

Manhattan Alternative Wellness Collective DBT Orientation

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The Biosocial Theory

“Biosocial theory is an explanation of how and why some people have so much difficulty with emotional regulation and behavioral control.”
(Linehan, 2015, p. 138)

Emotional
Vulnerability



Invalidating
Environment



Chronic
Emotion
Dysregulation



High sensitivity and reactivity
High arousal and intensive
physical response
Return to baseline is slow



Inappropriate
response from
caregivers



The experience and
expression of emotions is
never learned; this
reinforces internal and
external confusion.

Categories of Dysregulation

Affective Instability (Emotional Vulnerability):

Difficulty regulating and managing both emotions and reactions

Behavior Instability:

Difficulty regulating certain behaviors, often including impulsive and/or self-injurious behaviors

Interpersonal Instability:

Difficulty regulating relationships, often combined with a fear of abandonment.

Self Instability:

Difficulty regulating a consistent sense of self or identity.

Cognitive Instability:

Difficulty managing certain cognitive reactions, like paranoia and dissociation.

What is a Dialectic?

Opposing
Forces

“For everything that exists, there is an opposite. Dialectics tells us that opposing points of view can both be true.”
(Linehan, 2015, pg. 286)

Change is
Constant

“Dialectics helps us radically accept the changes that are continually occurring: meaning and truth also evolve over time.”
(Linehan, 2015, pg. 288)

Connection

“Everything and every person is connected in some way: dialectics reminds us of our connection to the universe.”
“We are all connected to each other physically; each of us has parts, and each is part of a greater whole; separation is an illusion.”
(Linehan, 2015, pg. 287)

Change is
Transactional

“Dialectics help us analyze how we are being influenced by our environment and how we are influencing our environment.”
(Linehan, 2015, pg. 289)

DBT Assumptions (Lineham, 2015, pg. 53)

“People are doing
the best they can.”

“People want to improve.”

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

“People may not have caused all
of their own problems, but they
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.”

What is Comprehensive DBT?

The Four Modes of Treatment

Individual Therapy

“The individual therapist is responsible for helping the patient inhibit maladaptive, borderline behaviors and replace them with adaptive, skillful responses.”

“Individual outpatient therapy sessions are usually held once a week.”
(Linehan, 1993, p. 102)

Skills Training

“DBT skills training is conducted in a psychoeducational format.”
(Linehan, 1993, p. 103)

Phone Consultation

“With a phone call, a patient can obtain the coaching needed for successful skill generalization to take place.”
(Linehan, 1993, p. 104)

Consultation Team (for therapist)

“Problems that arise in a therapist’s delivery of treatment are handled in DBT case consultation meetings.”
(Linehan, 1993, p. 105)

What does DBT Treat?

Borderline personality disorder, including those with co-occurring dx:

Attention deficit hyperactivity disorder (ADHD)

Personality disorders:

Postrumatic stress disorder related to childhood sexual abuse

Major depression, including:

Suicidal and self-harming behavior

Substance use disorders

Post Traumatic stress disorder

High irritability

Antisocial personality disorder

Borderline personality disorder

Histrionic personality disorder

Narcissistic personality disorders

Self-harming individuals with personality disorders

Treatment-resistant major depression

Older adults with chronic depression and one or more personality disorders

What does DBT Treat?

Bipolar
disorders

Emotion
Dysregulation:

Suicidal and
self-harming
adolescents

Eating
Disorders:

Transdiagnostic emotion dysregulation

Pre-adolescent children with severe
emotional and behavioral dysregulation

Binge eating disorder

Bulimia nervosa

What are Treatment Targets?

It's crucial for the therapist and client to agree on treatment targets and goals.

The first set of treatment targets addresses life-threatening behaviors.

The second set of treatment targets addresses any behaviors that harm or undermine the therapy/therapy process.

The third set of treatment targets addresses any behaviors or issues that interfere with a positive and high quality of life.

The fourth treatment target is to stabilize skills learned during the past three treatment targets.

An individual cannot continue with treatment or move on to other treatment targets if unwilling to address the first treatment goal, life threatening behaviors.

Stages of Treatment: Stage 1

Client Characteristics and Treatment Targets

- Life-threatening behaviors:
 - Suicide attempts
 - Suicide crisis behaviors
 - Deliberate self harm
 - Other imminent life threatening behavior
- Serious therapy-interfering behaviors
 - Non Collaborative behaviors
 - Noncompliance
 - Non-attending behaviors
 - Behaviors that interfere with other patients
 - Behaviors that interfere with therapists' ability to treat
- Severe quality-of-life-interfering behaviors:
 - Incapacitating and/or severe mental disorder
 - Extreme poverty/deprivation/homelessness
 - Criminal behaviors with high imminent risk of jail
 - Domestic violence
 - Behavioral dyscontrol with serious consequences
- Severe skills deficits

Stages of Treatment: Stage 2

Client Characteristics and Treatment Targets

- PTSD
- Residual mental disorders with moderate severity not treated in Stage 1:
 - Anxiety disorders
 - Eating disorders
 - Mood disorders
- Emotion dysregulation/dysfunctional intensity or duration of emotions:
 - Shame, guilt, sensitivity to criticism, anger, disgust, envy, jealousy, loneliness, inhibited grieving, emptiness, excessive sadness, fear

Stages of Treatment: Stage 3

Client Characteristics and Treatment Targets

- Problems in living:
 - Mild-severity disorder
 - Difficulties in setting and/or achieving life goals
 - Difficulties with problem solving
 - Low self-efficacy/self-esteem
 - Inadequate quality of life
 - Relationship/marital distress
 - Employment difficulties/distress
 - Mild emotion dysregulation
 - Indecision
- Need for check-ins, checkups, tuneups

Stages of Treatment: Stage 4

Client Characteristics and Treatment Targets

- Incompleteness:
 - Desire for spiritual fulfillment / spiritual direction
 - Desire for peak experiences / experience of reality as it is
 - Boredom
 - End of life issues

What is Taught in a DBT Skills Group?

Mindfulness Skills



“Mindfulness is the act of consciously focusing the mind in the present moment without judgement and without attachment to the moment.”
(Linehan, 2015, p. 151)

Distress Tolerance Skills



“Distress tolerance is the ability to perceive one’s environment without putting demands on it to be different; to experience one’s current emotional state without attempting to change it; and to observe one’s own thoughts and action patterns without attempting to stop or control them.” (Linehan, 2015, p. 416)

Emotion Regulation Skills



“Emotion regulation involves: understanding and naming emotions, changing unwanted emotions, reducing vulnerability to emotion mind, and managing extreme emotions.”
(Linehan, 2015 p. 318)

Interpersonal Effectiveness Skills



“Interpersonal response patterns are broken into three core sections: core interpersonal skills, decreasing interpersonal isolation, and walking the middle path.” (Linehan, 2015, p. 231)

What if I'm Only in a DBT Skills Group?

“DBT skills training is rapidly emerging as a stand-alone treatment.”

“This growing area of research is suggestive that skills training alone can be very effective in many situations.”

“...DBT skills training without concurrent individual therapy has been found effective in a number of areas.”

(Linehan, 2015, pg. 19)

Reducing
depression

Reducing
anger

Emotion
dysregulation:
including affective instability
and emotional intensity

Eating
Disorders

Drinking
Related
Problems

ADHD

“From this group of studies, we can infer that DBT skills training alone may indeed be effective in addressing Axis I mental health symptoms (i.e., MDD, ADHD, and BED).”

“...these findings suggest that DBT skills training alone may be sufficient for addressing behaviors and symptoms of clients without Axis II features—and that DBT skills training alone is not sufficient to address behaviors such as self-harm or suicidality, which are common among individuals with BPD.”

(Valentine et al., 2015, pg. 16)

Resources:

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