TATRA

CORPORATE AND ALLIED HEALTH TRAINING SERVICES

Practice-Based Intensive Dialectical Behavioural Therapy Training

1-day workshop for professionals

Presented by

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Practice-Based Intensive Dialectical Behaviour Therapy
Day One

Lane Pederson, PsyD, LP, DBTC

Objectives

- Describe the Core Philosophies and Assumptions of DBT
- Effectively Integrate Skills Training Into Therapy
- Identify Teaching Strategies for Skills Training
- Effectively Teach the 4 Standard DBT Skills Modules
- Identify Supplemental DBT Skills and Modules
- Engage in Skills Training Practice and Exercises

Why Learn DBT?

- Therapists find DBT philosophies of acceptance and non-judgment to be a natural fit
- DBT offers a breadth of interventions, many of which speak to the treatment alliance
- DBT is a teachable, learnable, and practical approach
- DBT is a “privileged” approach (i.e., perceived to be superior, leading clients, payers, and policy-makers to advocate its use)
- Strong belief and expectancies in DBT may enhance outcomes (through allegiance effects)

How to be Effective as a Therapist

"Therapists should select for each patient the therapy that accords, or can be brought to accord, with the patient's personal characteristics in view of the problem. Also implied is that therapists should seek to learn as many approaches as they find congenial and convincing. Creating a good therapeutic match may involve both educating the patient about the therapist conceptual scheme and, if necessary, modifying the scheme to take into account the concepts the patient brings to therapy" (Frank & Frank, 1991, p.xv).

In other words, learn many approaches and customize to your clients

DBT Originated With CBT

- Linehan began work with suicidal and self-injurious clients in the 1980's, using CBT; Linehan used her expertise to adapt CBT based on client needs and preferences
- Linehan's Cognitive-Behavioral Treatment of Borderline Personality Disorder was published in 1993
- Numerous RCTs established DBT as an empirically-supported treatment (EST), also referred to as an evidence-based treatment (EBT)
- DBT places greater emphasis on behavioral interventions compared to cognitive interventions, and is guided by a different theory than CBT
- DBT is directive and change-oriented

DBT Balances Its Change Orientation with Client-Centered Elements

- Belief in clients' capacity to grow and change
- View of acceptance/self-acceptance as a prerequisite to change
- Empathic understanding of clients' internal frame of reference with non-judgmental, positive regard
- Emphasis on the therapist being authentic and genuine
- Present focus over past and/or future

DBT Borrows From Many Approaches

- DBT shares commonalities with CBT, client-centered, psychodynamic, gestalt, paradoxical, and strategic approaches among others (Heard & Linehan, 1994; Marra, 2005)
- Mindfulness has been around awhile
- Dialectics go back to ancient philosophers
- Dialectically, DBT is both innovative and derivative

"There is no new thing under the sun" -Ecclesiastes 1:9

Future Directions

- DBT will be used broadly as a theoretical orientation across diagnoses and populations
- Linehan's "Standard Model" of DBT will be seen as a singular service delivery framework, giving way to more diverse and customized DBT Programs
- DBT will be used proactively to promote mental health

Dialectical Philosophy

- Dialectic originated with early philosophers
- No position is absolute; each position has its own wisdom or truth (if only a kernel at times)
- Opposite tensions are interconnected, interrelated, and defined by each other
- The synthesis of opposites, through understanding varying contexts and seeking a workable balance, leads to change
- Change is continual, so dialectics require fluidity

Dialectic Synthesis in DBT

- Acceptance and change
- Validation and challenge
- Emotion and reason (Wise Mind)
- Doing one's best and needing to do better
- Active client and active therapist
- Goals of therapy (and/or program) and goals of client
- Integrating research and practice (per EBP)

Dialectics in Action

- Acceptance versus Change
- "Sitting with" versus Problem-Solving
- Intervene for Client versus Consult to Client
- Availability versus Limits (Boundaries)
- Help-seeking versus Self-efficacy
- Other-focused versus Self-focused
- Therapy process versus skills training

Core Assumptions of DBT

- Clients are doing their best...and need to do better
- Clients may not have created all of their problems, but they are responsible for solving them
- Clients want to improve, and they need to be motivated and active in therapy and life to realize changes
- Therapists and therapy environments need to be non-judgmental and acceptance-based balanced with being structured and accountable
- Both clients and therapists are responsible for practicing skills
- Therapists need to actively seek support from colleagues to stay motivated and effective

DBT Theory: The Biosocial Model

- Clients suffer from emotional vulnerabilities
- Emotional vulnerabilities can come from many sources (e.g., attachment issues, loss, trauma), but is often assumed to be biological
- Chronic and consistent invalidation exacerbates emotional vulnerabilities
- An ongoing, reciprocal relationship exists between emotional vulnerabilities and environments

DBT Theory: The Biosocial Model

- Emotional vulnerabilities are characterized by:
  - Emotional sensitivity
  - Emotional reactivity
  - Slow return to emotional baseline
- Over time emotions get sensitized, leading to a "kindling" effect
- This emotionality (and associated invalidation) is associated with many problems (disorders)
- Emotionality leads to escape and avoidance that leads to chronicity

Common Types of Invalidation

- Abuse and neglect
- Open rejection of thoughts, feelings, and behaviors
- Making "normal" responses "abnormal"
- Failing to communicate how experience "makes sense"
- Expecting behaviors that one cannot perform (e.g., due to developmental level, emotionality, or behavioral deficits

Biosocial Theory Coherently Guides Treatment Targets and Strategies

- **Validation** is a primary intervention to:
  - Reduce acute emotionality
  - Provide gentle exposure to emotions
  - Provide a corrective validating environment (and new learning)
  - Create a bridge to learning self-validation
  - Open the client up to change interventions
- **Emotion regulation** is taught to:
  - Understand how emotion happen
  - Reduce vulnerability to intense emotions
  - Increase opportunities for positive emotions
  - Assist in stepping out of ineffective mood-congruent behaviors

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Biosocial Theory Coherently Guides Treatment Targets and Strategies

- **Mindfulness** (non-judgment and acceptance) is taught to:
  - Reduce amplifying emotions
  - Reduce escape and avoidance of emotions
  - Create qualitatively different and effective experience of emotions
- **Distress Tolerance** is taught to:
  - Provide healthy ways of coping with emotions when needed
- Use the theory to conceptualize the purpose of the interventions used

DBT Skills...

- Provide a common language for effective behaviors
- Help clients label, remember, and use effective behaviors
- Teach new behaviors to reinforce (one of the most benevolent ways of changing behaviors)
- Provide a “safety net” in therapy...therapists and clients can almost always “fall back” on skills

Skills in Skills Group Settings

- Recommended for high intensity clients (where there will not be enough time to teach skills in individual sessions)
- Length of group/number of hours of skills training is variable based on level of care, client factors, etc.
- Skills are usually taught “classroom” style
- Be sure to make teaching experiential
- Be sure to individualize skills training

Skills in Individual Settings

- Recommended for low intensity clients (where some time in individual can be devoted to teaching skills)
- Set aside time in the beginning or end of the session for skills training
- Follow a curriculum and/or customize based on client needs and preferences
- Consider a bibliotherapy approach with some clients
- Interweave skills for all types of clients (i.e., “talk” and apply skills throughout sessions)

Skills Training Approaches

- Interactive lecture (good for conveying a lot of information quickly)
- Socratic questioning techniques
- Assigning teaching to clients
- Learn/do/teach model
- Experiential exercises
- Using media
- Read about and explore teaching techniques

Tips to Improve Skills Training

- Be strengths-based (often we think of skills deficits and forget to identify what is working)
- "Catch" and label skill use continuously
- Reinforce anything and everything that is not a problem behavior
- Shape emerging behaviors
- Orient to purpose and goal of skills taught
- Assign individualized homework and get commitment to follow-through
- Consider your audience and their needs

What is Mindlessness?

- Automatic behavior: acting like a robot
- Continued partial attention: divided and without clear intention
- Reactive behavior: acting without thought and intention
- Escape and avoidance behavior: evading experience out of aversion to it...we are masters of escape and avoidance!

What is Mindfulness?

- Observant behavior: connected to actions
- Focused attention: concentrating on one experience at a time
- Responsive behavior: acting with deliberate thought and intention, grounded in values and consideration for what will work
- Open to experience without adding or subtracting: willing to have a relationship with experience even when it is uncomfortable or painful...***mindfulness is by definition nonjudgmental and acceptance-based***

Mindfulness as the Foundation

- The nonjudgmental and acceptance-based orientation of mindfulness helps us to move through suffering by being willing to relate to it
- Mindfulness helps to determine what to focus on and when in order to be responsive (based on wisdom and not aversion)
- Skills work to the extent that we can mindfully focus on their application and the resulting experience
- Mindfulness is similar to physical fitness: it requires daily practice

Mindfulness as a Treatment Intervention

- Mindfulness can be a treatment technique that constitutes exposure and/or desensitization to emotions by not allowing escape/avoidance behaviors
- Mindfulness allows us to *relate* to important experiences of all types
- Mindfulness sets the stage to be responsive and to choose behaviors based on living our true intentions (e.g., goals, values)

Mindfulness in Life

- Work into routine:
  - Mindfulness practice each day (e.g., breathing, meditation, yoga, contemplation, relaxation, etc,)
  - Treat similarly to self-care skills/behavior
  - Prioritizing and scheduling
- Develop "cues" to practice mindfulness:
  - Specific times (cued by time, alarm, etc.)
  - When aware of frustration, anxiety, pressure, etc.)
  - When noticing certain situations, behaviors, or conditions
- We have an obligation to "walk the walk" with skills

States of Mind

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Two Steps to Wise Mind

- **Step One:** Observe and Describe Non-judgmentally and One-mindfully
- **Step Two:** Participate Effectively

Observe and Describe ("What Skills")

- **Observe** (watch and become aware)
  - Feelings, thoughts, urges, physical sensations, behaviors, information from senses, etc.
  - Environment...what information is around me?
  - Experience integrated (i.e., life here and now)
- **Describe**
  - Put your experience into words (and vice versa)
  - Words make it clear for you and others

Non-judgmentally and One-mindfully
("How" Skills)

- **Non-judgmentally**
  - Describing without attaching a label or opinion
  - Being open to continued evaluation, based on facts
  - Focus is on "what is" not the "goods," "bads," shoulds," and "should nots"
- **One-mindfully**
  - Choose, direct, and focus your attention and concentration on one thing
  - Gently let go of distractions, refocusing over and over

Participate (A "What Skill) Effectively (A "How" Skill)

- **Participate**
  - Make a mindful choice about what you are doing
  - Practice your skills until they are a part of "you"
  - Immerse yourself and be one with your experience
- **Effectively**
  - Focus on what the situation or moment requires
  - Remember your goals and do what "works" to meet them
  - Play by the rules
  - Do not "cut of your nose to spite your face"

Mindfulness: Practice and Application

- **Must practice daily (multiple times)**
- **Beginning and end of each session helpful**
- **Address barriers to mindfulness (e.g., judgments, environmental, etc.)**
- **Make it relevant, interesting, and enjoyable**
- **Mindfulness is essential to effective skill use…it is a "gateway skill"**
- **When skills lack effectiveness, often concurrent mindfulness is what is needed**

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Mindfulness Exercise

Distress Tolerance Skills

- Help Clients Tolerate Distress Without Making It Worse
- Replaces Unhealthy Ways of Coping

Distress Tolerance Guidelines

- **Am I able to solve the problem (Y/N)?**
- **Is now a good time to solve it (Y/N)?**
- **Am I in Wise Mind enough to solve it (Y/N)?**
- **If "yes" to all three questions, solve the problem**
- **If "no" to any of the three questions, distress tolerance may help**

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Distress Tolerance Guidelines

- Practice skills when NOT in distress
- Skills tend to be short-term…must have many skills listed
- Skills must be connected to specific behaviors
- Coach clients to change strategies when a skill does not work
- Evolve skills plans (written down)consistently…treat like a "living document" and USE PROACTIVELY

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Distract: Wise Mind ACCEPTS

Activities

Contributing

Comparisons

Emotions

Pushing away

Thoughts

Sensations

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IMPROVE the Moment

Imagery

Meaning

Prayer

Relaxation

One thing at a time

Vacation

Encouragement

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Self-Soothe

Mindful engagement of the senses to comfort:

Vision
Hearing
Smell
Taste
Touch

Remember Mind-sense and Spiritual-sense

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Pros and Cons

- List positive consequences
- List negative consequences
- Weigh short-term vs. long-term consequences
- Is it worth it?
- Make a decision
- Pros and cons are dialectical and activate Wise Mind

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Pros and Cons (P&C) Application Example

My Basic Choices Are: Using self-injury versus using skills

Short-Term PROS of Self-Injury	Short-Term CONS of Self-Injury
Numbed my feelings! *Worked* *Blood grounded me/know*	*Missed chance to use plan* *worried about upcoming group* *Had to hide it*
Long-Term PROS of Self-Injury	**Long-Term CONS Self-Injury**
None really	*Lost trust* *Lost self-respect* *More scars* *Shame sets me up*
Versus	
Short-Term PROS of Skill Use	**Short-Term CONS of Skill Use**
No need to lie or cover up *Feel good if I make it* *No hassle with blood and stuff* *NO CHANGE ANALYSIS!*	*Hard and might not work* *Don't know* *Maybe more emotional pain*
Long-Term PROS of Skill Use	**Long-Term CONS of Skill Use**
RESPECT! *Learn to handle life and get somewhere*	*More expectations?* *Pressure, I don't know*

My Decision: *Skills, I guess!!*

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Radical Acceptance

- Choices When Life Is Painful:
  - Change a painful situation when you can
  - Shift your perspective of the situation
  - Radically Accept the situation
  - Continue to suffer

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Accepting Reality Skills

- Radical Acceptance
  - Freedom from suffering requires acceptance of "what is" from within. Letting go of fighting reality ends suffering
  - Acceptance may still mean tolerating pain
  - *Acceptance frees psychological and emotional resources to move forward*
- Turning the mind
  - Continuously recommit to accepting reality…over and over again

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Stages of Acceptance (from Kubler-Ross)

- Denial: not wanting to believe its real
- Anger: feeling that it is unjust and should not have happened or be happening
- Bargaining: trying to make a deal to escape the reality
- Depression: having reality set in and feeling the impact
- Acceptance: acknowledging the reality of "what is"

No matter where you are, you are in the process

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Everyday Acceptance

- We often meet everyday realities (i.e., hassles) with resistance, creating unneeded suffering and exhausting our psychological and emotional resources
- Examples:
  - Being stuck in traffic
  - Having a crabby significant other
  - Forgetting something at home
  - Having to wait for something
  - Making a mistake (or dealing with someone else's mistake)
  - Etc., etc., etc.
- These are all opportunities to practice acceptance
- Acceptance of these realities does not mean being passive, giving in, or giving up: many of these realities require problem-solving
- Acceptance frees up our resources to be response and effective

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Willingness (vs. Willfulness)

- Willingness is doing what is needed, not sitting on your hands
- Willingness means dealing with reality, not what you wish it would be
- The concept contrasts our Western philosophy of "when there's a will there's a way"
- "Where there is willingness, there is a way" is the message
- What are you willing to do given the situation?

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Emotion Regulation Skills

- Increase understanding of how emotions work
- Decrease emotional vulnerability
- Balance emotions
- Decrease mood congruent behaviors
- Create effective behaviors across domains

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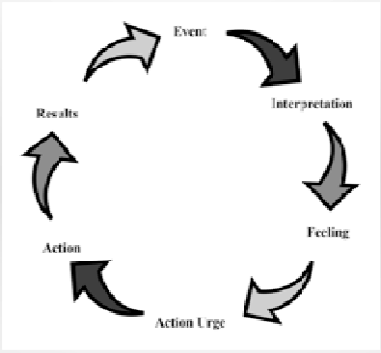
Model for Emotions



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PLEASED

Physical health

List resources and barriers (each area)

Eat three healthy, balanced meals

Avoid mood altering drugs

Sleep between 7 to 10 hours

Exercise at least 20 minutes

Daily

- Address Barriers
- Develop a plan/track on diary card

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Build Mastery

- Engage in activities of daily living
- Accomplish tasks that need to be done
- Take steps toward a challenging goal
- Build a sense of control, confidence, and competence
- Give yourself credit!

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Build Positive Experience

- Short term
  - Do pleasant things that are possible now
- Long term
  - Invest in relationships (Attend to Relationships-A2R)
  - Invest in your goals
  - Build a satisfying life
  - Take one step at a time

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Build Positive Experience

- Must be planned/scheduled
- Must include mindfulness skills
- Address distractions that interfere with BPEs
- Address judgments that interfere with BPEs (e.g., not deserving, etc.)
- Address concerns about expectations

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Opposite-to-Emotion

- Break ineffective emotional cycles by acting opposite to behaviors that are mood congruent
- Opposite action may also create a different emotion
- Often a “gateway” skill
- Examples include activity when depressed, approaching when anxious, and being kind when angry

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Interpersonal Effectiveness Skills

- Increase ability to meet wants and needs
- Increase ability to set effective boundaries (limits)
- Increase ability to say “no”
- Increase ability to make and maintain positive relationships (including resolving conflict)
- Help to build self-respect because interactions are grounded in values

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Interpersonal Effectiveness Skills

- Self-respect effectiveness skills: **FAST**
- Relationship effectiveness skills: **GIVE**
- Objective (goal) effectiveness skills: **DEAR MAN**

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Dialectic Balance Of Interpersonal Skills

Dear Man **Give**

Fast

Self balanced with others grounded in values

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Self-Respect Effectiveness: FAST

Fair: be fair to self and to others

Apologies: no *unnecessary* apologies or apologies for your beliefs, opinions, or for being you

Stick to your values: know your values and what is non-negotiable. Resolve value conflicts effectively

Truthful: Avoid exaggerations, excuses, and lies. Be accountable to yourself and others

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Relationship Effectiveness: GIVE

Genuine: be authentic and real, and act from your true self

Interest: make eye contact, show interest to be interested, allow reciprocity in interactions

Validate: acknowledge what you heard without judging or fixing. Focused on the other person!

Easy manner: use humor, smile, and be easygoing

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VALIDATION

- **Value Others: Seeking the inherent value in others is essential to validation.**
- **Ask Questions: Use questions to draw out others' experience.**
- **Listen and Reflect: Listen to others' answers to your questions and reflect back the major themes.**
- **Identify with Others: Work to see the world through the eyes of others.**
- **Discuss Emotions: Talk about others' feelings and how they affect them from their perspective (not how it affects you).**
- **Attend to Nonverbals: Notice others' nonverbal communication to give you information about their experience.**
- **Turn the Mind: Validation does not mean that we agree with others. Turning the mind is especially important when it is difficult to relate and during conflicts.**
- **Encourage Participation: Validation can be a difficult process at times, so we need to encourage ourselves and others to be engaged with each other.**

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Objective Effectiveness: DEAR MAN

Describe the details of the situation

Express your emotions and thoughts

Assert by asking for what you want (or saying no)

Reinforce by rewarding, not punishing

Mindful: Stay focused on the issue
- Avoid attacks, distractions, and side tracking
- Broken record: assert again and again and again

Appear confident
- Talk, walk, and act with confidence (act "as if" if needed)

Negotiate
- Be willing to offer an alternative
- Be willing to ask for an alternative
- Turn the tables

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Supplemental Skills and Modules

- **TIP**: Temperature, Intense Exercise, Progressive Relaxation
- **Bridge Burning**: Removing the Means of Acting on Harmful Urges
- **Urge Surfing**: The Non-reactive Observation of the Ebbs and Flows of Urges
- **Supplemental Skills Modules:**
  - Dialectics Module
  - Building Routines Module
  - Boundaries Module
  - Problem-solving Module

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Thank You!

The Expanded Dialectical Behavior Therapy Skills Training Manual and
DBT Skills Training in Integrated Dual Disorder Treatment Settings by Lane Pederson

Available at Amazon.com

Practice-Based Intensive Dialectical Behaviour Therapy
Day Two

Lane Pederson, PsyD, LP, DBTC

Objectives

- Understand the Science Behind How DBT (and therapy) Works
- Describe the Essential Elements and Functions of a DBT Clinical Process
- Practice a Multi-layered Approach to Validation
- Describe the Most Effective Behavioral Techniques
- Practice DBT-Oriented Cognitive Interventions
- Master the Use of Diary Cards and Behavioral Analysis
- Apply Principles of DBT Consultation

How Does DBT (and therapy) Work?

- Medical versus Contextual Perspectives
- Should Therapies be Prescriptive?
- How Important is Treatment Fidelity and Adherence?
- We should look to the Science, not Rhetoric

The Contextual Model of Therapy
(Frank & Frank, 1991; Wampold, 2001)

- An emotionally charged, confiding relationship exists with a therapist
- The client believes that the therapist will be helpful and will work in his/her best interest.
- The therapist has a theory and rationale that provides a cogent explanation for the client's symptoms and is consistent with his/her worldview.
- The therapist, with the active participation of the client, performs procedures and techniques that are consistent with the explanation of the treatment

Contextual Model of Therapy Predictions

- The Contextual Model of Therapy predicts the following (Wampold, 2001):
  - Therapy is generally efficacious, with no significant differences between models
  - Therapeutic factors (i.e., common factors) have greater effects than specific factors (i.e., specific ingredients)
  - Adherence is not necessary, but coherence is important
  - Allegiance (belief in the approach) is very important
  - Therapist effects are greater than treatment effects

Research Evidence Clearly Supports Contextual Model Predictions

- No differential efficacy between approaches. Six decades of research support the Dodo Bird Verdict (Duncan et al., 2010)
- Differences between treatment models account for as little as 1% of the variance in outcomes (Wampold, 1997)
- **The aggregate effect of adherence on outcomes is nearly zero (Webb et al. , 2010)**
- Research does support that allegiance effects are critical to outcomes
- "Who" provides and receives the treatment is an important area of continued research

The Status of Specific Ingredients and Highly Touted Treatments

- "[S]pecific ingredients are not active in and of themselves. Therapists need to realize that the specific ingredients are necessary but active only in the sense that they are a component of the healing context (Wampold, 2001)
- "To be frank, any assertion for the superiority of special treatments for specific disorders should be regarded, at best, as misplaced enthusiasm, far removed from the best interests of consumers" (Miller et al. 2010, p. 422).

DBT and The Contextual Model

- DBT has not demonstrated superior efficacy to other therapy models (Clarkin, et al., 2007; McMain et al., 2009), only TAU and non-behavioral treatment by experts
- TAU is not a bona fide therapy approach
- Differential efficacy is explained by unfair comparisons (e.g., differences in structure, dose, and differential training and support) and allegiance effects (Duncan & Reese, 2012)

Empirically-Supported Treatment (EST) versus Evidence-Based Practice (EBP)?

- Adherence to an EST means meeting a minimum standard of empirical support
- Guidance by EBP means using a "process of research application to practice that includes clinical judgment and client preferences" (Duncan & Reese, 2012)

APA Policy on Evidence-Based Practice

- APA policy looks to balance:
  - Best Research
  - Clinical Expertise
  - Client Culture, Characteristics, and Preferences
  - Ongoing monitoring and adjustment of therapy through outcome data
- The APA policy is a balanced and dialectic view, integrating research and practice based on client needs

Essential Elements of DBT

- Knowledge of DBT Philosophy and Strategies
- Structured Therapy (e.g., Treatment Hierarchy/Stages)
- Validation Balanced with Interventions
- Behavioral/CBT Interventions
- Skills Training
- Integration of Dialectics
- Integration of Mindfulness
- Regular Consultation

Essential 5 Functions of DBT

- Improve clients' motivation for change (traditionally individual)
- Enhance clients' capabilities (traditionally skills group)
- Help clients generalize skills/behaviors to their natural environments (traditionally phone coaching)
- Enhance the motivation and skill of therapists (traditionally consultation)
- Structure the treatment/program and environment

The 5 functions can be (and should be) applied in any and all treatment modes

Importance of Treatment Structure

- Clear treatment framework (i.e., structure) is a common factor in empirically supported treatments for borderline personality disorder (BPD) (Weinburg et al., 2011)
- Research shows that more complex client presentations require greater treatment structure
- Structure creates predictability, safety, and success for clients and therapists
- "Saying what you do, and doing what you say" is the foundation of trust, and it speaks to the therapy alliance

Examples of Treatment Structure

- Service delivery framework
- Clear informed consent and limits of confidentiality
- Detailed therapy agreements, rules, and expectations (of therapists too)
- Treatment plans with clear goals and objectives, created early in the therapy process
- Describing the typical routines of therapy and/or each part of a program
- Use of diary cards, behavioral analysis, homework, and written safety and skills plans
- Detailed protocols for dealing with safety issues
- Use of the treatment hierarchy
- Start and end on time!

Structuring Individual Therapy

Have a clear framework in mind (the greater the difficulties, the more important the structure). Here is a suggested framework:

- 3 to 5 minutes of mindfulness
- Review diary card to determine treatment targets
- Review homework and inquiry about other treatment modes (if applicable)
- Set the agenda based on diary card and client input, including client's description of his/her current emotional state
- Do identified work of the session
- Assign homework for the next week
- End with 3 to 5 minutes of mindfulness

Leave sufficient time to close session, especially if difficult material is covered

Structuring Group Skills Training

- Determine the skills curriculum; have a syllabus while also being flexible to the needs of the group
  - Common curriculum rotates through the modules, revisiting mindfulness at each change
  - Revisit skills when needed; occasionally "mix-it-up" for interest
- Begin with 3 to 5 minutes of mindfulness
- Review homework assignments
- Cover the scheduled skills lesson
- Assign individualized homework
- End with 3 to 5 minutes of mindfulness

Structuring Group Therapy

- Start with 3 to 5 minutes of mindfulness
- Review homework
- Set the agenda for the group (e.g., what are the therapy needs of the day and who needs therapy "time"; all clients with identified target behaviors need to take therapy time)
- Each person gets equal time (there are pros and cons of group-managed time versus use of a timer)
- Be sure to generalize what is discussed in time to life outside of therapy
- Assign homework
- End with 3 to 5 minutes of mindfulness

Treatment Stages

- **Pretreatment stage:** Oriented client and the environment to the treatment and establish commitment (i.e., agreement on goals and methods)
- **Stage 1 with treatment targets and hierarchy of:**
  - Decrease life-threatening behaviors
  - Decrease therapy interfering behaviors
  - Decreased quality of life interfering behaviors
  - Increase skill use to address targets

Note that Stage 1 is what Linehan has researched

Treatment Stages

- **Stage 2:** Decrease PTSD (if applicable) and other major stress responses while increasing more complete emotional experiencing and expression
- **Stage 3:** Increase self-respect, achieve individual goals, and address ordinary problems of living
- **Stage 4:** Find fulfillment, become more actualized, and increase personal spirituality

Note that Linehan is beginning to research Stage 2

The Hierarchy In More Detail

- The Treatment Hierarchy determines "what to treat when" and sets the following priorities (i.e., treatment targets):
  - Suicidal behaviors and intense suicidal urges
  - Self-injurious behaviors (SIB) and intense SIB urges
  - Treatment-interfering behaviors (TIB)
  - Quality-of-life interfering behaviors

The hierarchy is a set of guidelines that can be adjusted based on expertise and client needs

Validation: The Keys to the Kingdom

- Validation is the non-judgmental acknowledgement of the client's experience
- Validation creates the conditions of acceptance that usually precede change
- As a rule, start with validating the client, and return to validation when the client is "stuck" (remembering that rules have exceptions)

Slowing Down and Pacing

- Validation is NOT a means to an end
- Validation requires time to be processed
- Moving too quickly sends unintended messages about emotions and distress
- Clients will typically let you know if too much time is spent on validation

Levels of Validation (Linehan, 1997)

- Being acutely attentive
- Reflecting verbal communication
- Describing non-verbal communication
- Expressing how experience makes sense given history or biology
- Expressing how experience makes sense in the present moment and context
- Being in genuine, human contact

Validation as an Exposure Technique

- Regulates emotions by decreasing their intensity
- Provides gentle, informal exposure to emotions with a sense of self-efficacy
- Allows for a more complete expression of emotions, cueing a fuller adaptive response

Balance of Validation and Change

- Validation opens clients to change:
  - Lets clients know you understand the nature of their issues and pain
  - Exposure to painful emotions create a qualitative difference in relating to emotions (decreasing ineffective escape and avoidance behaviors)
  - Exposure to painful emotions can create motivation to invest in change

Validation Exercise

Purpose of Diary Cards

- Self-monitoring of urges, target behaviors, symptoms, skills, emotions, and other important information (e.g., positive experiences (highlights), treatment objectives, gratefulness)
- Helps to structure and generalize what is learned in therapy to natural environments; builds awareness and skill use
- Provides a tremendous amount of information to track how the client is doing, determine if there are target behaviors on the treatment hierarchy to prioritize, and to set the treatment agenda
- Also provides opportunities to positively reinforce success and to inquire about extra-therapeutic factors

Diary Card Guidelines

- Orient clients to why the diary card is important and how it will help them reach their goals
- Complete each day, preferably at the same time, for the previous 24 hours
- Review diary cards at the beginning of sessions and use the information to set the agenda with clients
- Address incomplete diary cards as a TIB

Diary Card Example and Exercise

Best Ways to Change Behaviors

- Make a high probability behavior contingent on a low probability behavior (i.e., Premack Principle)
- Reinforce anything and everything that is not a problem behavior (clients emit positive behaviors nearly continuously)
- Train a new behavior (skill) to reinforce
- Put a problem behavior on “cue” (i.e., bring it under stimulus control)
- Understand the motivation for the behavior and use it to leverage change
- Aim For Behaviors That Push But Do Not Exceed Client’s Capabilities

Behavioral Contingencies

- The consequences of behavior influence what we learn
- A temporally close relationship between behavior and consequence influences what will happen the next time we are in a similar situation with similar context
- Highlighting contingencies (e.g., structure, expectations, safety, immediate feedback, etc.) helps clients learn and be more effective

Examples of Contingency Management

- Observing limits (boundaries)
- Defined treatment plans with consequences for specific behaviors
- Program rules and expectations with consequences
- Changes to environment to reinforce or extinguish behaviors
- Every observable therapist (team) response is an informal contingent procedure

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Purpose of Behavioral Analysis

- Develop a picture of what comes before a behavior (antecedents)
- Develop a picture of what comes after a behavior (consequences)
- Understand the context that surrounds behaviors
- Use this understanding to actively problem-solve and develop skill use
- Used often during Stage 1 for targets on the treatment hierarchy (SI, SIB, TIB)
- Also an excellent method for adding structure to sessions

How to Frame Behavioral Analysis

- Some clients experience change analysis as punishment; if this happens, be sure to validate the experience
- **However, discuss how change analysis is a learning tool to help clients reach their goals**
- Discuss expectation that change analysis will be used for target behaviors on the hierarchy (i.e., SI, SIB, TIB), and for both in-session and out-of-session behaviors that require problem-solving
- Also consider using change analysis for positive behaviors

During the Behavioral Analysis Process

- Orient clients to the procedure and continue to orient as you go through the change analysis (Why is this important to the client?)
- Validate the emotions that arise and that change analysis can be difficult. Attending to emotions also provides exposure effects
- Use positive reinforcement for efforts and breakthroughs
- Remember that the end goal is to learn skills and solve problems
- Coordinate what is learned with crisis, safety, and other skills plans

Steps in Behavioral Analysis

1. Clearly define the target behavior
2. Ask about frequency, intensity, and duration of the behavior
3. Go step-by-step until you have a clear picture of the following:
   a. What made the client vulnerable
   b. What was the prompting event (trigger)
   c. What are the links between the prompting event and the target behavior (e.g., emotions, thoughts, physical sensations, other behaviors, what is happening or not happening in the environment)
   d. What were the consequences of the target behavior

Steps in Behavioral Analysis

4. Go back and have client hypothesize possible skills to use to address vulnerabilities and intervening links, as well as skills to replace target behaviors (take out safety plan if applicable)
5. Have client problem-solve how to skillfully deal with consequences so they do not develop into vulnerabilities
6. Have client develop a plan to make amends with others for the target behavior if applicable
7. Get commitment from client that he/she will actively practice the identified skills

Behavioral Analysis Exercise

Dialectical Change Strategies: Entering the Paradox

- Highlighting the contradictions in client's behavior, therapy, or in reality
- Refusing "right and wrong;" different perspectives can both be true and answers can be yes and no
- Key is not to step in with logic to solve the dilemma or struggle; allow the client to make a shift

Other Dialectical Change Strategies

- Metaphor and Teaching Stories
- Playing Devil's Advocate
- Extending (aikido self-defense) (can be used with resistance)
- Activating Wise Mind
- *Making* Lemonade Out of Lemons
- Allowing *Natural* Change
- Dialectic Assessment: What's Missing?

Cognitive Interventions

- Have traditionally been de-emphasized in DBT
- Assume that clients are not fragile; they are able to evaluate thoughts and beliefs
- Clients do benefit from cognitive interventions (e.g., non-judgmental stance is a cognitive intervention)
- DBT-style cognitive interventions take a "softer", more validating approach

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DBT-style Cognitive Interventions

- Guided by different theory (i.e., emotion dysregulation), so emotions remain the primary target, with thoughts and beliefs being a secondary target
- Avoids judgmental labels (i.e., distortions, errors, maladaptive thoughts, etc.). Uses traditional cognitive "distortions", but without the labels
- Validates origin and adaptation that comes from the thought or belief
- Analyzes dialectically rather than categorically
- Emphasizes shifting and expanding rather than a "cut and paste" style of addressing thoughts and beliefs; we do not talk clients out of thoughts and beliefs (i.e., no dispute)
- Points out effective thinking to develop sense of self-trust

Reciprocal Communication: Self-involving disclosure

- Sharing "benign" and human examples of skill use and practice
- Using examples of how you have approached and solved a problem
- Sharing when you would have felt, thought, or responded similarly to how a client reports in a given situation
- Sharing your reactions to the client in the moment, providing information that manages relationship contingencies (creating new learning)
- Letting the client know about the current state of the relationship, to manage contingencies or address feared reactions

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Self-disclosure of Personal Information

- Personal information may not relate to client or the therapy; if it is not relevant, do not share it as a rule
- Observe and disclose your limits in regard to personal information when needed (ok to explore what personal inquiries mean to the client)
- Never share personal problems/issues!
- Does it pass the "public" test? In other words, would you share it in front of an audience of your colleagues?

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Irreverent Communication

- Irreverence is an offbeat style intended to:
  - Get the client's attention through surprise or an unexpected response
  - Show another point of view or get the client to process on a different level
  - Create a shift with emotions, thoughts, or behaviors
- Irreverence works best when used by therapists with a naturally irreverent style
- Irreverence is not necessary to be an effective DBT therapist; use it only if it comes from a genuine place

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Examples of Irreverent Communication

- Responding to or reframing a client's communication in an unexpected way, usually picking up on a subtle or unspoken aspect of the communication
- Taking a direct route: "Going where angels fear to tread"
- Being confrontational (e.g., calling "bullshit" on client)
- Call a "bluff" while providing a (well-timed) way out
- Switch intensity levels (e.g., between humor and seriousness)
- Using silence while waiting for a particular response
- Express impotence or omnipotence

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Phone Coaching

- Determine your (or your program's) availability
- Set clear contingencies about phone coaching:
  - Clients must observe agreed upon limits
  - Clients fill out a coaching worksheet first
  - Call are intended to be brief (3 to 5 minutes) and:
    - Are focused on problem-solving with skills
    - Are not "therapy" focused
    - Are not "venting" calls
  - Call must happen before acting on a target behavior (no calls within 24 after acting)
- Consider scheduling coaching calls proactively, especially when client is working skills
- Do not underestimate how effective message check-ins are for some clients

Phone Coaching Exercise

Functions of Consultation

- Enhance therapist skill
- Enhance therapist motivation
- Build effective therapeutic responses
- Reduce ineffective therapeutic responses

As a best practice, consult on any challenging behavior

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Expectations of Consultation Members

- Members need to attend, be prepared, and be active
- Members practice humility and reciprocal vulnerability
- Members, like clients, are doing their best but need to do better
- Members, like clients:
  - Practice skills
  - Are open to change analysis
  - Need to use and receive both validation and change strategies from other members

Consultation

- Decide frequency of consultation meetings (weekly preferred)
- Structure meetings based on needs (prioritize situations with the highest order target behaviors)
- Agree on expectations of consultation meetings
- Build a consultative “milieu” in clinic and program settings:
  - Use consultation in an open, ongoing manner
  - Keep everyone “in the loop” and involved
  - Seek diversity in consultative feedback (i.e., not defaulting to same, similarly-minded consultants)
- Devote some time to mindfulness (e.g., 3-5 minutes at the beginning and end of the meeting) and to continuing education

Guiding Principles in Consultation (adapted from Beauchamp & Childress, 2008)

- **Beneficence:** will what is suggested in consultation likely provide benefit to clients (or the therapist) and be helpful?
- **Non-malfeasance:** will what is suggested have a low risk for harm?
- **Autonomy:** will what is suggested respect clients' ability to choose and make decisions? Consistent with "consulting to the client," does the intervention and approach empower clients to use their skills and be their own agents in life?
- **Fidelity:** will what is suggested be true to informed consent and the treatment agreements, including what was promised and the discussed rules and expectations?
- **Justice:** will what is suggested equitably balance the needs, rights, and resources of one client versus others in a group, program, or clinic?

Consultation Exercise

Next Steps: Continuing Your Development as a DBT Therapist

- Assess your current understanding and skill level
- Seek ongoing supervision and/or consultation
- Find other interested therapists to create a consortium
- Pursue continuing education (preferably from different instructors)
- Review books, manuals, and research articles
- Seek out online resources
- Develop your own skills materials and worksheets (perhaps even a specialized manual for your population)
- Do periodic program development
- Professionals are ultimately responsible for their own development!

Setting Your Goals

- Describe your DBT-related professional goals:
- Describe in concrete and behavioral terms what you would like to accomplish in the next 3 months:
- Describe in concrete and behavioral terms what you would like to accomplish in the next 6 months:
- Describe in concrete and behavioral terms what you would like to accomplish in the next 12+ months:
- Create an action plan that details necessary steps with timelines

Thank You!

The Expanded Dialectical Behavior Therapy Skills Training Manual and
DBT Skills Training in Integrated Dual Disorder Treatment Settings by Lane Pederson

Available at Amazon.com

DATE:

Evaluation:

Practice Based Intensive DBT Therapy Training with Dr. Lane Pederson

We hope you enjoyed the day and found it educational. To assist with future planning and improving our standard of practice, please complete this form.

1. How would you rate the overall presentation of the workshop?

❑ Poor ❑ Average ❑ Good ❑ Very Good ❑ Excellent

2. How would you rate the speaker?

❑ Poor ❑ Average ❑ Good ❑ Very Good ❑ Excellent

3. What were the most valuable things you learnt in this workshop?

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4. How will you incorporate what you have learnt from the workshop into your workplace and practice?

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9. What are other training sessions you would like to attend?

❑ "The Integrated Treatment Techniques For Dual Diagnosis" with Cathy Moonshine, PhD (Nov 2013)

❑ **"**Positive Psychology and the Science of Sustained Happiness: Evidence-Based Strategies to Get Best Client Outcomes Fast" with David Nowell, PhD (March 2014)

❑ "The Very Best Treatments for ADHD Processing Disorders" with David Nowell, PhD (March 2014)

❑ "Exposure Therapy (ERP) For Anxiety Disorders: Intensive Course on ERP Principles and Practice" - with Patrick McGrath, PhD and Brett Deacon, PhD (May 2014)

❑ "Beating Burnout: Emotional Intelligence for Professional Resilience" with Dan Fox, PhD (June 2014)

❑ "Transforming Anger and Hate" with Dan Short, PhD (August 2014)

❑ "Treating Resistant Depression: Assessment and Treatment of Complex Depression" with Dr. Sharon Freeman Clevenger, PhD (September 2014)

❑ "The Powerful Convergence of Neuroscience and Mindfulness: An Integrated Approach to Treating Anxiety, Anger, Depression and Emotional Dysregulation" with Terry Fralich (October 2014)

❑ "The Tip of the Iceberg. Understanding and Responding to Self-Injury"

☐ "Suicide Risk Assessment I and II"

- ❑ "Working with Clients who Are Hard to Engage"
- ❑ "CBT with Severe Mental Illness" (SA only)

10. Other comments:

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11. How did you find out about this seminar?

- ❑ I received a letter with a brochure
- ❑ I received an email from TATRA
- ❑ I visited the website www.tatratraining.com
- ❑ My colleague / manager asked me to attend
- ❑ I found out about this workshop whilst attending another TATRA's seminar
- ❑ Other

Please describe _____

12. What is your role in your organisation?

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