Dialectical Behavior Therapy Overview

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Question

Why was Dialectical Behavior Therapy originally created?

A. Borderline Personality Disorder
B. Impulsivity
C. Bipolar Disorder
D. Suicidality
E. Major Depressive Disorder
A

Linehan’s original work looked specifically at suicidality, and then it was expanded to Borderline Personality Disorder.
Why Should You Care About DBT?
We are ineffective at predicting which patients will end up harming themselves.

A history of *IMPULSIVE* aggression remains the best predictor of suicide attempts.

DBT is one of the only treatments which directly addresses impulsivity.
Authentic, genuine, and customized. Also semi-structured.

Multiple simultaneous components addressing separate but important issues

Can expand for use in anyone with impulsive behaviors (including substance abuse)
What is DBT?
What is a Dialectic?
Question 2

Which of the following thinking patterns is reflective of a “dialectic”?

1) **Persistently negative** (everything is terrible and always will be)

2) **Catastrophizing** (the fact that I am late for this meeting will ruin my whole life)

3) **Black and White** (my husband is perfect and my mother-in-law has no redeemable qualities)

4) **Paranoia** (my family wants to cook for me so that they can put something in my food)

5) **Distorted Thinking** (I know I am normal weight but when I look in the mirror all I see is someone who is grotesque)
Answer

Black and White (my husband is perfect and my mother-in-law has no redeemable qualities)

The other types of thinking could also be possible in DBT patients as well!
Dialectics refer to opposing/conflicting ideas

“Black and White” thinking is a hallmark of impulsive individuals

The point of DBT is to help patients see things objectively and less extremely, and to help see the truths in both sides
DBT started out as a therapy aimed at addressing dialectics, but really has moved to addressing many extremes in thinking.
Examples of Extreme Thinking

Independent Self-View: “I’m worthless” or “Everything in my life sucks and it always will”

Interpersonal Self-View: “Everybody hates me”

View of Others: “My mom is the worst person in the world”

Interpretation: “My dad criticized the way I was cleaning so he doesn’t love me, his live would be easier without me, and I should kill myself.”
What Are the Components of DBT?
Question 3

What are the components of DBT?

A) Individual Therapy/Phone Coaching
B) Skills Groups
C) Consultation Groups
D) Family Therapy
E) All of the Above
Answer

All of the Above
DBT Structure

Individual Therapy: 1 hour per week

Phone Coaching

Skills Group: 2-2.5 hour group per week

Family Therapy/Involvement

Consultation Group: 1.5 – 2 hour group per week

*None of these components have been shown to be efficacious in the absence of the others
Individual Therapy Skills/Tools

Diary Card

Behavioral Chain Analysis
Diary Card
# Dialectical Behavior Therapy Adolescent Diary Card

**First name**: Jessica

<table>
<thead>
<tr>
<th>Date</th>
<th>Self harm</th>
<th>Suicidal</th>
<th>Alcohol</th>
<th>Drugs</th>
<th>Meds</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Urges</td>
<td>Thoughts</td>
<td>Use amount/ type</td>
<td>Use amount/ type</td>
<td>Taken as prescribed</td>
</tr>
<tr>
<td></td>
<td>0-5</td>
<td>0-5</td>
<td>0-5</td>
<td>0-5</td>
<td>Yes/no</td>
</tr>
<tr>
<td>Mon 1/21</td>
<td>3</td>
<td>No</td>
<td>2</td>
<td>No</td>
<td>None</td>
</tr>
<tr>
<td>Tues 1/2</td>
<td>No</td>
<td>No</td>
<td>1</td>
<td>None</td>
<td>None</td>
</tr>
<tr>
<td>Wed 1/3</td>
<td>No</td>
<td>No</td>
<td>0</td>
<td>None</td>
<td>None</td>
</tr>
<tr>
<td>Thurs 1/4</td>
<td>Yes</td>
<td>2</td>
<td>No</td>
<td>2</td>
<td>None</td>
</tr>
<tr>
<td>Fri 1/5</td>
<td>3</td>
<td>No</td>
<td>2</td>
<td>No</td>
<td>None</td>
</tr>
<tr>
<td>Sat 1/6</td>
<td>No</td>
<td>No</td>
<td>0</td>
<td>None</td>
<td>None</td>
</tr>
<tr>
<td>Sun 1/7</td>
<td>1</td>
<td>No</td>
<td>2</td>
<td>None</td>
<td>None</td>
</tr>
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</table>

**SKILLS**

3 = Not thought about or used
4 = Tried, could do them, but they didn’t help
5 = Tried, could use them, helped
6 = Didn’t try, used them, didn’t help
7 = Didn’t try, used them, helped

Instructions: Circle the days you worked on each skill.

1. Wise mind
2. Observe (Just notice what’s going on inside)
3. Describe (Put words on the experience)
4. Participate (Enter into the experience)
5. Don’t judge (Nonjudgmental stance)
6. Stay focused (One—mindfully: in the moment)
7. Do what works (Effectiveness)
8. Identifying and labeling emotions
9. PLEASE (Reduce vulnerability to emotion mind)
10. MASTER (Building mastery, feeling effective)
11. Engaging in pleasant activities
12. Working toward long-term goals
13. Building structure // time, work, play
14. Acting opposite to current emotion

**Filled out in session? Yes/no**

Yes

**FIGURE 8.1. Jessica’s diary card.**
How often did you fill out this section? **Daily** __ 2–3x __ Once

How often did you use phone consult? __

<table>
<thead>
<tr>
<th>Other</th>
<th>Emotions</th>
</tr>
</thead>
<tbody>
<tr>
<td>Cut class/school</td>
<td>Risky sex</td>
</tr>
<tr>
<td>Yes/no</td>
<td>Yes/no</td>
</tr>
<tr>
<td>No</td>
<td>No</td>
</tr>
<tr>
<td>No</td>
<td>2</td>
</tr>
<tr>
<td>Yes</td>
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</tr>
<tr>
<td>No</td>
<td>4</td>
</tr>
<tr>
<td>No</td>
<td>3</td>
</tr>
<tr>
<td>No</td>
<td>2</td>
</tr>
</tbody>
</table>

**Rating scale for emotions and urges (above):**

0 = Not at all  1 = A bit  2 = Somewhat  3 = Rather strong  4 = Very strong  5 = Extremely strong

**Urge to quit therapy:** 1  **Misery index:**  4

**Instructions:** Circle the days you worked on each skill.

<table>
<thead>
<tr>
<th>Interpersonal Effectiveness</th>
<th>Distress Tolerance</th>
<th>Walking the Middle Path</th>
</tr>
</thead>
<tbody>
<tr>
<td>15. DEAR MAN (Getting what you want)</td>
<td>18. Cheerleading statements for worry thoughts</td>
<td>26. Think dialectically (not in black and white)</td>
</tr>
<tr>
<td>16. GIVE (Improving the relationship)</td>
<td>19. ACCEPTS (Distract)</td>
<td>27. Act dialectically (walk the middle path)</td>
</tr>
<tr>
<td>17. FAST (Feeling effective and keeping your self-respect)</td>
<td>20. Self-soothe (Five senses)</td>
<td>25. Validate someone else</td>
</tr>
<tr>
<td>23. Positive reinforcement</td>
<td></td>
<td></td>
</tr>
<tr>
<td>24. Validate self</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**FIGURE 8.1 (cont.)**
Question 4

What method do DBT therapists use in individual therapy when a patient endorses recent cutting?

A. Cognitive Restructuring
B. Exposure-Response Prevention
C. Habit Reversal Training
D. Behavior Chain Analysis
E. Insight-Oriented Interpretation
Answer

Behavioral Chain Analysis
Behavioral Chain Analysis
Guidelines for a Behavioral Chain Analysis

1) Describe the specific PROBLEM BEHAVIOR (example cutting or a suicide attempt)

A) Be very specific and detailed. Avoid vague terms.
B) Identify exactly what you did, said, thought, or felt
C) Describe the intensity of the behavior and other characteristics of the behavior that are important
D) Describe the problem behavior in enough detail that an actor in a play or movie could recreate the behavior exactly
2) Describe the specific PRECIPITATING EVENT that started the whole chain

A) Identify the environmental event that started the chain. Always start with some event in your environment, even if it doesn’t seem to you that the environmental event caused the problem behavior. Here are some possible questions to get to this:

1) When did the sequence of events that led to the problem behavior begin? When did the problem start?

2) What was going on the moment the problem started?

3) What were you doing, thinking, feeling, and imagining at the time?

4) Why did the problem behavior happen on that day instead of the day before?
Guidelines for a Behavioral Chain Analysis

3) Describe the VULNERABILITY FACTORS happening before the precipitating event. What factors or events made you more vulnerable to a problematic chain? Areas to examine include the following:

A. Physical illness, unbalanced eating or sleeping, injury
B. Use of drugs or alcohol, misuse of prescription drugs Stressful events in the environment (positive or negative)
C. Intense emotions, such as sadness, anger, fear, or loneliness
D. Previous behaviors of your own that you found stressful
Guidelines for a Behavioral Chain Analysis

4) Describe in excruciating detail the CHAIN of EVENTS that led up to the problem behavior

* Imagine that your problem behavior is chained to the precipitating even tin the environment. How long is the chain? Where does it go? What are the links? Write out all links in the chain of events, no matter how small. Be very specific, as if you are writing a script for a play.

A. What exact thought (or belief), feeling, or action followed the precipitating event? What thought, feeling, or action followed that? What next? What next?

B. Look at each link in the chain after you write it. Was there another thought, feeling, or action that could have occurred? Could someone else have thought, felt, or acted differently at that point. If so, explain how that specific thought, feeling or action came to be.

C. For each link in the chain, ask yourself: is there a smaller link I could describe?
Guidelines for a Behavioral Chain Analysis

5) What were the CONSEQUENCES of this behavior? Be specific. How did other people react immediately and later? How did you feel immediately following the behavior? How about later? What effect did the behavior have on you and your environment?
Guidelines for a Behavioral Chain Analysis

6) Describe in detail different SOLUTIONS to the problem

A. Go back to the chain of your behaviors following the prompting event. Circle each point or link where, if you had done something different, you would have avoided the problem behavior

B. What could you have done differently at each link in the chain of the events to avoid the problem behavior? What coping behaviors or skillful behaviors could you have used?
Guidelines for a Behavioral Chain Analysis

7) Describe in detail a PREVENTION STRATEGY for how you could have kept the chain from starting by reducing your vulnerability to the chain.

8) Describe what you are going to do to REPAIR important or significant consequences of the problem behavior.
FIGURE 8.2. Behavioral chain analysis of Jessica’s suicide attempt.
Vulnerability:
Conflicts with boyfriend and best friend; impaired sleep.

Provide didactic instruction on sleep hygiene.

Prompting event:
Father refused to grant a previous request; mother criticized her dishwashing.

Teach skills:
Mindfulness, distress tolerance.

Links:
Emotion: Sadness.
Thought: "No one loves me any more."
Conduct
(1) exposure to sadness and
(2) cognitive restructuring.

Consequences:
Negative reinforcement:
Experienced emotional relief.
Positive reinforcement:
Mother and boyfriend lavished her with love and affection after suicide attempt.

Explain principles of reinforcement to client and family members.
Obtain commitment to practice reinforcing prosocial behaviors and extinguishing maladaptive behaviors.

FIGURE 8.3. Solution analysis of Jessica’s suicide attempt.
SKILLS GROUPS
Dialectical Behavior Therapy

PROBLEMS
(What to decrease)

I. Confusion about yourself
   (Not always knowing what you feel or why you get upset; dissociation)

II. Impulsivity
    (Acting without thinking it all through)

III. Emotional instability
    (Fast, intense mood changes with little control; or, steady negative emotional state)

IV. Interpersonal problems
    (Pattern of difficulty keeping relationships steady, getting what you want, or keeping your self-respect; frantic efforts to avoid abandonment)

V. Teenager–family dilemmas
    (Polarized thinking, feeling, and acting—e.g., all-or-nothing thinking)

SKILLS
(What to increase)

I. Mindfulness

II. Distress tolerance

III. Emotion regulation

IV. Interpersonal effectiveness

V. Walking the middle path

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FIGURE 7.1. Handout on DBT for adolescents and family members.
Question 5

Which of the following could be considered a “mindfulness” exercise?

A. Creating a fear ladder/hierarchy
B. Taking a walk while noting the sights
C. Directly addressing uncomfortable emotions
D. Distracting the mind from negative thoughts
E. Providing gentle aversive therapy to maladaptive behaviors
Answer

B
MINDFULNESS
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
Mindfulness - 3 States of the Mind

- Emotional Mind
- Rational Mind
- Reasonable Mind
Reasonable Mind
- Past Experience
- Research
- Logic
- Statistics

Wise Mind
- I feel this and I know this
- Anxiety
- Fear
- Anger
- So I will do this
- Stress
- Feelings
- Sadness

Emotional Mind
- I feel this and I know this
- Anxiety
- Fear
- Anger
- So I will do this
- Stress
- Feelings
- Sadness
Mindfulness - “What” Skills

- Observe
- Describe
- Participate
Mindfulness

Three Steps to Achieve Wise Mind: "What" Skills

OBSERVE
• Just notice the experience in the present moment.
• **Wordless watching:** Watch your thoughts and feelings come and go, as if they are on a conveyor belt.
• Don’t push away your thoughts and feelings. Just let them happen, even when they are painful.
• Observe both inside and outside yourself.

DESCRIBE
• **Wordful watching:** Label what you observed with words.
• Put words on the experience—for example, "I feel sad," or "My heart is pounding."
• Describe only what you observe (without interpretations).

PARTICIPATE
• Try not to worry about tomorrow or focus on yesterday. Throw yourself into the present moment fully (e.g., dancing, cleaning, taking a test, feeling sad in the moment).
• Fully experience your feelings without being self-conscious.
• Listen to your WISE MIND to help you choose to participate (a) your discomfort; (b) in an alternate activity to escape/avoid distress; or (c) in order to experience life fully.
• Remember to use your "HOW" SKILLS while participating.

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**FIGURE 10.2a.** Example of an adapted skills handout for adolescents.
Mindfulness - “How Skills”

• Non-Judgementally

• One Mindfully

• Effectively
DISTRESS TOLERANCE
Distress Tolerance

• Learn Crisis Survival Skills. Core skills include:
  – Self-Soothing Skills
  – Improve the Moment
  – Learn to Evaluate Pros and Cons
  – Distract Yourself with ACCEPTS

• Other Skills Include:
  – Breathing Exercises
  – Half-Smiling Exercises
  – Turning the Mind/Radical Acceptance/Accepting Reality
Distress Tolerance – Distraction (ACCEPTS)

- Activities:
- contributing:
- comparisons:
- Emotions:
- Pushing Away:
- Thoughts:
- sensations:
INTERPERSONAL EFFECTIVENESS
Interpersonal Effectiveness

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

- be gentle
- act interested
- validate
- use an easy manner

- be fair
- no apologies
- stick to your values
- be truthful
DEAR MAN

- **describe**
- **express**
- **assert**
- **reinforce**
- **stay mindful**
- **appear confident**
- **negotiate**
EMOTIONAL REGULATION
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

• physical illness
• balance eating
• Avoid mood-Altering drugs
• balance sleep
• get exercise
• become a MASTER/build MASTERY
Questions?

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