

**Dialectical Behaviour Therapy:  
Strategies and Skills  
October 2<sup>nd</sup>, 2016**



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Borderline Personality Disorder Clinic**

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**Agenda**

- 9:00-10:30 DBT Fundamentals
- 10:30-10:45 Break
- 10:45- 12:00 Validation Strategies
- 12:00-1:00 Lunch
- 1:00-2:30 Change Strategy – Mini-Chain Analysis
  
- 2:30-2:45 Break
- 2:45-3:45 Coaching Dysregulated Clients
- 3:45-4:00 Q & A



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**The Challenges of Working  
with Emotionally  
Dysregulated Offenders and  
the Role of DBT in CSC**



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### Characteristics of High Risk/High Need Offenders

- Growing percentage of individuals who are mentally ill
- High risk self injurious behaviours
- Violent risk behaviours
- Substance problems
- Interpersonal challenges
- Problematic institutional behaviours
- Problems in general functioning

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### The Challenge of Working with High Risk/High Need Offenders

- Difficulty negotiating demands of institution
- Create difficulties with other offenders
- Higher risk of rule breaking,
- Increased risk of injury to others
- Increase stress and challenges for staff
- Greater reliance on restraints and segregation with these offenders

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### History of DBT in CSC

- As part of the Intensive Intervention Strategy (IIS) for women, DBT was implemented in regional women's facilities
- DBT was introduced in CSC in 1997 initially on an individual basis
- In 1999, extensive correctional adaptation of DBT was conducted in order to take into consideration the forensic/correctional context
- Since 2001, CSC has implemented DBT in five regional women's facilities (except in Okimaw Ohci Healing Lodge)

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### DBT in CSC

Range of DBT at various levels across CSC:

- Comprehensive DBT
  - Mental health units for women; pilot for men (Atlantic)
- Secure DBT
  - Maximum security female offenders
- General DBT
  - General population
- Community Pilot
  - Offenders in the community

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### Rationale For DBT in CSC?

- DBT is relevant for many offenders since it's designed for multiple disordered, high risk, difficult to engage people
- Compatible with best practices since it has demonstrated effectiveness in reducing high risk behaviours
- DBT directly targets criminogenic risk factors which addressing motivation
- DBT is responsive to learning style of many offenders
- Approach can help to address staff burn out

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### Research Findings on the Effectiveness of DBT in CSC (Blanchette et al., 2010)

- Women participating in DBT in CSC showed improvements of moderate to high magnitude on a wide variety of outcome measures including:
  - Improved institutional functioning
  - Improved mental health symptoms
  - Improved interpersonal functioning
  - Improved emotion regulation, coping skills and self control
  - Re-offense rates were low post discharge

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# DBT Fundamentals



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## Dialectical Behaviour Therapy

- Developed in the context of treating suicidal/self-injurious behaviours.
- Integrates cognitive-behavioural therapy, with acceptance-based approaches and Zen philosophy.
- Emphasizes behavioural principles.



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## DBT Adaptations

- BPD + Posttraumatic Stress Disorder
- BPD + Substance Abuse
- BPD + Depression
- Bulimia / Binge-Eating
- Suicidal Adolescents
- Forensic / Correctional Populations
- Families of Individuals with BPD
- Inpatient / Outpatient Settings



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## The Core Problem of Emotion Dysregulation



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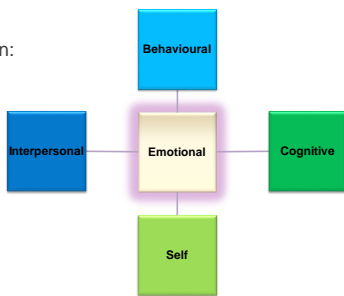
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## The Core Problem of Emotion Dysregulation

- Emotion dysregulation: trouble effectively modulating emotions
- Other areas of instability linked to a core difficulty with emotion regulation



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## Emotion Dysregulation

- **Emotion dysregulation** refers to difficulties increasing, decreasing or maintaining emotion as required / effective in a specific context
- **Function of impulsive behaviours:** An attempt to solve the problem of emotion dysregulation / subjective distress (e.g. cutting to regulate emotional pain)

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### Functions of Problematic Behaviours

- To regulate affect
- To self-punish
- To feel "in-control"
- To regain focus
- To exert control over the environment
- To overcome numbness/dissociation
- To prevent more extreme behaviours
- Other reasons?

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### Clinical Example: Mary

- **Case description:**  
Mary is a 26 year old woman who lives in her own apartment in a supportive housing building. She has a lengthy history of self harming and suicide attempts, and has been jailed numerous times for assault.
- **History of suicidal and self-injurious behaviour:**
- She began engaging in self-injurious behaviour at age 12 and continues to engage in severe forms of self harming including stabbing and cutting herself. She has a history of suicide attempts, either by cutting or drinking caustic substances, with ambivalent intent to die. She continues to experience chronic urges for suicide prompted by feelings of loneliness and isolation. She also binge drinks once or twice per month to numb painful emotions.
- Her most recent self harming incident occurred after a phone interaction with her mother where her mother engaged in name-calling.
- **Developmental history:**  
Mary grew up being emotionally and physically abused by her mother and witnessing her mother being physically abused by her step-father. She was removed from the home as an adolescent and put into a foster home, where she assaulted family members and was jailed for the first time. Her earliest memory of being cared for was at the hospital after a suicide attempt.

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### Case of Mary Exercise

- What evidence is there for emotional sensitivity?
- What evidence is there for an invalidating environment?
- What might be prompting or maintaining her problematic behaviours?

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## How does Emotion Dysregulation Develop? Biosocial Theory

### Emotional Vulnerability

- High emotional sensitivity
- High emotional reactivity
- Slow return to baseline



### Invalidating Environment

- Trivializes life's problems
- Dismisses emotional expression
- Punishes emotional displays



### Emotional Dysregulation

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## Emotional Vulnerability

- Hardwired sensitivity to emotion that shows itself in 3 main ways:
  - Emotional Sensitivity: Strongly affected by emotional cues and reactions
  - Emotional Reactivity: Intense emotions (higher emotional baseline than average)
  - Slow Return to Baseline: Once emotions get activated, it takes longer to calm down, bring emotional arousal back down

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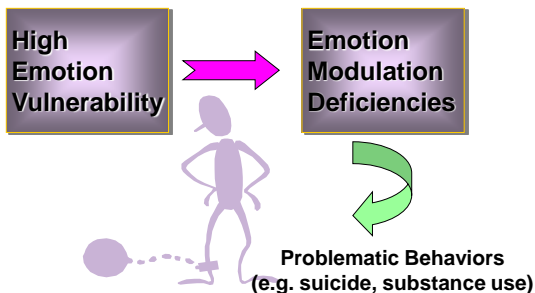
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## Emotion Dysfunction




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### Invalidating Environment

The predominant response of the environment is characterized by the denial and rejection of the individual's behaviour

- Expression of private experience punished or trivialized
- Painful emotions disregarded

Linehan 1993

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### Examples of Invalidating Responses

- Rejection of the individual's identity
- Ignoring or disregarding the individual
- Criticism and punishment
- Physical and sexual abuse
- Individual's behaviour is characterized as bad or abnormal
- Ease of problem solving and meeting goals over-simplified

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### Consequences of Invalidating Environment

- Failure to learn to regulate/describe emotions
- Failure to learn to express emotions accurately and effectively
- Teaches the individual to depend upon others for cues about how to feel and react
- Failure to learn to tolerate distress
- Leads to a tendency to vacillate between over regulated and under regulated emotional control

Linehan 1993

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### Practice Exercise

- Step 1: Find a partner. Identify Partner A and Partner B.
- Step 2: Think of a client you see who engages in problematic behaviours (e.g., anger outbursts, bingeing, purging, self-harm, impulsive spending, problem gambling, shoplifting, etc.)
- Step 3: Partner A describe how your client's behaviour(s) arises from a core difficulty with emotion dysregulation (i.e., the function of the behaviour(s))
- Step 4: Partner A explain how your client's emotion dysregulation developed using the biosocial theory framework
- Step 5: Get feedback from Partner B on anything you may have missed or was unclear in your explanation
- Step 6: Switch roles

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### Dialectical Behaviour Therapy




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### Theoretical Foundation of DBT

#### Learning Theory

- All behavior is learned and behavioral change occurs via the laws of learning.

#### Zen Philosophy

- Suffering stems from being attachment to things being a particular way and decreasing suffering involves accepting reality.

#### Dialectical Philosophy

- There is no absolute truth; contradictory truths stand side by side. Change involves the synthesis of of elements from each pole.

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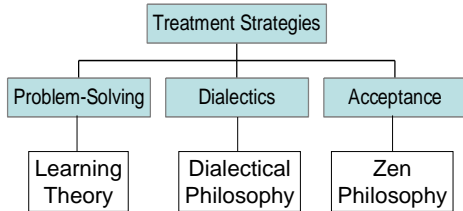
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### Essential Elements of DBT




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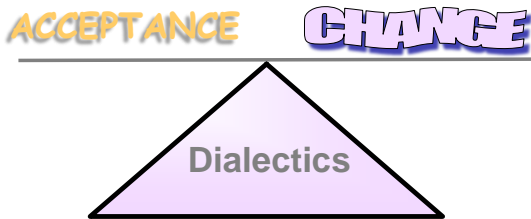
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### Core Dialectic




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### Staying Compassionate: Assumptions About Clients

- Clients are doing the best they can
- Clients want to improve
- Clients need to do better, try harder, and be more motivated to change
- The lives of suicidal individuals are unbearable as they are currently being lived
- Clients may not have caused all of their own problems, but they have to resolve them
- Clients cannot fail treatment

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- Validation clip – It's not about the nail



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**What is Validation?**

- Seeing the world from another's perspective
- Communicating to another that his/her feelings, thoughts, behaviours make sense or are understandable in some way



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### Validation is Not...

- Agreement or Approval
- Praise or Reassurance
- Always Positive or Always Warm

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### Why Validate?

- Invalidation occurs when the experience of expression of emotion is trivialized, ignored, or dismissed
- Many of our clients have histories of invalidation, often in extreme ways (e.g. history of childhood abuse, neglect, maltreatment)
- Our clients are often emotionally vulnerable and particularly sensitive to invalidation
- When people feel invalidated the normal response is increased arousal and increased expression of emotion
- Heightened state of emotional arousal leads to inability to process new information and impaired problem solving

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### How to Validate

- Appear Interested
  - Listen and observe in an unbiased manner
  - Show interest (verbally and non-verbally)
- Accurately Reflect
  - Offer tentative, nonjudgmental summaries of thoughts, urges, feelings, emotions
  - Communicate the essence of what the client is saying
  - Reorganize client content more coherently

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### How to Validate

- Tentatively articulate non-verbalised emotions, thoughts, urges, behavioural patterns
  - Reflect understanding of client and his/her internal environment
  - Difficulty of task
  - Suffering and pain
- Describe how the client's behaviour makes sense in terms of:
  - Past learning (their history)
  - Biological differences
    - Identify the probable factors that caused the client's response

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### How to validate

- Actively search for what makes sense about the client's emotions, thoughts, urges in the present context
  - What is normative about their response
  - What is wise about their response
- Be radically genuine
  - Treat the client as capable, effective and reasonable
  - Interact in a genuine, direct, "ordinary" manner

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### Practice exercise

- Validation practice exercise

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### Validation Video Clip

#### Exercise

- What types of validation did you observe




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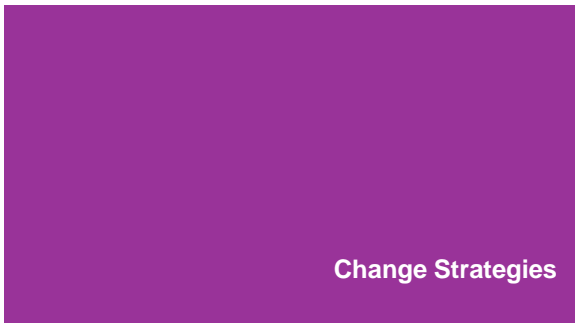
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### Overview

- Validate while also pushing for change
- Assess the problem
  - Get specific
  - Find the essence of the problem
- Get a commitment
- Identify and implement solutions




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### Assess the Problem

- Definition of behaviour: Anything a person does, including thinking, feeling, and acting
  - Develop a clear and specific definition
  
- Basic behavioural model:
 

Antecedent → Behaviour → Consequence
  
- Do not infer motives underlying behaviour!
- Draw attention to the essence of the problem

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### Practice exercise

- Behavioural description of client behaviour

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### Mini Behaviour Chain Analysis

- A recent anger outburst: Mary is found yelling at a staff member and second staff member witnesses it. A mini behaviour analysis reveals the following.

<b>Vulnerability Factors:</b> Physical illness. Ongoing conflict with residents	<b>Prompting Event:</b> Asked for medication. Refused by staff	<b>LINKS:</b> Sadness, Shame, Anger "No one cares about me"	<b>Target Behaviour:</b> Screams at staff member "everyone wants me to suffer! You all hate me!"	<b>Consequences:</b> Typically gets what she wants when she yells, but feels awful afterwards
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### What Can Help

<u>Problem</u>		<u>Solution</u>
Skills Deficit	➡	Skills Training
Problematic Emotion	➡	Exposure Procedures
Cognitive Dysfunction	➡	Cognitive Restructuring
Contingency Problem	➡	Manage Contingencies

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### Increase Commitment

- Avoid assumptions about what the client wants
- Ensure that you have the client's agreement every step of the way
- Take the position of informant, not advisor
- Both specific strategies and a general spirit

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### Practice exercise

Getting client collaboration

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# Coaching Dysregulated Clients



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## When and Why?

- When to use coaching
  - A client asks for it
    - Coaching will not reinforce problem behaviour
  - A client is in crisis or will benefit from immediate help
- Goals of coaching
  - Build skills
  - Practice effective solutions, especially when dysregulated
  - Keep bad situations from getting worse



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## Step By Step – The AVIS-R for Frontline Staff

- **A** → Attend, Assess
- **V** → Validate, Validate
- **I** → Invite, Instruct
- **S** → Show, See
- **R** → Reinforce, Review



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### Attend - Assess

- Attend to the person and the problem
  - Establish rapport
  - Bring attention to the problem at hand
- Assess the problem
  - “What’s going on?”
  - Mini behavioural analysis




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### Validate-Validate

- Validate the pain “solved” by the problem behaviour
- Validate the difficulty of changing the behaviour (and the difficulty of bringing it up)




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### Invite - Instruct

- Invite (rather than command) the client to use a DBT skill or other adaptive behaviour
  - Provide rationale
  - Tentative language
- Instruct the client (if needed) in using the skill
  - Be specific and clear




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### Show - See

- Show the client the skill
  - Demonstrate or give examples
- See the client practice the skill
  - Rehearsal and tips




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### Reinforce - Review

- Reinforce the client for skill practice
  - Natural interpersonal reinforcement
- Review the process of learning the skill




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### Coaching Tips - Style

**DO**

- Pay attention to affect
- Focus on the problem at hand
- Focus on tolerating emotions
- Obtain commitment to plan

**DON'T**

- Get every single detail
- Let the client discuss other events
- Allow the client to only vent
- Assume the client is on board




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### AVIS-R Video Clip



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### Coping Skills

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### Tolerating Extreme Distress Skills

- Ice water or a cold pack on face/chest
- Intense exercise
- Breathing exercises



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### Radical Acceptance

- Not fighting reality; not looking at reality as it should be or how you want it to be
- Acceptance turns unbearable suffering into manageable pain
- Acceptance does not mean approval

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### Mindfulness

- “paying attention in a particular way: on purpose, in the present moment, and nonjudgmental” (Kabat-Zinn, 1994, p.4)
- Goals:
  - Observe yourself
  - Increase awareness
  - Increase control of attention

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### Emotion Regulation - Opposite to Emotion Action

To be used when an emotion is deemed to be either **unjustified** or **ineffective** in the given moment. Used to change an emotion.

- 1) Identify your emotion
- 2) Identify your action urge
- 3) Act opposite to your action urge

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**Emotions and Opposite Action**

Emotion	Action Urge	Opposite Action
Sadness	Withdraw	Approach, get active
Fear/Anxiety	Run away, avoid	Stay/expose, don't avoid
Guilt	Repair	Keep doing it
Shame	Hide or change behaviour	Don't hide, keep doing it
Anger	Attack	Avoid, Be nice

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