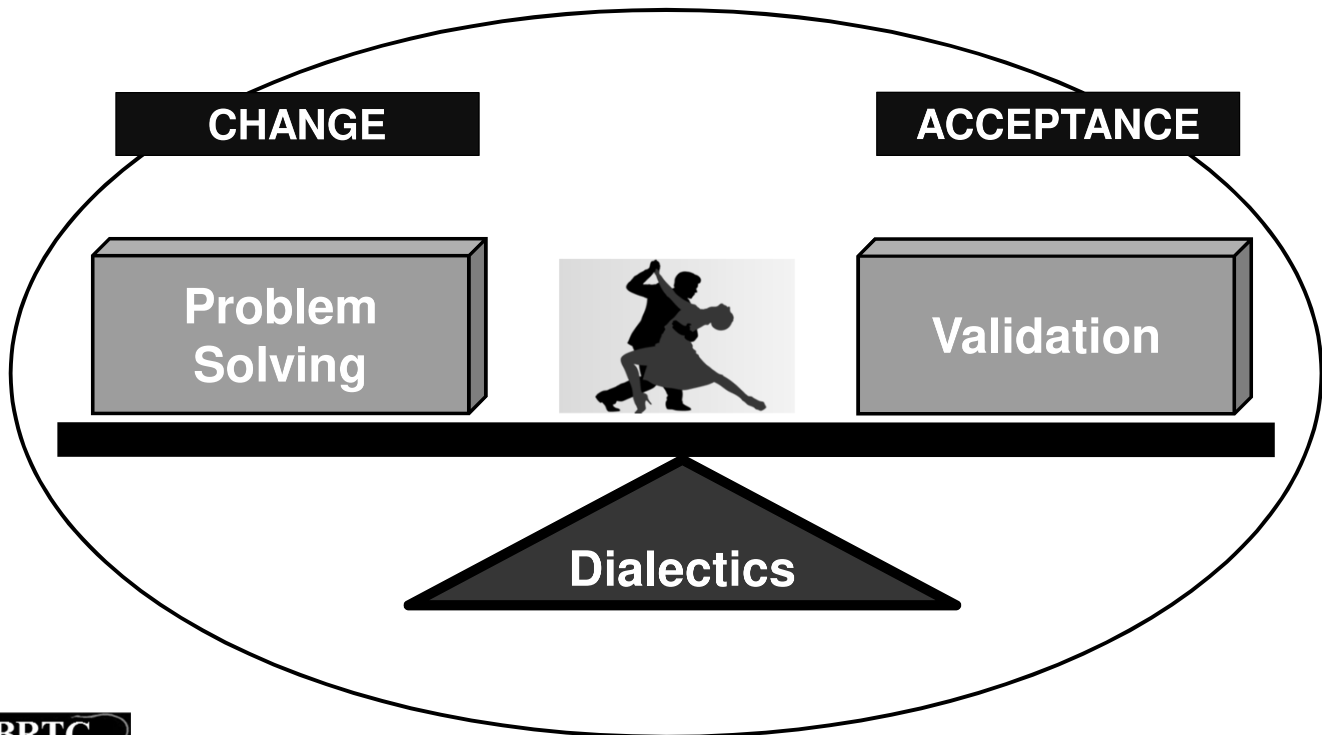
Core DBT Therapist Strategies



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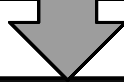
Problem Solving

Conduct a behavioral (chain) analysis



Conduct a solution analysis

Obtain commitment and troubleshoot

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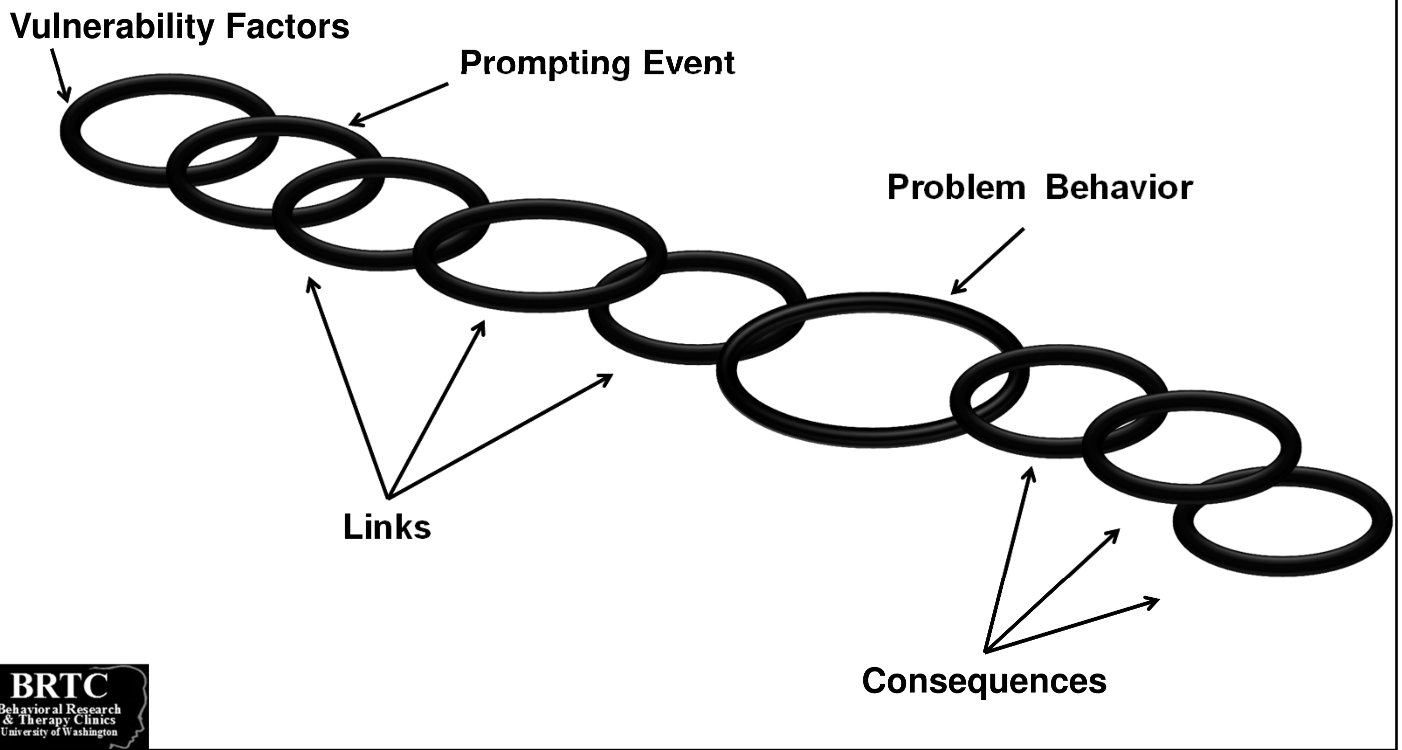

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Example Chain Analysis

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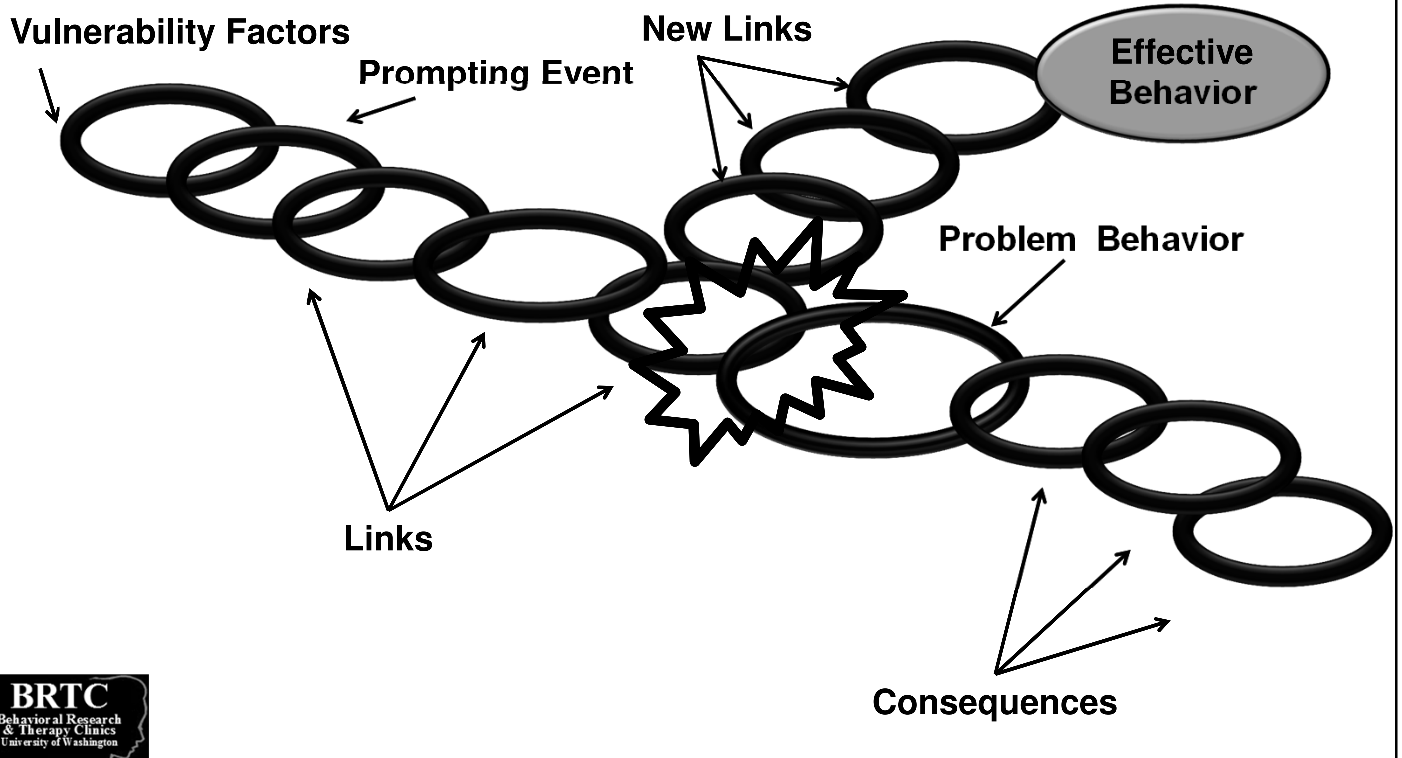

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Mapping Problems to Potential Solutions

If the problem is:	The solution is:
Required behavioral skill is not in the repertoire	Skills training
Intense emotions interfere with using skillful behavior	Exposure
Faulty beliefs interfere with using skillful behavior	Cognitive modification
Problem behavior is reinforced or adaptive behavior is punished	Contingency management

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Generating Solutions

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Commitment and Troubleshooting

- **Obtain commitment to implement the solution that has been selected.**
- **Discuss all the ways implementation of the solution can go wrong and what the client can do about it.**
- **Goal is to prepare the client to skillfully navigate obstacles.**

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In order to engage a client, you must lean heavily on validation.

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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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DBT SCIENTIFIC DATA

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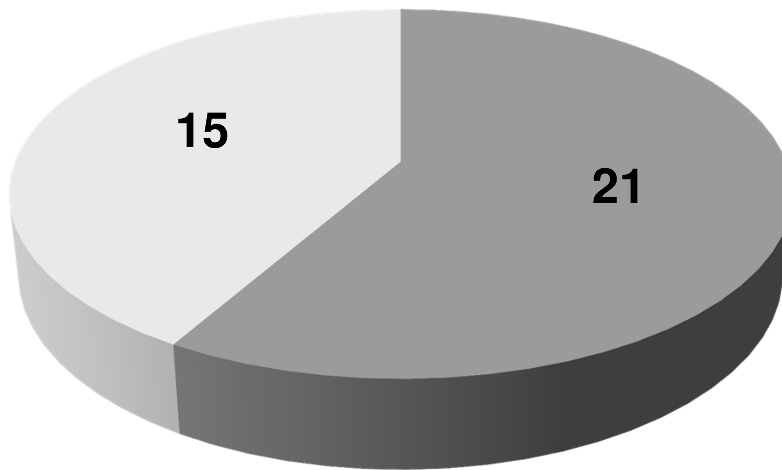
How Much Data is There?



36 RCTs Total

Standard DBT
DBT Skills

Data to Date: http://www.linehaninstitute.org/research/data-to-date.php

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Standard DBT RCTs: Clinical Populations

Older adults (ages 55+)
- Personality disorder + major depressive disorder

Adults (ages 18-65)
- BPD
- BPD + recent suicide attempt or self-injury
- BPD + substance use disorder
- BPD + PTSD + recent suicide attempt or self-injury
- Eating disorder + substance use disorder

College students (ages 18-25)
- BPD traits + current suicidal ideation + history of suicide attempt or self-injury

Adolescents (ages 12-18)
- BPD traits + recent suicide attempt or self-injury
- Bipolar disorder

Children (ages 7-12)
- Disruptive mood dysregulation disorder
- Severe emotional and behavioral disorders

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DBT Skills RCTs: Clinical Populations

Older adults (ages 60+)

- Major depressive disorder

Adults (ages 18-65)

- Borderline personality disorder
- Binge eating disorder
- Bulimia nervosa
- Childhood abuse
- Major depressive disorder
- ADHD
- Bipolar I or II
- Emotion dysregulation + anxiety or depressive disorder

College students (ages 18-25)

- Emotion dysregulation
- ADHD

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DBT is an Evidence-Based Treatment for Borderline Personality Disorder

"In sum, DBT and related treatments provide the most solid…evidence of efficacy relative to all treatments [for BPD] that have been investigated in RCTs so far." (p. 73, Cochrane Review, 2012)

DBT is designated as having "Strong Research Support" for BPD.

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Summary of Standard DBT Outcomes in BPD Samples

Reduces:

- Suicide Attempts
- Non-Suicidal Self Injury (NSSI)
- Depression
- Hopelessness
- Anger
- Substance dependence
- Impulsiveness

Increases:

- Adjustment (general & social)
- Positive self-esteem (introject)

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DBT is an Evidence-Based Treatment for Suicidal Behaviors

SURGEON GENERAL.GOV

"There is now substantial evidence that interventions such as DBT…can help reduce suicidal behaviors among [individuals who have survived a suicide attempt]."

The Public-Private Partnership Advancing the National Strategy for Suicide Prevention

http://www.surgeongeneral.gov/library/reports/national-strategy-suicide-prevention/

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Standard DBT Compared to Non-Behavioral Expert Therapy

Fewer suicide attempts

- Reduced by **50%**

Fewer ER visits for suicidality

- Reduced by **53%**

Fewer psychiatric hospitalizations for suicidality

- Reduced by **73%**

(Linehan et al., 2006)

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One Year Health Care Costs Per Patient

	DBT	TAU
Individual Psychotherapy	$3,885	$2,915
Group Psychotherapy	$1,514	$147
Day Treatment	$11	$876
Emergency Room Visits	$226	$569
Psychiatric Inpatient Days	$2,612	$12,008
Total: 1 year	**$8,247**	**$16,586**
Total per month	$687	$1,382

(Linehan & Heard, 1999)

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Conclusions

- **Standard DBT has the most research support for BPD and suicidal behaviors**
- **DBT skills interventions have been found to be effective for multiple (less complex) problems**
- **DBT reduces treatment costs by decreasing use of crisis services**

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