

# Dialectical Behavioral Therapy with Adolescents and Families: Addressing Suicide and Self-Harm

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April 29, 2022

## Learning Objectives

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1. To describe how the DBT philosophy and model apply to adolescents and families.

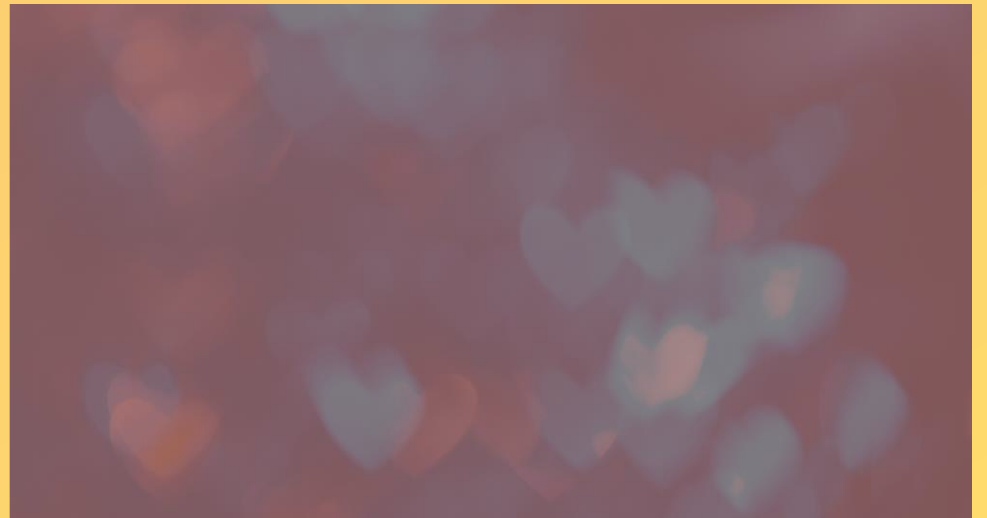
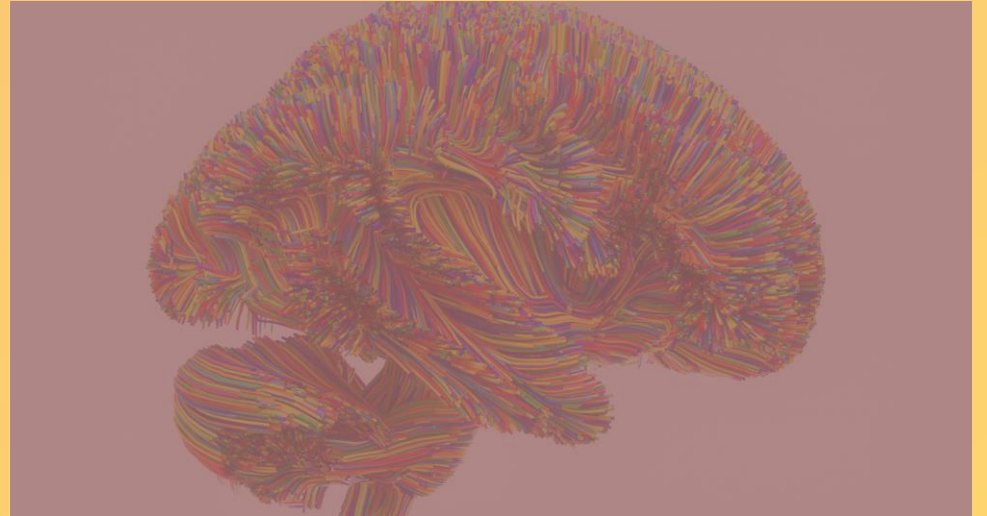
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2. To describe how to adapt DBT skills group for use with adolescents and families.

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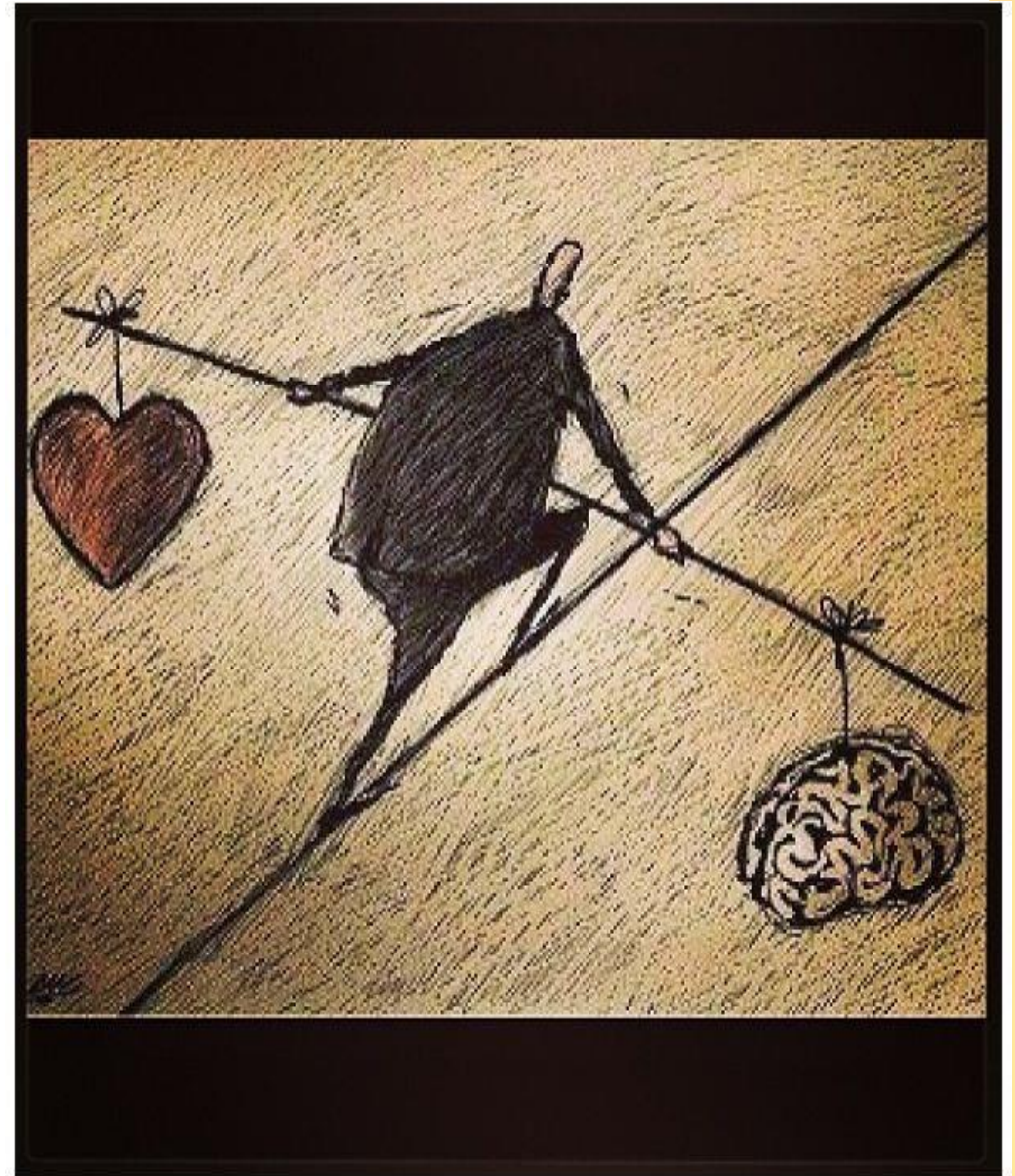
3. To describe how to adapt DBT skills for use with adolescents and families.

# What is DBT?



*“Dialectical behavior therapy is a modular and heirarchical treatment consisting of a combination of individual psychotherapy, group skills, training, telephone coaching, and a therapist consultation team.”*

-Linehan & Wilks, 2015





# Central Dialectic: Acceptance vs. Change

Early therapies emphasized acceptance...

Behavioral therapy emphasized change...

DBT, through the dialectical philosophy, balances acceptance (through Zen principles and validation) and change (through skills, practice, and problem solving)

# History of Adolescent DBT

- Selected small pilot and non-randomized studies in adolescents:
  - Rathus, J.H., & Miller, A.L. (2002). Dialectical Behavior Therapy adapted for suicidal adolescents. *Suicide and Life-Threatening Behavior*, 32(2), 146-157.
  - Trupin, E.W., Stewart, D.G., Beach, B., & Boesky, L. (2002). Effectiveness of a dialectical behavior therapy program for incarcerated female juvenile offenders. *Child and Adolescent Mental Health*, 7, 121-127.
  - Fleischhaker, C., Bohme, R., Sixt, B, Bruck, C., Schneider, C., & Schulz, E. (2011). Dialectical Behavior Therapy for Adolescents (DBT-A): A clinical trial for patients with suicidal and self-injurious behavior and borderline symptoms with a one-year follow-up. *Child and Adolescent Psychiatry and Mental Health*, 5(3), 1-10.
  - Fischer, S, Peterson, C (2015). Dialectical behavior therapy for adolescent binge eating, purging, suicidal behavior, and non-suicidal self-injury: A pilot study. *Psychotherapy*, 52(1), 78-92.
  - Goldstein, TR, Fersch, RK, Rivera, M, Axelson, DA, Merranko, J, Yu, H, Brent, DA, Birmaher, B (2015). Dialectical behavior therapy for adolescents with bipolar disorder: results from a pilot randomized trial. *Journal of Child & Adolescent Psychopharmacology*, 25(2), 140-149.
  - Courtney, DB, & Flament, MF (2015). Adapted Dialectical Behavior Therapy for Adolescents with Self-injurious Thoughts and Behaviors. *Journal of Nervous and Mental Diseases*, 203(7), 537-544.

# DBT with Adolescents: Preliminary Data

- Pre-post data suggest associations with:
  - Reduced hospitalizations
  - Increased treatment retention
  - Reduced suicidal ideation
  - Reduced depression, anger, anxiety, and interpersonal sensitivity (SCL90)
  - Reduced BPD criterion behaviors (confusion about self, interpersonal chaos, emotional dysregulation, impulsivity)

# Mehlum et al. (Norway)

## **Dialectical Behavior Therapy for Adolescents With Repeated Suicidal and Self-harming Behavior: A Randomized Trial**

Lars Mehlum, MD, PhD, Anita J. Tørmøen, MA, Maria Ramberg, MD, Egil Haga, PhD,  
Lien M. Diep, MSc, Stine Laberg, MA, Bo S. Larsson, MD, PhD, Barbara H. Stanley, PhD,  
Alec L. Miller, PsyD, Anne M. Sund, MD, PhD, Berit Grøholt, MD, PhD

## **Dialectical Behavior Therapy Compared With Enhanced Usual Care for Adolescents With Repeated Suicidal and Self-Harming Behavior: Outcomes Over a One-Year Follow-Up**

Lars Mehlum, MD, PhD, Maria Ramberg, MD, Anita J. Tørmøen, MA, Egil Haga, PhD,  
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The Journal of Child  
Psychology and Psychiatry

Journal of Child Psychology and Psychiatry 60:10 (2019), pp 1112–1122



doi:10.1111/jcpp.13077

## **Long term effectiveness of dialectical behavior therapy versus enhanced usual care for adolescents with self-harming and suicidal behavior**

**Lars Mehlum,<sup>1</sup> Ruth-Kari Ramleth,<sup>1</sup> Anita J. Tørmøen,<sup>1</sup> Egil Haga,<sup>1</sup> Lien M. Diep,<sup>1</sup>  
Barbara H. Stanley,<sup>1,2</sup> Alec L. Miller,<sup>3</sup> Bo Larsson,<sup>4</sup> Anne M. Sund,<sup>4,5</sup> and Berit Grøholt<sup>1</sup>**

<sup>1</sup>National Centre for Suicide Research and Prevention, Institute of Clinical Medicine, University of Oslo, Oslo, Norway; <sup>2</sup>Department of Psychiatry, Columbia University, New York, NY; <sup>3</sup>Albert Einstein College of Medicine, Yeshiva University, New York, NY, USA; <sup>4</sup>Regional Centre for Child and Youth Mental Health and Child Welfare, Norwegian University of Science and Technology, Trondheim; <sup>5</sup>Department of Child and Adolescent Psychiatry, St. Olav's Hospital, Trondheim, Norway



# Mehlum et al., 2014

RCT comparing a shortened form of DBT (DBT-Adolescents) with enhanced usual care (EUC)

77 adolescents with recent and repetitive self-harm randomized to DBT-A or EUC

Both conditions

- Treatment retention was high
- Use of emergency services was low

DBT-A was superior to EUC in reducing:

- Self-harm
- Suicidal ideation
- Depressive symptoms

# Mehlum et al., 2016-2019

## 1 Year Follow-Up

- DBT-A remained superior to EUC in reducing the frequency of self-harm
- Suicidal ideation, hopelessness, and depressive or borderline symptoms and for the global level of functioning, inter-group differences apparent at the 19-week assessment were no longer observed
- EUC group had significantly improved on these dimensions over the follow-up year
- DBT-A participants remained unchanged

## 3 Year Follow-Up

- DBT-A remained superior to EUC in reducing the frequency of self-harm
- Suicidal ideation, hopelessness and depressive and borderline symptoms and global level of functioning there were no inter-group differences, with no sign of symptom relapse in either EUC or DBT-A
- Receiving more than 3 months follow-up treatment after completion of the trial treatment was associated with further enhanced outcomes in patients who had received DBT-A

# McCauley et al. (US)

JAMA Psychiatry | Original Investigation

## Efficacy of Dialectical Behavior Therapy for Adolescents at High Risk for Suicide A Randomized Clinical Trial

Elizabeth McCauley, PhD; Michele S. Berk, PhD; Joan R. Asarnow, PhD; Molly Adrian, PhD; Judith Cohen, MD; Kathryn Korslund, PhD; Claudia Avina, PhD; Jennifer Hughes, PhD; Melanie Harned, PhD; Robert Gallop, PhD; Marsha M. Linehan, PhD

The Journal of Child  
Psychology and Psychiatry

Journal of Child Psychology and Psychiatry 60:10 (2019), pp 1123–1132



doi:10.1111/jcpp.13099

## Predictors and moderators of recurring self-harm in adolescents participating in a comparative treatment trial of psychological interventions

Molly Adrian,<sup>1,2</sup> Elizabeth McCauley,<sup>1,2</sup> Michele S. Berk,<sup>3</sup> Joan R. Asarnow,<sup>4</sup> Kathryn Korslund,<sup>5</sup> Claudia Avina,<sup>6</sup> Robert Gallop,<sup>7</sup> and Marsha M. Linehan<sup>5</sup>

<sup>1</sup>Center for Child Health, Behavior, and Development, Seattle Children's Research Institute, Seattle, WA; <sup>2</sup>Department of Psychiatry and Behavioral Sciences, University of Washington, Seattle, WA; <sup>3</sup>Department of Psychiatry and Behavioral Sciences, Stanford University, Stanford, CA; <sup>4</sup>David Geffen School of Medicine, University of California, Los Angeles, Los Angeles, CA; <sup>5</sup>Department of Psychology, University of Washington, Seattle, WA; <sup>6</sup>Department of Mathematics, Los Angeles Biomedical Research Institute, Harbor-UCLA Medical Center, West Carson, CA; <sup>7</sup>West Chester University of Pennsylvania, West Chester, PA, USA

NEW RESEARCH

Check for updates

## Dialectical Behavior Therapy for Suicidal Self-Harming Youth: Emotion Regulation, Mechanisms, and Mediators

Joan Rosenbaum Asarnow, PhD , Michele S. Berk, PhD, Jamie Bedics, PhD, Molly Adrian, PhD , Robert Gallop, PhD, Judith Cohen, MD , Kathryn Korslund, PhD, Jennifer Hughes, PhD, Claudia Avina, PhD , Marsha M. Linehan, PhD , Elizabeth McCauley, PhD, ABPP

**Objective:** This study evaluated mechanisms, mediation, and secondary/exploratory outcomes in our randomized controlled trial evaluating dialectical behavior therapy (DBT) compared to individual and group supportive therapy (IGST). We expand on previously reported results indicating a DBT advantage at posttreatment on planned suicide/self-harm outcomes, and greater self-harm remission (absence of self-harm, post hoc exploratory outcome) during active-treatment and follow-up periods.

# McCauley et al., 2018

RCT comparing DBT to Individual Group and Supportive Therapy (IGST)

173 adolescents (aged 13-17)

- Current suicidal ideation
- History of 3 episodes of NSSI or suicide attempt (with at least one in the past 8 weeks)
- Difficulties with emotion or impulsive behavior (based on BPD section of SCID)

2 sites (UCLA/Harbor-UCLA; UW/Seattle Children's)

6 months of treatment, with 5 assessments over 1 year period



# CARES Study Main Findings

Youth in DBT group attended more treatment

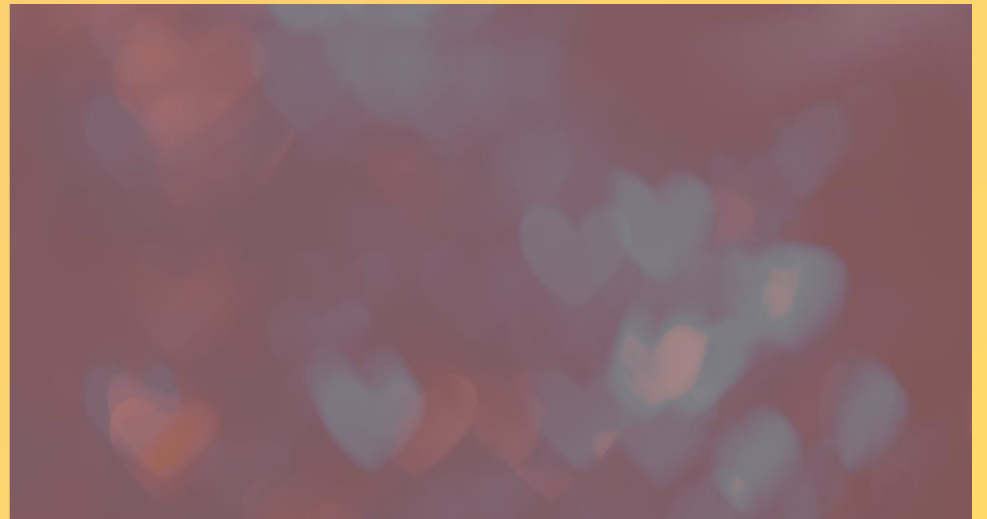
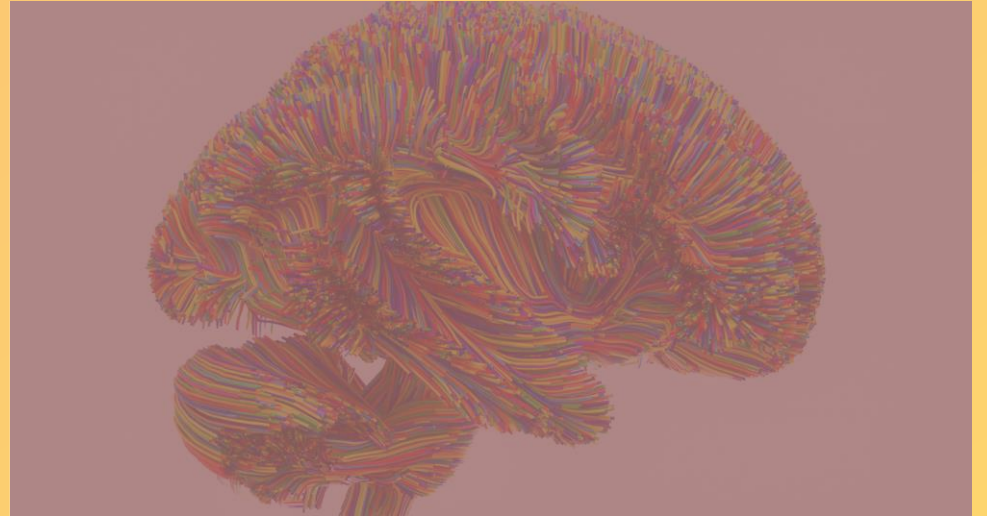
From baseline to 6 months:

- 9.7% of youth in DBT group vs. 21.5% in IGST had an attempt
- 46.5% of youth in DBT group vs. 27.6% in IGST had no self-harm

No statistically significant group differences between 6 to 12 month on attempt

Findings add support for DBT as a promising treatment approach for youth at high risk for suicide

# DBT Modalities



# Modalities of DBT Therapy

## Individual therapy

- 1 hour per week
- Consistency as basic aspect of therapy

## Skills training

- 1.5 hours per week (from 6 months to 1 year)
- Mandatory aspect of therapy
- Must be in individual therapy at same time

## Phone coaching

- Must have outside appointment availability by phone for coaching

# Modalities of DBT Therapy

## Diary Cards

- Must use diary cards weekly

## Consultation group for the therapists

- Must be in an active DBT Consultation team

## Uncontrolled auxiliary treatment

- Individual therapist is primary coordinator of treatment
- Medication management, nutrition, etc.



# *What is a full DBT program vs DBT-informed treatment?*



The diagram for Comprehensive DBT consists of a yellow semi-circle on the left and a white rectangular box on the right. The box contains the title 'Comprehensive DBT' and a bulleted list of components.

## **Comprehensive DBT**

- Individual therapy
- Skills training
- Phone coaching
- Consultation team
- May include family sessions if with adolescents (and parents may be included in groups)

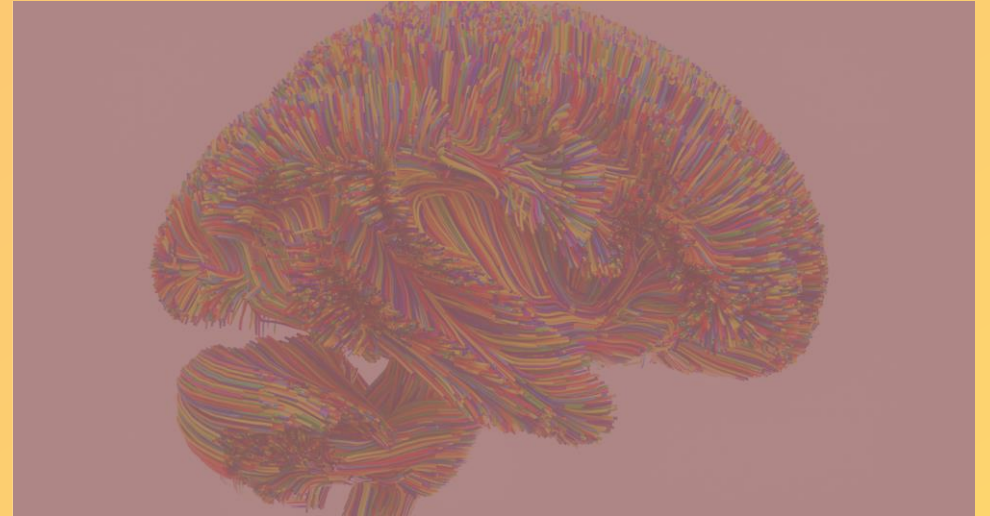


The diagram for DBT-Informed consists of a yellow semi-circle on the left and a white rectangular box on the right. The box contains the title 'DBT-Informed' and a bulleted list of components.

## **DBT-Informed**

- Individual therapist adopts a DBT stance in treatment
- Using components of the skills training manual sessions

# Philosophy, Assumptions, and Stages of Treatment



# DBT Style



## Irreverence:

Matter of fact tone  
Balancing quiet/calm with  
loud/dramatic



## Radical genuineness:

Way of responding to the  
client as the therapist  
would to anyone else in  
his/her life  
Does not treat the client  
as fragile

# DBT Assumptions about Therapy

The most caring thing a therapist can do is help clients change in ways that bring them closer to their ultimate goals

Clarity, precision, and compassion are of the utmost importance in the conduct of DBT

The therapeutic relationship is a real relationship between equals

DBT therapists can fail



# DBT Assumptions about Therapy

Principles of behavior are universal, affecting therapists no less than clients

Therapists treating these clients need support

DBT can fail even when therapist do not

# DBT Assumptions about the Consultation Team



Typically, each consult team develops their own agreements



The team addresses: dialectical agreement, consultation to the client, consistency, observing limits, non-perjorative/ nonjudgmental interpretations of behavior, fallibility

# DBT Group Assumptions

People are doing the best they can

People want to improve

People need to do better, try harder, and be more motivated to change

We may not have caused all of our own problems, but we have to solve them anyway

New behavior has to be learned in all relevant contexts

All behaviors (actions, thoughts, emotions) are caused

Figuring out and changing the causes of behavior is a more effective way to change than judging and blaming

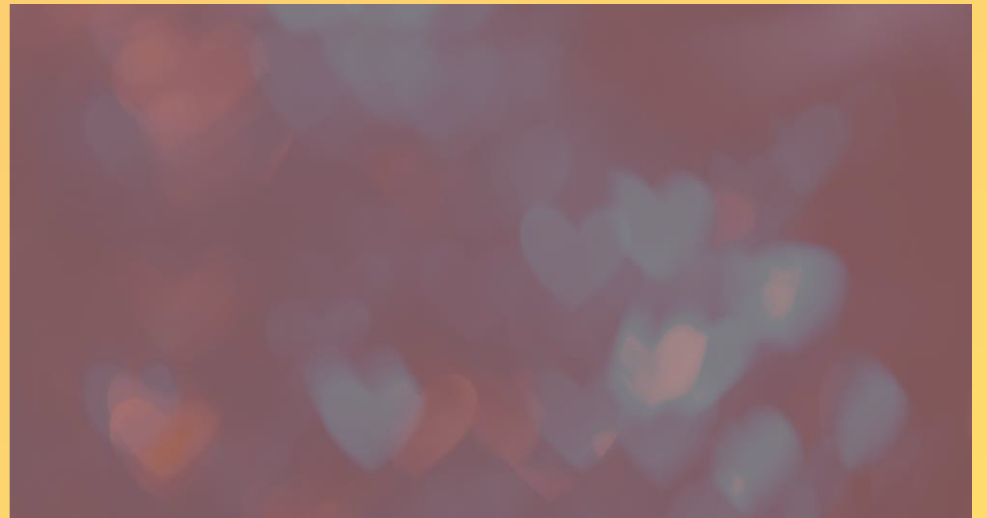
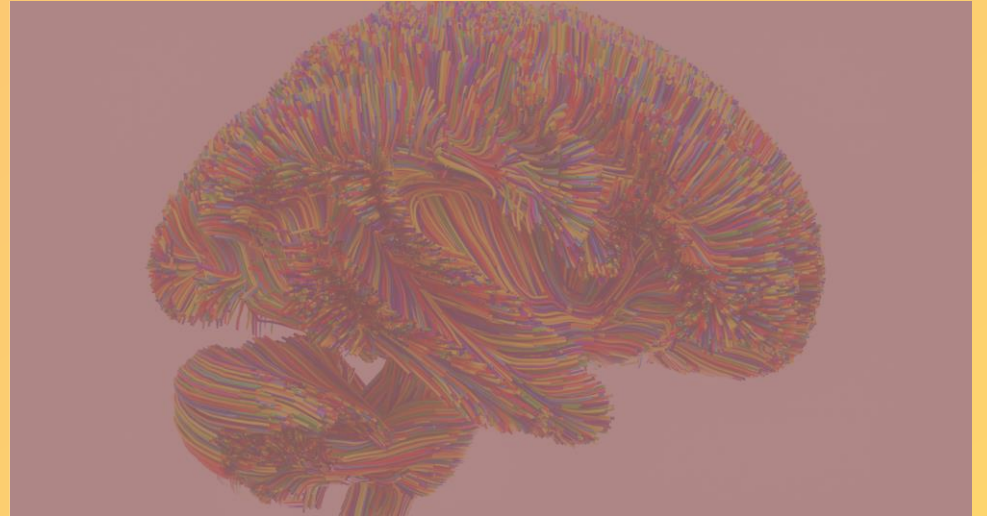
# Stages of Treatment

Pre-treatment: Orientation to treatment and commitment to goals

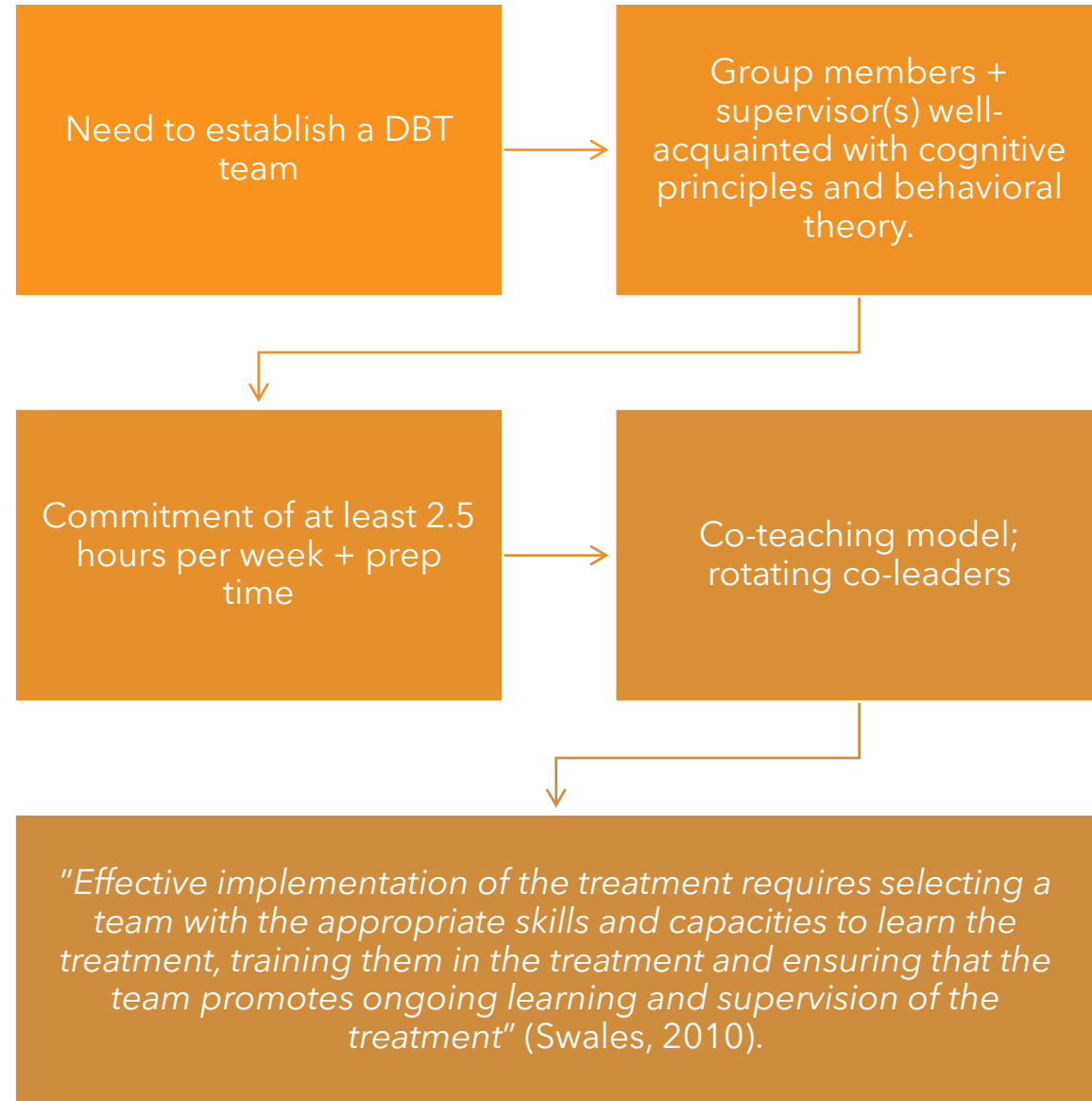
## Stage One "Targets"

- Life threatening behavior (Suicidal Crisis Behavior and Self-injurious Behavior)
- Therapy Interfering Behavior
- Quality of Life (Address quality of life interfering behavior and increase skills generalization)

# DBT Consultation Team



# Team Formation



# DBT Consultation Team

Honoring limits

Self  
care/burnout  
prevention

Adherence to  
model

Ongoing  
training and  
consultation

Problem solving  
and support for  
challenging  
client behaviors

Addressing  
issues of liability

# Effective DBT Consultation Teams...

Meet	Meet weekly or bimonthly for 90 minutes (depends on # of clients held in team)
Cap	Cap the number of members on one team
Active	Team members must have active clients or be group leaders
Rotate	Rotate leadership and observer role
Follow	Follow team developed guidelines
Dialectics	Observe dialectics in team
Observe	Observe team interfering behavior
Burnout	Monitor burnout in members



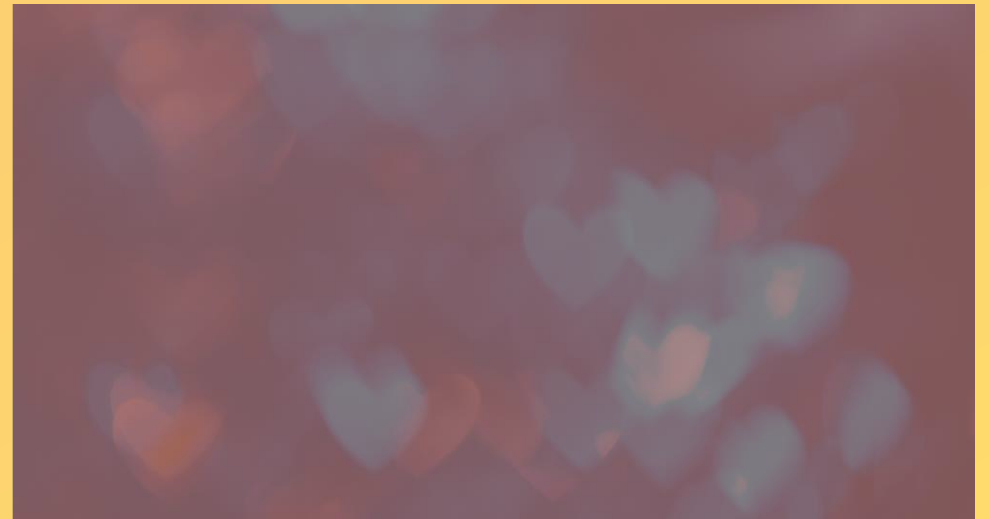
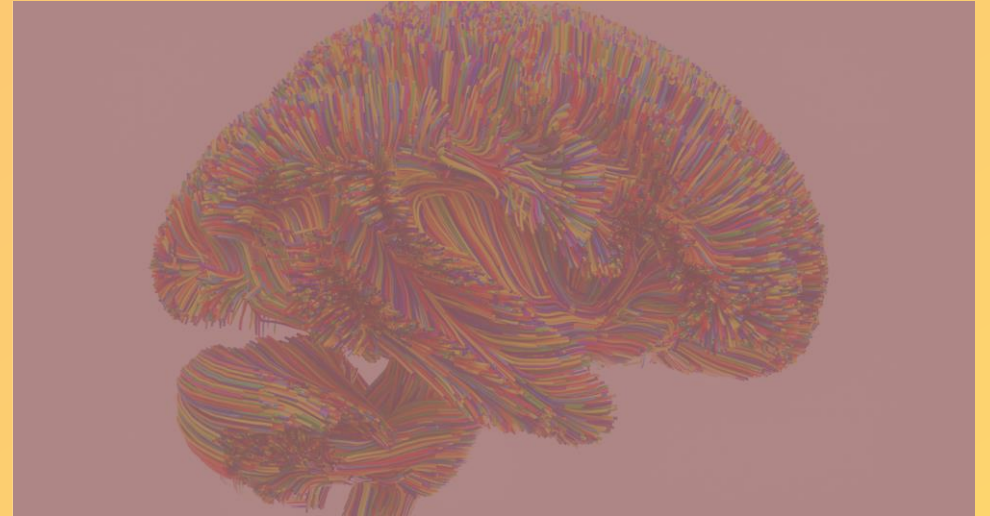
## Consultation Team

### Commitment Sessions

### Running a Consult Team

- Mindfulness
- Agenda
- Notes
- Getting help/being vulnerable

# Phone Coaching with Youth and Families



# Use of phone coaching

## Coaching not therapy

- 10-15 minutes in length
- Focus on problem solving (mostly)
- Develop written crisis plan

## 24 hour rule vs. scheduled appts

## Honor your limits vs. Shaping

# Crisis calls

Assess suicidal behavior

Check means and plan; remove lethal means

Identify prompting event & summarize problem until you have it

Attend to emotions

Problem-solve, generate solutions/hope – randomly if needed;

Remove or come up with a plan for remediating severe conditions immediately

# Crisis calls

Activate behavior/make a plan

Get a commitment to act and not commit suicide/tell not to kill or injure themselves

Trouble-shoot

Plan for a reoccurrence

If needed, plan for a check in or emergency intervention

Assess suicidal behavior/status at end of call

# Helping the Parents

What is the crisis procedure for parents when teens are in crisis?

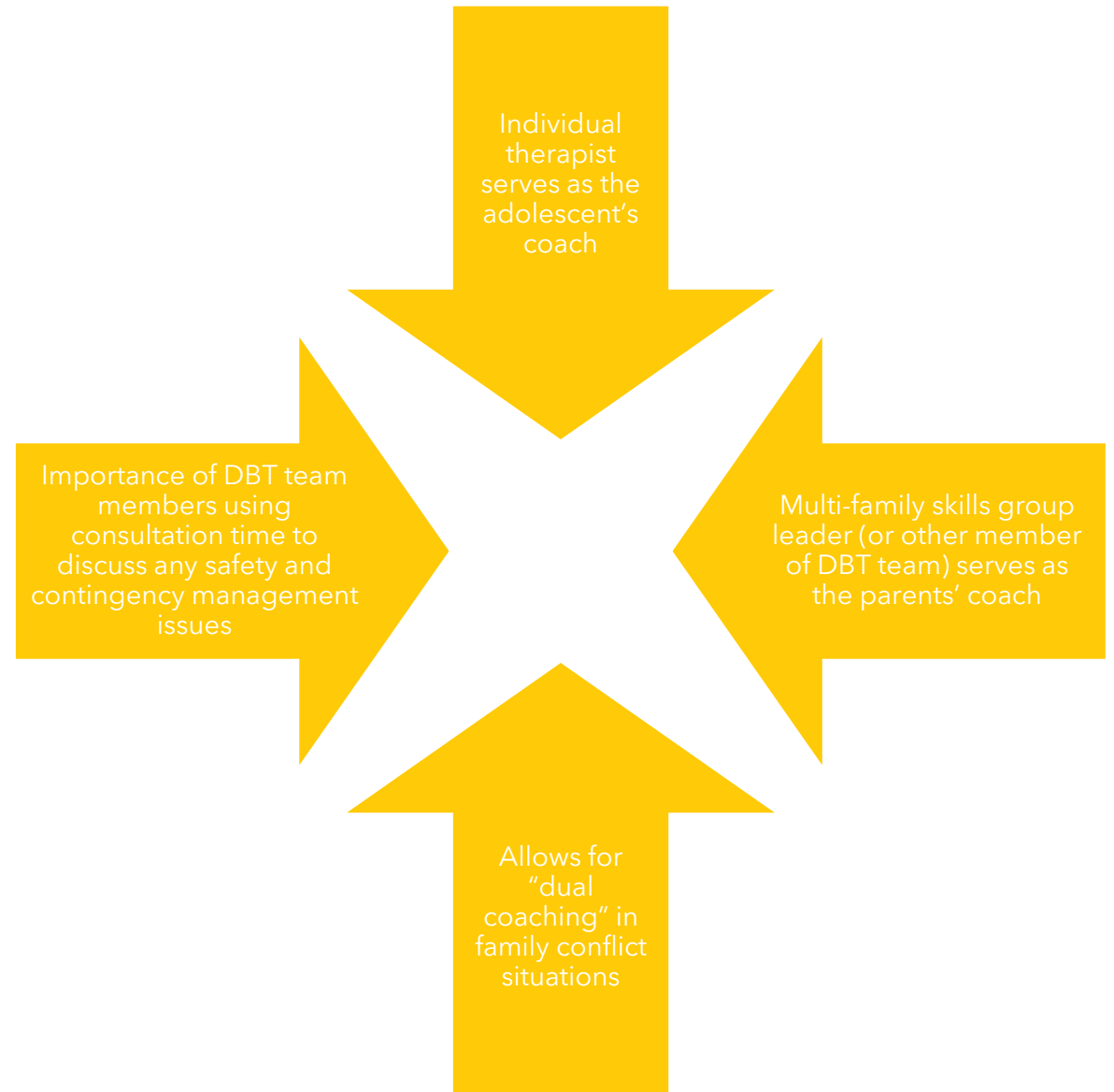


Who do parents access for support and suggestions on effective interventions?

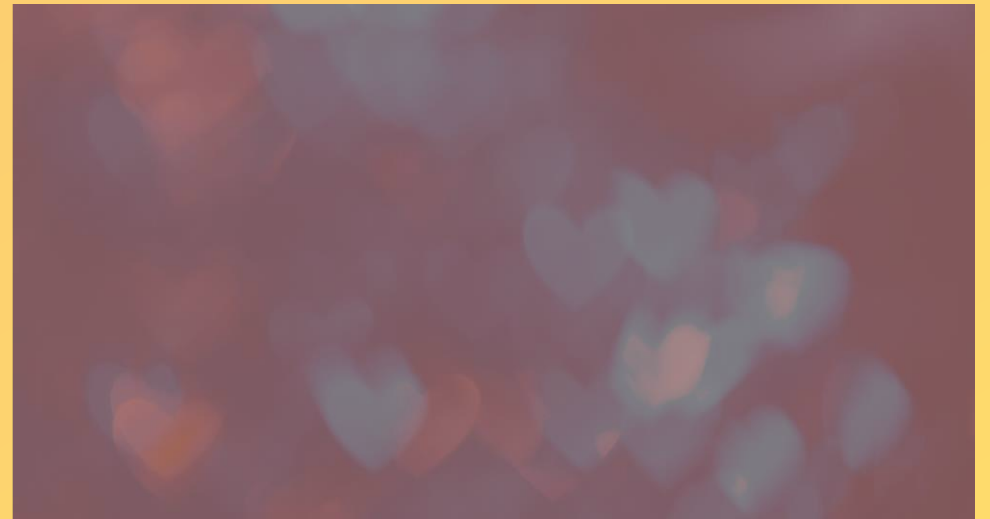
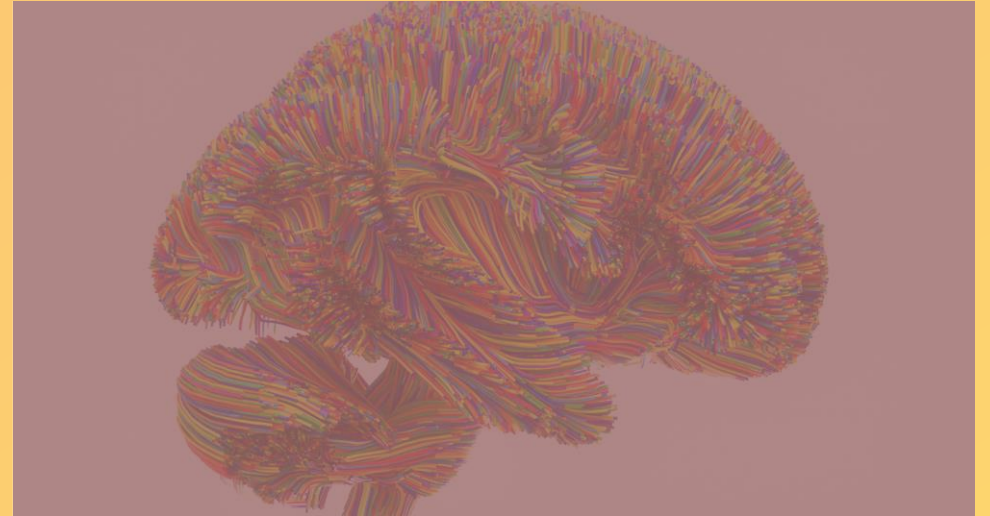


Do they need their own therapist?

# Who is the coach?



# Early Treatment with Youth and Families





# Orientation to DBT therapy for families and youth

- DBT therapy is different from treatment as usual:
  - Therapy is behaviorally focused with a hierarchy that is closely followed
  - Not focus on insight-oriented therapy
  - Strong expectations for attendance and out of session assignments/ cooperation (e.g., 4 miss rule)
  - Parents have minimal role in individual therapy
  - Parents will commit to getting the adolescent to sessions and to skills group (and
  - Parents will commit to their own participate in multi-family group

# Orientation to DBT therapy for families and youth

- Some recommendations are counter-intuitive (e.g., avoiding hospitalization)
- Some recommendations conflict with advice by previous clinicians
- Client can only be in DBT therapy—no other therapy orientations or styles can co-occur

# Orientation to DBT therapy for families and youth

- Biosocial theory (next section)
- Why focus on skills?
- Managing crises
  - Phone coaching (24 hour rule, etc.)
  - No crisis appointments
  - Goal of avoiding hospitalization
- Common progress
  - Crisis behaviors
  - Stable but unhappy
  - Stable and happier/better functioning

# Sample orientation handouts

## YOUR ROLE IN DBT

### Support

- ...your child in using their skills
- ...your child toward being successful at home and in school
- ...your child in their movement towards autonomy and **building a life worth living**

### Commitment

- ...to helping your child get to therapy
- ...to getting yourself and your child to skills training every week
  - ...to using your skills

## You're in DBT because

*you have difficulty...*



regulating your **emotions**.



You can get too **hot**...

...and then have a hard time **cooling** down



*This may be causing...*

- Problems with your family & friends
- Problems figuring out who you are & getting what you want from life
- Problems staying safe & connected

# Commitment: First Session

Validation of target behaviors  
with focus on commitment to  
engage in DBT



```
graph TD; A[Validation of target behaviors with focus on commitment to engage in DBT] --> B[Discussion of initial commitment vs. long term commitment]; B --> C[Assess safety and develop initial safety plan]; C --> D[Get commitment to be alive for the next session]; D --> E[Commitment with youth and with parents];
```

Discussion of initial commitment  
vs. long term commitment

Assess safety and develop initial  
safety plan

Get commitment to be alive for  
the next session

Commitment with youth and  
with parents

# Sample orientation handout

## Why we're doing DBT with your Suicidal Adolescent

### DBT Works for Suicidal Behaviors

Research has shown that DBT in adults is associated with decreases in:

- Inpatient Hospitalization for suicide attempts and ideation by **73%**
- Emergency room visits related to suicide attempts and NSSI by **50%**
- Suicide Attempts by **50%**
- Suicidal Ideation

### DBT Works for Non-Suicidal Behaviors

Research has shown that DBT & DBT Skills are also effective in:

- dramatically reducing non-suicidal self-injury
- reducing non-suicidal mental disorders, including depression, eating disorders, and post-traumatic stress.
- increasing treatment engagement
- increasing interpersonal relationships and emotion regulation, so individuals are better able to move towards *building a life worth living.*

# Commitments throughout DBT

Remember, you need a clear commitment on treatment goals to be effective!

Commitments and goals are re-visited throughout treatment

Common commitments discussed:

- Not to kill yourself
- Not to act on suicidal or self-harm urges
- To call for coaching before engaging in self-harm
- To give the therapist time to respond before engaging in self-harm
- To use skills
- To attend skills group and individual sessions
- To complete the diary card and/or practice
- To target particular problems
- To implement particular solutions
- To “build a life worth living”

# Consultation to the Client

Case management strategy

Dialectics:

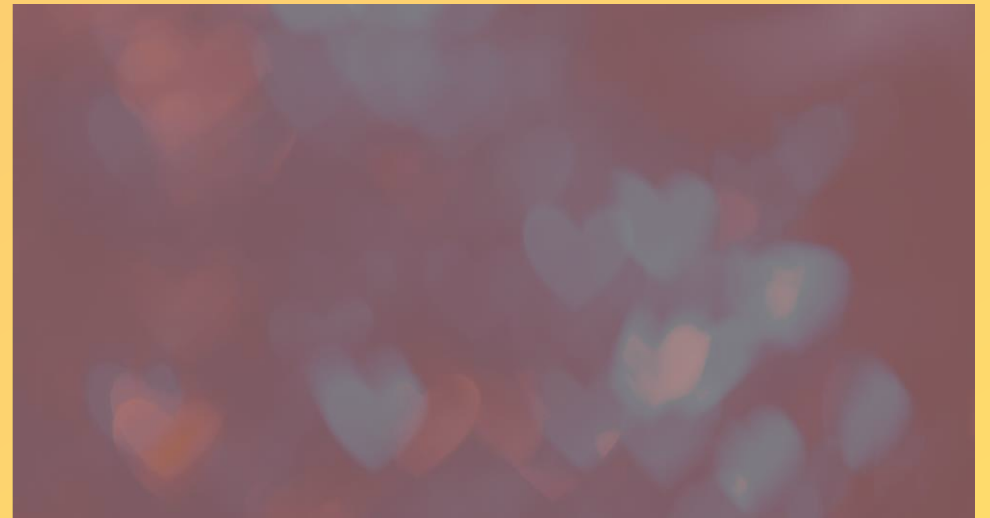
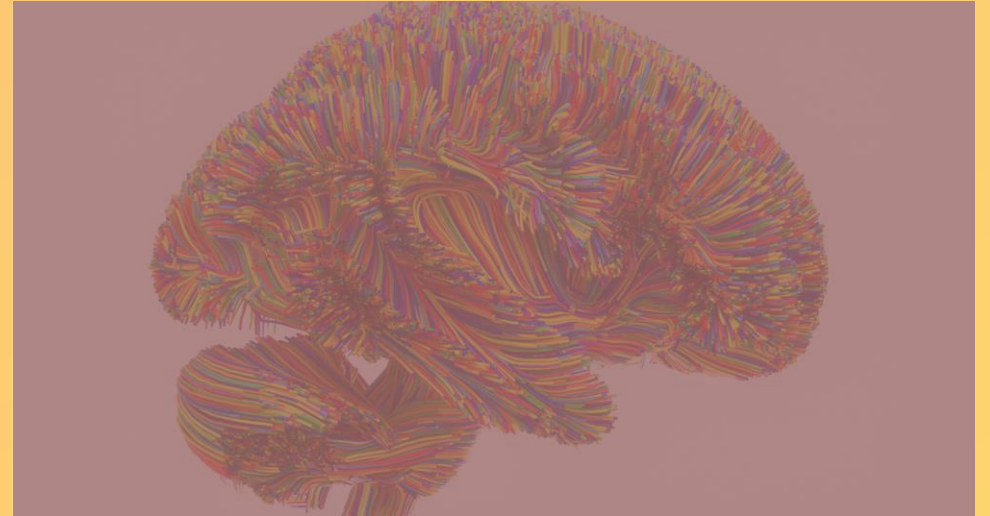
- CHANGE: Therapist consults primarily to the client about how to get help from the treatment team (including DBT therapists, psychiatrist, etc.)
- ACCEPTANCE: Sometimes an environmental intervention is needed by the therapist when therapist and client recognize circumstances in which the client can't effectively act for self

With adolescent and families, think about how this would apply...



# Biosocial Model and Emotion Dysregulation

*Early Treatment with Youth and  
Families*



# Thinking about the Model

## Bio

- Sensitivity
- Intensity
- Slow return to baseline
- Burn victim and “emotional skin” metaphor

## Social

- The environment invalidates behavior independent of actual validity of the behavior.
  - Example: family deciding to go to the movie
  - Remember, we use ourselves as “model” for baseline. . .sets up for invalidation
- The environment does not teach person to correctly label personal experiences, effectively regulate their emotions, or trust their experience as valid
- Emotion escalation is intermittently reinforced.
- Results in actively doubting emotional experience

# Examples of Invalidating Environment

Chaotic family life

Trauma and abuse

Onset of puberty can trigger emotional vulnerability

Temperamental fit between parent and child

Discrepancy between intellectual ability and emotional insight/control

Social environment

# Types of Invalidating Families



**Chaotic  
Family**

**Ordinary  
Family**

**Perfect  
Family**

# Teaching the Biosocial Model to Adolescents & Families



Non-judgmental



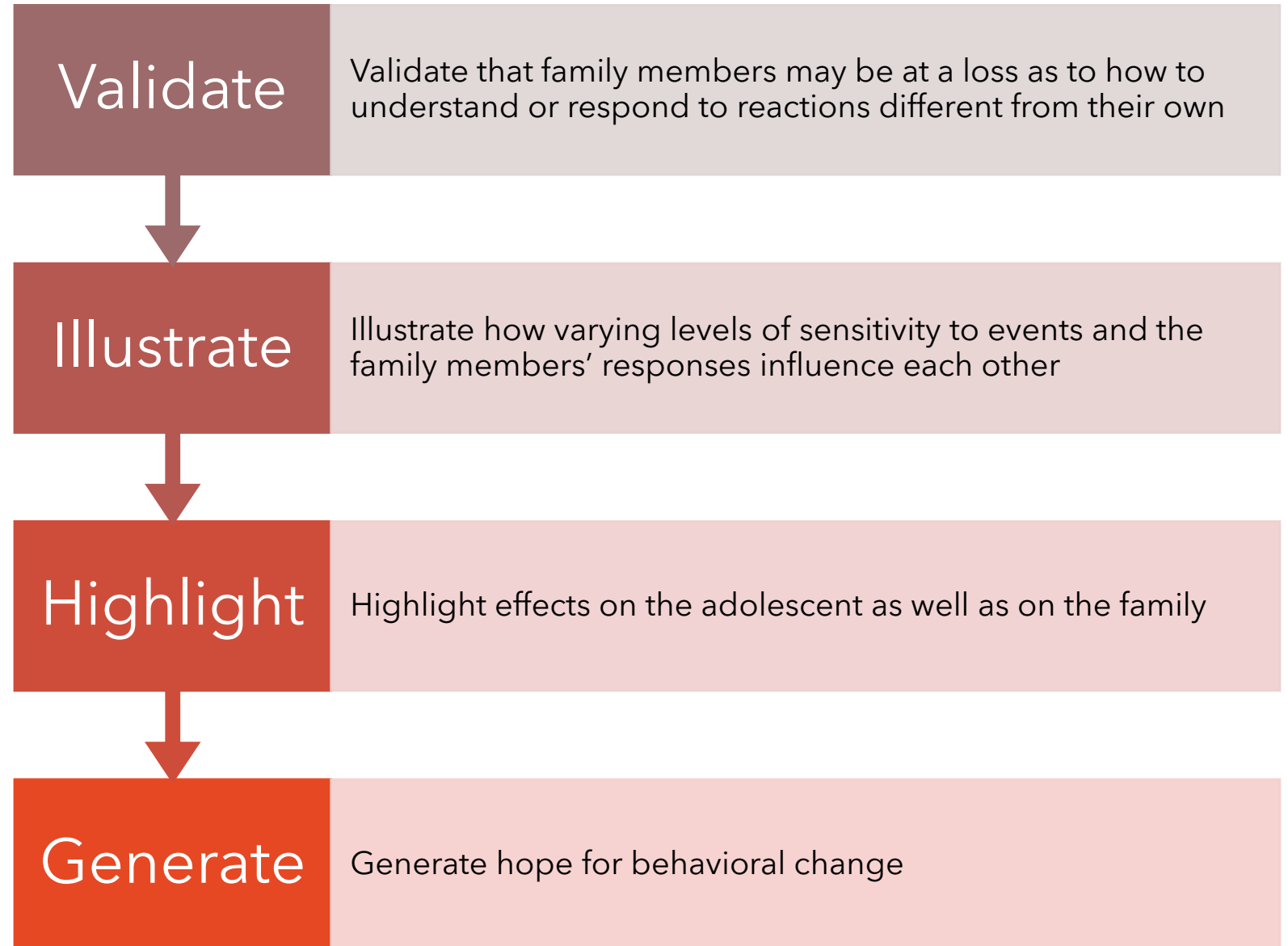
Elicit examples from family (without breaking confidentiality)



Underscore that differing responses to events have a cause other than "bad character" or "manipulative" intention

Remember, adolescent experiences emotion in a different way ("brains are different")

# Teaching the Biosocial Model to Adolescents & Families



# Sample orientation handouts

## THE BIOSOCIAL THEORY (or, how come I have so much trouble with emotions?)

### Environment

An invalidating environment can make it really hard for an **emotionally vulnerable** person. Invalidation makes it especially hard to regulate emotions.

People in the **invalidating environment** are not comfortable with or may be confused by your strong, frequent emotions.

In an effort to get those emotions to go away, people in this **environment** frequently tell you to stop having emotional reactions. They may tell you your reactions are invalid, weird, wrong, or crazy.



Don't be such a baby! Quit your blubbering.



Normal people don't get this frustrated.



Quit being such a chicken and just solve the problem.

Everyone experiences **invalidation** fairly frequently.

**Problems** seem to arise when there is a repeated **transaction** between the vulnerability and the environment, where each affects the other over a period of time. This is can be a big problem when one is very young and just learning about emotions.

## THE BIOSOCIAL THEORY (or, how come I have so much trouble with emotions?)

### Biology

Some people are simply born more **emotionally vulnerable** than others:



They are more **sensitive** to emotional stimuli, so they experience emotions much more often than others.

It can feel like emotions hit for no reason, from out of the **blue**. They can accurately detect very subtle emotional information in the environment, that others don't even notice.



They also have more **intense** emotions it can feel like emotions hit like a ton of **bricks**.

And emotions are **long lasting** to return to emotional baseline.

It can seem that the emotions take forever to **fade**. This long period of emotional arousal makes them even more vulnerable to the next emotional stimulus.



**Emotional vulnerability** can be difficult to deal with.

You may feel like you're on an emotional roller coaster.



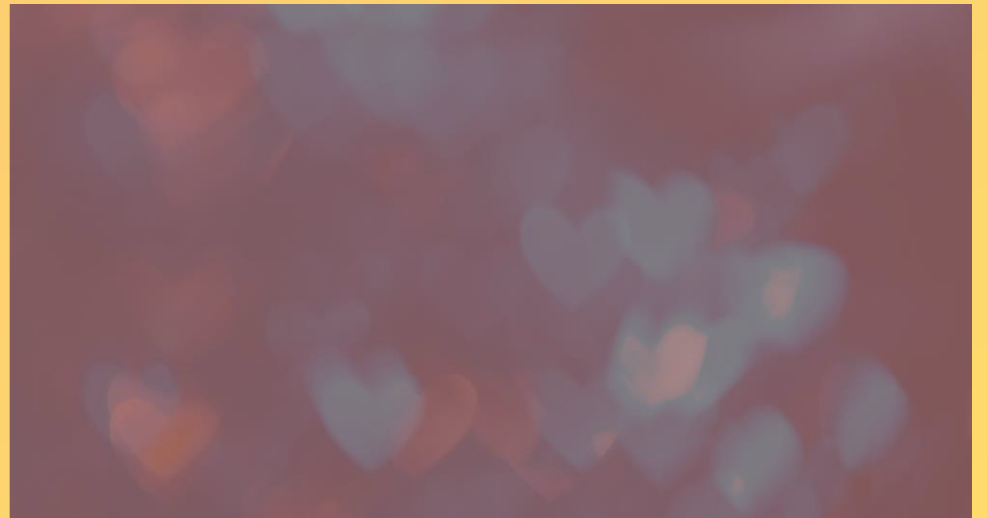
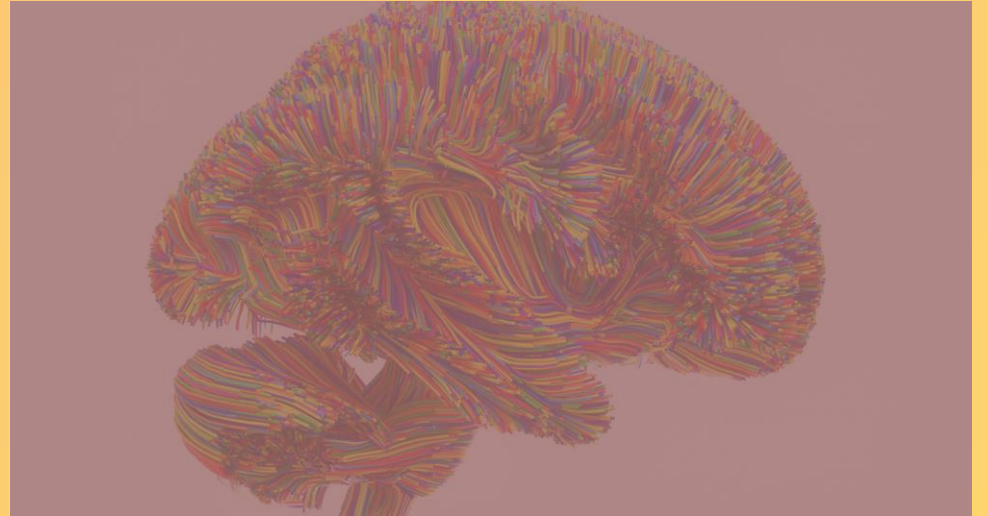
The **up-side** is, you may be more sensitive to subtle nuances in your environment, and can therefore be more responsive to others. You may also feel love, connection, passion, and joy more strongly.

The **down-side** is, you will feel distressing emotions more strongly, too. People are often uncomfortable around strong emotion. They may try to get you to stop having emotions to increase their own comfort level.

As far as we know, **emotional vulnerability** is biological. It's simply how some people are born.



# Middle Path





# Dialectical Synthesis the “middle path”

## Dialectical Analyses

- Truth is sought through efforts to discover what is left out of current ways of ordering events

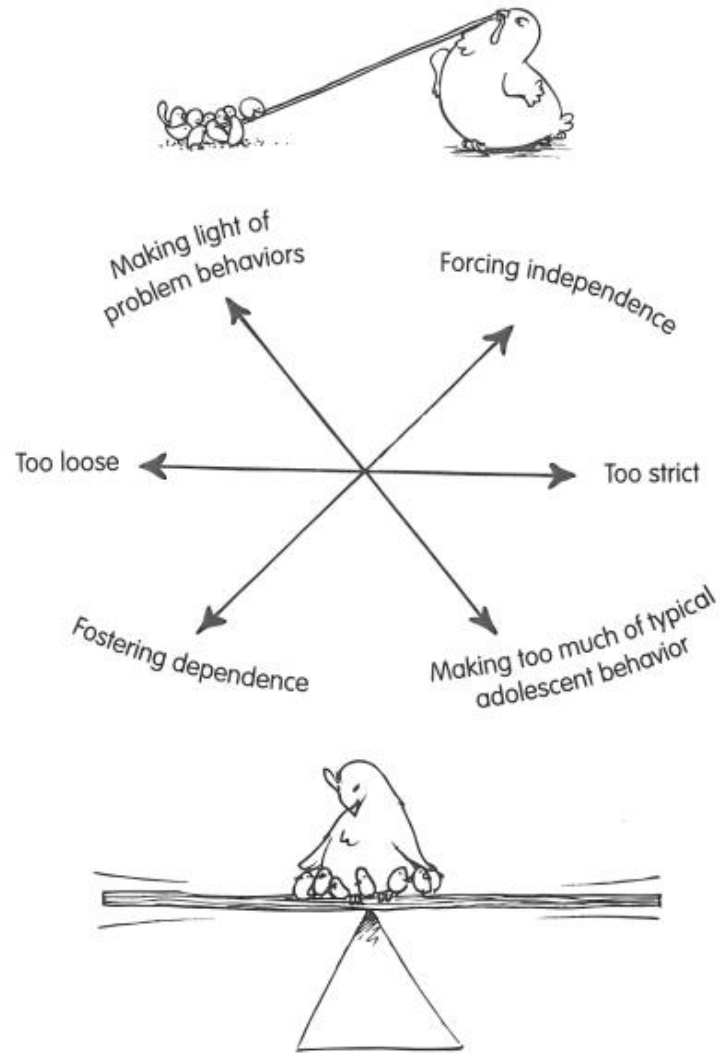
## Dialectical Lifestyle

- Walking the “middle path” with balanced behavior patterns
- Balanced Actions, Emotions, and Cognition

## Middle Path Module Skills

- Dialectics
- Validation
- Behaviorism

## Dialectical Dilemmas



From *DBT® Skills Manual for Adolescents*, by Jill H. Rathus and Alec L. Miller. Copyright 2015 by The Guilford Press. Permission to photocopy this handout is granted to purchasers of this book for personal use only (see copyright page for details). Purchasers can download and print additional copies of this handout from [www.guilford.com/rathus-forms](http://www.guilford.com/rathus-forms).

## Dialectical Dilemmas: How Does the Dilemma Apply to You?

Too loose



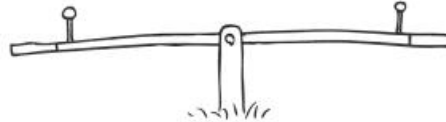
Too strict

Have clear rules and enforce them consistently

**AND AT THE SAME TIME**

Be willing to negotiate on some issues and don't overuse consequences

Making light  
of problem  
behaviors



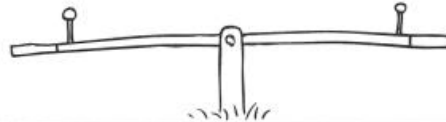
Making too  
much of typical  
adolescent  
behavior

Recognize when a behavior "crosses the line" and get help for that behavior

**AND AT THE SAME TIME**

Recognize which behaviors are part of typical adolescent development

Forcing  
independence



Fostering  
dependence

Give your adolescent guidance, support, and coaching to help figure out how to be responsible

**AND AT THE SAME TIME**

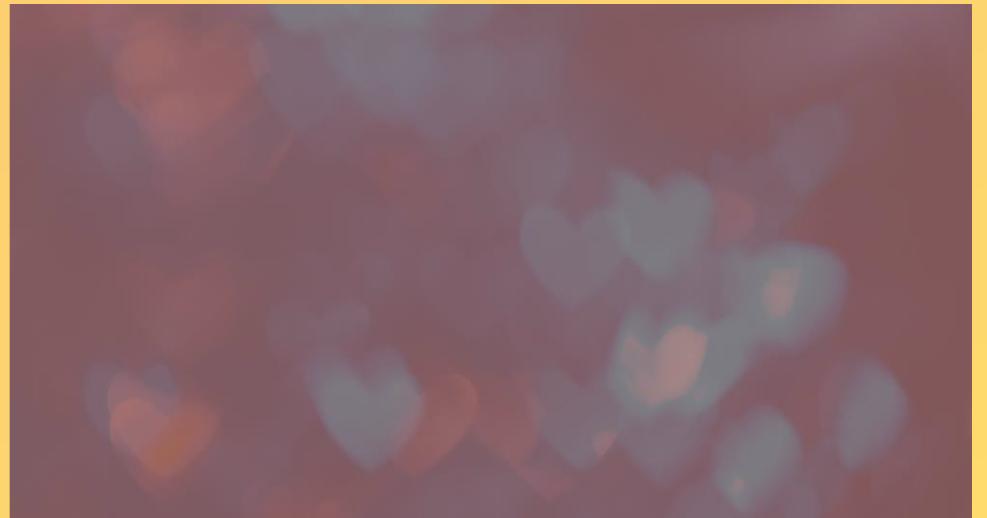
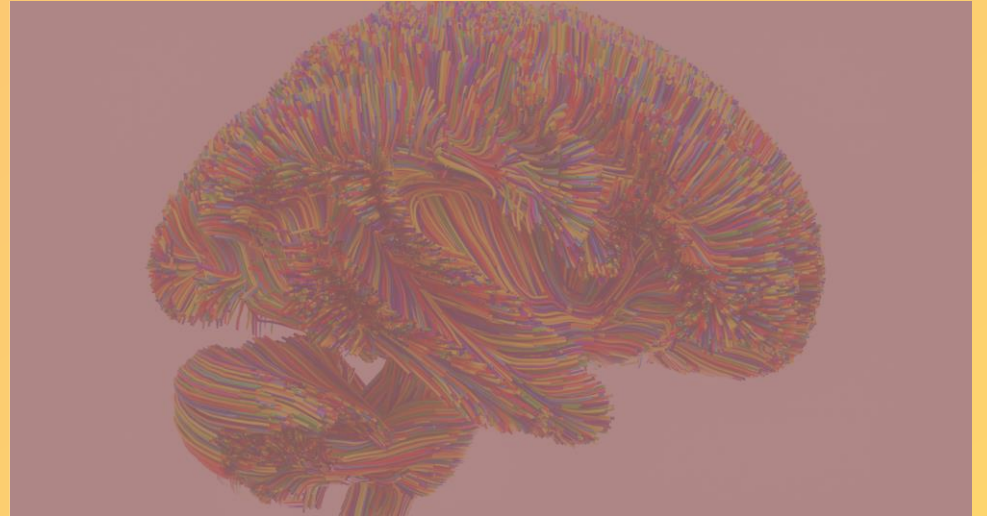
SLOWLY give your adolescent greater amounts of freedom and independence while continuing to encourage an appropriate amount of reliance on others

Place an "X" on each continuum to note where you are, a "Y" where your family member is, and a "Z" for a second family member.

What do you need to do to think and act more dialectically?

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# Validation



# Validation

Find the wisdom, correctness, or value in the individual's emotional, cognitive, and overt behavioral responses

Therapist observes and believes in the client's inherent ability to get out of the misery that is her/his life and build "a life worth living"

Therapist plays to the client's strengths, not to their fragility

## INTERPERSONAL EFFECTIVENESS HANDOUT 17

(Interpersonal Effectiveness Worksheet 12)

### Validation

#### VALIDATION MEANS:

- Finding the kernel of truth in another person's perspective or situation; verifying the facts of a situation.
- Acknowledging that a person's emotions, thoughts, and behaviors have causes and are therefore understandable.
- *Not* necessarily agreeing with the other person.
- *Not* validating what is actually invalid.

#### WHY VALIDATE?

- It improves our relationships by showing we are listening and understand.
- It improves interpersonal effectiveness by reducing:
  1. Pressure to prove who is right
  2. Negative reactivity
  3. Anger
- It makes problem solving, closeness, and support possible.
- Invalidation hurts.

#### IMPORTANT THINGS TO VALIDATE

- The valid (and *only* the valid).
- The facts of a situation.
- A person's experiences, feelings/emotions, beliefs, opinions, or thoughts about something.
- Suffering and difficulties.

#### REMEMBER:

- Every invalid response makes sense in some way.
- Validation is not necessarily agreeing.
- Validation doesn't mean you like it.
- Only validate the valid!



## A “How To” Guide to Validation

### 1. ☐ Pay Attention:

Look interested, listen, and observe. No multitasking. *Make eye contact.* Stay focused. Nod occasionally. Respond with your face (e.g., smile at happy statements; look concerned when hearing something painful).

### 2. ☐ Reflect Back:

Say back what you heard or observed to be sure you actually understand what the person is saying. *No judgmental language or voice tone!*

Try to really “get” what the person feels or thinks. Have an open mind. (No disagreeing, criticizing, or trying to change the person’s mind or goals.) Use a voice tone that allows the other person to correct you . . . and *check the facts!*

**Example:** *“So you are mad at me because you think I lied just to get back at you. Did I get it right?”*

### 3. ☐ “Read Minds”:

Be sensitive to what is *not* being said by the other person. Pay attention to facial expressions, body language, what is happening, and what you know about the person already. Show that you understand in words or by your actions. *Be open to correction.*

**Example:** *When you are asking a friend for a ride at the end of a long day and the person slumps down, say, “You look really tired. Let me look for someone else.”*

### 4. ☐ Understand:

Look for how the other person feels, is thinking, or if he or she is making sense, given the person’s history, state of mind or body, or current events (i.e. the causes)—even if you don’t approve of the person’s behavior, or if his or her belief is incorrect. Say *“It makes sense that you . . . because . . .”*

**Example:** *If you sent a party invitation to the wrong address, say, “I can see why you thought I might be excluding you on purpose.”*

### 5. ☐ Acknowledge the valid:

Show that you see that the person’s thoughts, feelings, or actions are valid, given current reality and facts. Act as if the person’s behavior is valid.

**Example:** *If you are criticized for not taking out the garbage on your day, admit that it is your day and take it out. If people present a problem, help them solve it (unless they just want to be heard). If people are hungry, give them food. Acknowledge the effort a person is making.*

### 6. ☐ Show Equality:

Be yourself! Don’t “one-up” or “one-down” the other person. Treat the other as an equal, not as fragile or incompetent.

**Example:** *Be willing to admit mistakes. If someone introduces him- or herself by first name, introduce yourself by your first name. Ask other people for their opinions. Give up being defensive. Be careful in giving advice or telling someone what to do if you are not asked or required to do so. Even then, remember you could be wrong.*

# Tips for Validation

You need a trusting relationship before you try mind reading, validating past experience, and radical genuineness

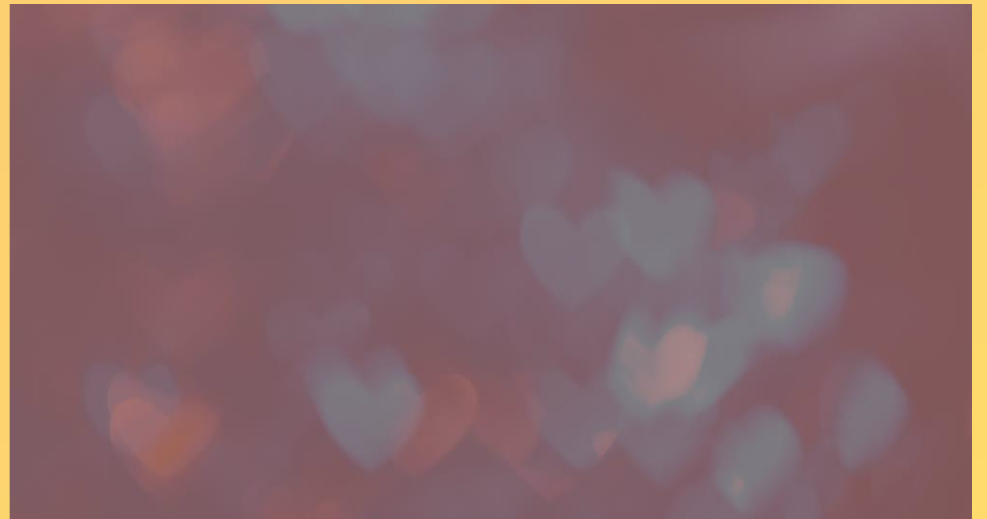
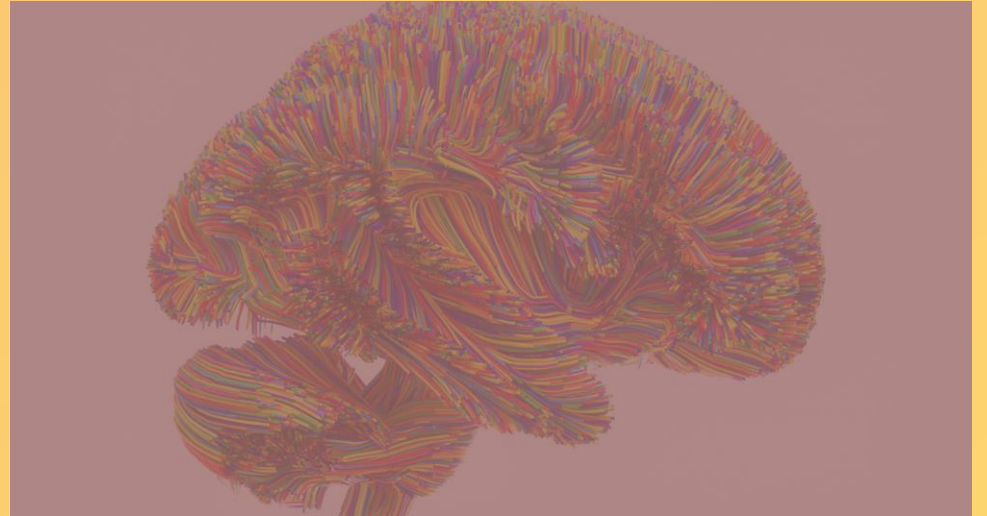
Increase validation when client is doing a behavior that is difficult

Increase validation in the presence of escalating emotion

Increase validation in presence of increased environmental stress



# Behaviorism



# Change in DBT

1

Perform a behavioral analysis of targeted behavioral problem

2

Perform a solution analysis, in which alternate behavioral solutions are developed

3

Orientate client to proposed solution

4

Elicit commitment to try solution

5

Apply solution

# Behaviorism in DBT



In DBT, any response of an organism, such as thinking, emoting, sensing, and over motor behavior = behavior



Develop understanding of behavioral patterns related to target behavior

Story of the problem vs. behavior pattern



Reinforcers and Aversives



Is there adequate contingency management?



Encouragement (shaping)

## INTERPERSONAL EFFECTIVENESS HANDOUT 20

(Interpersonal Effectiveness Worksheet 14)

### Strategies for Increasing the Probability of Behaviors You Want

Describe behaviors for yourself or others that you would like to start or increase:

---

**Reinforcer = A consequence that increases frequency of a behavior.**

**Positive reinforcement = positive consequences (i.e., reward).**

Behavior is increased by consequences a person wants, likes, or will work to get.

Examples: \_\_\_\_\_

**Negative reinforcement = removal of negative events (i.e., relief).**

Behavior is increased by consequences that stop or reduce something negative.

Examples: \_\_\_\_\_

**Shaping = Reinforcing small steps toward the behavior you want.**

- Reinforce small steps that lead toward the goal.
- As new behavior stabilizes, require a little bit more before reinforcing.
- Continue until you reach the goal behavior.

Examples of steps to a goal behavior: \_\_\_\_\_

\_\_\_\_\_

**Timing counts.**

- Reinforce behavior immediately after it occurs.
- When shaping new behavior, at first reinforce every instance of the behavior.
- Once behavior is established, gradually start to reinforce only some of the time.

**CAUTION: When you vary reinforcement, behavior becomes *very* hard to stop.**

## INTERPERSONAL EFFECTIVENESS HANDOUT 22

(Interpersonal Effectiveness Worksheets 14, 15)

### Tips for Using Behavior Change Strategies Effectively

#### Summary so far:

<u>Goal</u>		<u>Consequence</u>
Increase behavior	(Reinforce)	<ul style="list-style-type: none"><li>• Add positive consequence</li><li>• Remove aversive consequence</li></ul>
Weaken behavior	(Extinguish)	<ul style="list-style-type: none"><li>• Remove reinforcer</li><li>• Provide relief <i>before</i> unwanted behavior</li></ul>
Suppress behavior	(Punish)	<ul style="list-style-type: none"><li>• Add aversive consequence</li><li>• Remove positive consequence</li></ul>

#### Not all consequences are created equal.

**"One person's poison can be another person's passion."**

**Context counts.** A reinforcer in one situation can be punishment in another.

**Quantity counts.** If a reinforcer is too little or too much, it will not work.

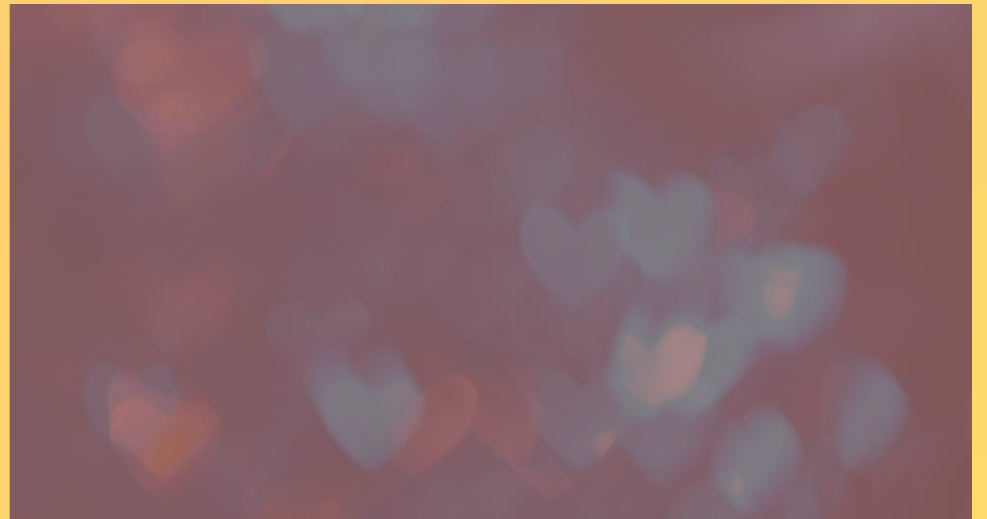
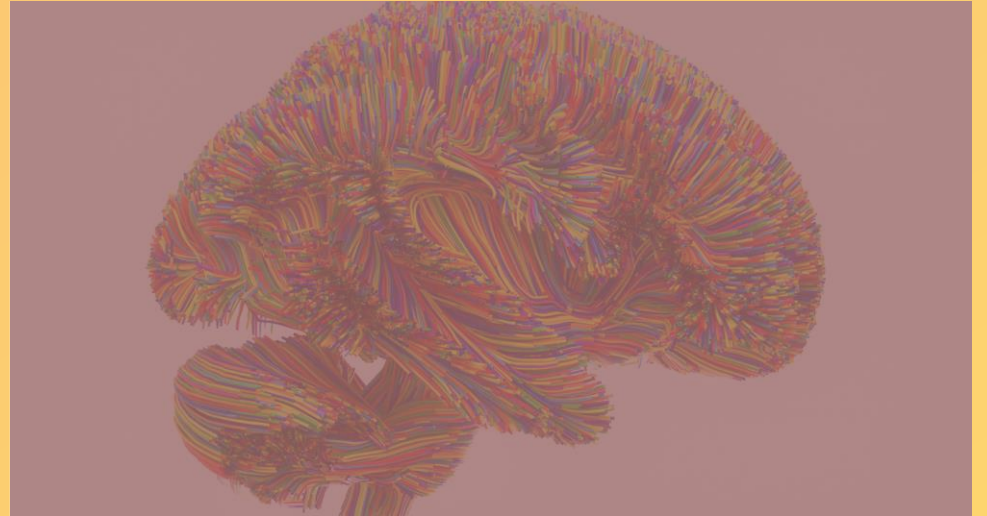
**Natural consequences work best.** Let them do the work when possible.

**Ask what consequence** the person would work to get (reinforcer) or work to avoid (punisher).

**Observe changes in behavior** when a consequence is applied.

**Behavior learned in one situation may not happen in another situation.**

# Skills Group



## Benefit of multi-family group

---

Builds compassion (for each other, for other families)

---

Validation teaching and opportunities (impact invalidating environment)

---

Behaviorism teaching and opportunities (increase likelihood of getting reinforced for behavior if parent is bought in. . . creates context for skills)

# Multi family skills training

Structuring sessions

Balancing attention to teen and parent

Role playing: who are the players?

Leader/co-leader roles

Homework/Practice



# Basis Structure of Skills Training in Multi-Family Group

- 6-8 youth and their parents, 90-120 minutes long with 10-15 min break
- Control for contagion—target behaviors are only discussed in individual therapy
- Group is a class—keep emotional intensity low, minimal processing
- Clarify crisis plan during groups for members
- Be Entertaining in presentation, materials, and activities!

# Process Group Vs. Skills Group

	Process group	Skills group
<b>Purpose</b>	Building Insight	Building Skills
<b>Interaction</b>	Freeform, Patient Driven	Structured, Leader Driven
<b>Personal Disclosure</b>	Significant; Required	Not required
<b>Leader Role</b>	Facilitator	Teacher, Facilitator, Model
<b>Joining</b>	Set group membership	Multiple entry/exit points
<b>Time commitment</b>	Varies	Time-Limited (2-6 months)

# Modules of DBT

Mindfulness and Middle Path ("on ramp")

Distress Tolerance

Interpersonal Effectiveness

Emotion Regulation

# Skills Training

## Structured sessions

- Mindfulness Exercise
- HW/Practice Review
- Break
- New Skill
- Assign Practice

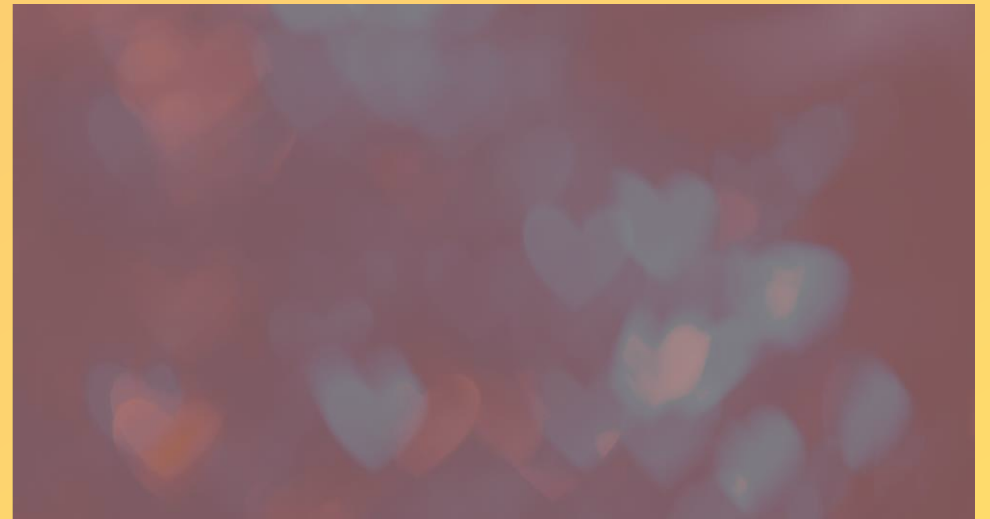
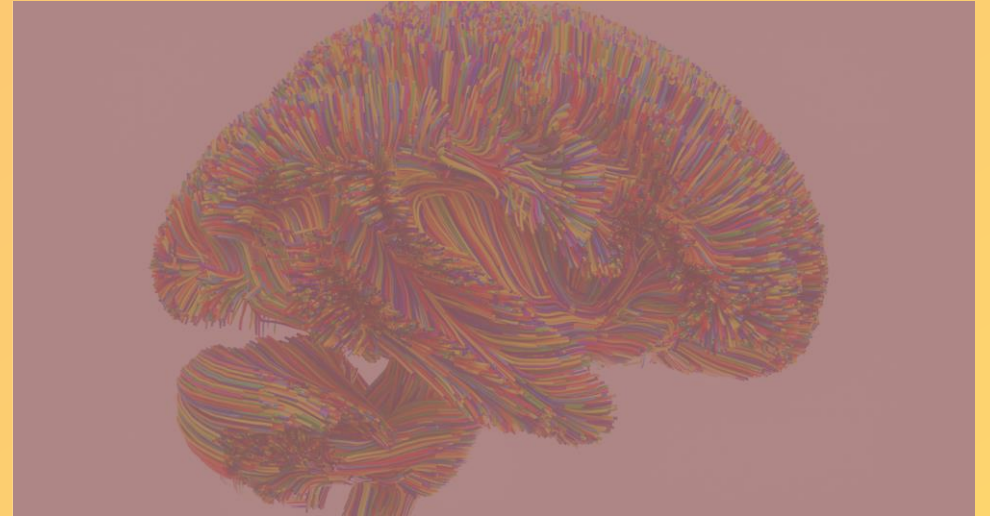
## Balancing attention between group members

## Role playing

## Leader/co-leader roles

## Homework/Practice

# Group Leader and Co-Leader Strategies



# Skill Acquisition Procedures

Instruct

Model

- Therapist model
  - self-involving modeling
  - demonstrating; role-playing to model
  - self-disclosure: modeling
- Participant modeling
- Models in environment
- Models in books, movies, magazines, t.v.
- Stories, metaphors, analogies

# Skill Acquisition Procedures

## Rehearse Behavior

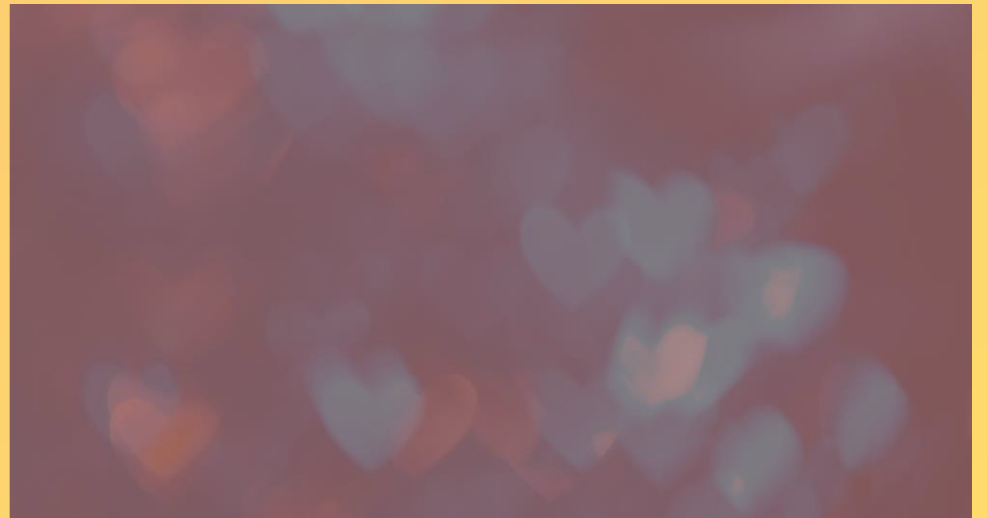
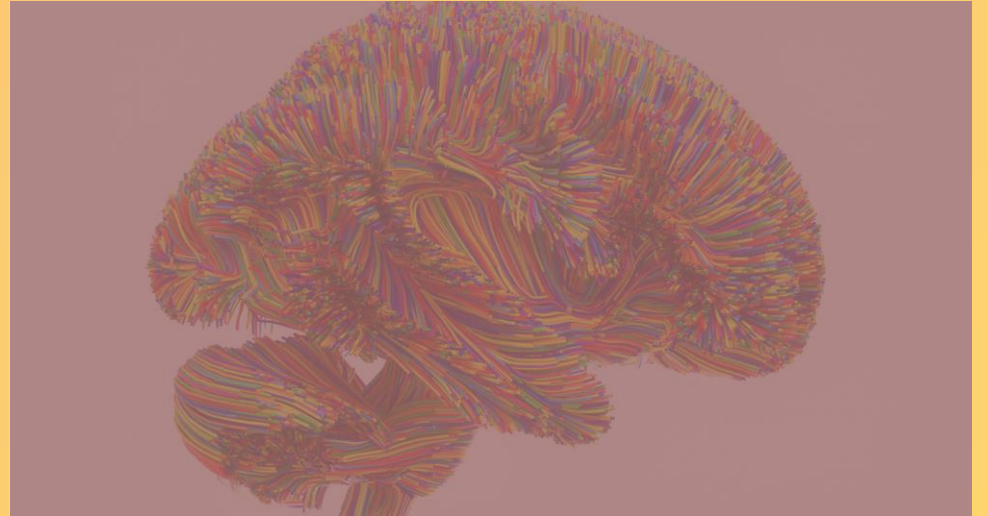
- Describing new behavior
- Covert rehearsal
- Brief, impromptu rehearsal
- Role-playing
- Psychodrama type rehearsal

## Reinforce new skills

- Natural
- Arbitrary

## Coach and give feedback

# DBT Skills





# Mindfulness

### Mindfulness Definitions

#### WHAT IS MINDFULNESS?

- **Intentionally living with awareness in the present moment.**  
(Waking up from automatic or rote behaviors to participate and be present to our own lives.)
- **Without judging or rejecting the moment.**  
(Noticing consequences, discerning helpfulness and harmfulness—but letting go of evaluating, avoiding, suppressing, or blocking the present moment.)
- **Without attachment to the moment.**  
(Attending to the experience of each new moment, rather than ignoring the present by clinging to the past or grabbing for the future.)

#### WHAT ARE MINDFULNESS SKILLS?

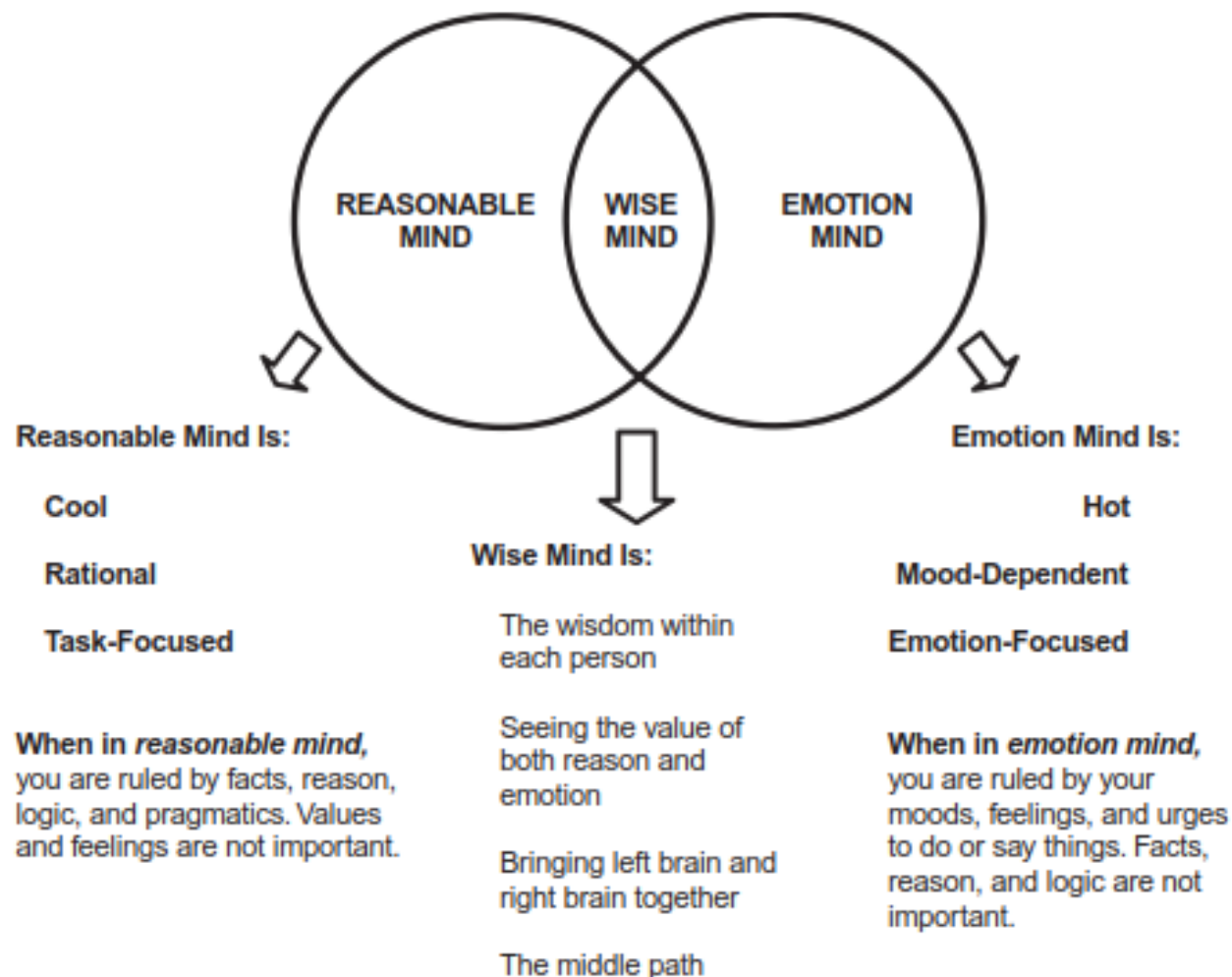
- Mindfulness skills are the specific behaviors to practice that, when put together, make up mindfulness.

#### WHAT IS MINDFULNESS PRACTICE?

- **Mindfulness and mindfulness skills** can be practiced at any time, anywhere, while doing anything. Intentionally paying attention to the moment, without judging it or holding on to it, is all that is needed.
- **Meditation** is practicing mindfulness and mindfulness skills while sitting, standing, or lying quietly for a predetermined period of time. When meditating, we *focus* the mind (for example, we *focus* on body sensations, emotions, thoughts, or our breath), or we *open* the mind (paying attention to whatever comes into our awareness). There are many forms of meditation that differ mostly by whether we are opening the mind or focusing the mind—and, if focusing, depending on what is the focus of our attention.
- **Contemplative prayer** (such as Christian centering prayer, the rosary, Jewish Shema, Islamic Sufi practice, or Hindu raja yoga) is a spiritual mindfulness practice.
- **Mindfulness movement** also has many forms. Examples include yoga, martial arts (such as Qigong, tai chi, aikido, and karate), and spiritual dancing. Hiking, horseback riding, and walking can also be ways to practice mindfulness.



## Wise Mind: States of Mind



# Mindfulness: *Taking Hold of Your Mind “What” Skills*

## Observe

- JUST NOTICE THE EXPERIENCE.
- Have a “TEFLON MIND”.
- CONTROL your attention.
- Be like a guard at the palace gate: Alert!

## Describe

- PUT WORDS ON THE EXPERIENCE.
- PUT EXPERIENCES INTO WORDS.

## Participate

- Enter into & BECOME ONE WITH YOUR EXPERIENCE UNSELFCONSCIOUSLY.
- Act INTUITIVELY from Wise Mind.
- Actively PRACTICE skills as you learn them.

## MINDFULNESS HANDOUT 4

(Mindfulness Worksheets 2–2c, 4–4b)



### Taking Hold of Your Mind: “What” Skills

#### OBSERVE

- ☐ **Notice your body sensations** (coming through your eyes, ears, nose, skin, and tongue).
- ☐ **Pay attention** on purpose, to the present moment.
- ☐ **Control your attention**, but not what you see. Push away nothing. Cling to nothing.
- ☐ **Practice wordless watching**: Watch thoughts come into your mind and let them slip right by like clouds in the sky. Notice each feeling, rising and falling, like waves in the ocean.
- ☐ **Observe both inside and outside yourself.**

#### DESCRIBE

- ☐ **Put words on the experience.** When a feeling or thought arises, or you do something, acknowledge it. For example, say in your mind, “Sadness has just enveloped me,” or “Stomach muscles tightening,” or “A thought ‘I can’t do this’ has come into my mind.”
- ☐ **Label what you observe.** Put a name on your feelings. Label a thought as just a thought, a feeling as just a feeling, an action as just an action.
- ☐ **Unglue your interpretations and opinions** from the facts. Describe the “who, what, when, and where” that you observe. Just the facts.
- ☐ Remember, **If you can’t observe it through your senses, you can’t describe it.**

#### PARTICIPATE

- ☐ **Throw yourself completely into activities of the current moment.** Do not separate yourself from what is going on in the moment (dancing, cleaning, talking to a friend, feeling happy or feeling sad).
- ☐ **Become one with whatever you are doing**, completely forgetting yourself. Throw your attention to the moment.
- ☐ **Act intuitively from Wise Mind.** Do just what is needed in each situation—a skillful dancer on the dance floor, one with the music and your partner, neither willful nor sitting on your hands.
- ☐ **Go with the flow.** Respond with spontaneity.

## MINDFULNESS HANDOUT 5

(Mindfulness Worksheets 2–2c, 5–5c)



### Taking Hold of Your Mind: “How” Skills

#### NONJUDGMENTALLY

- ☐ **See, but don't evaluate as good or bad.** Just the facts.
- ☐ **Accept each moment like a blanket spread out on the lawn,** accepting both the rain and the sun and each leaf that falls upon it.
- ☐ **Acknowledge** the difference between the helpful and the harmful, the safe and the dangerous, **but don't judge them.**
- ☐ **Acknowledge** your values, your wishes, your emotional reactions, **but don't judge them.**
- ☐ When you find yourself judging, **don't judge your judging.**

#### ONE-MINDFULLY

- ☐ **Rivet yourself to now.** Be completely present to this one moment.
- ☐ **Do one thing at a time.** Notice the desire to be half-present, to be somewhere else, to go somewhere else in your mind, to do something else, to multitask—and then come back to one thing at a time.
  - When you are eating, eat.
  - When you are walking, walk.
  - When you are worrying, worry.
  - When you are planning, plan.
  - When you are remembering, remember.
- ☐ **Let go of distractions.** If other actions, or other thoughts, or strong feelings distract you, go back to what you are doing—again, and again, and again.
- ☐ **Concentrate your mind.** If you find you are doing two things at once, stop—go back to one thing at a time (the opposite of multitasking!).

#### EFFECTIVELY

- ☐ **Be mindful of your goals in the situation,** and do what is necessary to achieve them.
- ☐ **Focus on what works.** (Don't let emotion mind get in the way of being effective.)
- ☐ **Play by the rules.**
- ☐ **Act as skillfully as you can.** Do what is needed for the situation you are in—not the situation you wish you were in; not the one that is fair; not the one that is more comfortable.
- ☐ **Let go of willfulness and sitting on your hands.**

# Distress Tolerance

# Teaching Distress Tolerance

---

Primary skill in beginning of treatment

---

---

Bell curve (time vs. emotion)

---

---

What is a crisis? When to use problem solving?

---

---

Distress tolerance = crisis survival strategies and ways to accept reality

---

---

Motto: "Don't make things worse"

---

---

The primary purpose is to often waste time, not feel better.

---



# Distress Tolerance: Specific Skills

ACCEPTS

Self Soothe Skills

TIPS skills (change biology)

IMPROVE

Pros and Cons

Radical Acceptance/Alternate rebellion

Half smile/Accepting reality

Willingness vs Willfulness

# Distress Tolerance Skills

- Crisis survival strategies
  - Distract
  - Self-Soothe
  - IMPROVE the Moment
  - Pros and Cons

## STOP SKILLS



### Stop

Do not just react. Stop! Freeze! Do not move a muscle! Your emotions may try to make you act without thinking. Stay in control!

### Take a step back

Take a step back from the situation. Take a break. Let go. Take a deep breath. Do not let your feelings make you act impulsively.

### Observe

Take notice of what is going on inside and outside of you. What is the situation? What are your thoughts and feelings? What are others saying or doing?

### Proceed mindfully

Act with awareness. In deciding what to do, consider your thoughts and feelings, the situation, and other people's thoughts and feelings. Think about your goals. What do you want to get from this situation? Which actions will make it better or worse?

## CHANGING BODY CHEMISTRY: (To reduce extreme emotion mind QUICKLY)

Remember these as "TIP" skills

**T**

**Tip the TEMPERATURE of your face:**  
**USE ICE WATER TO CALM YOURSELF DOWN FAST**  
by changing the response of your autonomic nervous system

- \*Put your face in a bowl of ICE WATER (30 seconds),  
OR splash ICE WATER on your face,  
OR hold a gel ICE pack (or zip-lock ICE WATER) on your face.

**I**

**INTENSELY EXERCISE**  
to calm down your body when it is revved up by emotion

- Engage in intense exercise, if only for a short while.
- Expend your body's stored up physical energy by:  
Running, Walking Fast, Jumping, Playing Basketball, Weight Lifting, etc.

**P**

**PACE YOUR BREATHING BY SLOWING IT DOWN**

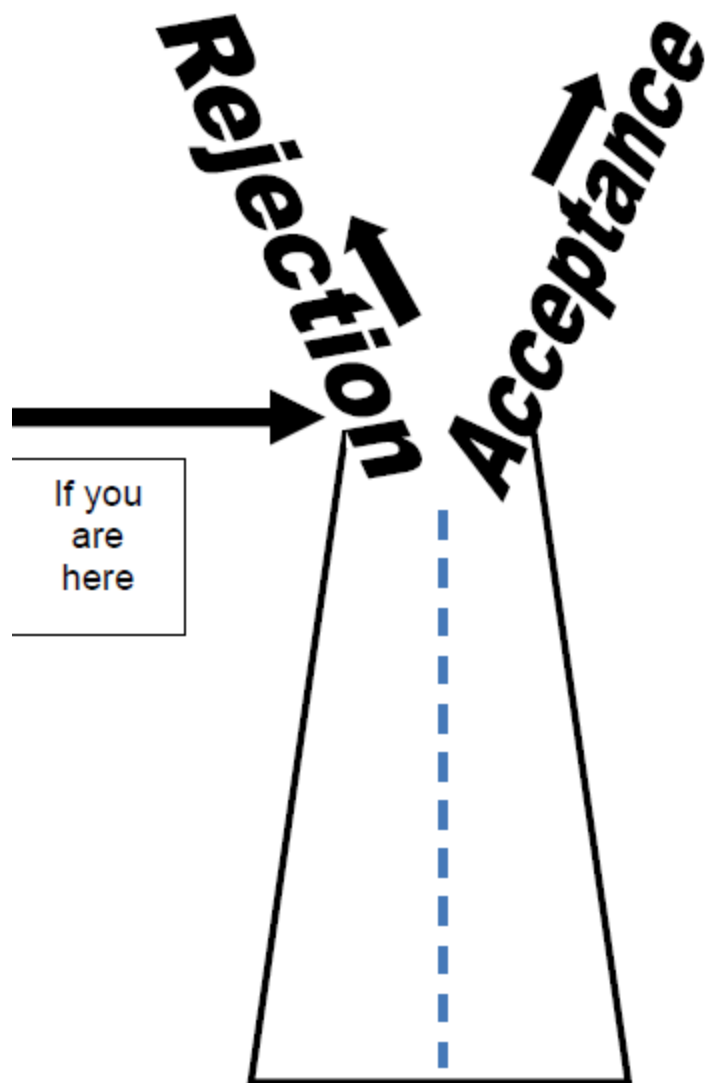
- Slow your pace of inhaling and exhaling *way down*  
(on average 5 to 7 in and out breaths per minute).
- Breathe deeply from the abdomen.
- Breathe OUT more slowly than you breathe IN  
(for example, 4 seconds in and 8 seconds out).

### **PROGRESSIVELY RELAX YOUR MUSCLES**

- Starting with your hands, moving to your  
forearms, upper arms, shoulders, neck, forehead, eyes,  
cheeks & lips, tongue & jaw, chest, upper back, stomach,  
buttocks, thighs, calves, ankles, feet.
- TENSE (5 seconds,  $\frac{3}{4}$  of the way),  
Then let go, RELAX each muscle (all the way).  
NOTICE the tension. NOTICE the difference when relaxed.

# Distress Tolerance Skills

- Guidelines for Accepting Reality
  - Observing Your Breath
  - Half-smiling
  - Awareness
  - Radical Acceptance
  - Turning the Mind
  - Willingness



## TURNING THE MIND STEP-BY-STEP

1. **OBSERVE** that you are not accepting. (Look for anger, bitterness, annoyance, avoiding emotions, saying "Why Me" "Why is this happening", "I can't stand this," "it shouldn't be this way")
2. Go within yourself and **MAKE AN INNER COMMITMENT** to accept reality as it is.
3. **DO IT AGAIN**, over and over. Keep turning your mind to acceptance each time you come to the fork in the road where can reject reality or accept it.
4. **DEVELOP A PLAN** for catching yourself when you drift out of acceptance in the future.

# Emotion Regulation

# Teaching Emotion Regulation Skills

Skills that lead to long term improvement in therapy

Are more difficult/intimidating to use



# Emotion Regulation Skills: Specific Skills

Goals

How  
Emotions  
work

ABC PLEASE

Mindfulness  
to Emotion

Opposite  
Action



### What Emotions Do for You

#### EMOTIONS MOTIVATE (AND ORGANIZE) US FOR ACTION

- Emotions motivate our behavior. Emotions prepare us for action.  
The action urge of specific emotions is often “hard-wired” in biology.
- Emotions save time in getting us to act in important situations.  
Emotions can be especially important when we don’t have time to think things through.
- Strong emotions help us overcome obstacles—in our minds and in the environment.

#### EMOTIONS COMMUNICATE TO (AND INFLUENCE) OTHERS

- Facial expressions are hard-wired aspects of emotions.  
Facial expressions communicate faster than words.
- Our body language and voice tone can also be hard-wired.  
Like it or not, they also communicate our emotions to others.
- When it is important to communicate to others, or send them a message,  
it can be very hard to change our emotions.
- Whether we intend it or not, our communication of emotions influences others.

#### EMOTIONS COMMUNICATE TO OURSELVES

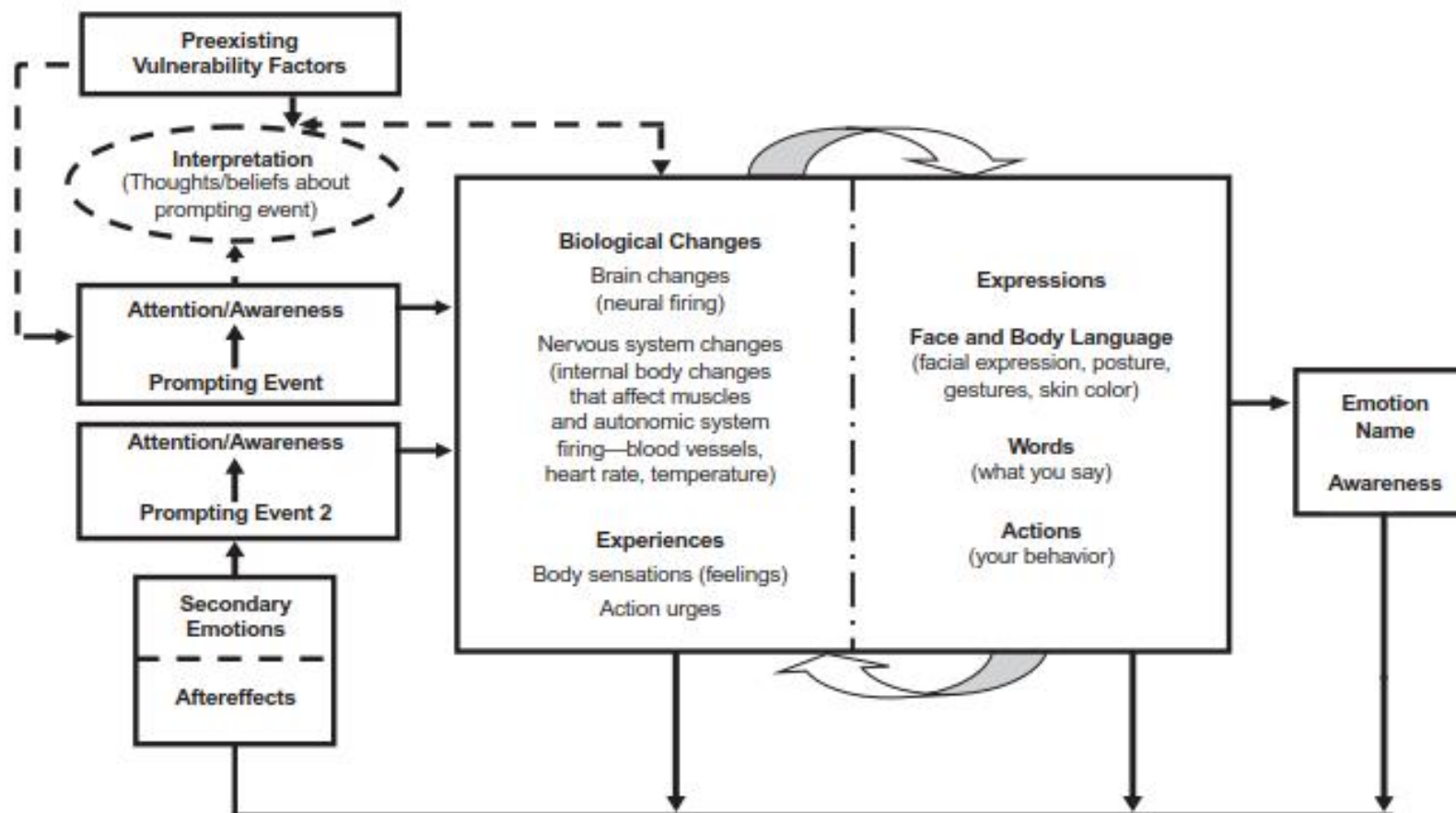
- Emotional reactions can give us important information about a situation.  
Emotions can be signals or alarms that something is happening.
- Gut feelings can be like intuition—a response to something important about the situation.  
This can be helpful if our emotions get us to check out the facts.
- **Caution:** Sometimes we treat emotions as if they are facts about the world: The stronger the emotion, the stronger our belief that the emotion is based on fact. (Examples: “If I feel unsure, I am incompetent,” “If I get lonely when left alone, I shouldn’t be left alone,” “If I feel confident about something, it is right,” “If I’m afraid, there must be danger,” “I love him, so he must be OK.”)
- If we assume that our emotions represent facts about the world, we may use them to justify our thoughts or our actions. This can be trouble if our emotions get us to ignore the facts.

## EMOTION REGULATION HANDOUT 5

(Emotion Regulation Worksheets 4, 4a)



### Model for Describing Emotions



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## Check the Facts

### FACTS

Many emotions and actions are set off by our thoughts and interpretations of events, not by the events themselves.

#### Event → Thoughts → Emotions

Our emotions can also have a big effect on our thoughts about events.

#### Event → Emotion → Thoughts

Examining our thoughts and *checking the facts* can help us change our emotions.

### HOW TO CHECK THE FACTS

**1. Ask: What is the emotion I want to change?**

(See Emotion Regulation Handout 6: Ways of Describing Emotions.)

**2. Ask: What is the event prompting my emotion?**

Describe the facts that you observed through your senses.

Challenge judgments, absolutes, and black-and-white descriptions.

(See Mindfulness Handout 4: Taking Hold of Your Mind: "What" Skills.)

**3. Ask: What are my interpretations, thoughts, and assumptions about the event?**

Think of other possible interpretations.

Practice looking at all sides of a situation and all points of view.

Test your interpretations and assumptions to see if they fit the facts.

**4. Ask: Am I assuming a threat?**

Label the threat.

Assess the probability that the threatening event will really occur.

Think of as many other possible outcomes as you can.

**5. Ask: What's the catastrophe?**

Imagine the catastrophe really occurring.

Imagine coping well with a catastrophe (through problem solving, coping ahead, or radical acceptance).

**6. Ask: Does my emotion and/or its intensity fit the actual facts?**

Check out facts that fit each emotion.

Ask Wise Mind.

(See Emotion Regulation Handout 11: Figuring Out Opposite Actions, and Emotion Regulation Handout 13: Reviewing Problem Solving and Opposite Action.)

## EMOTION REGULATION HANDOUT 9

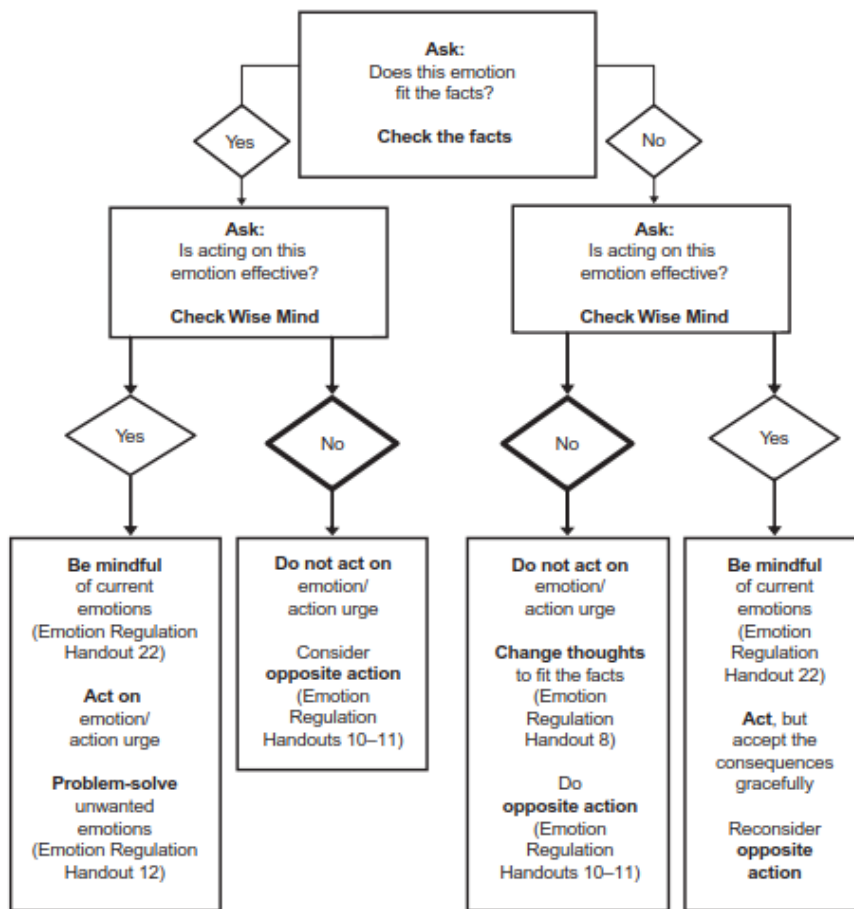
(Emotion Regulation Worksheet 6)



### Opposite Action and Problem Solving: Deciding Which to Use

Opposite action = Acting opposite to an emotion's action urge

Problem solving = Avoiding or changing (solving) a problem event



## EMOTION REGULATION HANDOUT 14

(Emotion Regulation Worksheets 9–14b)

### Overview: Reducing Vulnerability to Emotion Mind— Building a Life Worth Living

A way to remember these skills is to remember the term **ABC PLEASE**.

#### **ACCUMULATE POSITIVE EMOTIONS**

**A**

**Short Term:** Do pleasant things that are possible now.

**Long Term:** Make changes in your life so that positive events will happen more often in the future. Build a “life worth living.”

#### **BUILD MASTERY**

**B**

Do things that make you feel competent and effective to combat helplessness and hopelessness.

#### **COPE AHEAD OF TIME WITH EMOTIONAL SITUATIONS**

**C**

Rehearse a plan ahead of time so that you are prepared to cope skillfully with emotional situations.

#### **PLEASE TAKE CARE OF YOUR MIND BY TAKING CARE OF YOUR BODY**

**PLEASE**

Treat Physical illness, balance Eating,  
avoid mood-Altering substances, balance Sleep,  
and get Exercise.



# Emotion Regulation Skills

## Understand

Understand emotions

- Observe and describe
- Function of emotions

## Reduce

Reduce emotional vulnerability

- Decrease negative vulnerability
- Increase positive emotions

## Decrease

Decrease emotional suffering

- Letting go
- Mindfulness

## Change by

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



# Teaching Interpersonal Effectiveness Skills/Specific skills



Practice, practice,  
practice



Goals



Barriers



DEARMAN, GIVE,  
FAST



How hard to  
ask/say no



Practice, practice,  
practice

# Objectives Effectiveness

- Getting Your Objective: DEAR MAN
  - Describe the current situation
  - Express feelings and opinions
  - Assert by asking or saying no
  - Reinforce the person ahead of time
  - Mindful of objectives without distraction
    - Broken Record
    - Ignoring Attacks
  - Appear effective and competent
  - Negotiate alternative solutions
    - Turn the Tables

# Relationship Effectiveness

- Keeping the Relationship:
- GIVE SKILLS
  - Gentle manner without attack or threat
  - Interested in the other person
  - Validate other person without judging
  - Easy Manner with humor or a "soft sell"

# Self-Respect Effectiveness

- Keeping Your Self-respect:
- FAST SKILLS
  - Fair to self and others
  - (No) Apologies for being alive
  - Stick to values
  - Truthful without excuses or
  - exaggeration

# Graduating Skills Training

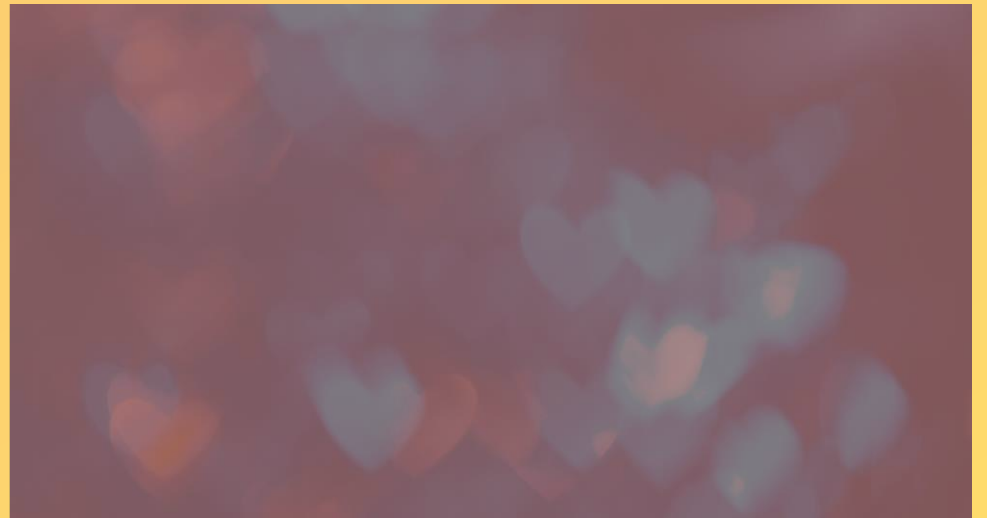
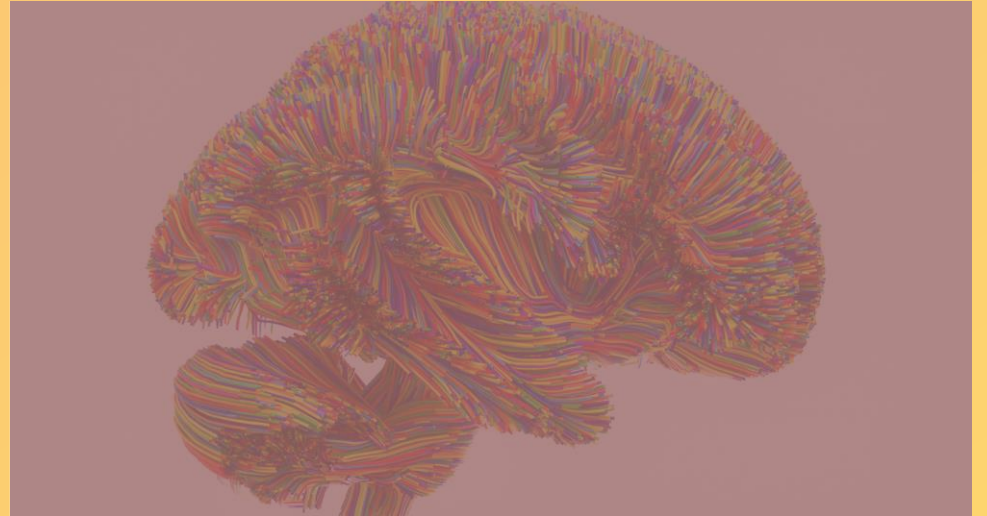
Skills application is the responsibility of the individual therapist

Client does not need to be able to utilize all skills at all times to end skills training

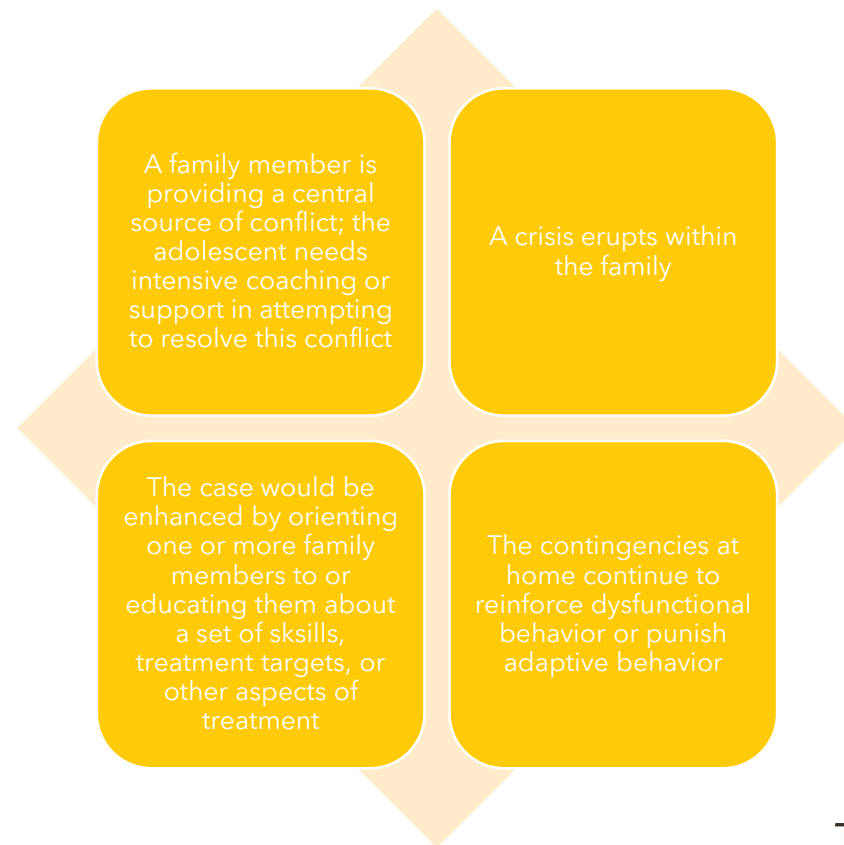
Skills training ends when curriculum ends in time limited groups OR

Skills training ends when client "tests out" in open groups

# Family Involvement



# When to Involve Families in treatment



*Table 9.1, Miller et al. 2007*

# Family Sessions

DBT is not family therapy

Be clear about rationale for sessions

Be clear about who will attend

Prepare adolescent for session

Family Behavioral Analysis



# Family Behavioral Analysis

Orient to target of analysis

Orient to collaborative nature of the task

Orient to transactional nature of family interactions

Ask someone to start (often the adolescent)

Family members share perspective on chain of events

Observe in-session behavior of family members as source of additional information

## Targets of Intervention for Family Sessions in Crisis Situations (Table 9.2)

- Prepare adolescent for family interactions
- Increase parental understanding of adolescent's emotional vulnerability
- Address parents emotional dysregulation
- Improve communication between adolescent and family members
- Modify contingencies in family environment
- Take steps to keep adolescent safe

# Prepare adolescent for family interactions

1

Identify goals of  
family meeting

2

Consider possible  
family sources of  
adolescent's emotion  
dysregulation

3

Rehearse effective  
skill use, including  
ways to handle  
adolescents emotion  
dysregulation in  
session

4

Anticipate difficulties  
and trouble shoot

## Increase parental understanding of emotional vulnerability



Provide psychoeducation  
regarding emotion  
dysregulation



Help parents increase empathy  
for adolescents' pain while  
decreasing judgmental reactions

# Address parents' emotional dysregulation

01

Anticipate  
despair, anxiety;  
other strong  
reactions from  
parents

02

Validate parents'  
distress and  
concerns

03

Cheerlead  
parents' ability to  
get through the  
crisis

# Improve communication between adolescent and family members

- Increase validating and decrease invalidating communication
- Decrease negativity in family interactions
- Increase use of behavioral skills

# Modify contingencies in family environment

01

Increase parental  
responsiveness  
during noncrisis  
behaviors

02

Increase  
reinforcement of  
adaptive  
behaviors

03

Decrease  
reinforcement of  
maladaptive  
behaviors

# Take steps to keep adolescent safe

Provide psychoeducation to parents regarding risk assessment



Increase parental monitoring of the adolescent



Devise a detailed plan to keep the adolescent safe



Anticipated crisis recurrence and stay in touch



## Strategies for handling mismatches in perceptions of crises (Table 9.3)

- When parents' and adolescent's perceptions of a crisis do not match
- When parents' and therapist's perceptions of a crisis do not match
- When synthesis cannot be achieved and therapist still differs from parents
- If pursuing other options is not possible or there is still no agreement

# When parents' and adolescent's perceptions of a crisis do not match

- Increase empathy in perspective taking
  - Aim: to achieve dialectical synthesis
- Enhance accurate communication; employ behavioral rehearsal
  - Aim: to help adolescent increase accurate communication of distress
  - Aim: to help parents increase accurate communication of concern

# When parents' and therapist's perceptions of a crisis do not match

- Assess further; consider input from parents seriously; empathize with their viewpoint
- Consider parents to be additional experts on their children
  - Aim: to achieve dialectical synthesis
- Explain therapist perspective; provide rationale; employ psychoeducation (e.g., regarding disorder, treatment, learning theory); employee commitment strategies
  - Aim: to gain commitment to crisis plan

# When synthesis cannot be achieved and therapist still differs from parents

- Provide a range of options when possible (i.e., alternative strategies or treatments)
- Consult to team
  - Aim: to maintain alliance while still providing optimal care

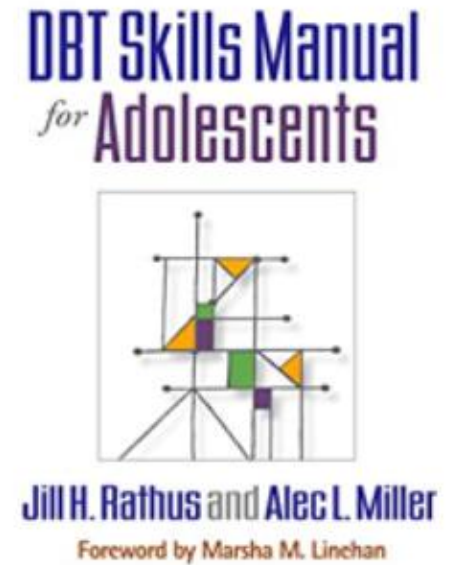
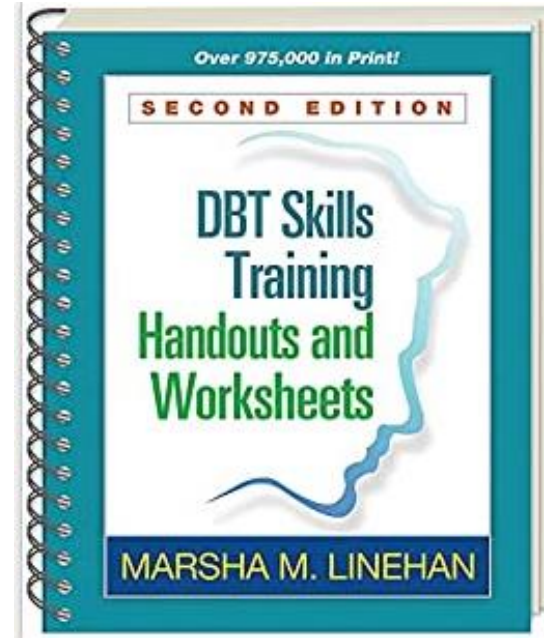
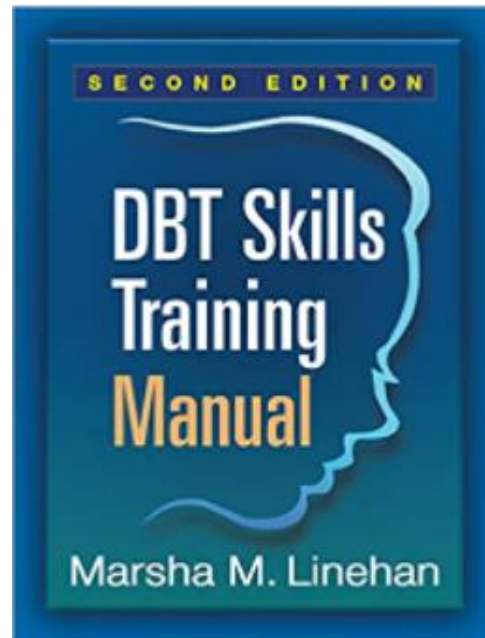
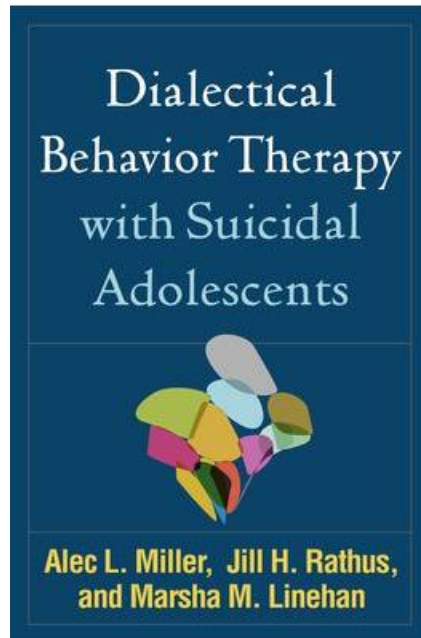
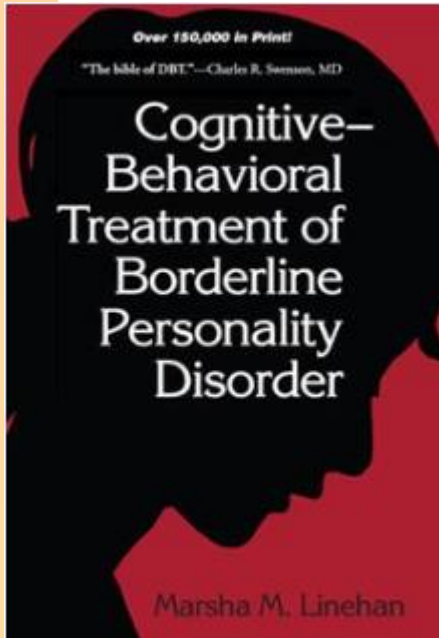
# If pursuing other options is not possible or there is still no agreement

- Refer parents and teen to another provider
  - Aim: to provide parents with a satisfactory option while therapist maintains values or works within areas of competence
- Report for medical neglect (only as a last resort)
  - Aim: to ensure adequate treatment for adolescent

# What Now?

- Reading
- <http://www.behavioraltech.com/>
- 1-2 day Trainings
- Intensive Workshops
- Join a consultation group
- Form a DBT consultation group at your work site

# DBT Books



# Thank you

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