Practical Applications of Dialectical Behavior Therapy for Individuals At Risk for Suicide

Shawn S. Sidhu, M.D., F.A.P.A.

Question 1

Why was Dialectical Behavior Therapy originally created?

A) Borderline Personality Disorder

B) Impulsivity

C) Bipolar Disorder

D) Suicidality

E) Major Depressive Disorder

Answer 1

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 2

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 life 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 3

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 — **Filled out in session?** Yes (no)

Date	Self harm		Suicidal		Alcohol		Drugs		Meds
	Urge	Actions	Thoughts	Actions	Urge	Use amount/ type	Urge	Use amount/ type	Taken as prescribed
	0–5	Yes/no	0–5	Yes/no	0–5		0–5		Yes/no
Mon 2/1	3	No	2	No	1	None	0	None	Yes
Tues 2/2	2	No	0	No	1	None	0	None	Yes
Weds 2/3	2	No	0	No	1	None	0	None	Yes
Thurs 2/4	4	Yes	2	No	2	None	1	None	Yes
Fri 2/5	3	No	2	No	5	None	2	None	Yes
Sat 2/6	1	No	2	No	2	None	0	None	Yes
Sun 2/7	1	No	0	No	2	None	0	None	Yes

SKILLS

0 = Not thought about or used
1 = Thought about, not used, didn't want to
2 = Thought about, not used, wanted to
3 = Tried but couldn't use them
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.

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

(cont.)

FIGURE 8.1. *Jessica's diary card.*

How often did you fill out this section? X **Daily** ___ **2–3x** ___ **Once** **Date started** 2/1

How often did you use phone consult? ___

Other				Emotions								Notes:
Cut class/ school	Risky sex	Urge to argue with boyfriend	Argued with boyfriend	Anger	Fear	Happy	Anxious	Sad	Shame	Misery	Skills*	
Yes/no	Yes/no	0–5	Yes/no	0–5	0–5	0–5	0–5	0–5	0–5	0–5	0–7	
No	No	4	Yes	2	3	1	3	3	2	3	5	
No	No	2	No	3	3	3	3	3	2	2	4	
Yes	Yes	4	Yes	4	2	4	4	4	4	2	5	
No	No	5	Yes!!!	5	5	2	5	5	4	5	3	
No	No	4	Yes	5	5	2	4	2	5	5	5	
No	No	3	No	4	3	3	2	1	4	2	5	
No	No	2	No	3	2	1	3	1	3	1	5	

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.

Interpersonal Effectiveness	15. DEAR MAN (Getting what you want)	Mon	(Tues)	Wed	Thur	Fri	Sat	Sun
	16. GIVE (Improving the relationship)	Mon	(Tues)	Wed	Thur	Fri	Sat	Sun
	17. FAST (Feeling effective and keeping your self-respect)	(Mon)	Tues	Wed	Thur	Fri	Sat	Sun
	18. Cheerleading statements for worry thoughts	Mon	Tues	Wed	Thur	(Fri)	Sat	Sun
Distress Tolerance	19. ACCEPTS (Distract)	Mon	(Tues)	Wed	Thur	Fri	Sat	Sun
	20. Self-soothe (Five senses)	Mon	(Tues)	Wed	Thur	(Fri)	Sat	Sun
	21. Pros and cons	(Mon)	Tues	Wed	Thur	Fri	Sat	Sun
	22. Radical acceptance	Mon	Tues	(Wed)	Thur	Fri	Sat	Sun
Walking the Middle Path	23. Positive reinforcement	(Mon)	Tues	(Wed)	Thur	Fri	Sat	Sun
	24. Validate self	Mon	Tues	Wed	Thur	Fri	Sat	Sun
	25. Validate someone else	Mon	(Tues)	Wed	Thur	Fri	Sat	Sun
	26. Think dialectically (not in black and white)	Mon	Tues	Wed	Thur	Fri	Sat	Sun
	27. Act dialectically (walk the middle path)							

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

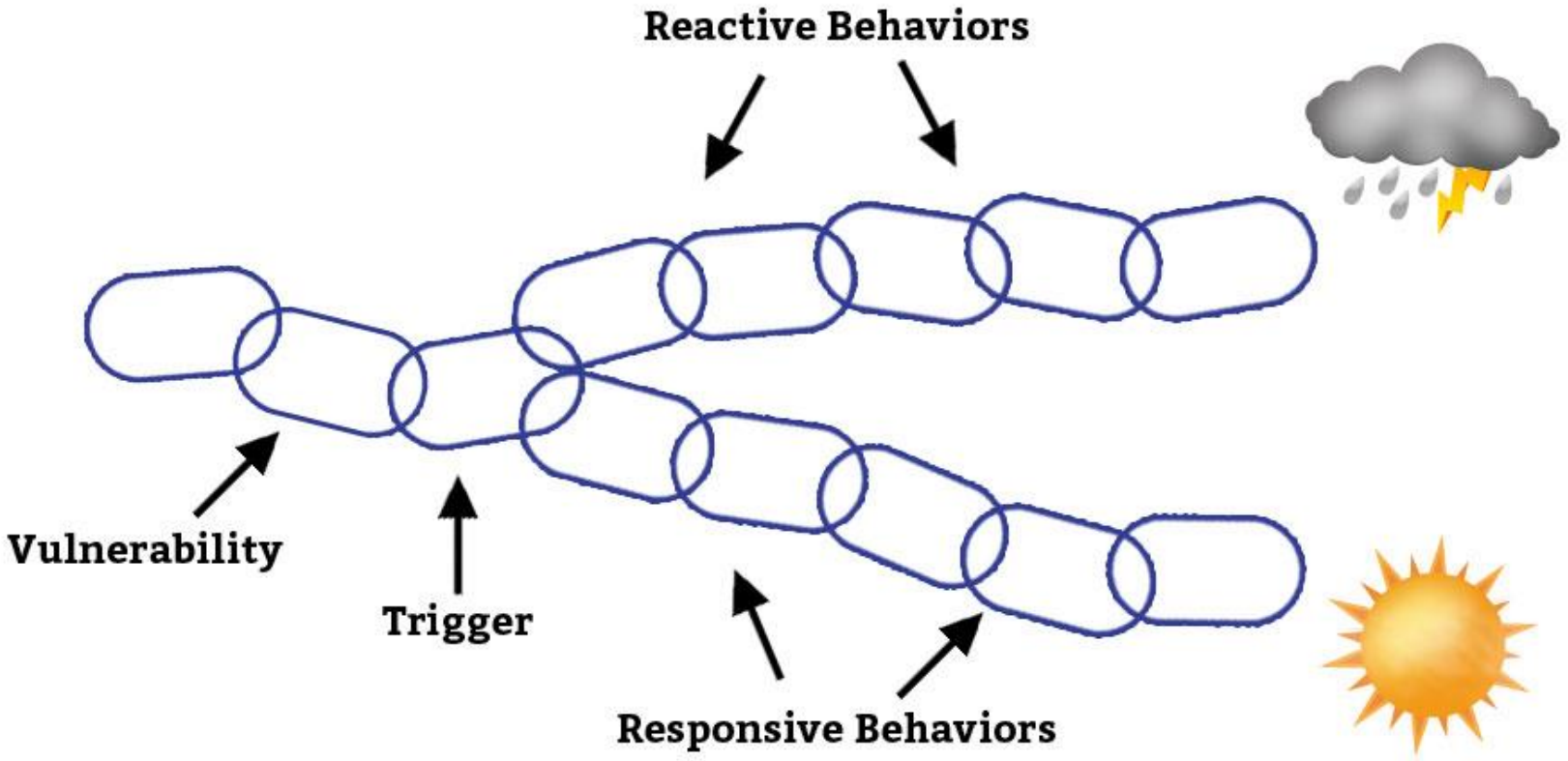
E) Insight-Oriented Interpretation

Answer 4

Behavioral Chain Analysis

Behavioral Chain Analysis

DBT Chain Analysis



©2002, Marcia Linehan. Graphic by Jaelline Jaffe, PhD

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

Guidelines for a Behavioral Chain Analysis

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:

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

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

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

D) Why did the problem behavior happen on that day instead of the day before?

Guidelines for a Behavioral Chain Analysis

3) Describe the VULNERATBILITY 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
C. Stressful events in the environment (positive or negative)
D. Intense emotions, such as sadness, anger, fear, or loneliness
E. 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 dome 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

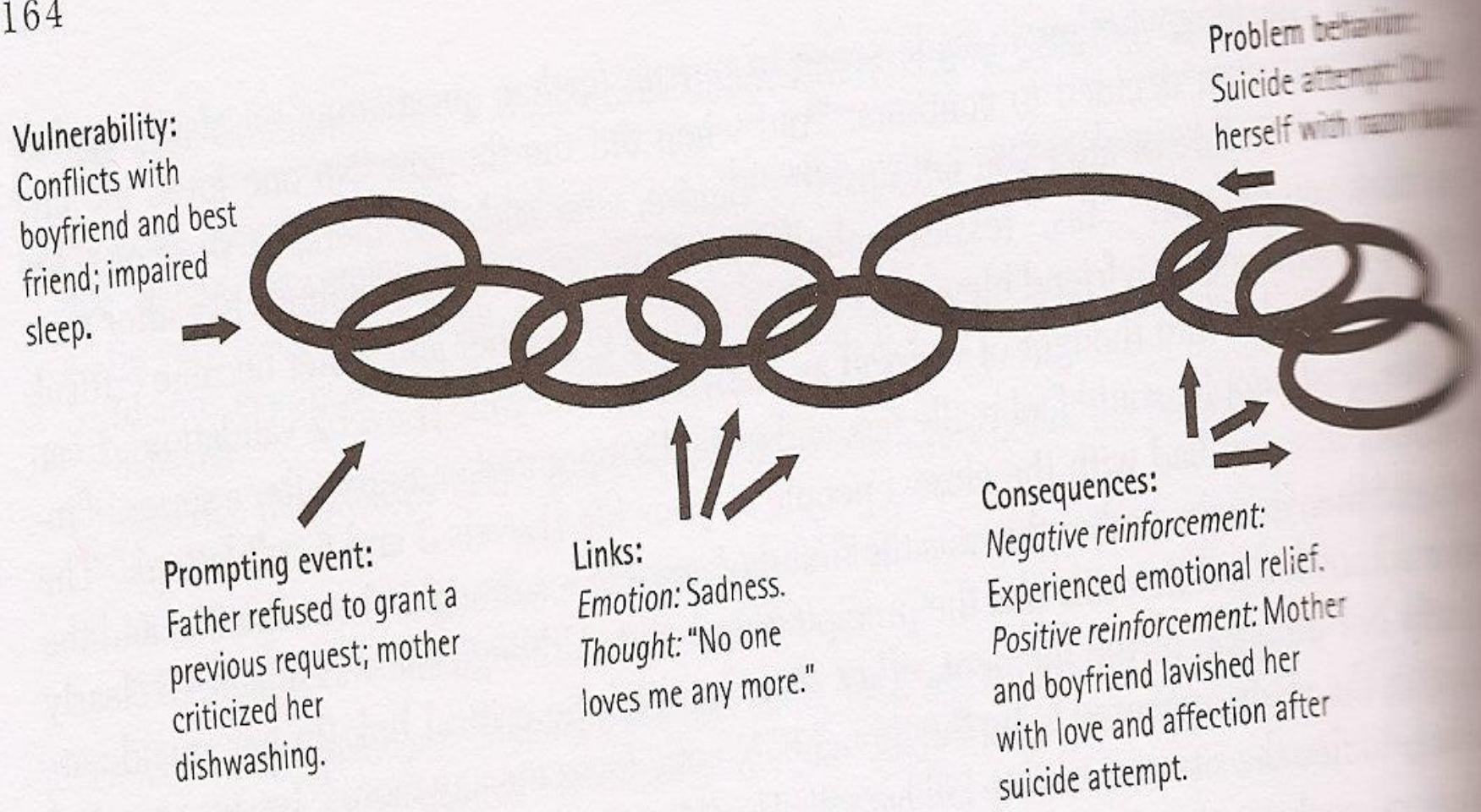


FIGURE 8.2. *Behavioral chain analysis of Jessica's suicide attempt.*

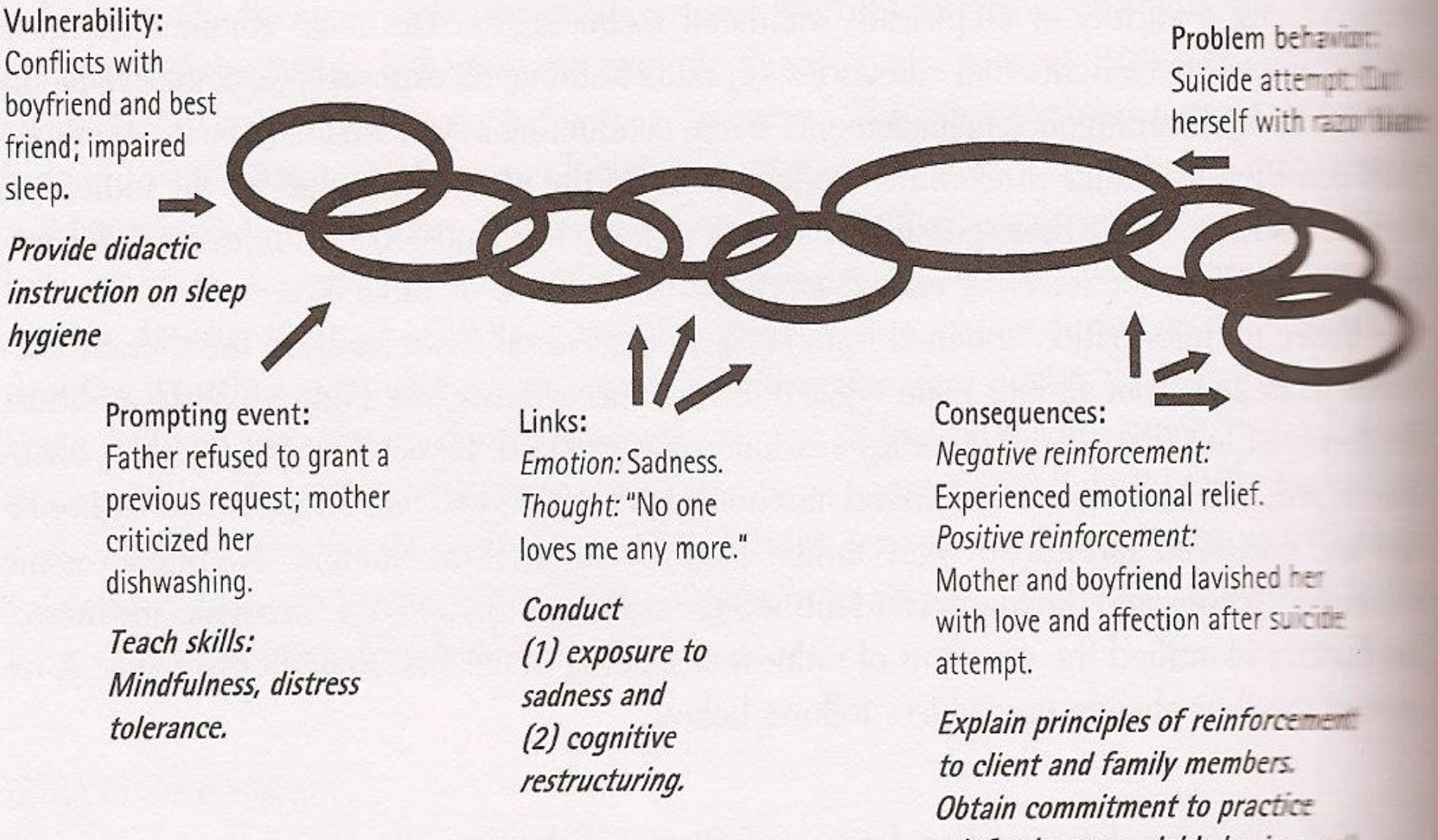


FIGURE 8.3. *Solution analysis of Jessica's suicide attempt.*

SKILLS GROUPS

Dialectical Behavior Therapy

PROBLEMS (What to decrease)	SKILLS (What to increase)
I. Confusion about yourself (Not always knowing what you feel or why you get upset; dissociation)	I. Mindfulness
II. Impulsivity (Acting without thinking it all through)	II. Distress tolerance
III. Emotional instability (Fast, intense mood changes with little control; or, steady negative emotional state)	III. Emotion regulation
IV. Interpersonal problems (Pattern of difficulty keeping relationships steady, getting what you want, or keeping your self-respect; frantic efforts to avoid abandonment)	IV. Interpersonal effectiveness
V. Teenager–family dilemmas (Polarized thinking, feeling, and acting–e.g., all-or-nothing thinking)	V. Walking the middle path

Adapted by permission from Linehan (1993a). Copyright 1993 by The Guilford Press. Adapted in *Dialectical Behavior Therapy with Suicidal Adolescents* by Alec L. Miller, Jill H. Rathus, and Marsha M. Linehan. Permission to photocopy this figure is granted to purchasers of this book for personal use only (see copyright page for details).

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 5

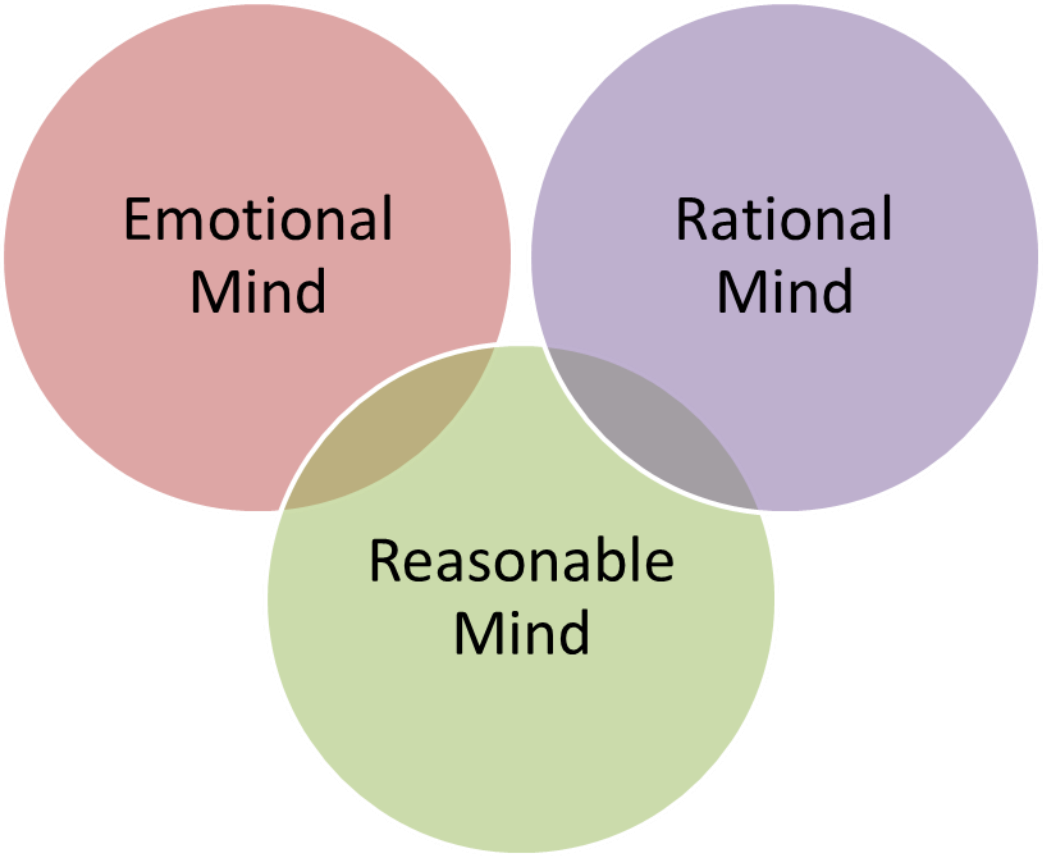
B

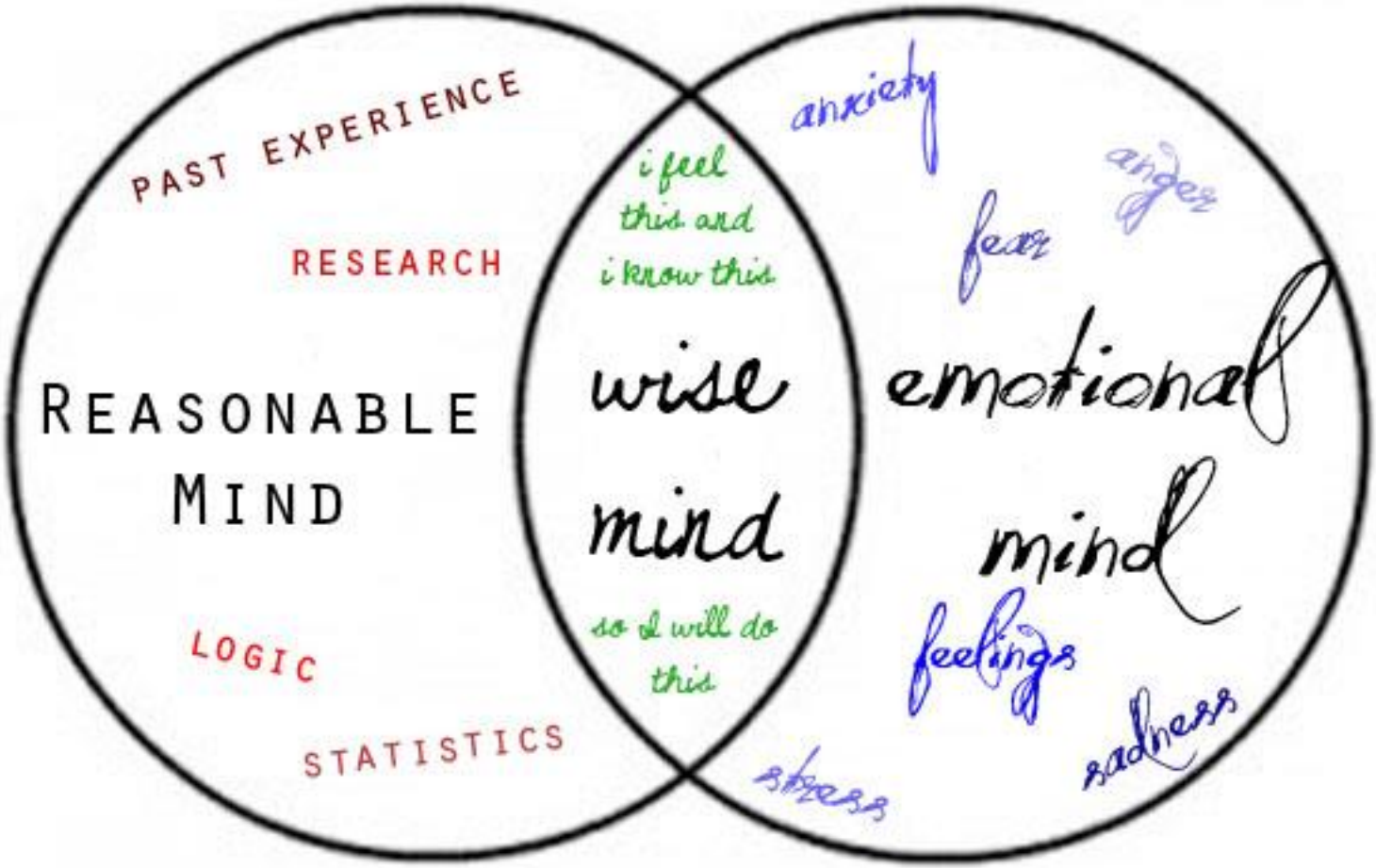
MINDFULNESS

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




PAST EXPERIENCE
RESEARCH
REASONABLE MIND
LOGIC
STATISTICS
i feel this and i know this
wise mind
so I will do this
anxiety
anger
fear
emotional mind
feelings
sadness
stress

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.

From *Dialectical Behavior Therapy with Suicidal Adolescents* by Alec L. Miller, Jill H. Rathus, and M Linehan. Copyright 2007 by The Guilford Press. Permission to photocopy this figure is granted to purchas book for personal use only (see copyright page for details).

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 **MASTER**y

Questions?

E-mail: Ssidhu@salud.unm.edu