Dialectical Behaviour Therapy: Strategies and Skills
October 2nd, 2016

Lyndsey Davies MSW, RSW
Borderline Personality Disorder Clinic

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

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

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

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)
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

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

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
DBT Fundamentals

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.

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
The Core Problem of Emotion Dysregulation

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

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)
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?

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.

- 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.

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?
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

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

Emotion Dysfunction

High Emotion Vulnerability → Emotion Modulation Deficiencies → Problematic Behaviors (e.g. suicide, substance use)
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

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 oversimplified

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
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

Dialectical Behaviour Therapy

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.
Essential Elements of DBT

Treatment Strategies
- Problem-Solving
- Dialectics
- Acceptance
  - Learning Theory
  - Dialectical Philosophy
  - Zen Philosophy

Core Dialectic

Acceptance  Change

Dialectics

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
Validation

• Validation clip – It’s not about the nail

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
Validation is Not...

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

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

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
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

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

Practice exercise

- Validation practice exercise
Validation Video Clip

Exercise
- What types of validation did you observe

Change Strategies

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
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

Practice exercise

- Behavioural description of client behaviour

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.

<table>
<thead>
<tr>
<th>Vulnerability Factors:</th>
<th>Promoting Event:</th>
<th>LINKS:</th>
<th>Target Behaviour:</th>
<th>Consequences:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Physical Stress</td>
<td>Asked for medication, Refused by staff</td>
<td>Sadness, Shame, Anger, “No one cares about me”</td>
<td>Screamed at staff members</td>
<td>Typically gets what she wants when she yells, but feels awful afterwards</td>
</tr>
</tbody>
</table>
What Can Help

<table>
<thead>
<tr>
<th>Problem</th>
<th>Solution</th>
</tr>
</thead>
<tbody>
<tr>
<td>Skills Deficit</td>
<td>Skills Training</td>
</tr>
<tr>
<td>Problematic Emotion</td>
<td>Exposure Procedures</td>
</tr>
<tr>
<td>Cognitive Dysfunction</td>
<td>Cognitive Restructuring</td>
</tr>
<tr>
<td>Contingency Problem</td>
<td>Manage Contingencies</td>
</tr>
</tbody>
</table>

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

Practice exercise

Getting client collaboration
Coaching Dysregulated Clients

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

Step By Step – The AVIS-R for Frontline Staff

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

Validate-Validate

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

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
Show - See

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

Reinforce - Review

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

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
Coping Skills

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

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

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
<table>
<thead>
<tr>
<th>Emotion</th>
<th>Action Urge</th>
<th>Opposite Action</th>
</tr>
</thead>
<tbody>
<tr>
<td>Sadness</td>
<td>Withdraw</td>
<td>Approach, get active</td>
</tr>
<tr>
<td>Fear/Anxiety</td>
<td>Run away, avoid</td>
<td>Stay/expose, don’t avoid</td>
</tr>
<tr>
<td>Guilt</td>
<td>Repair</td>
<td>Keep doing it</td>
</tr>
<tr>
<td>Shame</td>
<td>Hide or change behaviour</td>
<td>Don’t hide, keep doing it</td>
</tr>
<tr>
<td>Anger</td>
<td>Attack</td>
<td>Avoid, Be nice</td>
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