Overview of DBT Skills Training for Suicidal Adolescents

Shawn S. Sidhu, M.D. University of New Mexico Children's Psychiatric Hospital SSidhu@salud.unm.edu

Main References

- 1) Miller, Alec, et al. *Dialectical Behavior Therapy with Suicidal Adolescents*. New York: The Guilford Press, 2007. Book.
- 2) *Psychiatric Annals*. Volume 43, Number 4. April 2013.
- 3) <u>DBT 911</u>: A great application for smartphones with built-in exercises

OUTLINE

- Theoretical Background and Origin of DBT
- DBT Structure
- Skills Groups
- Individual Therapy
- Phone Coaching
- Family Therapy
- Consultation Group

Theoretical Background and Origin

- Definition of "Dialectic": Two opposing truths in any given situation
- DBT helps people to "walk the middle path" between these dialectics by seeing the truth in both sides
- Overarching philosophy is that deficiencies in emotional regulation and invalidating environments contribute to impulsive aggression

Examples of Common Dialectics in Adolescence

- Active Passivity vs. Apparent Competence
- Excessive Leniency vs. Authoritarian Control
- Pathologizing Normal Behaviors vs. Normalizing Pathological Behaviors
- Fostering Dependence vs. Forcing Autonomy

Four Stages of Treatment

- Stage I: Behavioral Dyscontrol to Behavioral Control
 - Maximize skills so that the patient stays alive and in treatment
- Stage II: Quiet Desperation to Emotional Experiencing Without Trauma
 - Treatment of co-mobid conditions, graduation from skills
- Stage III: Ordinary Happiness and Unhappiness
 - Completes individual therapy, continued supportive groups
- Stage IV: Spiritual Journey/Stage of Joy
 - Takes next step in exploring existential questions

Over-Arching Philosophy

• Encourage Self-Sufficiency

• Patient should serve as own advocate

• Do Not Reinforce Self-Harming Behaviors!

- Praise and give lots of attention when patient avoids self-harm and utilizes coping skills
- When self-harming behavior occurs, limit conversation to specifics about safety only

DBT Structure

OIndividual Therapy: One 1 hour session per week

OPhone Coaching

• Skills Group: One 2-2.5 hour group per week

• Family Therapy/Involvement (variable)

• Consultation Group: One 1.5-2 hour group per week

Evidence-Base

- Limited to the entire DBT program, and individual components of DBT on their own have limited evidence
- May be difficult to provide entire program given financial/time constraints
- Funding Strategies
 - May save money down the road for higher utilizers of mental health dollars
 - Helps to keep people out of expensive and often ineffective hospitalizations

Individual Therapy and Skills Group

Individual Therapy	Skills Group
Life Threatening Behaviors	Mindfulness
Therapy Interfering Behaviors	Distress Tolerance
Quality of Life Interfering Behaviors	Interpersonal Effectiveness
Essential Life Skills	Emotion Regulation

Individual Therapy

- Reduce Life-Threatening Behaviors
 - SI and self-harm
- Reduce Therapy-Interfering Behaviors
 - Compliance issues, active participation
- Reduce Quality of Life Interfering Behaviors
 - Gambling, drugs/alcohol, financial, eating
- Develop and Employ Essential Life Skills
 - Be able to use these life skills in all areas of life, including relationships and work

Individual Therapy Tools

• Diary Card

• Behavioral Chain Analysis

Suicide Risk Assessment

Diary Card

- Patient is to fill out a Diary Card prior to every session
- Should stick to the most important issues
- Examples of things to include:
 - Actual attempts at SI/self-harm
 - Urges to SI/self-harm
 - Drug/Alcohol Use
 - Emotions
 - Medication Compliance
 - YOU CAN BE CREATIVE!

Behavioral Chain Analysis

- Step-by-step approach to looking objectively at events that led up to self-harm
- First, patient documents in detail the series of events
- Second, patient documents thoughts and feelings that accompanied each event
- Lastly, therapist works with patient to generate alternative solutions/interject places where skills could be used

Suicide Risk Assessment

- Part of every session
- Review of life-threatening behaviors, precipitating events, and circumstances
- Goal is to keep patient sin the community by enhancing skills and community supports
- Hospitalize or call 911 if necessary

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Phone Coaching

- Individual therapist is available at a near 24 hour basis for patients
- Patient calls when having urges to self-harm and patient walks patient through skills
- LOTS of PRAISE for using skills and averting self-harm
- Minimal safety assessment if self-harm has actually taken place

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Skills Groups – Major Goals

• First, reduce behaviors that threaten to destroy the group therapy process

• Second, increase individual skills with support from the group

• Third, target subtler therapy-interfering behaviors

Sequence of Skills Groups

• Mindfulness (2 weeks)

• Distress Tolerance (6 weeks)

OInterpersonal Effectiveness (6 weeks)

• Emotion Regulation (6 weeks)

Mindfulness Training

- Overarching Philosophy: help patients be more in touch with themselves and their environments in the moment
- 3 States of the Mind
- What Skills
- How Skills

3 States of the Mind

- Emotional Mind
- Reasonable Mind
- Wise Mind

"What" Skills

- Observe
- Describe
- Participate

"How Skills"

• Non-Judgementally

• One Mindfully

• Effectively

Sequence of Skills Groups

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Distress Tolerance

OLearn Crisis Survival Skills. Core skills include:

• Self-Soothing Skills

OImprove the Moment

OLearn to Evaluate Pros and Cons

• Distract Yourself with <u>ACCEPTS</u>

Other Skills Include:

• Breathing Exercises

• Half-Smiling Exercises

• Turning the Mind/Radical Acceptance/Accepting Reality

Distress Tolerance - Distraction

- Activities:
- Contributing:
- Comparisons:
- Emotions:
- Pushing Away:
- Thoughts:
- Sensations:

Sequence of Skills Groups

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• Distress Tolerance (6 weeks)

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• Emotion Regulation (6 weeks)

Interpersonal Effectiveness

- Keeping Relationships with <u>GIVE</u>
- Keeping Self-Respect with <u>FAST</u>
- Getting What you Want with <u>DEAR MAN</u>
- Factors Reducing Interpersonal Effectiveness
- Self-Affirming Statements for Interpersonal Effectiveness
- Looking into Asking for What You Want/Saying No

GIVE and FAST

Obe <u>G</u>entle Oact <u>I</u>nterested O<u>V</u>alidate Ouse an <u>E</u>asy manner

Obe <u>Fair</u> Ono <u>A</u>pologies OStick to your values Obe <u>T</u>ruthful

DEAR MAN

- <u>D</u>escribe
- <u>E</u>xpress
- <u>A</u>ssert
- <u>R</u>einforce
- stay <u>M</u>indful
- <u>Appear confident</u>
- <u>N</u>egotiate

Sequence of Skills Groups

• Mindfulness (2 weeks)

• Distress Tolerance (6 weeks)

OInterpersonal Effectiveness (6 weeks)

• Emotion Regulation (6 weeks)

Emotion Regulation

• Reducing vulnerability to negative emotions via PLEASE MASTER

• Letting go of emotional suffering

• Mindfulness of the current emotion

• Changing emotions by acting opposite to the current emotion

• Steps for increasing positive emotions

PLEASE MASTER

- <u>P</u>hysica<u>L</u> illness
- balance <u>Eating</u>
- <u>A</u>void mood-<u>A</u>ltering drugs
- balance <u>S</u>leep
- get <u>Exercise</u>
- become a <u>MASTER</u>/build <u>MASTER</u>y

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Family Therapy/Involvement

- Can take on many shapes/forms
- Family therapy sessions with the individual therapist OR a separate family therapist
- Multifamily skills groups with families and patients together
- Separate groups for families and patients, where families have to graduate with sense of competency just as the patients do

Main Goals of Family Involvement

OIncrease stability of home

Increase parental understanding of teenager's emotional vulnerability

• Address parental emotional dysregulation (family behavioral analysis)

• Improve communication between adolescent and family members

• Increase responsiveness/praise during non-crisis periods to decrease positive reinforcement of self-harm

• Keep home and adolescent safe

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Consultation Group

Troubleshooting difficult cases

• Provide support to one another

 Remind one another to practice DBT skills during group (for example, a non-judgmental tone towards both the clinician and the patient)