The Art and Science of DBT
Melanie Harned, PhD, ABPP
Arizona Psychiatric Association | May 6, 2017
Disclosures

• Dr. Harned
  – Receives federal grants to research DBT and DBT PE
  – Is paid to provide training and consultation in DBT and DBT PE
THE DEVELOPMENT AND STRUCTURE OF DBT
Dialectical Behavior Therapy

is designed for the
highly suicidal, severe,
multi-diagnostic, and
difficult-to-treat patient
Dialectical Behavior Therapy

evolved from problems applying standard treatments to severe and chronically suicidal patients
Where DBT Started: 1980

- Patients: high risk for SUICIDE with multiple suicide attempts/self-injuries
- Funding: NIMH treatment development grant for suicidal behavior
- Starting point: behavior therapy
Immediate Problems to Solve

1. Extreme sensitivity to rejection and invalidation made a change focused treatment untenable.

2. Extreme suffering made an acceptance based approach also untenable.
Solution Was to Apply
A Dialectical Approach Balancing

Change Strategies

Acceptance Strategies

Dialectics
DBT Therapist Strategies

Dialectical Communication

CHANGE
Irreverence
Problem Solving

ACCEPTANCE
Reciprocity
Validation

Consultation to the Client
Environmental Intervention

Dialectics
Case Management
Immediate Problems to Solve

3. Low distress tolerance made focusing on:
   • one problem area,
   • one part of a problem,
   • one disorder, or
   • one therapy topic

   with frequent crises overtaking any ability for sustained work on change.

   IMPOSSIBLE!
Solution Was to Develop

A Dialectical Approach Teaching

Change Skills

Acceptance Skills

Dialectics
DBT Skills

CHANGE

Emotion Regulation

Interpersonal Effectiveness

ACCEPTANCE

Mindfulness

Distress Tolerance

Middle Path
**DBT Skills Modules and Goals**

**Mindfulness**
- Reduce suffering and increase happiness
- Increase control of your mind
- Experience reality as it is

**Distress Tolerance**
- Survive crisis situations
- Accept reality
- Become free

**Emotion Regulation**
- Understand and name emotions
- Decrease frequency of unwanted emotions
- Decrease emotional vulnerability

**Interpersonal Effectiveness**
- Be skillful in getting what you want from others
- Build relationships
- Increase self-respect in relationships

**ACCEPTANCE**

**CHANGE**
Immediate Problems to Solve

4. Ever changing clinical presentation together with frequent crises resulted in confused therapists and a chaotic therapy.
Solution Was to Provide
A Dialectical Balance

Target-based Agenda

Protocol-based Agenda

Dialectics
Individual Therapy Primary Targets

• Decrease
  – Life-threatening behaviors
  – Therapy-interfering behaviors
  – Quality-of-life interfering behaviors

• Increase behavioral skills
  – Mindfulness
  – Distress tolerance
  – Emotion regulation
  – Interpersonal effectiveness
<table>
<thead>
<tr>
<th>Activity</th>
<th>Duration</th>
</tr>
</thead>
<tbody>
<tr>
<td>Mindfulness</td>
<td>5 minutes</td>
</tr>
<tr>
<td>Homework Review</td>
<td>60 minutes</td>
</tr>
<tr>
<td>Break</td>
<td>10-15 minutes</td>
</tr>
<tr>
<td>Didactic / New Teaching</td>
<td>60 minutes</td>
</tr>
<tr>
<td>Wind-Down</td>
<td>10-15 minutes</td>
</tr>
</tbody>
</table>

Total Length: 2.5 Hours
Six Month Treatment Cycle

1. **Interpersonal Effectiveness** (6 weeks)
2. **Mindfulness** (2 weeks)
3. **Distress Tolerance** (6 weeks)
4. **Mindfulness** (2 weeks)
5. **Emotion Regulation** (7 weeks)
6. **Mindfulness** (2 weeks)
DBT Targets for Skills Training

• Decrease behaviors likely to destroy therapy

• Increase skill acquisition/strengthen skills

• Decrease treatment interfering behaviors
Next Problems to Solve

5. High suicide risk made restricting contact to therapy sessions untenable

6. Patients were often unable to implement solutions generated in therapy sessions on their own outside of therapy
Solution Was to Provide
A Dialectical Balance

Client
Self-Reliance

Therapist
Support

Phone Coaching
Targets for DBT Phone Calls

• For the Individual Therapist
  – DECREASE suicide crises behaviors
  – INCREASE generalization of DBT behavioral skills
  – DECREASE sense of conflict, alienation, distance with therapist

• For the Skills Trainer
  – DECREASE therapy destructive behaviors
  – INCREASE immediate contacting of primary therapist
Immediate Problems to Solve

7. Therapists’ emotion dysregulation led to:
   - excessive fear, anger and hostility
     attempts to control the patient, rejection and attack
   OR
   - excessive empathy
     falling into the pool of despair and abandoning therapy
Solution Was to Provide
A Dialectical Balance

Client

Therapist

Team
Consultation Team Functions

- Monitor and increase adherence to DBT principles
- Increase and/or maintain therapist motivation
- Support when therapists are stretched (and even when not stretched)
- Track client progress and address client problems

Peer Group Therapy
### Summary of Modes and Functions of DBT

1. **Skills training**
   - ✓ Enhance capabilities

2. **Individual therapy**
   - ✓ Improve motivation
   - ✓ Structure the environment

3. **Telephone coaching**
   - ✓ Generalization to natural environment

4. **Therapist consultation team**
   - ✓ Enhance therapist capabilities & motivation
CORE DBT TREATMENT STRATEGIES

Problem Solving and Validation
Core DBT Therapist Strategies

CHANGE

Problem Solving

ACCEPTANCE

Validation

Dialectics
Problem Solving

Conduct a behavioral (chain) analysis

Conduct a solution analysis

Obtain commitment and troubleshoot
Conduct a Chain Analysis

Vulnerability Factors  Prompting Event

Links

Problem Behavior  Consequences
Example Chain Analysis

In large crowd

July 4th fireworks

Fear

Flashback

Ran home while dissociated

“I’m safe now.”

Self-injury

Stops dissociation

Reduced fear
Solution Analysis

Break Links to Problem Behavior & Find New Path to Effective Behavior

Vulnerability Factors

Prompting Event

New Links

Effective Behavior

Problem Behavior

Consequences

Links
## Mapping Problems to Potential Solutions

<table>
<thead>
<tr>
<th>If the problem is:</th>
<th>The solution is:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Required behavioral skill is not in the repertoire</td>
<td>Skills training</td>
</tr>
<tr>
<td>Intense emotions interfere with using skillful behavior</td>
<td>Exposure</td>
</tr>
<tr>
<td>Faulty beliefs interfere with using skillful behavior</td>
<td>Cognitive modification</td>
</tr>
<tr>
<td>Problem behavior is reinforced or adaptive behavior is punished</td>
<td>Contingency management</td>
</tr>
</tbody>
</table>
Generating Solutions

In large crowd

July 4th fireworks

Fear

Flashback

Ran home while dissociated

“"I’m safe now.”"

Self-injury

Stops dissociation

Reduced fear
Commitment and Troubleshooting

• Obtain commitment to implement the solution that has been selected.
• Discuss all the ways implementation of the solution can go wrong and what the client can do about it.
• Goal is to prepare the client to skillfully navigate obstacles.
In order to engage a client, you must lean heavily on validation.
Levels of Validation

1. Staying Awake: unbiased listening and observing
2. Accurate reflection
3. Articulating the unverbalized emotions, thoughts, or behavior patterns
4. Validation in terms of past learning or biological dysfunction
5. Validation in terms of present context or normative functioning
6. Radical Genuineness
DBT SCIENTIFIC DATA
How Much Data is There?

# DBT Randomized Controlled Trials (RCTs)

- Standard DBT: 15
- DBT Skills: 21
- Total: 36

Data to Date: [http://www.linehaninstitute.org/research/data-to-date.php](http://www.linehaninstitute.org/research/data-to-date.php)
### Standard DBT RCTs: Clinical Populations

<table>
<thead>
<tr>
<th>Population</th>
<th>Conditions</th>
</tr>
</thead>
<tbody>
<tr>
<td>Older adults (ages 55+)</td>
<td>• Personality disorder + major depressive disorder</td>
</tr>
</tbody>
</table>
| Adults (ages 18-65) | • BPD  
• BPD + recent suicide attempt or self-injury  
• BPD + substance use disorder  
• BPD + PTSD + recent suicide attempt or self-injury  
• Eating disorder + substance use disorder |
| College students (ages 18-25) | • BPD traits + current suicidal ideation + history of suicide attempt or self-injury |
| Adolescents (ages 12-18) | • BPD traits + recent suicide attempt or self-injury  
• Bipolar disorder |
| Children (ages 7-12) | • Disruptive mood dysregulation disorder  
• Severe emotional and behavioral disorders |
DBT Skills RCTs: Clinical Populations

Older adults (ages 60+)
- Major depressive disorder

Adults (ages 18-65)
- Borderline personality disorder
- Binge eating disorder
- Bulimia nervosa
- Childhood abuse
- Major depressive disorder
- ADHD
- Bipolar I or II
- Emotion dysregulation + anxiety or depressive disorder

College students (ages 18-25)
- Emotion dysregulation
- ADHD
DBT is an Evidence-Based Treatment for Borderline Personality Disorder

“In sum, DBT and related treatments provide the most solid...evidence of efficacy relative to all treatments [for BPD] that have been investigated in RCTs so far.”
(p. 73, Cochrane Review, 2012)

DBT is designated as having “Strong Research Support” for BPD.
Summary of Standard DBT Outcomes in BPD Samples

Reduces:
• Suicide Attempts
• Non-Suicidal Self Injury (NSSI)
• Depression
• Hopelessness
• Anger
• Substance dependence
• Impulsiveness

Increases:
• Adjustment (general & social)
• Positive self-esteem (introject)
DBT is an Evidence-Based Treatment for Suicidal Behaviors

“There is now substantial evidence that interventions such as DBT...can help reduce suicidal behaviors among [individuals who have survived a suicide attempt].”

Standard DBT Compared to Non-Behavioral Expert Therapy

- Fewer suicide attempts: Reduced by 50%
- Fewer ER visits for suicidality: Reduced by 53%
- Fewer psychiatric hospitalizations for suicidality: Reduced by 73%

(Linehan et al., 2006)
### One Year Health Care Costs Per Patient

<table>
<thead>
<tr>
<th>Service</th>
<th>DBT</th>
<th>TAU</th>
</tr>
</thead>
<tbody>
<tr>
<td>Individual Psychotherapy</td>
<td>$3,885</td>
<td>$2,915</td>
</tr>
<tr>
<td>Group Psychotherapy</td>
<td>$1,514</td>
<td>$147</td>
</tr>
<tr>
<td>Day Treatment</td>
<td>$11</td>
<td>$876</td>
</tr>
<tr>
<td>Emergency Room Visits</td>
<td>$226</td>
<td>$569</td>
</tr>
<tr>
<td>Psychiatric Inpatient Days</td>
<td>$2,612</td>
<td>$12,008</td>
</tr>
<tr>
<td><strong>Total: 1 year</strong></td>
<td><strong>$8,247</strong></td>
<td><strong>$16,586</strong></td>
</tr>
<tr>
<td><strong>Total per month</strong></td>
<td><strong>$687</strong></td>
<td><strong>$1,382</strong></td>
</tr>
</tbody>
</table>

*(Linehan & Heard, 1999)*

50% cost savings
Conclusions

• Standard DBT has the most research support for BPD and suicidal behaviors
• DBT skills interventions have been found to be effective for multiple (less complex) problems
• DBT reduces treatment costs by decreasing use of crisis services