Treating Emotion Dysregulation with Dialectical Behavior Therapy Skills Training

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DBT is a Treatment for
Severe, Pervasive, and Chronic
Emotion Dysregulation
(borderline personality disorder)

DBT is a Principle-Driven Treatment

- all CBT strategies are utilized
- minimal use of step-by-step protocols
- flexible use of multiple strategies
- function supersedes form
- based on theory of BPD
- based on behavioral analysis (theory of client)

DBT Strategies

- Individual therapy
  - weekly sessions (usually 60 minutes)
  - telephone skills coaching
  - telephone crisis management
- Skill training (usually group of 5-10)
  - clients do not talk about self-injury or suicidal intent or behavior
  - very structured didactic format
  - not a process group

DBT Treatment Outcomes

UW Replication Study

- Effects of DBT are not simply due to:
  - session attendance
  - getting good therapy (TBE)
  - therapist commitment and confidence
- Expert therapists are better than treatment as usual

DBT Treatment Outcomes

DBT has better outcomes than TAU/TBE on:

- suicidal behavior (self-injury)
- psychiatric admissions and ER
- treatment retention (25% vs. 60% dropouts)
- angry behavior
- global functioning

All treatments show improvement on:

- suicide ideation
- depressed mood
- trait anger

DBT Treatment Outcomes

Linehan DBT Replication Study

		Tx Year		FU Year	
		DBT	TBE	DBT	TBE
Suicide Attempt	23%	47%			
Psych ER		43%	58%	23%	30%
Psych Inpatient	20%	49%	23%	24%	

DBT Interventions are based on

Theory of BPD
and
Theories of Change

Development of BPD

Linehan's Biosocial Theory

Biological and environmental factors account for BPD

- BPD individuals are born with emotional vulnerability
- BPD individuals grow up in invalidating environments
- Reciprocal influences between biological vulnerabilities and an invalidating environment lead to a dysfunction in the emotion regulation system.
- Mutual coercion (don't let this pattern repeat!)

Development of BPD

Linehan's Biosocial Theory

BPD individuals grow up in invalidating environments

- their emotions/struggles get trivialized, disregarded, ignored, or punished (even when normal)
- non-extreme efforts to get help get ignored
- extreme communications/behaviors taken seriously
- sexual abuse

Why?

- parents are cruel (invalidated or abused as children)
- low empathy and skill: don't understand child's struggle and get frustrated and burned out

Development of BPD

Linehan's Biosocial Theory

- BPD individuals learn to invalidate themselves
  - intolerant of their own emotions and struggles (punish, suppress, and judge their emotions, even when normal)
- They easily "feel invalidated" by others
- They still influence others via extreme behaviors
  - self-injury/suicidality to get help
  - aggression, self-injury, and suicidality to get others to back off

Most Good Treatments Don't Work for BPD Patients

BPD has been associated with worse outcomes in treatments of Axis I disorders such as…

- Major depression
- Anxiety disorders
- Eating disorders
- Substance abuse

probably because BPD patients have low tolerance for change-focused treatments.

The Central Dialectic
Acceptance and Change

- BPD clients often feel invalidated when:
  - others focus on change (they feel blamed), but also insist that their pain ends NOW
  - others try to get them to tolerate and accept
- BPD clients need to
  - build a better life and accept life as it is
  - feel better and tolerate emotions better
- Only striving for change is doomed to fail
  - blocking emotions perpetuates suffering
  - disappointed when change is too slow

The Central Treatment Dialectic

Balancing Acceptance and Change

- Balance therapist strategies
  - validation and Rogerian skills
  - CBT: problem-solving, skills, exposure, cognitive restructuring, contingency management
- Balance coping skills
  - skills to change emotions and events
  - acceptance skills are necessary since not enough change occurs and not fast enough

The Central Treatment Dialectic

Acceptance and Change

Soothing versus pushing the client

Validation versus demanding

Theory of BPD

- Numerous serious problems
  - suicidal behavior and nonsuicidal self-injury
  - multiple disorders
  - crisis-generating behaviors (self-sabotage)
- Too many therapy-interfering behaviors
  - poor compliance and attendance
  - strong emotional reactions to therapists
  - therapist overwhelm, helplessness, and burnout
  - therapists judge/blame clients

Theory of BPD

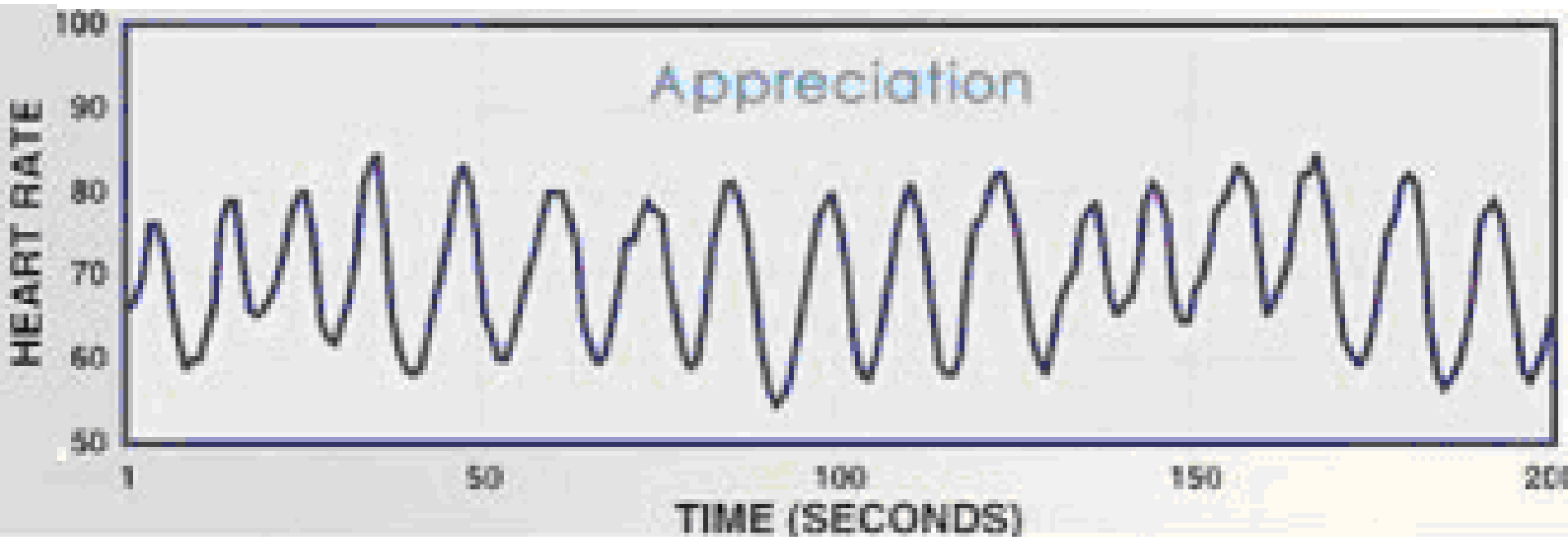
Solutions:

- Highly structured treatment
  - two modes: individual therapy and skills training
- Clear target hierarchy – Most serious behaviors targeted immediately and directly
  - suicidal behavior and nonsuicidal self-injury
  - therapy-interfering behaviors
  - other serious problems
- Stages of treatment
  - start with stabilization, structure, coping skills
- Weekly therapist consultation meeting

Theory of BPD
Core Problem: Emotion Dysregulation

- pervasive problem with emotions
- high sensitivity/reactivity (i.e., easily triggered)
- high emotional intensity
- slow recovery (return to baseline)
- inability to change emotions
- inability to tolerate emotions (emotion phobia)
  - vicious circle (upward spiral)
  - desperate attempts to escape emotions
  - vacillate between inhibition and intrusion
  - inhibited grieving
  - history of invalidation for emotions
  - self-invalidation and shame
- inability to control behaviors (when emotional)


Frustration
HEART RATE
100
90
80
70
60
50
1
50
100
150
TIME (SECONDS)


Appreciation
HEART RATE
100
90
80
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50
1
50
100
150
TIME (SECONDS)

Theory of BPD

Core Problem: Avoidance

- Denial of problems (avoiding feedback)
- Non-assertiveness and social avoidance
- Drug and alcohol abuse
- Self-injury, suicide attempts , and suicide
- Self-punishment, self-criticism (block emotions)
- Dissociation and emotional numbing
- Anger to block other (more painful) emotions
- Anger to divert away from sensitive interactions
- Hospitalization to escape stressful circumstances

Principles of DBT

Functions (overview):

- Enhance capabilities
- Emotion regulation*
- Activate behavior
  contrary to emotions
- Enhance motivation
- Structure environment
- Assure generalization
- Help therapists

Principles of DBT

Functions (overview):

• Enhance capabilities	Skills Training
• Emotion regulation*	
• Activate behavior	Behavioral Activation
contrary to emotions	Opposite Action
• Enhance motivation	MET
• Structure environment	Reinforcement
• Assure generalization	Phone Coaching
• Help therapists	Consultation Meeting

Levels of Validation

- Listen and pay attention
- Show you understand
  - paraphrase what the client said
  - articulate the non-obvious (mind-reading)
- Describe how their behaviors/emotions…
  - make sense given their past experiences
  - make sense given their thoughts/beliefs/biology
  - are normal or make sense now
- Communicate that the client is capable/valid
  - actively “cheerlead”
  - don’t treat them like they’re “fragile” or a mental patient

Validation

What ("yes, that's true" "of course")

- Emotional pain "makes sense"
- Task difficulty "It IS hard"
- Ultimate goals of the client
- Sense of out-of-control (not choice)

How

- Verbal (explicit) validation
- Implicit validation
  - acting as if the client makes sense
  - responsiveness (taking the client seriously)

Self-Validation

Get the patient to say:

"It makes perfect sense that I … because…"

- it is normal or make sense now
- of my past experiences
- of the brain I was born with
- of my thoughts/beliefs

Get the patient to act as if she makes sense:

- non-ashamed, non-angry nonverbal behavior
- confident tone of voice

Problem Solving

Targeting

Figuring out what to focus on:

- Self-injury
- Therapy-interfering behavior
- Emotion regulation and skillful behavior
  - shame and self-invalidation (judgment)
  - anger and hostility (judgment)
  - dissociation and avoidance
- In-session behavior

Understand the Problem

Do detailed behavioral analyses to discover:

- environmental trigger
- key problem emotions (and thoughts)
- what happened right before the start of the urge?
- what problem did the behavior solve?

and conceptualize the problem (i.e., identify factors that interfere with solving the problem)

Understand the Problem

Identify factors that Interfere with solving the problem

- Lack of ability for effective behavior
- Effective behavior is not strong enough
- Thoughts, emotions, or other stronger behaviors interfere with effective behavior

DBT Strategies
Focus on Emotion Regulation

- Reduce emotional reactivity/sensitivity
  - exercise, and balanced eating and sleep
  - exposure therapy
- Reduce intensity of emotion episodes
  - heavy focus on distraction early on, which is a less destructive form of avoidance
- Increase emotional tolerance
  - mindfulness
  - block avoidance
- Act effectively despite emotional arousal

Emotion Regulation Strategies

- Validation/Acceptance (soothing)
- Problem-solving
- Skills training
- Cognitive modification
- Exposure and opposite action
- Reinforcement principles
  - do not collude with avoidance
  - do not let avoidance pay off

Emotion Regulation Skills

- Mindfulness
- Distress Tolerance
  - surviving crises
  - accepting reality
- Emotion Regulation
  - reduce vulnerability
  - reduce emotion episodes
- Interpersonal Effectiveness
  - assertiveness

EMOTION REGULATION HANDOUT 3A

Emotion Dysregulation

Recent History:

Vulnerability Factors make us sensitive to events and thoughts

Reacts literally to "sticky" thoughts

Interpretation
judge, ruminate,
"I can't stand it"
assume the worst
mind-read

Prompting Event 1
(Trigger)
Inside or Outside

CS
CR

Prompting Event 2
primary emotion may trigger a second emotion

Emotions "love themselves" they trigger memories that trigger more of the same emotion

Biological Changes

Brain Activity

Nervous System Change ("fight or flight response")
e.g., heart rate, blood press., more blood to muscles, less blood to skin, temperature)

Experience

Sensations (feelings)

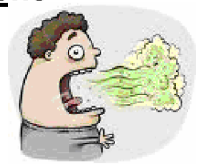
Action Urge

Expression

Face and Body Language
(e.g., facial expression, posture, skin color)

Expression with Words

Actions



Emotion Name

EMOTION REGULATION HANDOUT 3C

Model for Changing Emotions

Vulnerability
PLEASE, Mastery,
Positive Events

See thoughts as thoughts, get unstuck, refocus on facts or current moment (distract)

Interpretation
Check / describe facts
validate, confidence

Prompting Events
Problem solving
Avoid / prevent events

Taking good care of ourselves makes us less sensitive to events, memories, and thoughts

Observe urges and get unstuck from them

Biological Changes

Behaviors

Emotion Name

Skills for Reducing Emotions

- Distraction
  - activities with focused attention
  - self-soothing
- Intense exercise *TIPS*
- Relaxation
  - progressive muscle relaxation
  - slow diaphragmatic breathing
  - HRV biofeedback (BF)
- Temperature
  - ice cubes in hands*
  - face in ice water, cold packs, whole body dunk (BF)

Skills for Reducing Behavior

- Pros/Cons of new behavior
- Mindfulness of current emotion/urge
- Postpone behavior for a specific small amount of time (fully commit)
  - Distract, relax, or self-soothe
  - Postpone behavior again
- Do the behavior in slow motion
- Do the behavior in a very different way
- Add a negative consequence for behavior

Skills for Increasing Behavior

To get opposite action:

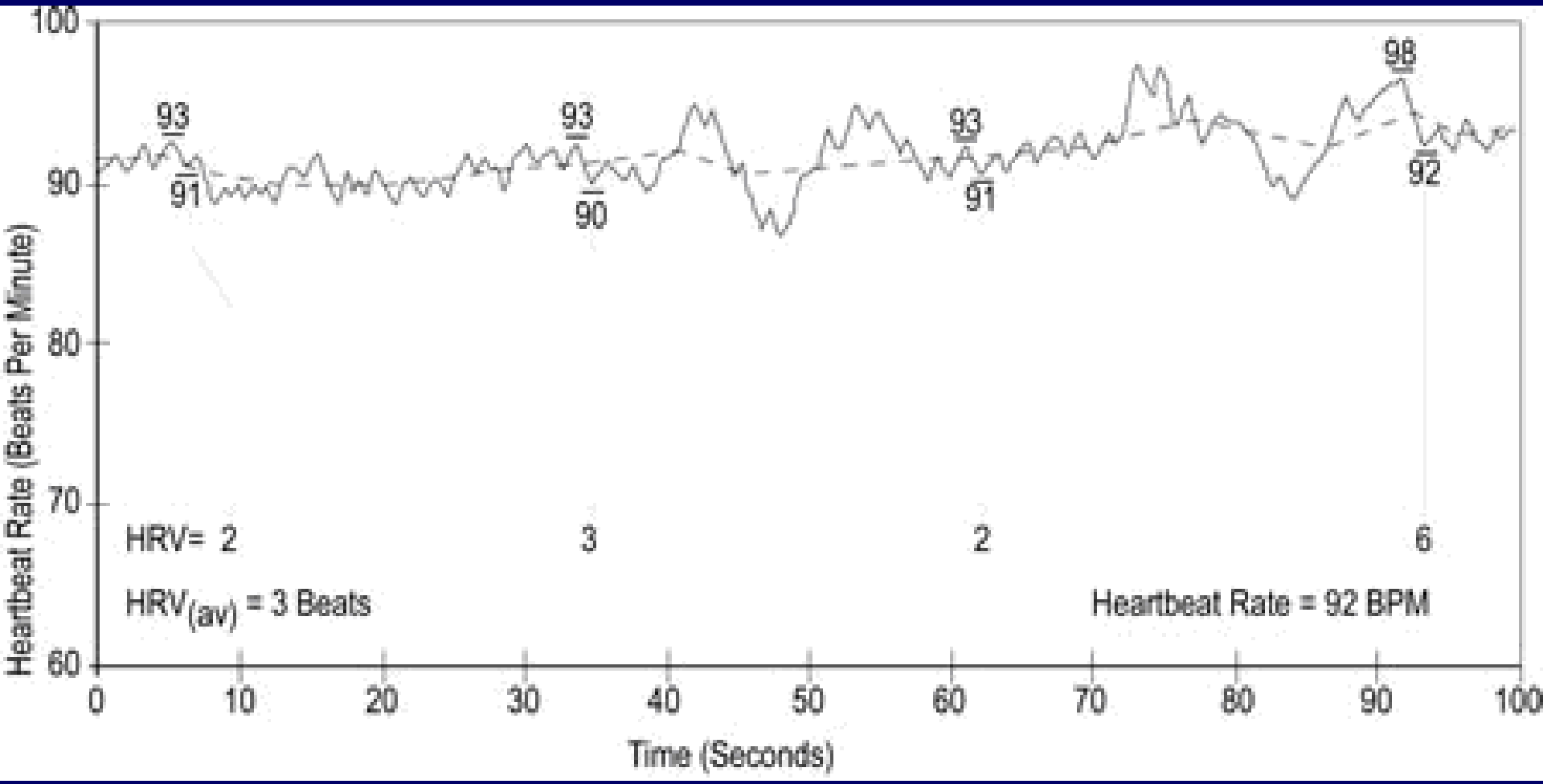
- Pros/Cons of new behavior
- Mindfulness of current emotion/urge
- Break overwhelming tasks into small pieces and do first step
  - something always better than nothing
- Problem solve; Build mastery

Relaxation Training

- Progressive Muscle Relaxation
- Slow breathing
  - breathe from the diaphragm
  - breathe at slow pace (resonant frequency)
    - about 5-6 breaths per minute (4 sec in, 6 sec out)
  - exhale longer than inhale
  - pursed lips
  - maximize HRV
  - biofeedback to maximize placebo effect

Relaxation Training
Goals

- Ability of patient to reduce emotional arousal when triggered
- Reduce vulnerability to emotion triggers


100
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91
98
92
HRV= 2
3
2
6
HRV(av) = 3 Beats
Heartbeat Rate = 92 BPM
Heartbeat Rate (Beats Per Minute)
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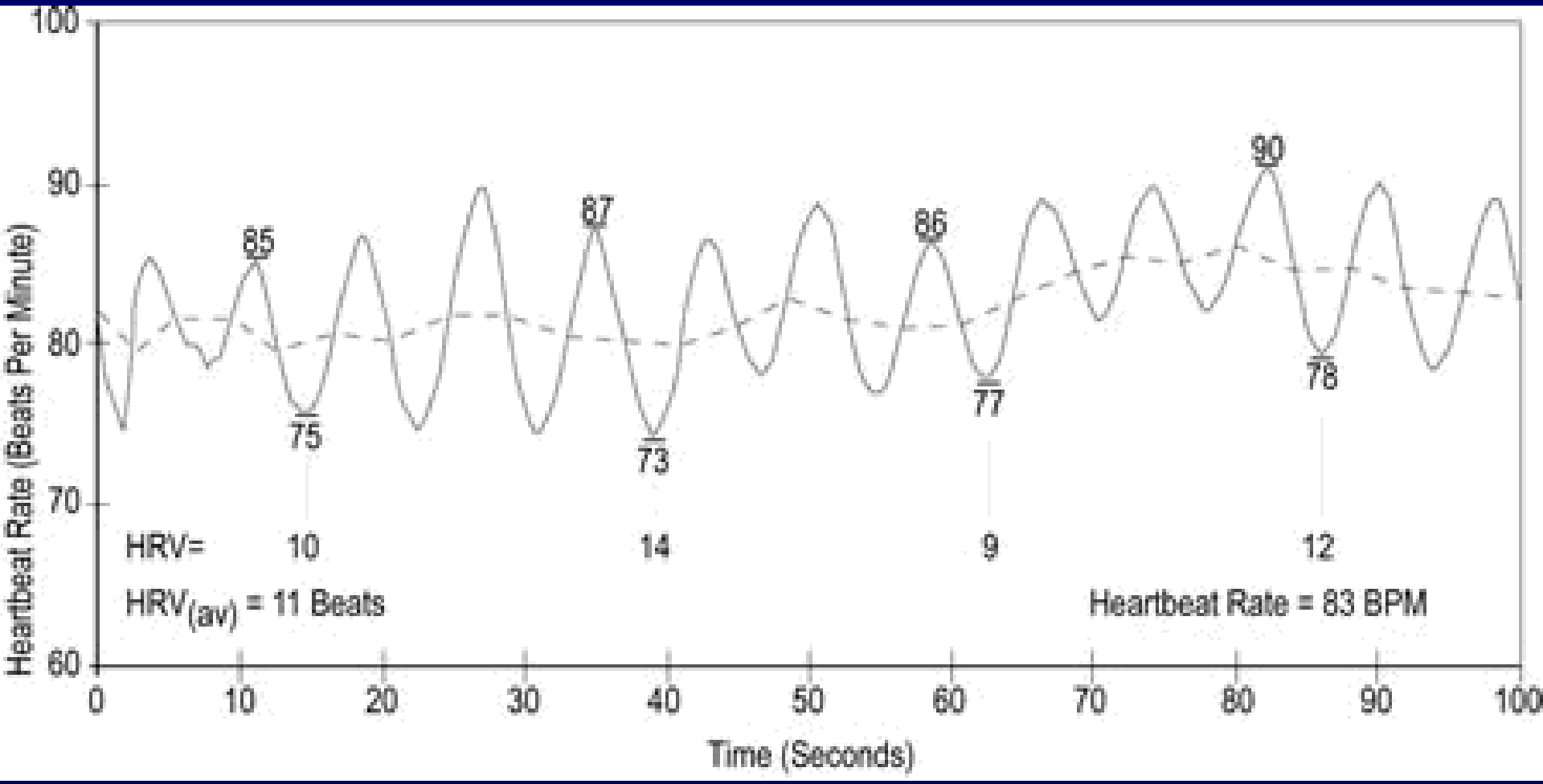
100
Time (Seconds)


100
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Heartbeat Rate (Beats Per Minute)
85
75
87
73
86
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78
HRV=
10
14
9
12
HRV(av) = 11 Beats
Heartbeat Rate = 83 BPM
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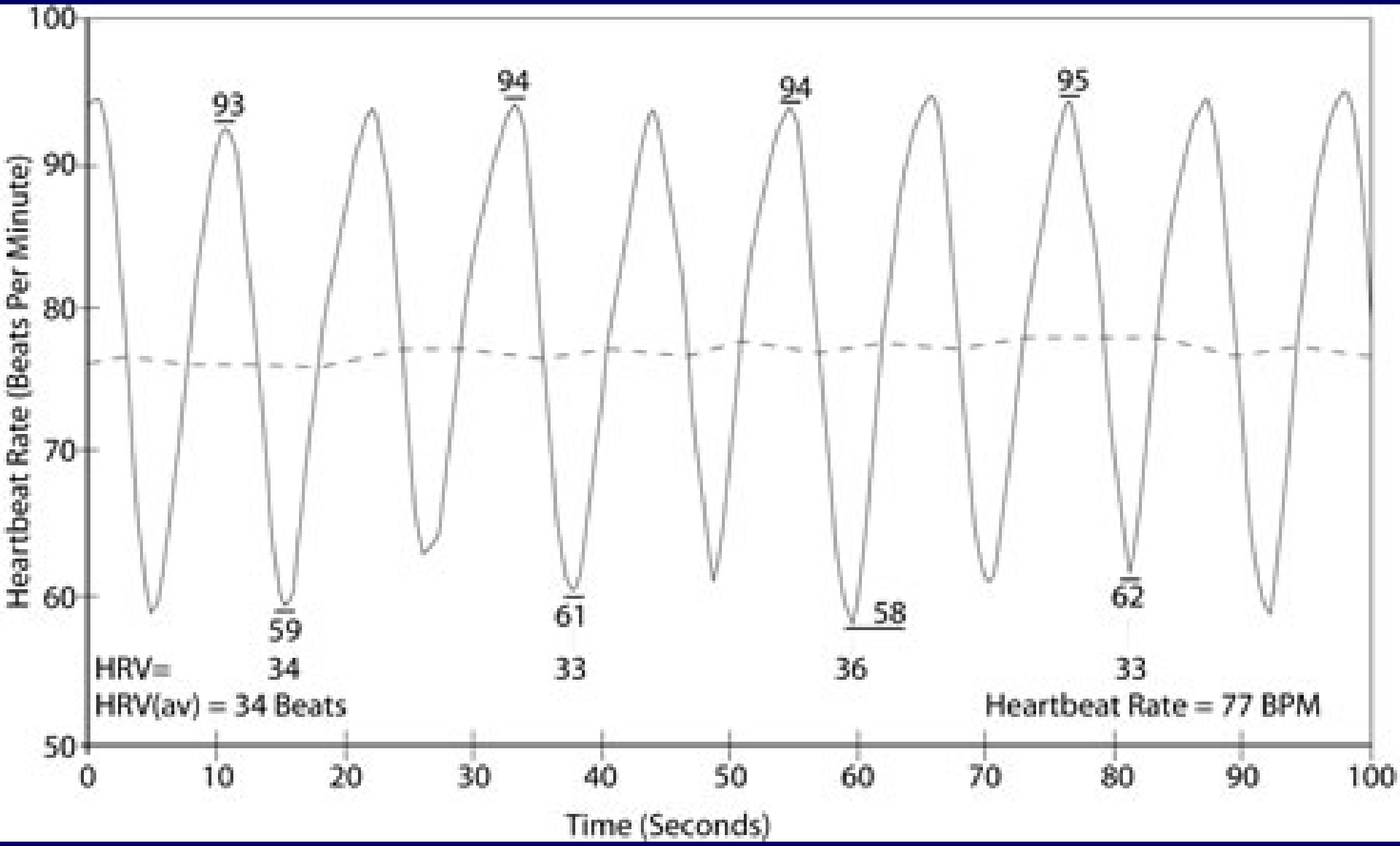
Time (Seconds)


100
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Heartbeat Rate (Beats Per Minute)
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59
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61
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58
95
62
HRV=
34
33
36
33
HRV(av) = 34 Beats
Heartbeat Rate = 77 BPM
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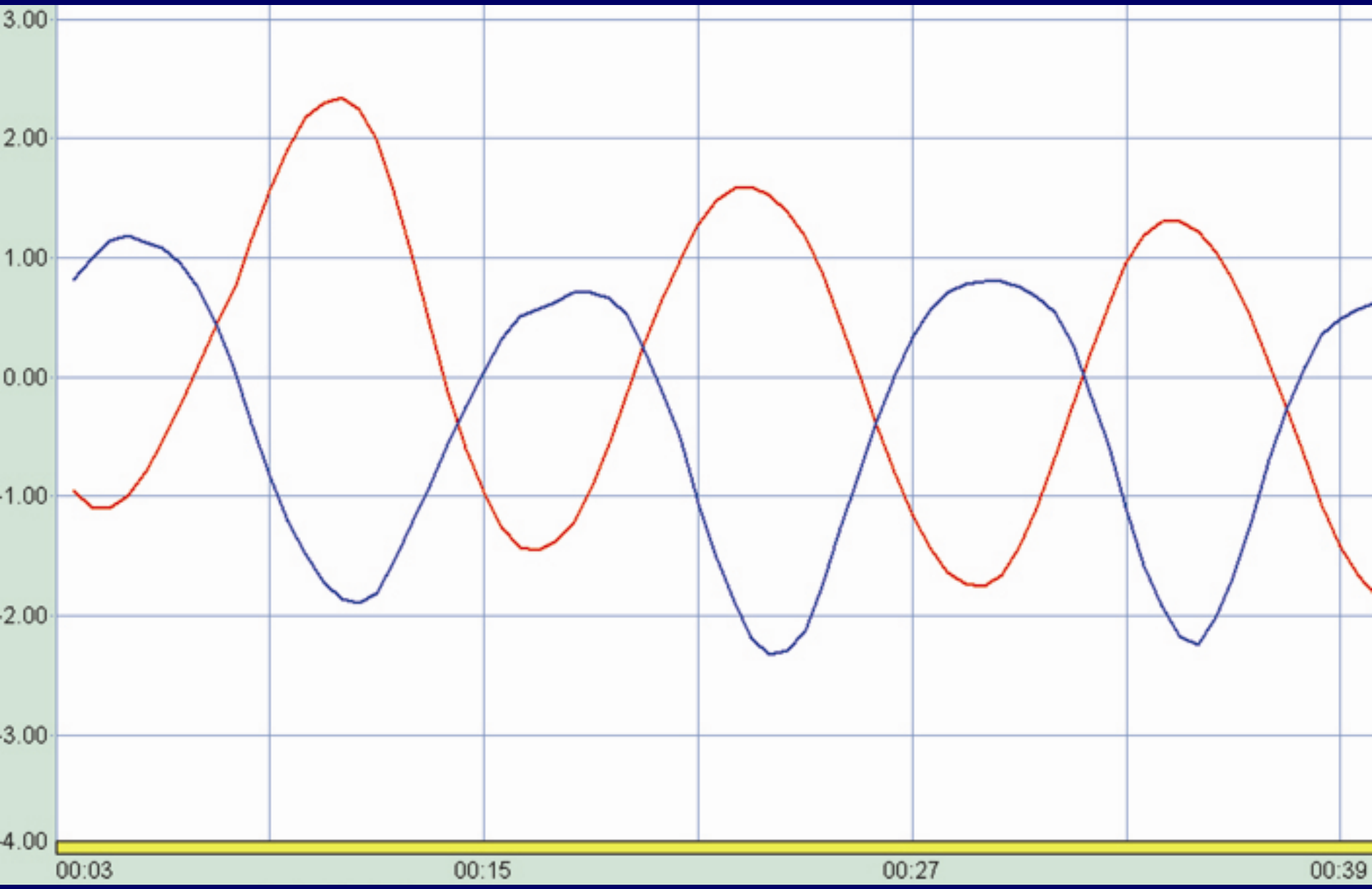
Time (Seconds)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-3.00
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Slow Breathing Training

- Phase 1: breathe at resonant frequency (RF)
- Phase 2: breathe at RF automously
- Phase 3: quickly engage RF when distressed (during or immediately following emotion triggers)

Slow Breathing Training

Problems

- Patient cannot slow breathing enough
  - take a more gradual approach
  - take in more air
- Patient gets light-headed or dizzy and stops slow breathing
  - take in less air
- Patient breathes primarily from upper chest
  - lay down with book on abdomen
- Patient cannot engage RF breathing without prompts or heart rate feedback
  - much more practice (e.g., 20 min/day)
- Patient cannot engage RFB when distressed
  - practice in context (e.g., during exposure therapy)

EMOTION REGULATION HANDOUT 3D

Reacts literally to "sticky" thoughts

Interpretation
"I can't stand it"
"my emotions are bad"
"I shouldn't feel sad"
"it will never end"
"crying is weak"

Secondary Emotions

Prompting Event 2

primary emotion

(triggers a second emotion)

Second Emotion (Internal)

Fast heart beat
High blood pressure
Flushed, hot skin
Urge to attack
Urge to hide

Expression

Clenched fists, hitting

Emotion Name

Anger
Shame
suffering

First Emotion (Internal)

Arousal in body
Tears
Heavy feeling in chest
Tightness in throat
Feel like crying

"I feel sad"
Crying

Emotion Name

Sadness
(pain)

Forcefully suppresses emotion experience, images, and memories

EMOTION REGULATION HANDOUT 3E

Changing Secondary Emotions

See thought as thoughts, get unstuck, refocus on primary emotion

Interpretation
"It's uncomfortable but I can handle it"
"It's normal to feel sad and cry" (validate)
"This too shall pass"

Prompting Event 2

primary emotion

(triggers a second emotion)

Second Emotions (Internal)

Fast heart beat
High blood pressure
Flushed, hot skin
Urge to attack
Urge to hide

Expression

Clenched fists, hitting
Hiding and looking down

First Emotion (Internal)

Arousal in body
Tears
Heavy feeling in chest
Tightness in throat
Feel like crying

"I feel sad"
Crying

Emotion Name

Anger
Shame
suffering

Emotion Name

Sadness
(pain)

Focus on primary emotion, and experience it as a wave of sensations and urges in body. Actively allow it and accept it.

Allow the behaviors associated with the primary emotion to continue and actively accept them.

EMOTION REGULATION HANDOUT 3C

Opposite Action for Changing Emotions

When your Emotions are Excessive