

Dialectical Behavioral Therapy in a Nutshell

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Spring 2018



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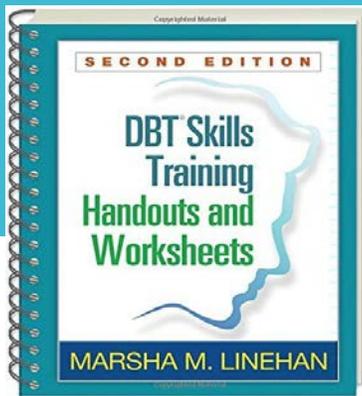
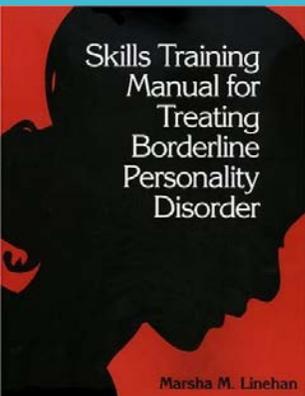
Learning Objectives

1. Be familiar with the efficacy of DBT to treat BPD and some of its comorbidities
2. Understand what the term "dialectical" means and how it influences the theory and assumptions that underscore a DBT treatment
3. Recognize the core dialectical dilemmas faced by those with BPD and their family members
4. Understand what the term "behavioral" means and how this links to therapeutic interventions and treatment team recommendations

The Birth of DBT:

Balancing Acceptance and Change

- Developed in the late 1980s at University of Washington by Marsha Linehan PhD who was studying self-destructive and chronically suicidal individuals
- Started with Cognitive Behavioral Therapy, but noticed that patients were not improving and sometimes got much worse
- Marsha incorporated acceptance strategies from Zen Buddhism to balance out the change focus of CBT
- She also developed skills modules and assertiveness training to help patients become more effective in accomplishing their goals
- Published her treatment in 1993 and it was quickly disseminated, adapted, and implemented in a variety of environments



Marsha Linehan, in her own words.....



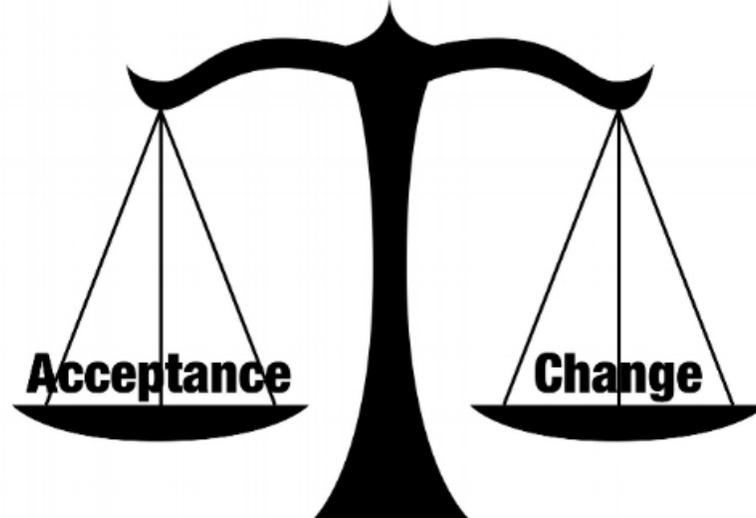
“DBT is a comprehensive cognitive-behavioral treatment for complex, difficult-to-treat mental disorders...it’s overriding characteristic is an emphasis on ‘dialectics’- that is, the reconciliation of opposites in a continual process of synthesis. The most fundamental dialectic is the necessity of accepting patients just as they are within a context of trying to teach them to change...This emphasis on acceptance as the balance to change flows directly from the integration of a perspective drawn from Eastern (Zen) practice with Western psychological practice...the continuing effort in DBT is to ‘reframe’ suicidal and other dysfunctional behaviors as part of the patient’s learned problem solving repertoire...”

Marsha Linehan. Cognitive-Behavioral Treatment of Borderline Personality Disorder. New York: Guilford Press. 1993. pp 19-21

More
simply...

DBT emphasizes balancing behavioral change, problem-solving, and emotional regulation with validation, mindfulness, and acceptance.

Dialectics



The Path out of Hell



Stages of Treatment

1. Commit to building a life worth living and setting goals
2. Reduce life threatening behaviors and gain behavioral control
3. Reduce desperation and hopelessness and begin to fully experience emotions
4. Tackle problems of daily living and achieve ordinary happiness and unhappiness
5. Develop capacity for joy and freedom. Find a sense of purpose and move towards completeness vs. emptiness

Skills to Learn

1. Core Mindfulness Skills
2. Distress Tolerance Skills
3. Emotion Regulation Skills
4. Interpersonal Effectiveness Skills

What is the efficacy of DBT to treat BPD?

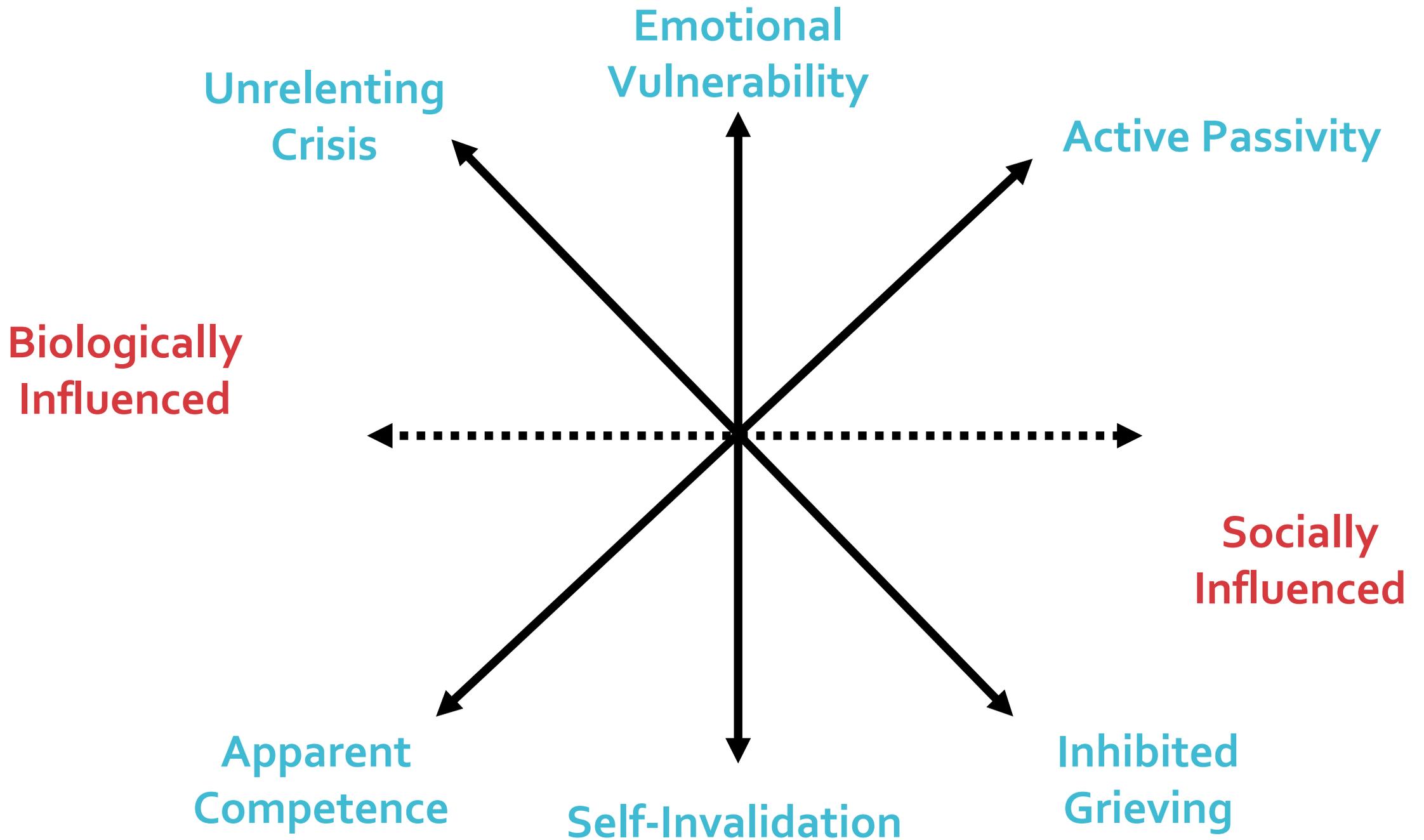
- First RCT was performed in 1991
- 8 published peer-reviewed articles from 1993-2000
- 41 publications per year from 2001 to 2010
- 78 publications per year since 2011
- Estimated effect size of DBT for BPD is between 0.5 and 0.6 (about the same as blood pressure medicine)
 - In comparison, antidepressants have an effect size of 0.38
- Been adapted to treat: Adolescents, substance abuse, bulimia, post-traumatic stress disorder, bipolar disorder, anger management, and perpetrators of violence (forensic setting)

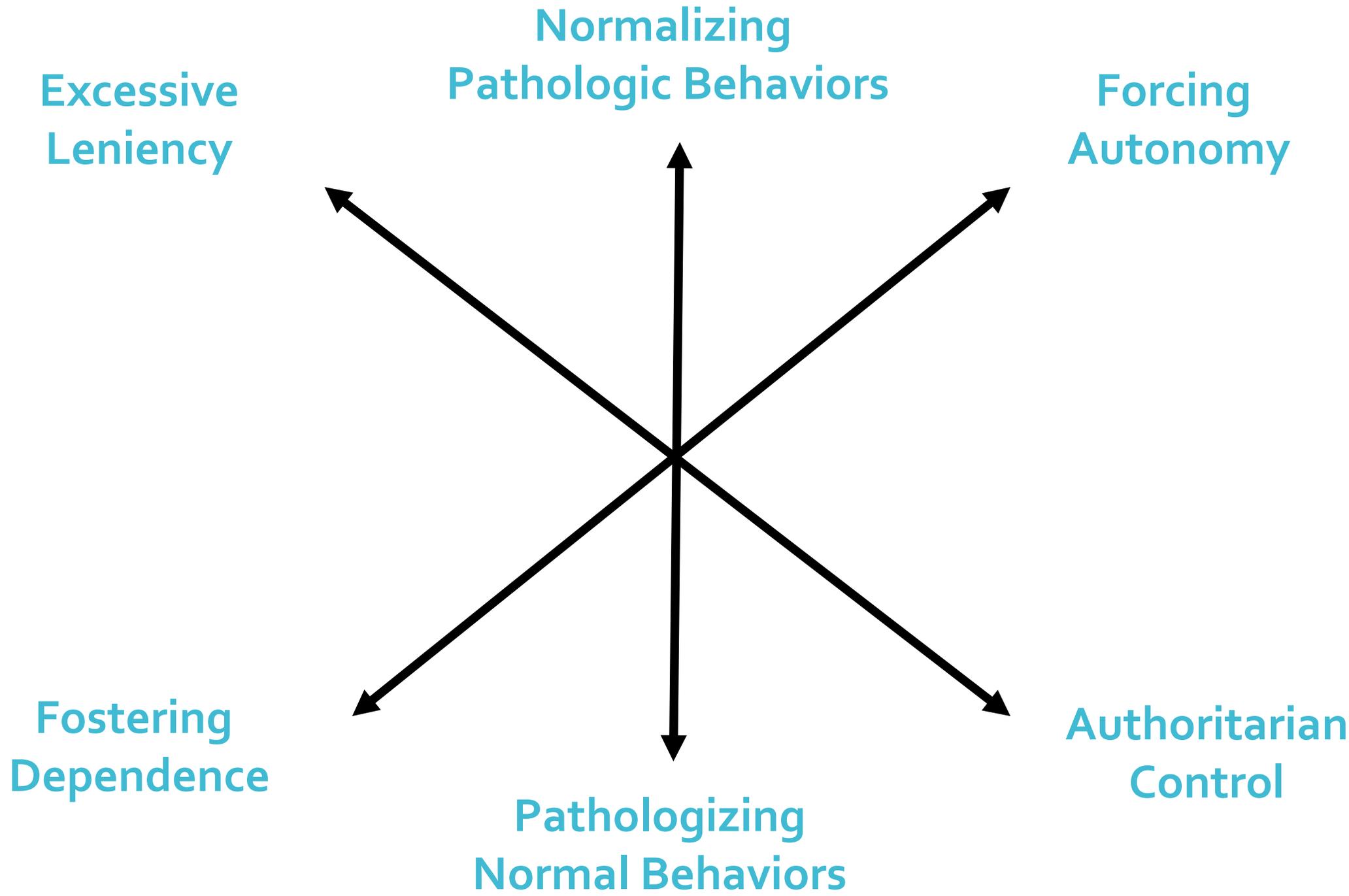
What do we mean when we refer to dialectics?

Two seemingly opposing truths can both be true simultaneously:

- Reality is Whole and interrelated: the parts make up the whole, the whole is made up of parts
- Reality is complex and in polarity
- Everything and every person is connected in some way
- Change is continual and transactional

Resists oversimplification, promotes freedom, flexibility, and balance.





What is the therapist's stance in DBT?

Regarding Patients

- ▶ Clients are doing the best they can
- ▶ Clients want to improve
- ▶ Clients cannot fail in DBT
- ▶ The lives of suicidal individuals are unbearable as they are currently being lived
- ▶ Clients must learn new behaviors in all relevant contexts
- ▶ Clients may not have caused all of their own problems, but they have to resolve them anyway
- ▶ Clients need to do better, try harder, and/or be more motivated to change

Regarding Therapy

- ▶ The most caring thing therapists can do is to help clients change
- ▶ Clarity, precision, and compassion are of the utmost importance in the conduct of DBT
- ▶ The relationship between therapists and clients is a real relationship between equals
- ▶ Therapists can fail to apply the treatment effectively. Even when applied effectively, DBT can fail to achieve the desired outcome
- ▶ Therapists who treat individual with pervasive emotion dysregulation and Stage 1 behaviors need support

“Behavior is determined by its consequences.”



B.F. SKINNER

“By nature, behavioral therapies are empirical (data-driven), contextual (focused on the environment and context), functional (interested in the effect or consequence a behavior ultimately has), probabilistic (viewing behavior as statistically predictable), monistic (rejecting mind-body dualism and treating the person as a unit), and relational (analyzing bidirectional interactions).”

Sundberg, Norman (2001). *Clinical Psychology: Evolving Theory, Practice, and Research*. Englewood Cliffs: Prentice Hall.

Operant Conditioning

Reinforcement

Increase behavior

Positive

Add appetitive stimulus
following correct behavior

Giving a treat when a dog sits

Negative

Escape
Remove noxious stimuli
following correct behavior

*Turning off an alarm clock by
pushing the snooze button*

Active Avoidance

Behavior avoids
noxious stimulus
Studying to avoid getting a bad grade

Punishment

Decrease behavior

Positive

Add noxious stimuli
following behavior

Spanking a child for cursing

Negative

Remove appetitive stimulus
following behavior

Sending a child to his room for cursing

How can DBT help families, couples, and individuals without BPD?

- ❖ Understand the (seemingly) unexplainable
- ❖ Learn to take a dialectical position, or at least notice dialectical failures
- ❖ Increase awareness of transactional elements of behaviors
- ❖ Give a common language to describe skillful vs ineffective approaches and a common understanding for how to change course

Resources for further reading:

- The High Conflict Couple by Alan Fruzzetti, 2006
- The Family Guide to Borderline Personality Disorder by Alan Fruzzetti, 2017
- Parenting a Child Who has Intense Emotions by Pat Harvey and Jeanine Penzo, 2009
- The Dialectical Behavior Therapy Skills Workbook by Matthew McKay et al.
- [Borderlinepersonalitydisorder.com](http://borderlinepersonalitydisorder.com)
- Family Connections Program