



THREE PRACTICES JOIN TO ELEVATE THE DISSEMINATION OF DBT

Dialectical Behavior Therapy Introduction Package



What is DBT?

- DBT is an effective treatment, validated by research, for people who have difficulty controlling their emotions and behaviors.
- DBT is a comprehensive, evidence-based therapy considered to be the gold standard of treatment for those with chronic suicidal or other severe, dysfunctional behaviors, including self-injurious behaviors, substance abuse, bulimia, and binge eating disorders.
- DBT is designed to specifically target the following:
 - Help clients reduce problem behavior and increase skillful behavior to create “a life worth living”
 - Teach people to understand and value both themselves and others in a “dialectical” balance
 - Reduce/eliminate self-harming and suicidal urges and actions, as well as psychiatric hospitalizations
 - Improve functioning and communication in interpersonal relationships that are chaotic or dysfunctional
 - Reduce/eliminate alcohol and drug abuse, binge eating disorder and bulimia, and other behavioral compulsions
 - Improve people’s ability to deal with crisis situations more effectively without resorting to self-destructive behaviors
 - Gradually help individuals develop a stronger and more integrated sense of self
- DBT was developed by Marsha Linehan, PhD, APPB at the University of Washington.
 - Dr. Linehan discovered that clients receiving traditional CBT found the unrelenting focus on change invalidating. She added validation strategies to conventional CBT change strategies, and recommended balancing acceptance and validation while pushing for change.

What does Dialectical mean?



Everything is interrelated...

Two opposite ideas can be true at the same time...

Everything changes...

- There is always more than one way to see a situation, and more than one opinion or idea. And they are **all** valid.
- Things are not *black or white*, or *right or wrong*. Thinking dialectically means being able to see both sides in every situation, even if you disagree.
- It considers a life worth living to have **both** positive and negative aspects (e.g. happiness, sadness, anger and peace), and all of these aspects are necessary and valuable.



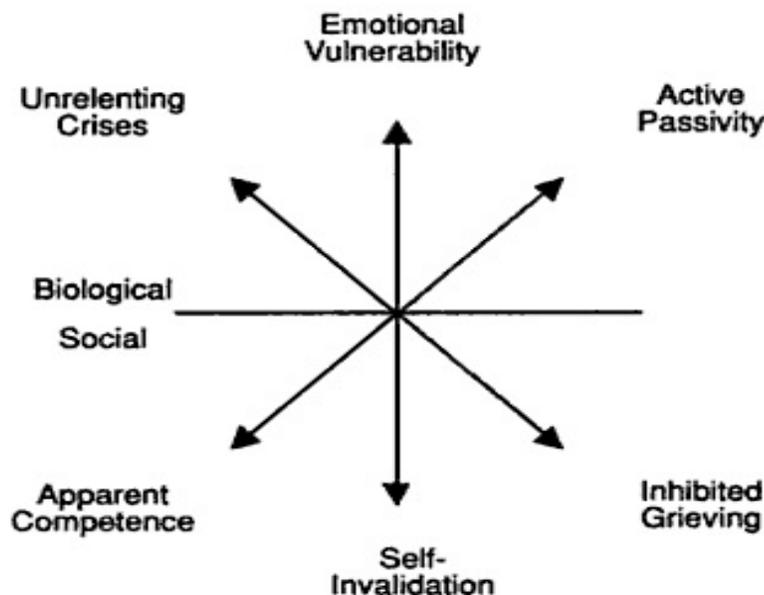
“Dialectical” = Open-minded Thinking

If two ideas can both be true at the same time:

- There is always more than one way to look at a situation and more than one true opinion, idea, or thought.
- All people have something unique and worthy to teach us.
- Two things that seem like (or are) opposites can both be true.
- A life worth living has both comfortable and uncomfortable aspects:
 - Happiness AND sadness
 - Anger AND peace
 - Hope AND discouragement
 - Fear AND courage
- Examples:
 - You are right AND the other person is right
 - You are doing the best that you can AND you need to try harder, do better, be more motivated to change
 - You can take care of yourself AND need help and support from others
- Being dialectical means:
 - Letting go of self-righteous indignation
 - Letting go of “black and white” and “all or nothing” thinking
 - Looking for what is left out of your understanding of a situation
 - Expanding your way of seeing things
 - Getting “unstuck” from standoffs and conflicts
 - Being more flexible and approachable
 - Avoiding assumptions and blame

Biosocial Theory of Emotions

- Emotions are biologically based, and some people are physiologically vulnerable to strong emotions and have trouble regulating them.
 - Sensitive: experience immediate reactions and have a low tolerance.
 - Reactive: reactions are extreme and interfere with ability to think clearly.
 - Slow return to baseline: reactions last a long time.
- An “invalidating environment” sends the message that what biologically vulnerable individuals are feeling, thinking or doing is incorrect, inappropriate, or “wrong.”
- The invalidating environment often rejects, punishes and makes the vulnerable individual feel “ashamed” of their thoughts, feelings and behaviors, and as a result, he or she may begin to internally invalidate him or herself.



What is Validation?

- Validation means acknowledging to someone that what they feel, think, believe or experience is real and understandable.
- Self-validation is when you are able to quietly reassure yourself that what you feel inside is real, important, and makes sense.
- Emotions, thoughts and sensations are all experiences that we sometimes doubt and question:
 - Do I really feel this?
 - Should I feel this way? Is it the “right” way to feel?
- When we’ve been told, at some point in life, that we should not trust our inner experience, we tend to trust other people more than ourselves:
 - We may look around at what others feel in the same situation or to see what OTHERS expect us to feel.
- Self-invalidation means:
 - We spend a lot of time and energy trying to prove to others and to ourselves that our experience is real and makes sense. This often results in conflict or crisis.
- DBT teaches us to validate others AND ourselves
 - We validate others because:
 - It helps our relationships go better
 - It calms intense situations so we can solve problems
 - We validate ourselves because:
 - It quiets defensive/fearful emotions so we can solve problems
 - It allows us to let go of the pain and exhaustion that constant self-justification and self-doubt requires

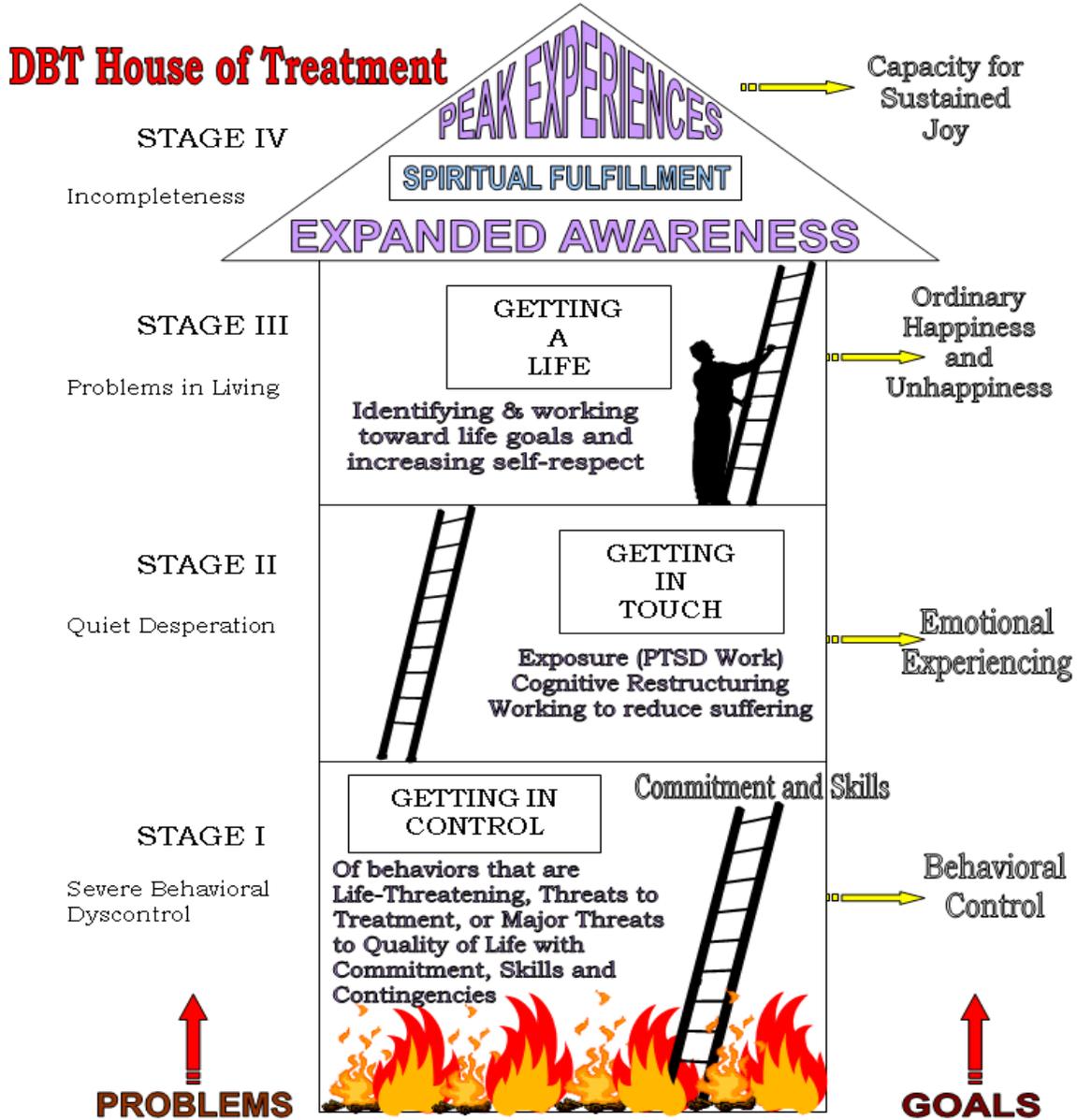
How do you Validate?

Validation does not necessarily mean that you AGREE or APPROVE; validation is non-judgmental. Here are some strategies:

1. Focus on the inherent worth of the person, whether yourself or someone else.
2. Observe – listen carefully to what is said with words, expression, and body. Intently listen, be one-mindful.
3. If you are self-validating, honor your experience by sitting quietly with it, knowing it for at least a few moments.
 - a. Identify primary emotions; if anger is obvious, explore your feelings of any shame, hurt or disappointment that may be hiding beneath.
 - b. Perhaps you realize the thoughts you are having are “irrational” AND validate that they exist and are powerful in the moment.
4. If you are validating someone else, use good eye contact, nod, and be one-mindful when you focus on them.
 - a. Describe, non-judgmentally the facts of the situation.
 - b. State the unstated – note the presence of feelings and beliefs that have not been voiced: “you seem angry, but also hurt by what that person said to you.”
 - c. Find what is true and valid in the experience and note this. Without feeling that you have to agree or approve of the experience, find something that makes perfect sense and validate this.
 - d. Find something that you can empathize with (e.g. “when you get that angry, you want to strike out at someone.”)

<p style="text-align: center;"><u>Problems</u> (Behaviors to Decrease)</p>	<p style="text-align: center;"><u>Skills</u> (Behaviors to Increase)</p>
<p>I. <i>Confusion About Yourself</i></p> <p>(Identity issues; your mind controls you instead of you controlling your mind)</p>	<p>I. <i>Mindfulness</i></p> <p>(Increased self-observation and awareness)</p>
<p>II. <i>Impulsivity</i></p> <p>(Acting before thinking it all through or tolerating any distress)</p>	<p>II. <i>Distress Tolerance</i></p> <p>(Learning to tolerate distress <i>instead of</i> “acting out”)</p>
<p>III. <i>Emotional Instability</i></p> <p>(Fast, intense mood changes with little control; or steady negative emotional state with difficulty experiencing positive emotions)</p>	<p>III. <i>Emotion Regulation</i></p> <p>(Improving emotional control, remembering it is not possible to totally control emotions; reducing vulnerability to negative emotions)</p>
<p>IV. <i>Interpersonal Problems</i></p> <p>(Pattern of difficulty keeping relationships steady and getting what you want from others; saying “no” to unwanted requests)</p>	<p>IV. <i>Interpersonal Effectiveness</i></p> <p>(Deal with conflicts; get what you want and need; say “no” assertively; do this while keeping your self-respect and maintaining relationships)</p>
<p>V. <i>Conflict and Family Dilemmas</i></p> <p>(The inability for the adult/teen and parents to compromise on something reasonable and fair)</p>	<p>V. <i>Walking the Middle Path</i></p> <p>(Ability to resolve family issues using concepts of behaviorism, dialectics and validation)</p>

DBT Stages



SHAWL: Suicide and Hospitalization As a Way of Life
Outside of the Treatment House
created by: Dr. Charles Swenson

DBT Assumptions

1. People are doing the best they can
2. People want to improve
3. People need to do better, try harder, and be more motivated to change
4. People may not have caused all of their own problems, and they have to solve them anyway
5. The lives of suicidal, depressed, anxious and angry people are painful as they are currently being lived (i.e., *their pain is real*)
6. All people must learn new behaviors in different situations in their lives (i.e., home, school, neighborhood)
7. Suicidal and depressed people are not fragile
8. There is no absolute truth
9. People need to interpret things in the most benign way possible
10. People cannot fail in DBT

DBT Treatment Program

DBT treatment emphasizes the practice of skills taught in a group format and reinforced by the individual DBT therapist. DBT Skills are taught in four (4) modules: Core Mindfulness Skills, Distress Tolerance, Emotion Regulation and Interpersonal Effectiveness. We offer groups during the day and after work hours to cater to diverse schedules, as well as a DBT group specifically for clients with eating disorders who are enrolled in our Extended Outpatient Program for Eating Disorders.

Clients are asked to practice skills daily and to track their urges in a skills diary card that is reviewed with the individual therapist to reinforce the practice of skills for the client's maximum likelihood of success in changing harmful behaviors. For this reason, the DBT model requires that the person enrolled in a skills training group also attend weekly individual sessions with one of our DBT-trained therapists, who also are responsible for the phone coaching element of treatment.

We don't admit solely on the basis of interest or need. Engaging in DBT treatment is a big commitment lasting at least five (5) months, therefore we require an intake interview for assessment and orientation. The intake assessment helps us determine whether a) the skills will help each particular candidate; and b) that the candidate is ready to take on the challenge of implementing what is learned in a DBT skills group, and to make skills coaching calls to the individual DBT therapist before engaging in dysfunctional behaviors.

To be admitted into our DBT program, clients must first set up an intake and orientation appointment with one of practice's intensively trained DBT specialists. If a client meets criteria for admission, they are asked to review the guidelines for group skills training and a treatment contract to confirm their understanding of the program's requirements. Clients also agree to periodically fill out outcome evaluation measures to help us review progress and program effectiveness.

Guidelines for DBT Skills Training

1. To “graduate” and move on to an advanced skills group, clients need to complete all four (4) modules (~ 6-8 months).
2. Each client has to be in ongoing weekly individual therapy during the period of the skills training group’s four (4) modules, unless there was a prior approval from the DBT Consultation Team and based on the client’s clinical needs.
3. Clients who drop out of therapy are out of therapy and will need to reapply for admission. We will consider the following behaviors expressions of dropping out:
 - a. Missing 4 group sessions (unexcused).
 - b. Missing 4 consecutive individual or group sessions (excused or unexcused).
 - c. Three (3) unexcused absences.
4. If two (2) sessions of a module are missed, the client needs to drop out of that module and repeat it the next time it is offered unless they can make up the material in individual DBT coaching sessions.
5. Clients who are going to be late or miss a session should call ahead of time. Missed sessions will be charged and client is responsible for payment, for obtaining , and for completing homework.
6. Clients are not to come to sessions under the influence of drugs or alcohol.
7. Clients are not to discuss past (even if immediate) self-harm behaviors with other clients in or out of session.
8. Clients who call one another for help must be willing to accept help from the persons called.
9. Information obtained during sessions, as well as the names of clients, must remain confidential.
10. Clients may not form private relationships with each other outside of skills training sessions while enrolled.
11. Sexual partners may not be in skills training together.

Other:
