DBT & Adaption of DBT in Treatment for Suicidal Adolescents

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Goals for Presentation

- Define DBT
- Features of BPD
- Biosocial Theory
- Mindfulness
- Introduction to Standard Skills Modules
- Adaptation to Suicidal Teens
- Walking the Middle Path
- Chain Analysis

What is Dialectical Behavior Therapy?

- Multi-disciplinary, cognitive behavioral treatment designed specifically for individuals with suicidal and intentional self harm behaviors.
- DBT emphasizes basic behavioral principles and Eastern meditative practices.
DBT Outcomes

- **Reduces**: Suicidal behaviors, intentional self injury, depression, hopelessness, anger, eating disorders, substance dependency and impulsiveness
- **Increases**: Adjustment (general and social), positive self esteem.

The Overarching DBT Goal is...

“Having a life worth living”

Borderline Personality Disorder

- BPD is a pervasive disorder of the Emotion Modulation System
- BPD criterion behaviors function to regulation emotions
- The behaviors are a natural consequence of emotion dysregulation
BPD Characteristics

- Emotion Dysregulation: Affectively labile & Problems with anger.
- Interpersonal Dysregulation: Chaotic relations and Fears of abandonment.
- Self Dysregulation: Identity disturbance/confused sense of Self, sense of emptiness.
- Behavioral Dysregulation: Intentional self harm behavior, impulsive behavior.
- Cognitive Dysregulation: Dissociative responses, and/or paranoid ideation.

The Bio Social Theory of Borderline Personality Disorder

- Transactional interaction between the Individual and the Environment

  - What is the Biological Component?

  - What is the Environmental Component?

Biosocial Theory of BPD

Biological Dysfunction in the Emotion Regulation System

Invalidating Environment

\[ \text{Pervasive Emotion Dysregulation} \]
BPD and Biological Dysfunction

- High Sensitivity: High level of emotional arousal, Low threshold for emotional reaction
- High Reactivity: Extreme reactions
  - Impairs cognitive processing
- Slow return to baseline: Long lasting reactions
  - Adds sensitivity to next situation

Tasks of Emotion Modulation System

- Decreases or increases physiological arousal associated with emotion
- Re-orient's attention
- Inhibits mood dependent behavior
- Organizes behavior in the service of external non-mood dependent goals

Invalidating Environment

Pervasively negates or dismisses behavior independent of the actual validity of the behavior
Characteristic of an Invalidating Environment

- Indiscriminately rejects communication of private experience and self generated behaviors.
- Punishes emotional displays and intermittently reinforces emotional escalation.
- Over-simplifies the ease of problem solving and meeting goals.

Invalidating Environment Teaches the Person to:

- Actively self invalidate and search environment for cues on how to respond.
- Oscillate between emotional inhibition and extreme emotional styles.
- Form unrealistic goals and expectations.

Assumptions about BPD Patients and Therapy

- Patients are doing the best they can.
- Patients want to improve.
- Patients need to do better, try harder and be more motivated to change.
- Patients may not have caused their problems but they have to solve them.
- The lives of suicidal individuals with BPD are unbearable.
- Patients cannot fail in DBT.
- DBT patients need to learn new behaviors in all relevant contexts.
- Therapist treating BPD patients need support.
Standard DBT Modes

• Individual Psychotherapy
• Group Skills Training
• Telephone Consultation
• Team Consultation Meeting

Stages of DBT

• Pretreatment Orientation and agreements on goals
• First Stage targets: Suicidal behavior, therapy interfering behavior, quality of life interfering behavior, increasing behavioral skills
• Second Stage targets: Decreasing posttraumatic stress
• Third Stage target: increase self respect, goal achievement

Pre-treatment Stage in DBT  
*Reduces early termination*

• Orientation to therapy
  • Managing clients expectations about therapy
  • 24 hour rule, 4 miss rule
  • Homework
• Assessment
• Discuss clients commitment to therapy
• Arrive at an agreement to work together on helping the client make changes
First Stage: Primary Targets
Severe Behavior Dyscontrol → Behavior Control

- Decrease
  - Life-threatening behaviors (suicidal and parasuicidal)
  - Therapy-interfering behaviors
  - Quality-of-life interfering behaviors
- Increase behavior skills
  - Core Mindfulness
  - Emotion Regulation
  - Distress Tolerance
  - Self Management
  - Interpersonal Effectiveness

Validation
- We teach it
- We practice it
- Validation in the therapy experience is intended to resolve the dialectic of the invalidating environment
- Validation is calming and helps the client to regulate their emotion

Levels of Validation
- Level 1: Be Fully Present, Actively Listen
- Level 2: Reflective Listening
- Level 3: Express the Unspoken Emotions, Thoughts or Behavior Patterns
- Level 4: Validation in Terms of Previous Behavior or Learning
- Level 5: Validation in Terms of Present Situation and Normal Behavior
- Level 6: Radical Genuineness
Mindfulness

Learning to be in
Control of your
Own mind, instead
Of letting your
MIND be in control
Of you.

Mindfulness
States of Mind

- Reasonable Mind
- Wise Mind
- Emotional Mind

Mindfulness
Taking Hold of Your Mind:
“What Skills”

- OBSERVE
  - Just notice the experience without getting caught
  - Having a “TEFLON MIND” letting go of....
  - Control your attention but not what you see
  - Be like a guard at the palace gate: Alert
- DESCRIBE
  - Put words on your experience
- PARTICIPATE
  - Enter FULLY into & BECOME ONE WITH YOUR EXPERIENCE
  - Act INTUITIVELY from WISE MIND
  - Activity PRACTICE skills as you learn them
  - Keep an eye on your objectives in the situation
Mindfulness

Taking Hold of Your Mind:
“How Skills”

- **NON JUDGMENTALLY**
  - See but **DON’T EVALUATE**
  - **UNGLUE** your opinions from the facts
  - Acknowledge the wholesome & the harmful, but don’t judge it
  - **DON’T JUDGE** YOU JUDGING

- **ONE MINDFULLY**
  - Do ONE THING AT A TIME
  - **LET GO OF DISTRACTIONS** return to what you were doing again & again
  - **CONCENTRATE YOUR MIND**

- **EFFECTIVELY**
  - **FOCUS ON WHAT WORKS**
  - **PLAY BY THE RULES**
  - Keep your eye on YOUR OBJECTIVES
  - Act as **SKILLFULLY** as you can

Distress Tolerance

• Crisis Survival Strategies

• Guidelines for Accepting Reality
Distress Tolerance
Crisis Survival Strategies

- Distract (Wise Mind ACCEPTS)
- Self-Soothe
- IMPROVE the Moment
- Pros and Cons

Distress Tolerance
IMPROVE the Moment

- Imagery
- Meaning
- Prayer
- Relaxation
- One Thing at a time
- Vacation
- Encouragement

Distress Tolerance
Principles of Accepting Reality

- Radical Acceptance
- Turning the Mind
- Willingness versus Willfulness
Emotion Regulation

**Goals of Emotion Regulation Module**

- Understand emotions
- Reduce emotional vulnerability
- Decrease emotional suffering
- Change by acting opposite to painful emotions
- Apply Mindfulness Observe & Describe Skills to Emotions
- Understand Function of Emotions

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**Emotion Regulation**

*Reducing Vulnerability To Negative Emotions*

“PLEASE”

- Treat Physical Illness
- Balance Eating
- Avoid mood-Altering Drugs
- Balance Sleep
- Get Exercise
- Build Mastery
Emotion Regulation

Steps for Increasing Positive Emotions

- **Short Term**
  - Increase pleasant events that prompt positive emotions
  - DO ONE THING each day from adult pleasant events list

- **Long Term**
  - Work toward goals: ACCUMULATE POSITIVES
  - Make list of positive events you want
  - List small steps towards your goal
  - Take first step
  - Attend to relationships
  - Repair old: reach out to new, work on current relationships
  - Avoid Avoiding

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Emotion Regulation

Be MINDFUL of Positive Experience

- Focus attention on positive events that happen
- Refocus when mind wanders to the negative
  - Be UNMINDFUL of Worries
- Distract from
  - Thinking when positive experience will end
  - Thinking about whether you deserve it or not
  - Thinking about how much more might be expected of you

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Emotion Regulation

Change by Acting Opposite to Painful Emotions

- When afraid: approach
- When ashamed: continue behavior openly
- When depressed: get active
- When angry: gently avoid/be kind
Interpersonal Effectiveness Skills

Goals for Interpersonal Effectiveness

Objectives Effectiveness
(DEAR MAN)
Getting your objectives or goals in a situation

Relationship Effectiveness
(GIVE)
Getting/Keeping a good relationship

Self-Respect Effectiveness
(FAST)
Keeping/improving self-respect while achieving your objective

Factors Interfering with Interpersonal Effectiveness

- Lack of Skill
- Worry Thoughts
- Emotions
- Indecision
- Environment
Interpersonal Effectiveness

Getting Your Objective Met

“DEAR MAN”

Describe the current situation

Express feeling and opinions

Assert by asking or saying no

Reinforce the person ahead of time

Mindful of objectives without distraction
  • Broken record ignoring attacks, keep an eye on our objectives

Appear effective and competent

Negotiate alternative solutions
  • Turn the tables

Interpersonal Effectiveness

Keeping the Relationship

“GIVE”

Gentle manner without attack or threat

Interested in the other person

Validate other person without judging

Easy manner with humor or a “soft sell”

Interpersonal Effectiveness

Keeping Your Self-Respect

“FAST”

Be Fair to myself and others

(No)Over Apologizing or apologizing for being alive

Stick to values

Be Truthful without excuses or exaggeration
DBT For Suicidal Adolescents and Families

Prevalence of Adolescent Suicide

- Youth between ages 10-24, suicide is the third leading cause of death in US
- Each year, 157,000 youth receive medical care for self-inflicted injuries
- 16% of H.S. students seriously consider suicide
  - 13% report have a plan
  - 8% report an attempt within a 12 month span

Why DBT for adolescents?

- DBT helps suicidal and self-injuring people with multiple mental health issues
- DBT targets treatment non-compliance and engagement directly
- DBT is multi-modal, has flexibility, and can be adapted to various treatment settings
- DBT skills training “promotes the development of social skills and identity formation” crucial in adolescent development (Dimeff & Koerner, 2007, p. 246)
Modifications to Standard DBT

• Use family involvement (skills training, family therapy)
• Explicitly address common dialectical dilemmas faced by adolescents and families
• Emphasize enhancing motivation, attention, and engagement

Family Involvement

• The functions of family involvement are:
  • Facilitating skills generalization
  • Structuring the environment

Family Involvement: Skills Training

• Skills training with care-givers “depathologizes the teen since many family members are able to communicate their own need to learn these skills” (Dimeff & Koerner, 2007, p. 253)
• This can be done in multi-family groups
• Care-giver involvement can enhance attendance and promote teen behavioral control during group
• Ideally, care-givers should also have access to phone skills coaching
Family Involvement: Skills Training

- A major modification to standard DBT is the addition of “Walking the Middle Path”

Family Involvement: Therapy

- Family members involved in treatment are considered to be partners not the problem
- Family members play a large role in contingency management
- Therapist directly targets invalidation with family
- The go-to: consultation to the client
- Direct intervention in the adolescents environment may also be necessary...

Family Involvement: Therapy

- Pre-treatment:
  - Establish rapport and the therapeutic alliance
  - Orient the family to the treatment model
  - Explain how the problem is conceptualized
    - Bio-social theory
    - Core issue of emotion dysregulation (as well as interpersonal, behavioral, cognitive, and self/identity dysregulation)
  - Reach an agreement regarding the goals of the treatment
  - Obtain a commitment from the adolescent and the family
Dialectical Dilemmas for Adolescents and Families

- Excessive leniency vs. authoritarian control
- Pathologizing normal behaviors vs. normalizing pathological behaviors
- Fostering dependence vs. forcing autonomy

Walking the Middle Path

- Teaching dialectics
- Teaching the dialectical dilemmas common in families with adolescents
- Psychoeducation: What’s typical behavior for adolescents and what’s not
- Teaching behaviorism
- Teaching validation

Dialectical Dilemmas with Adolescents

- Making light of problem behaviors vs. Forcing independence too soon
- Being too lose vs. Making too much of typical adolescent behaviors
- Holding on too tight vs. Being too strict
Normal Adolescent Behavior

• What’s typical for adolescents?
• What’s kinds of behaviors do we consider deviant or maladaptive?

Behaviorism

• Reinforcement
  • Positive reinforcement
  • Self-reinforcement
  • Negative reinforcement
• Shaping
• Extinction
• Punishment
  • Effective punishment vs. ineffective punishment

Conducting a Behavioral Chain Analysis

• Identify the problem behavior.
• Identify the prompting event.
• Identify vulnerabilities.
• Identify any links in the chain (additional thoughts, feelings, physical sensations, behaviors).
• Identify consequences of the behavior.
• Identify skills to utilize.
Behavior Chain Analysis

- Vulnerability
- Links
- Problem Behavior
- Prompting
- Event
- Consequences

References