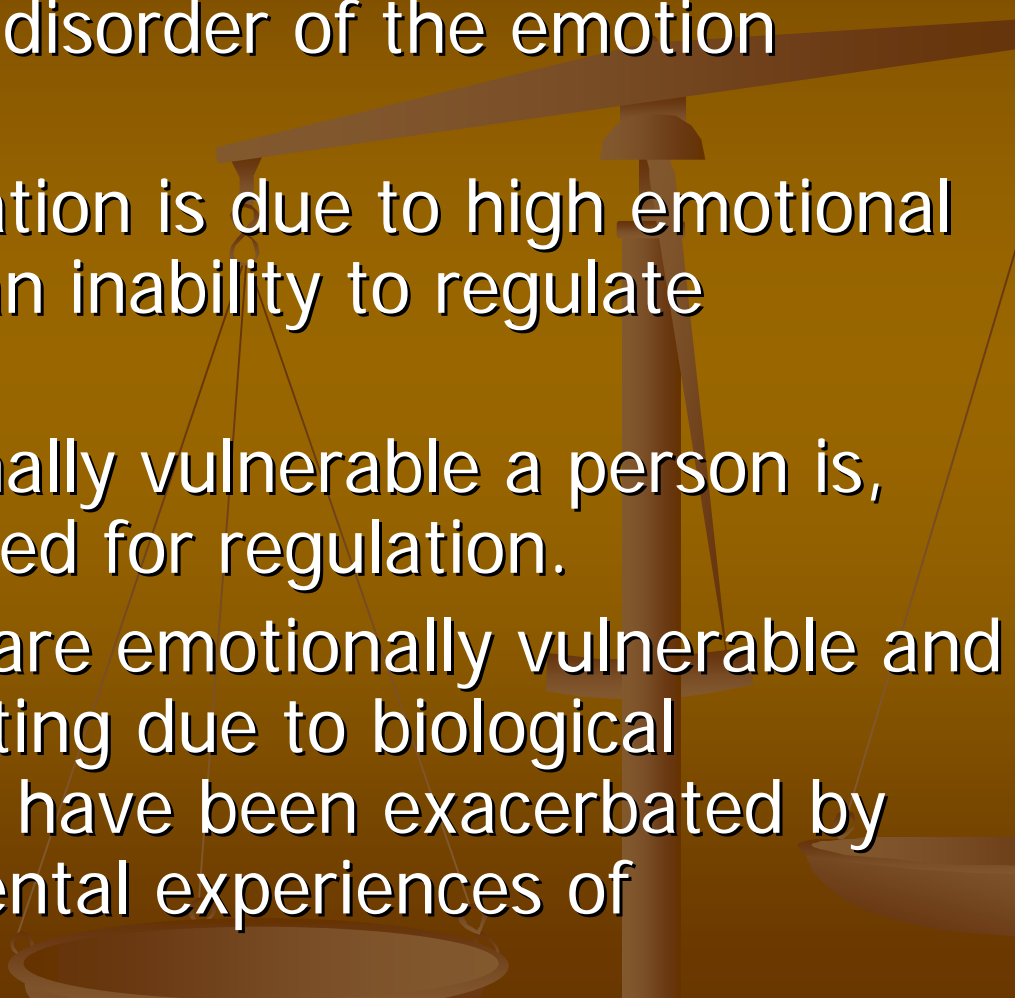


# Dialectical Behaviour Therapy



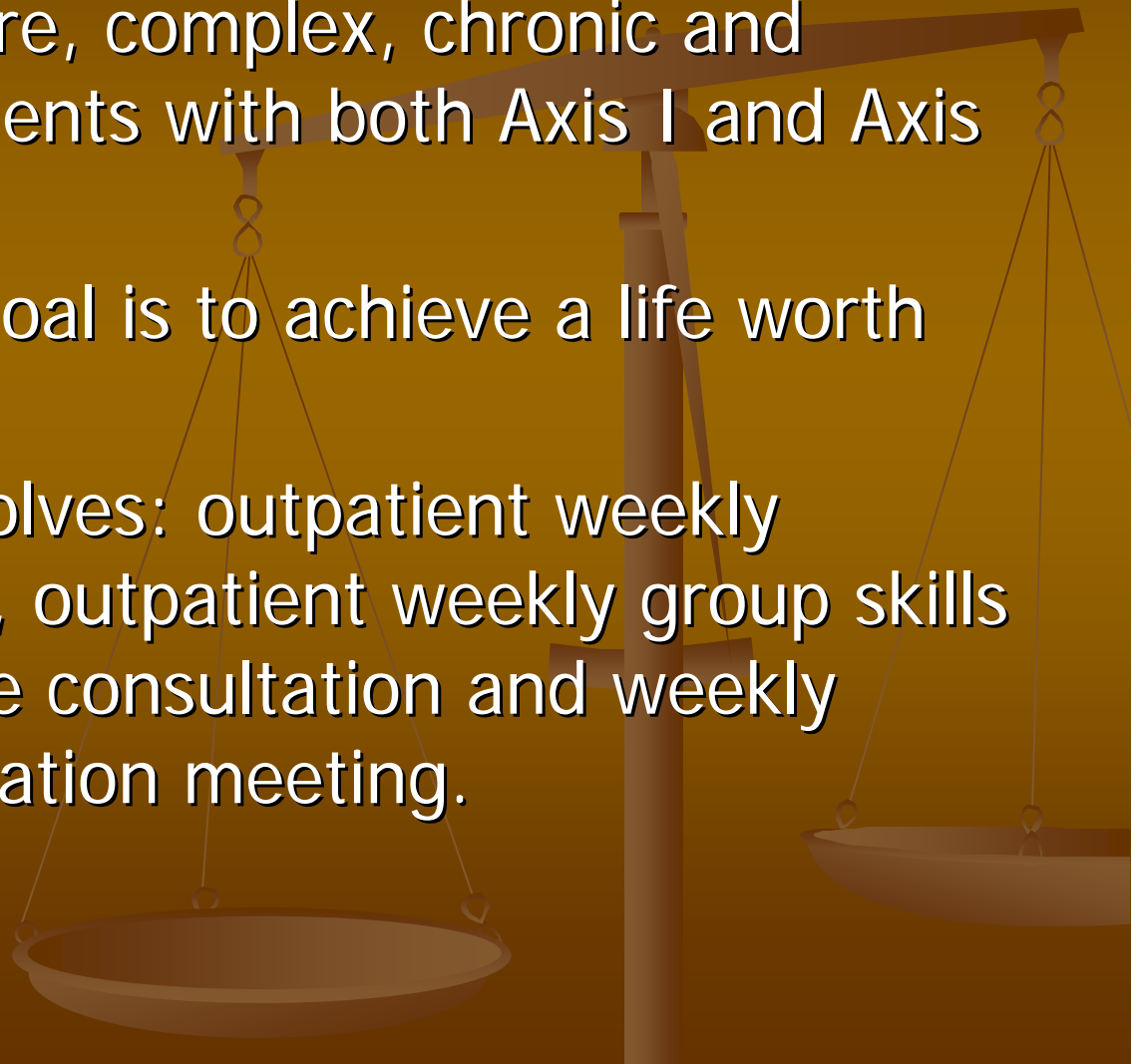
Bankstown Mental Health Service  
2005-2006

# Biosocial Theory Continued

- BPD is primarily a disorder of the emotion regulation system.
  - Emotion dysregulation is due to high emotional vulnerability and an inability to regulate emotions.
  - The more emotionally vulnerable a person is, the greater the need for regulation.
  - Borderline clients are emotionally vulnerable and deficient in regulating due to biological dispositions which have been exacerbated by specific environmental experiences of invalidation.
- 

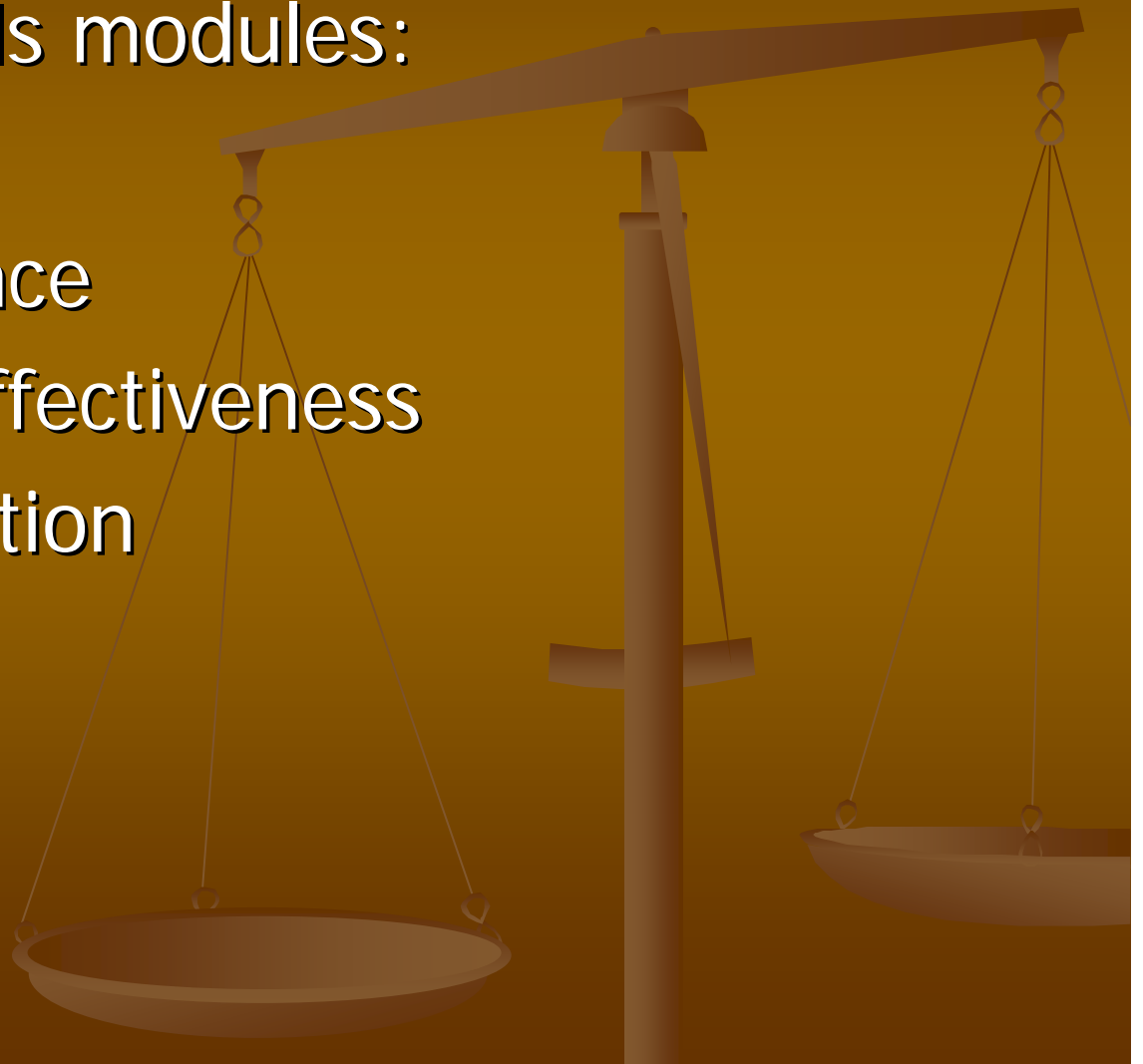
# Dialectical Behaviour Therapy

- Designed for severe, complex, chronic and difficult to treat clients with both Axis I and Axis II disorders.
- The overarching goal is to achieve a life worth living.
- Standard DBT involves: outpatient weekly individual therapy, outpatient weekly group skills training, telephone consultation and weekly therapists' consultation meeting.

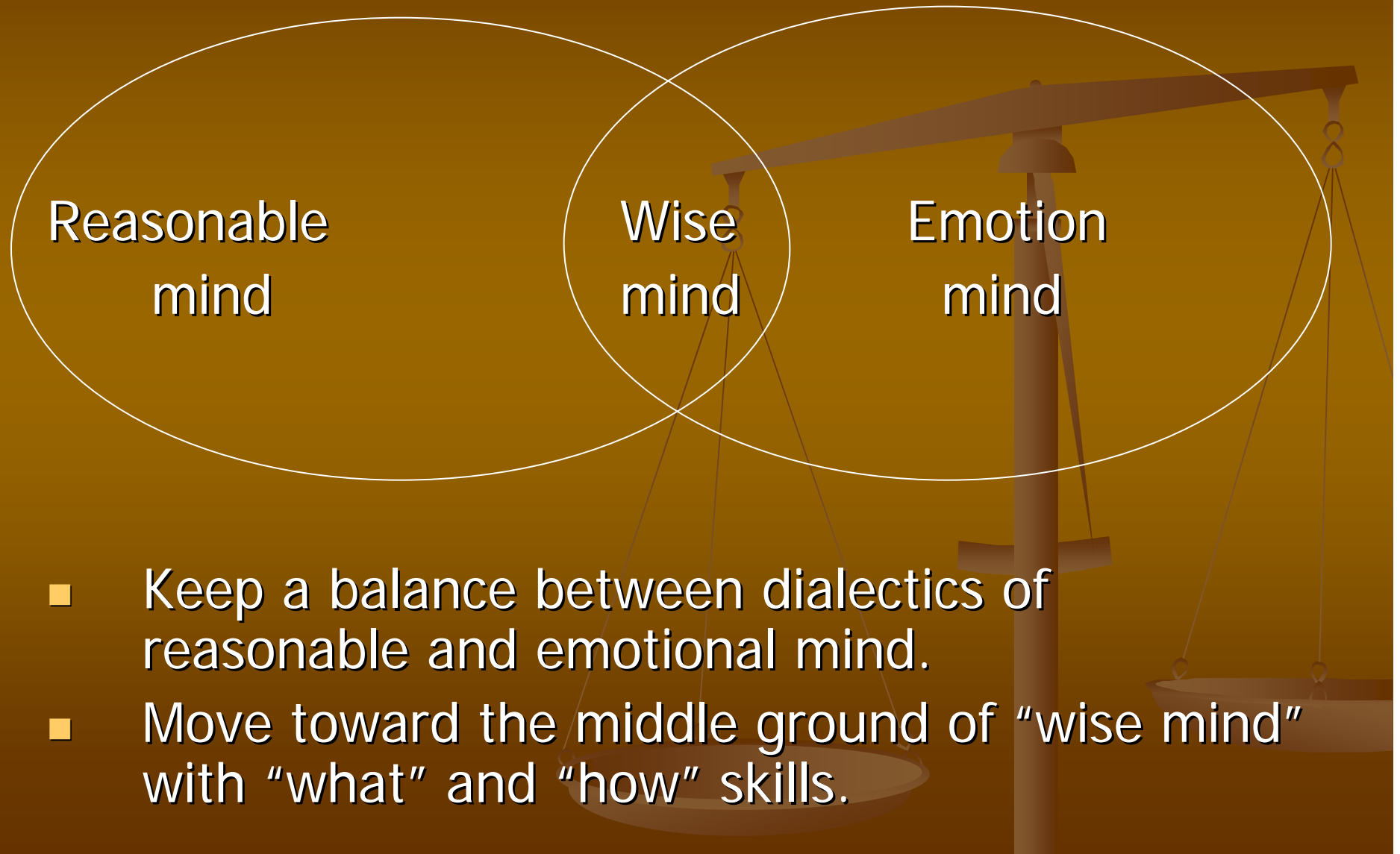


# Skills Training

- There are 4 skills modules:
- Mindfulness
- Distress Tolerance
- Interpersonal Effectiveness
- Emotion Regulation



# 1) Core Mindfulness



# Core Mindfulness



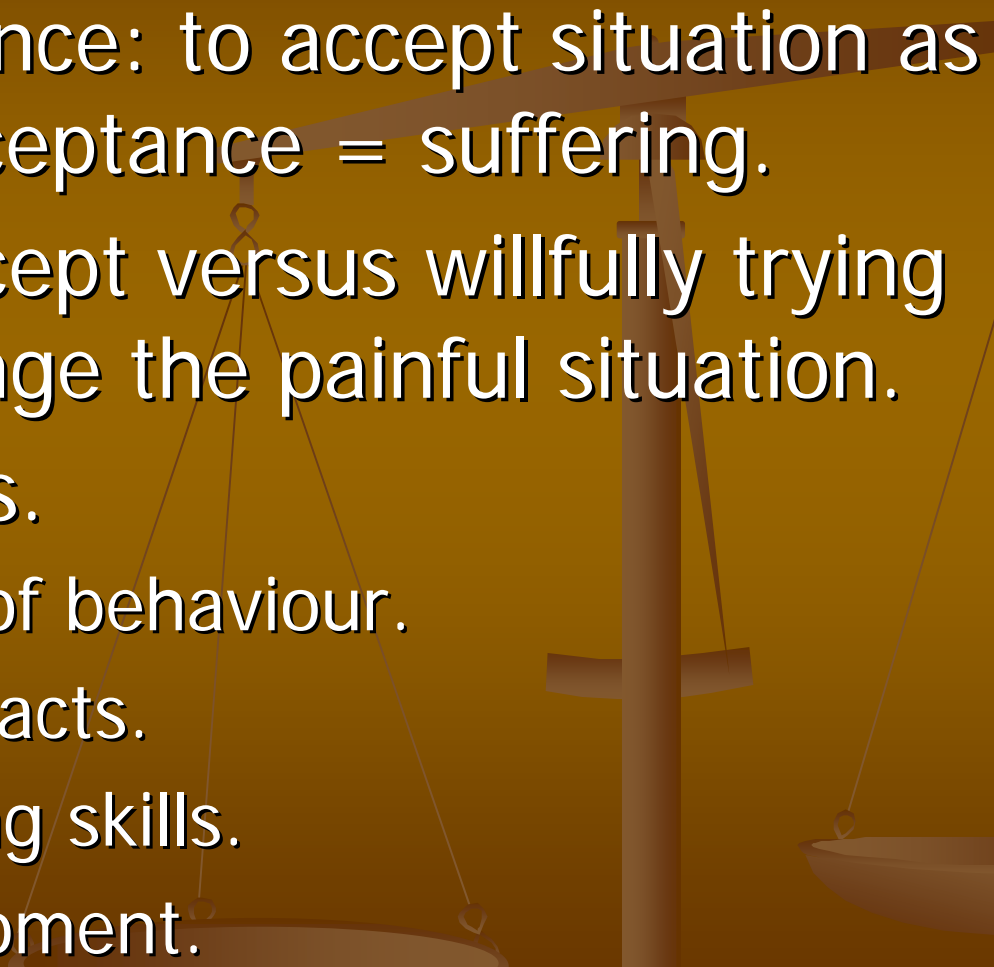
## ■ What Skills –

- Observe – be aware of feelings or reactions.
- Tag – label feelings.
- Get into it – do a task with full concentration.

## ■ How Skills –

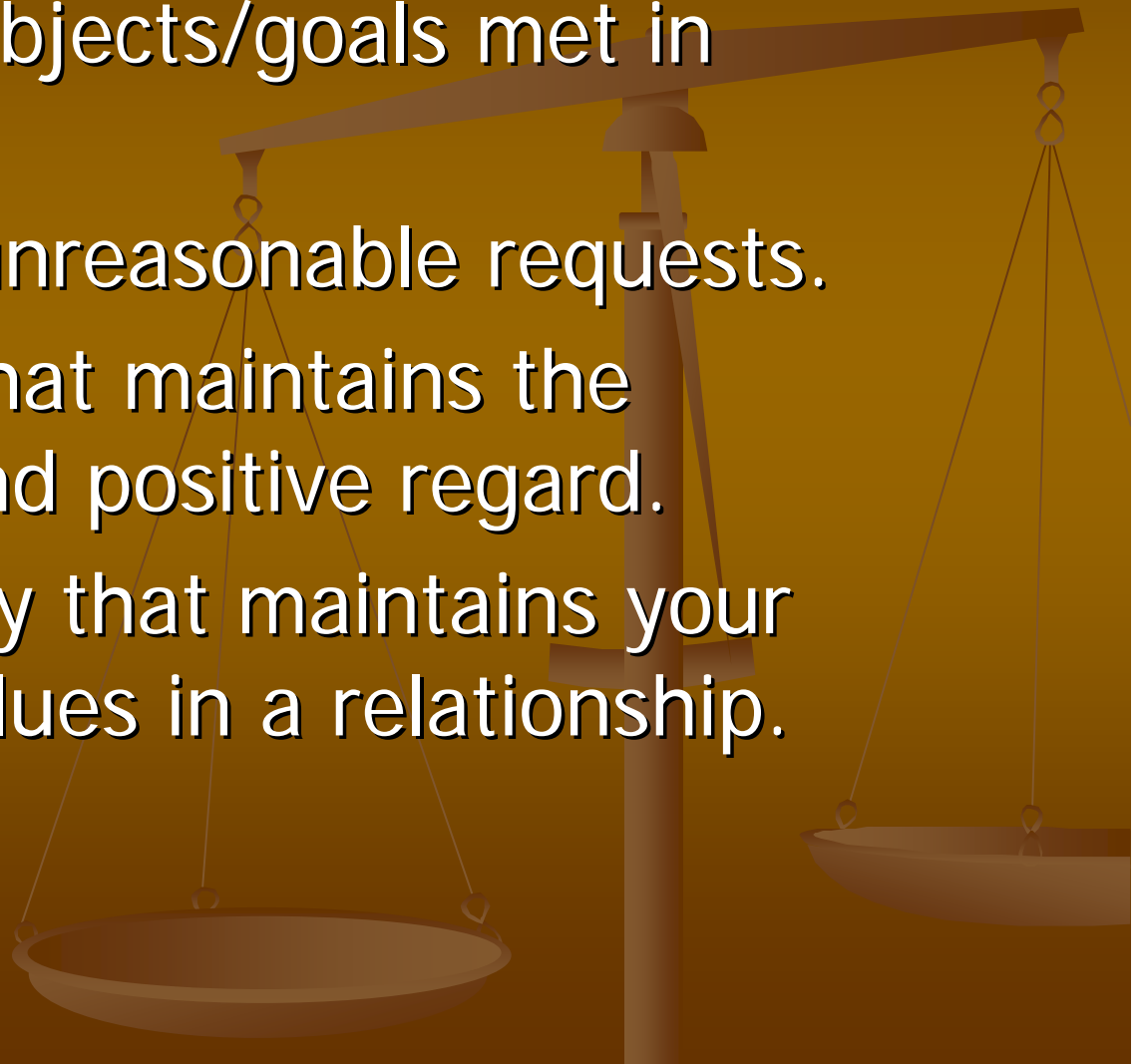
- Non-judgemental – Don't evaluate or judge.
- One mindful – stay in the moment. Do one thing at a time.
- Doing what works – not what causes pain.

## 2) Distress Tolerance.

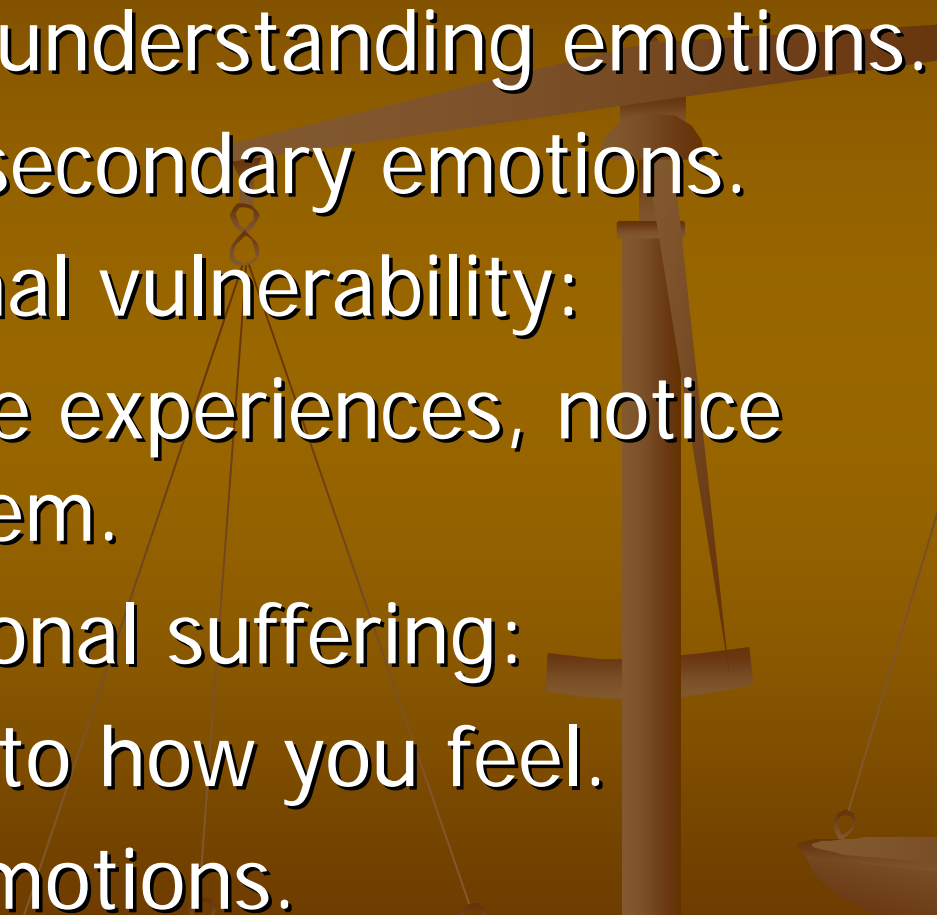
- Radical Acceptance: to accept situation as painful. Non acceptance = suffering.
  - Be willing to accept versus willfully trying to resist or change the painful situation.
  - Tolerate distress.
    - Pros and Cons of behaviour.
    - Wise Mind Distracts.
    - Use self soothing skills.
    - Improve the moment.
- 

# 3) Interpersonal Effectiveness

- Getting your objects/goals met in relationships.
- Saying no to unreasonable requests.
- Act in a way that maintains the relationship and positive regard.
- Acting in a way that maintains your morals and values in a relationship.

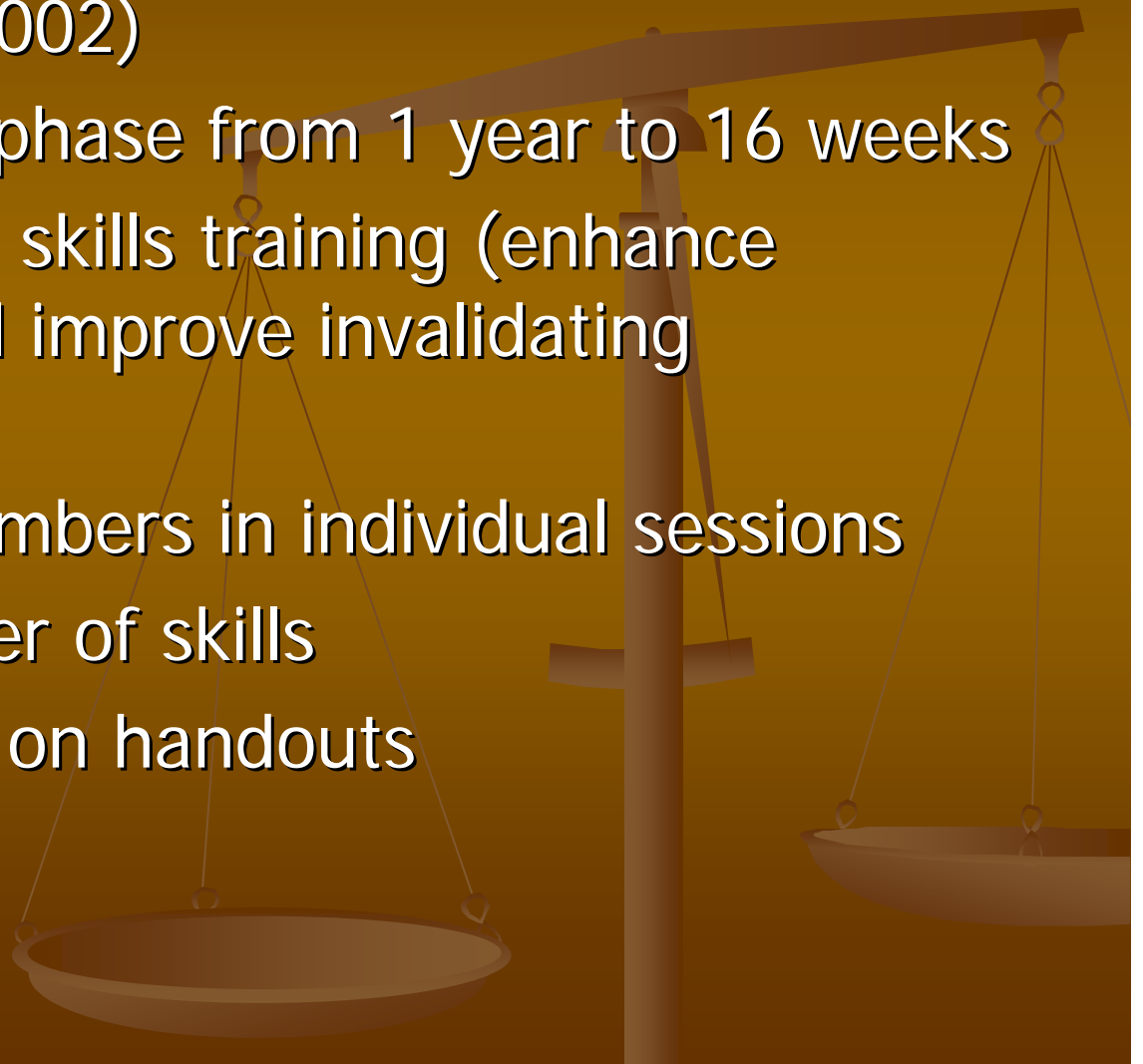


## 4) Emotion Regulation.

- Identifying and understanding emotions.
  - Understanding secondary emotions.
  - Reduce emotional vulnerability:  
focus on positive experiences, notice them, create them.
  - Decrease emotional suffering:  
acting opposite to how you feel.  
Be mindful of emotions.
- 

# Adaptation to Adolescents

- Rathus & Miller (2002)
- Shorten the skills phase from 1 year to 16 weeks
- Include parents in skills training (enhance generalisation and improve invalidating environment)
- Include family members in individual sessions
- Reduce the number of skills
- Simplify language on handouts

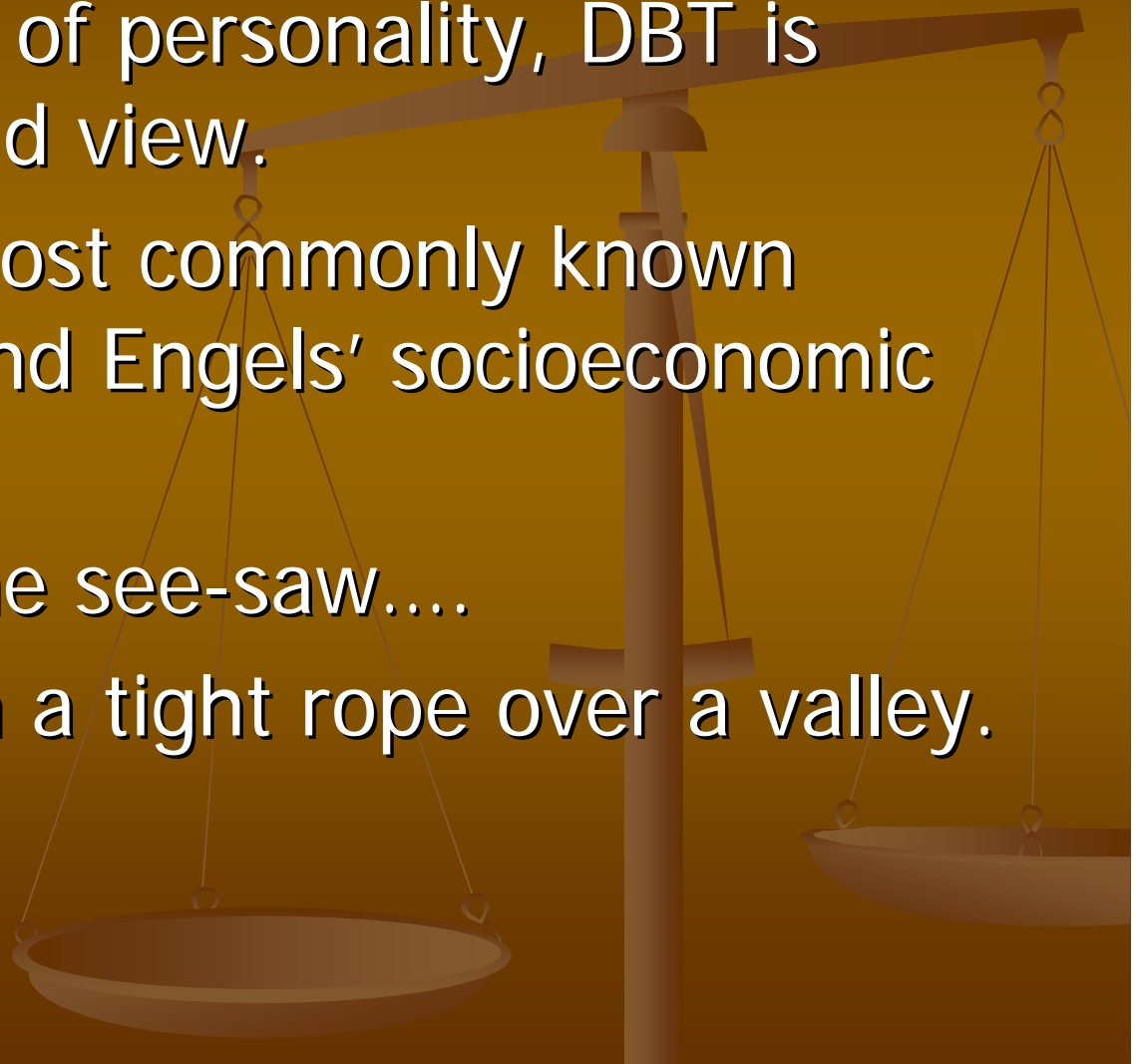




**THE DIALECTIC IN  
DIALECTICAL BEHAVIOUR  
THERAPY**

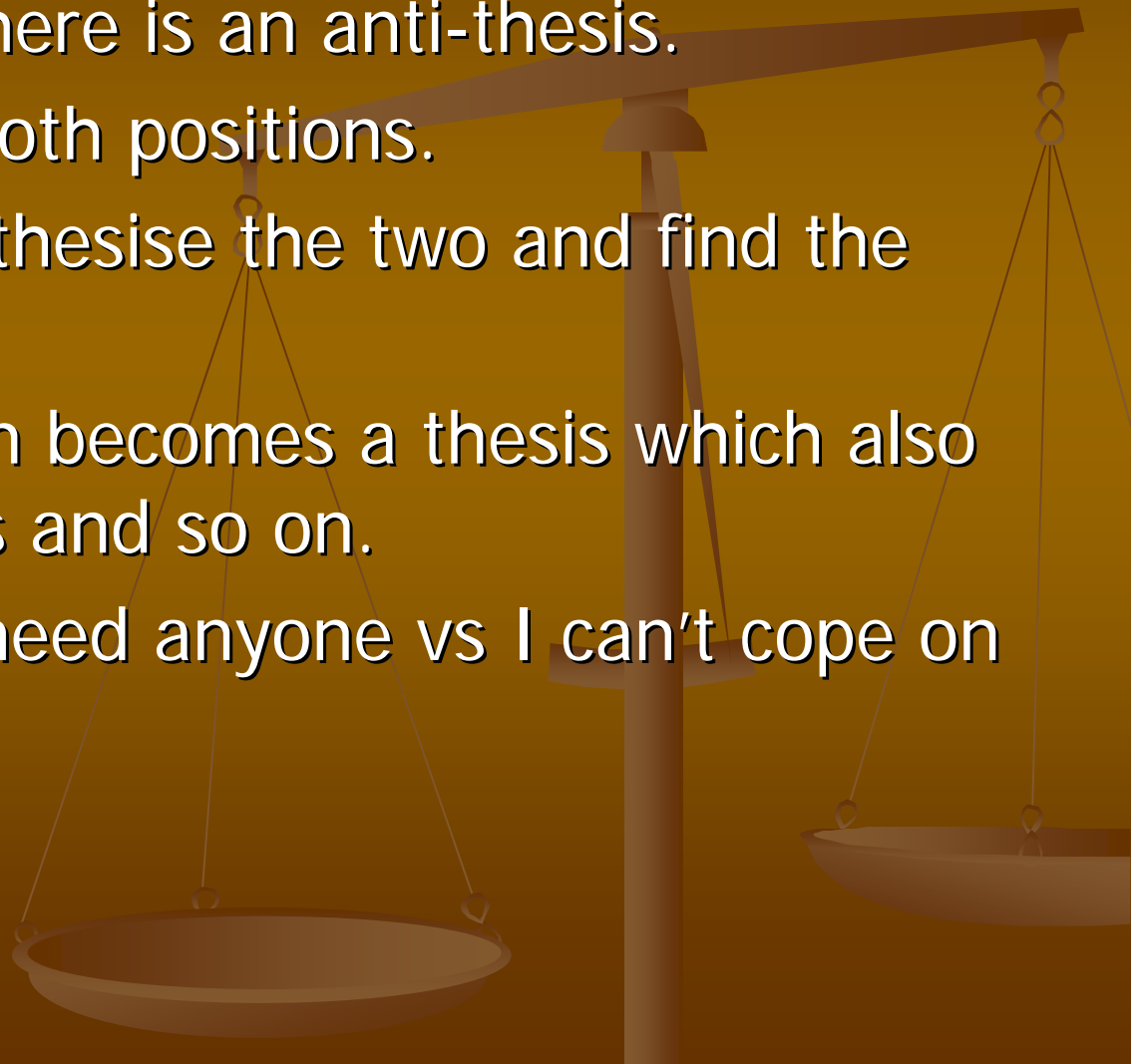
# DBT and Dialectics

- Like all theories of personality, DBT is based on a world view.
- Dialectics are most commonly known through Marx and Engels' socioeconomic theory.
- The image of the see-saw....
- ...Suspended on a tight rope over a valley.



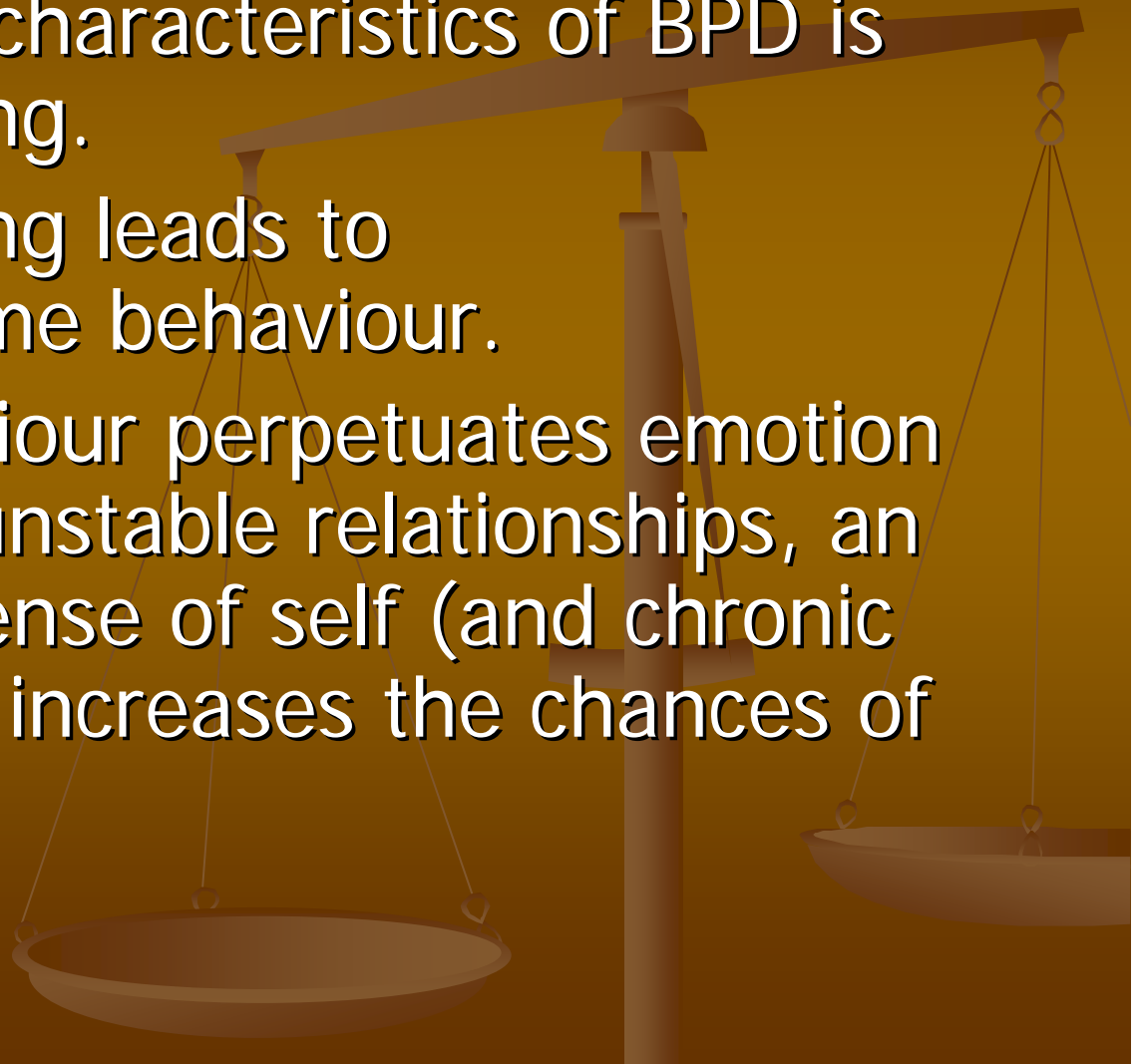
## Dialectics Continued

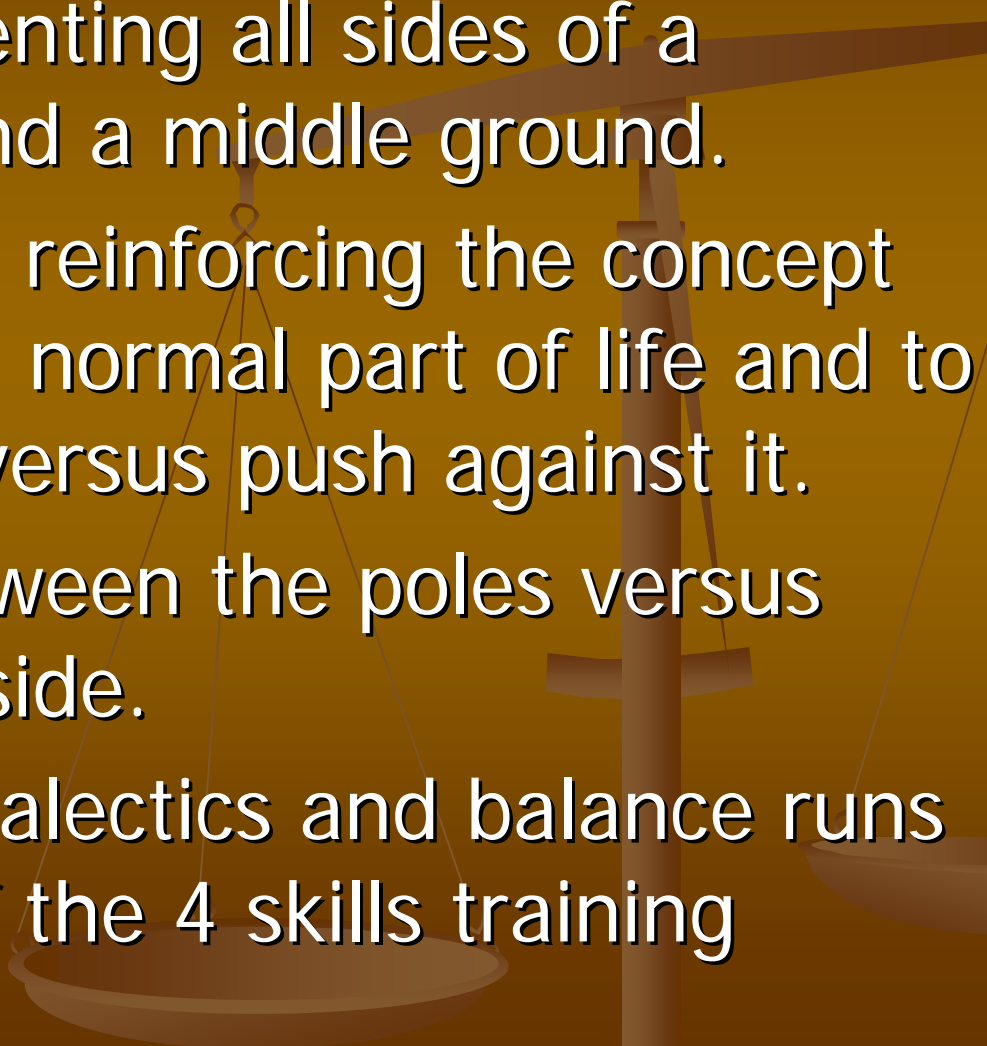
- For every thesis there is an anti-thesis.
- There is truth in both positions.
- The goal is to synthesise the two and find the middle ground.
- The synthesis then becomes a thesis which also has an anti- thesis and so on.
- Example: I don't need anyone vs I can't cope on my own




# Dialectics Continued

- One of the key characteristics of BPD is polarised thinking.
- Polarised thinking leads to polarised/extreme behaviour.
- Polarised behaviour perpetuates emotion dysregulation, unstable relationships, an impoverished sense of self (and chronic emptiness) and increases the chances of abandonment.



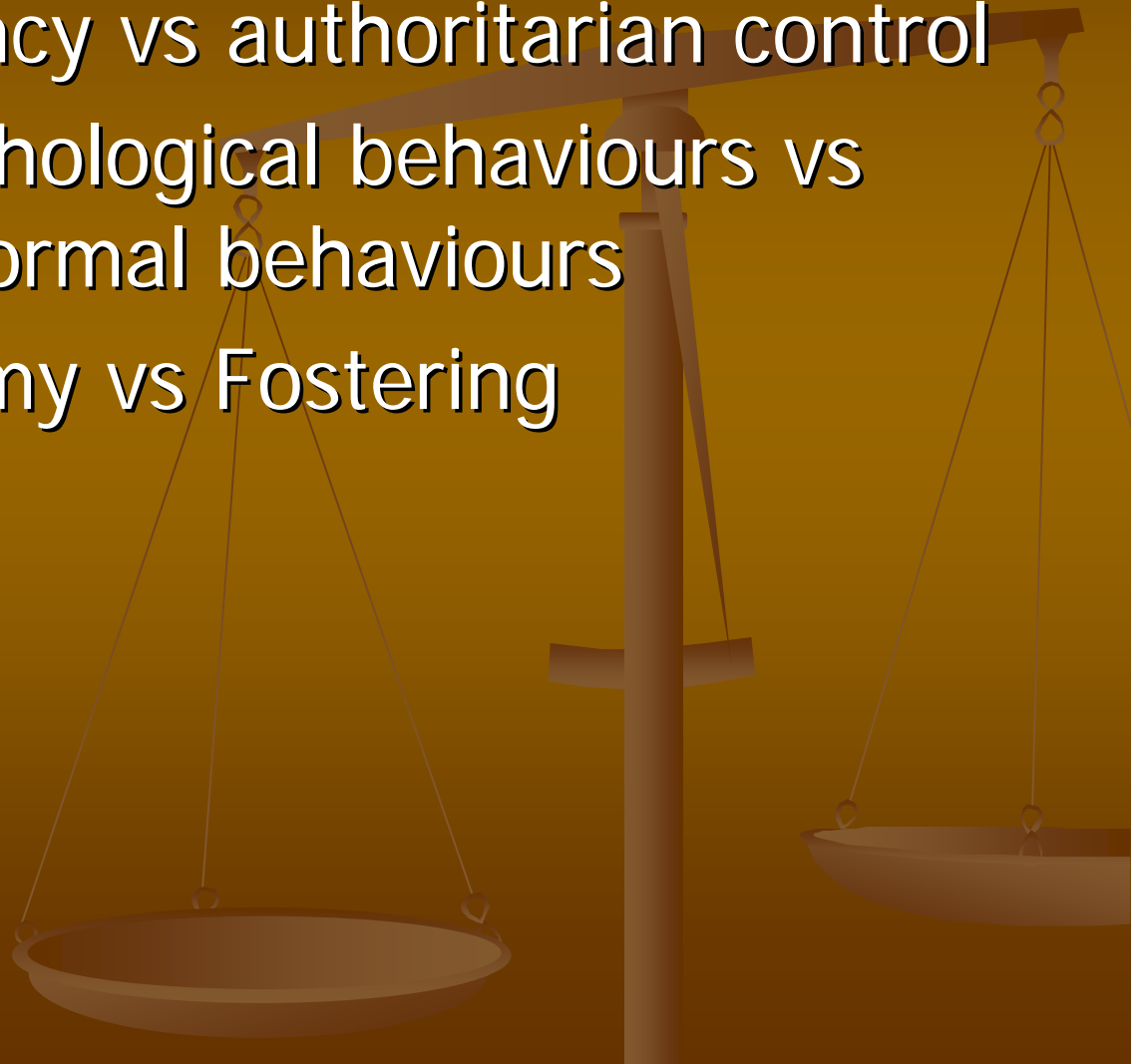
- 
- The aim of treatment is to integrate opposing forces and put them into balance.
  - Do this by presenting all sides of a situation – to find a middle ground.
  - Introducing and reinforcing the concept that change is a normal part of life and to accept change versus push against it.
  - Move easily between the poles versus sticking to one side.
  - The theme of dialectics and balance runs through each of the 4 skills training modules.

# The common dialects talked about in DBT

- Acceptance vs change
  - Active passivity vs apparent competence
  - Unrelenting crisis vs inhibited experiencing
  - Skill enhancement vs self-acceptance
  - Transparency vs privacy
  - Trust vs suspicion
  - Emotional control vs emotional tolerance
- 

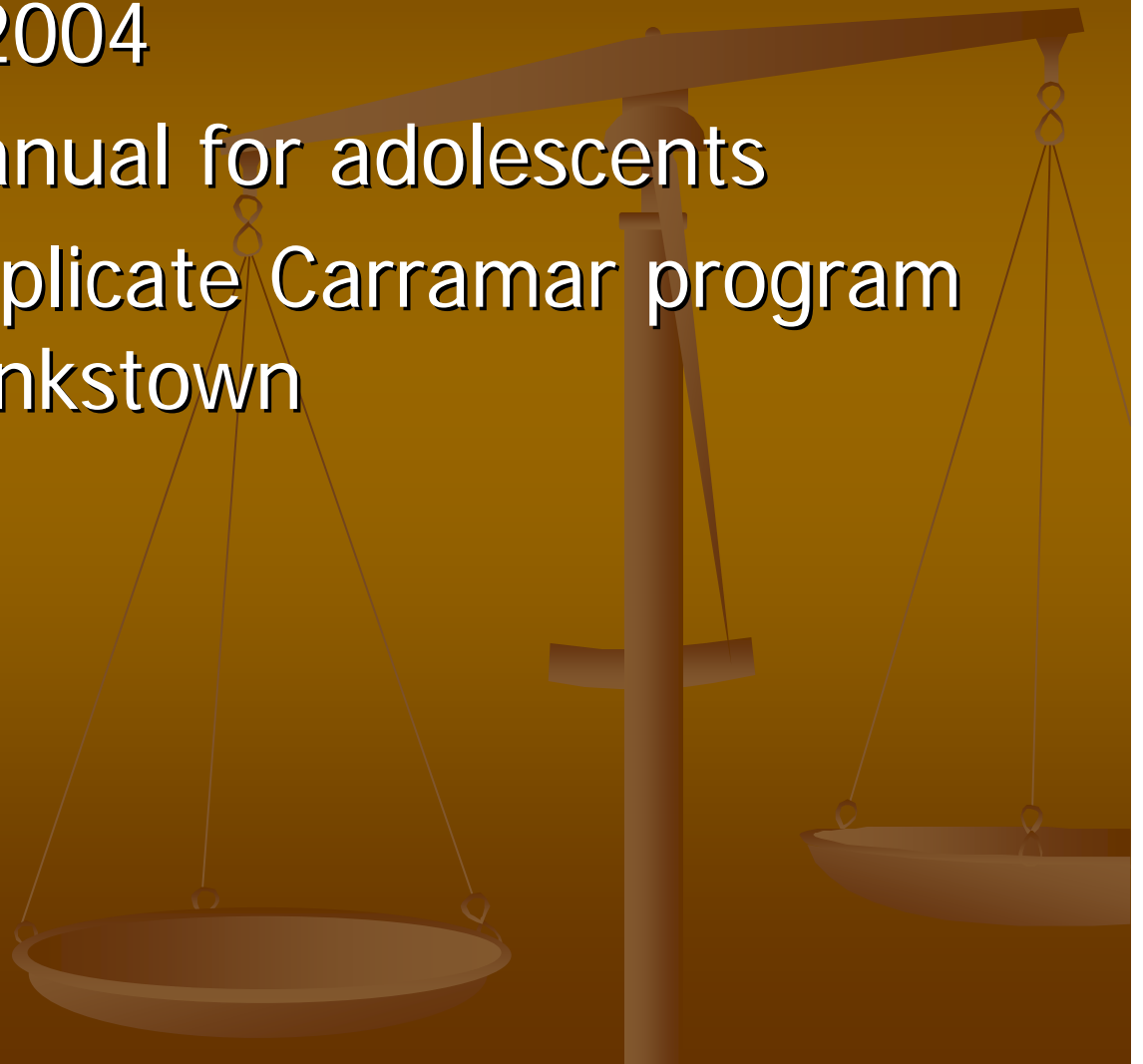
# Dialectical Dilemmas for Adolescent Clients

- Excessive leniency vs authoritarian control
- Normalising pathological behaviours vs pathologising normal behaviours
- Forcing autonomy vs Fostering Dependence



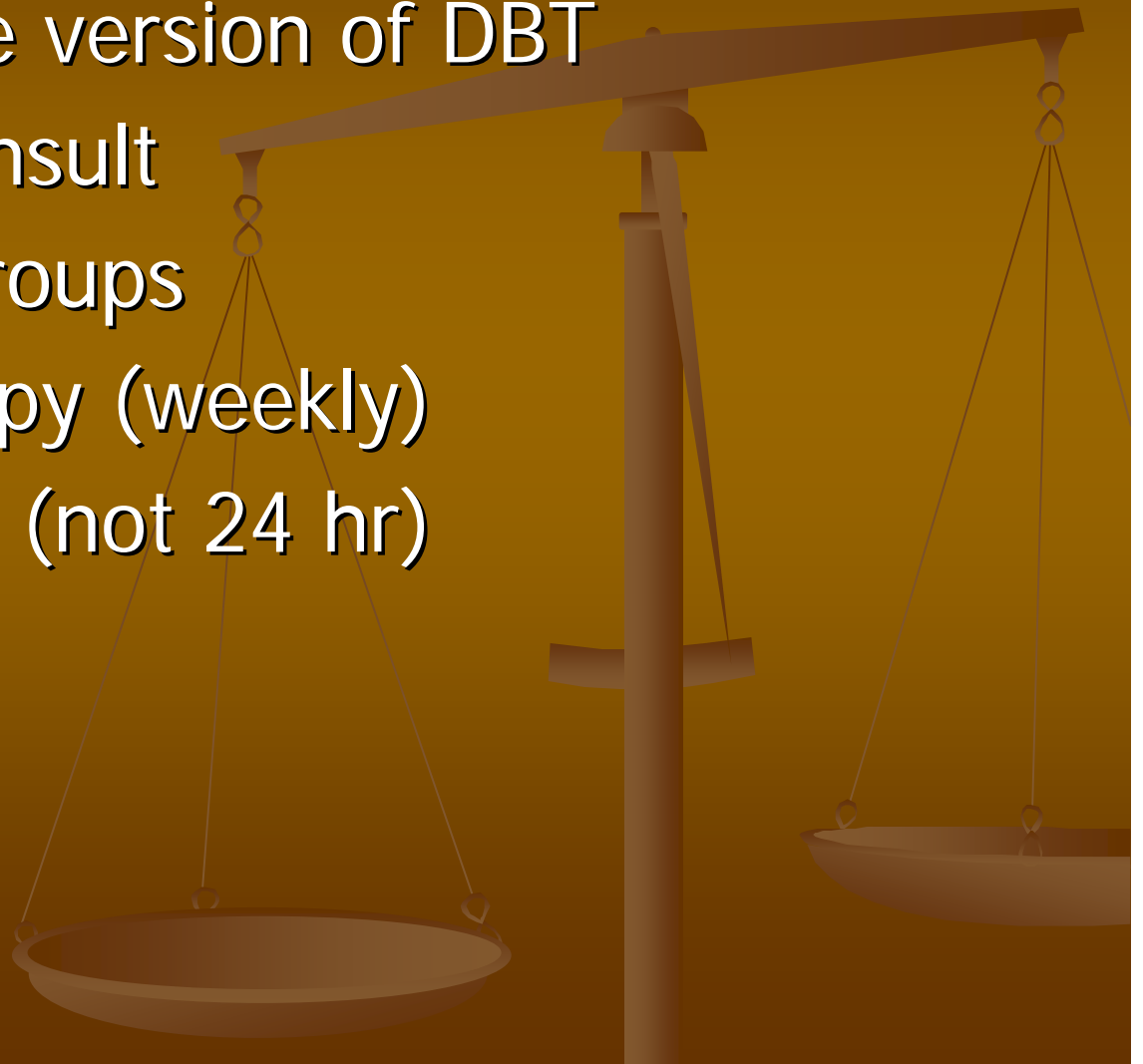
# 2005 DBT Program

- Carramar pilot 2004
- Developed a manual for adolescents
- Attempted to replicate Carramar program (15-18yo) in Bankstown



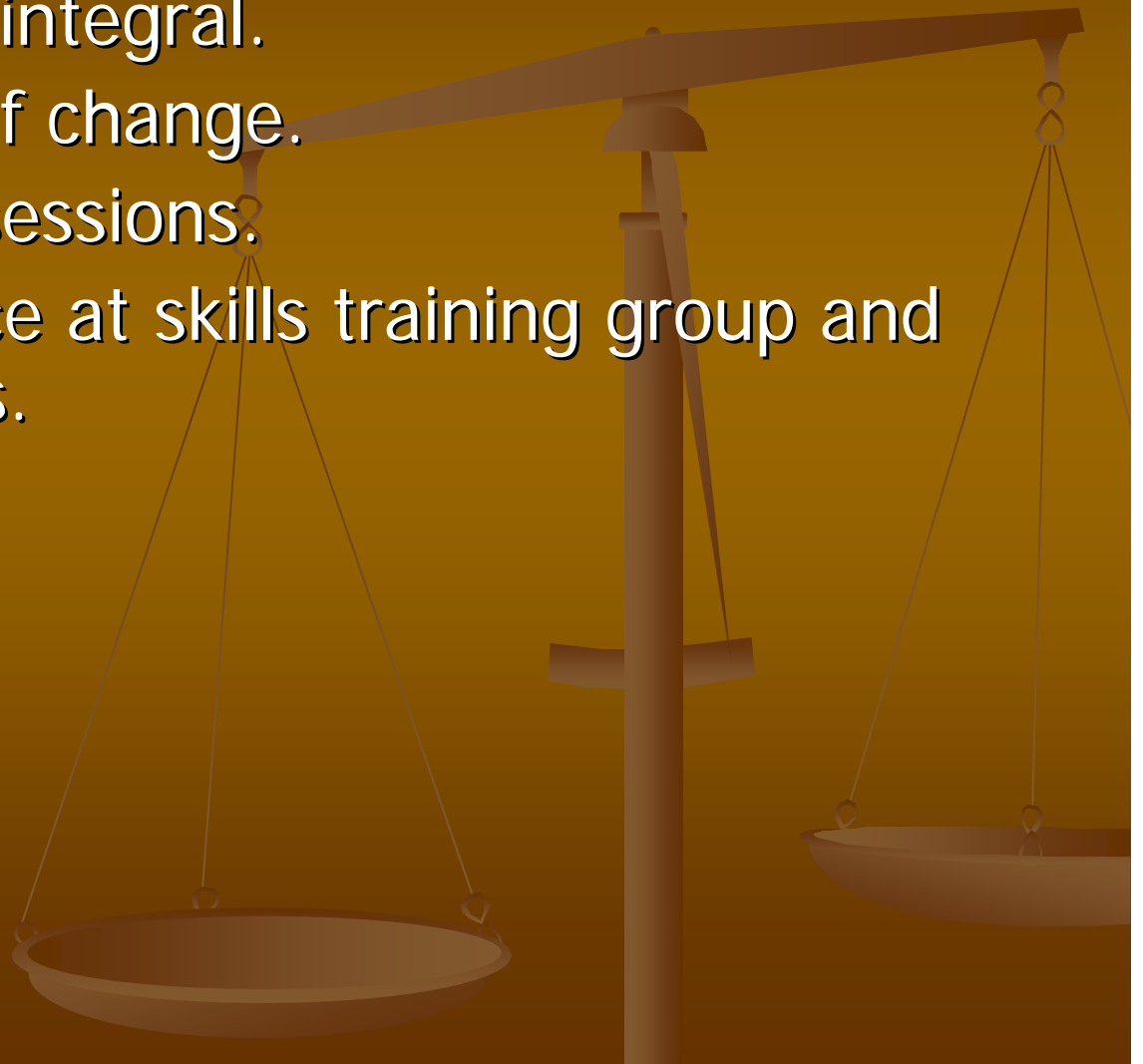
# 2005 Program

- Based on a pure version of DBT
- Weekly staff consult
- Skills training groups
- Individual therapy (weekly)
- Phone coaching (not 24 hr)
- Contract



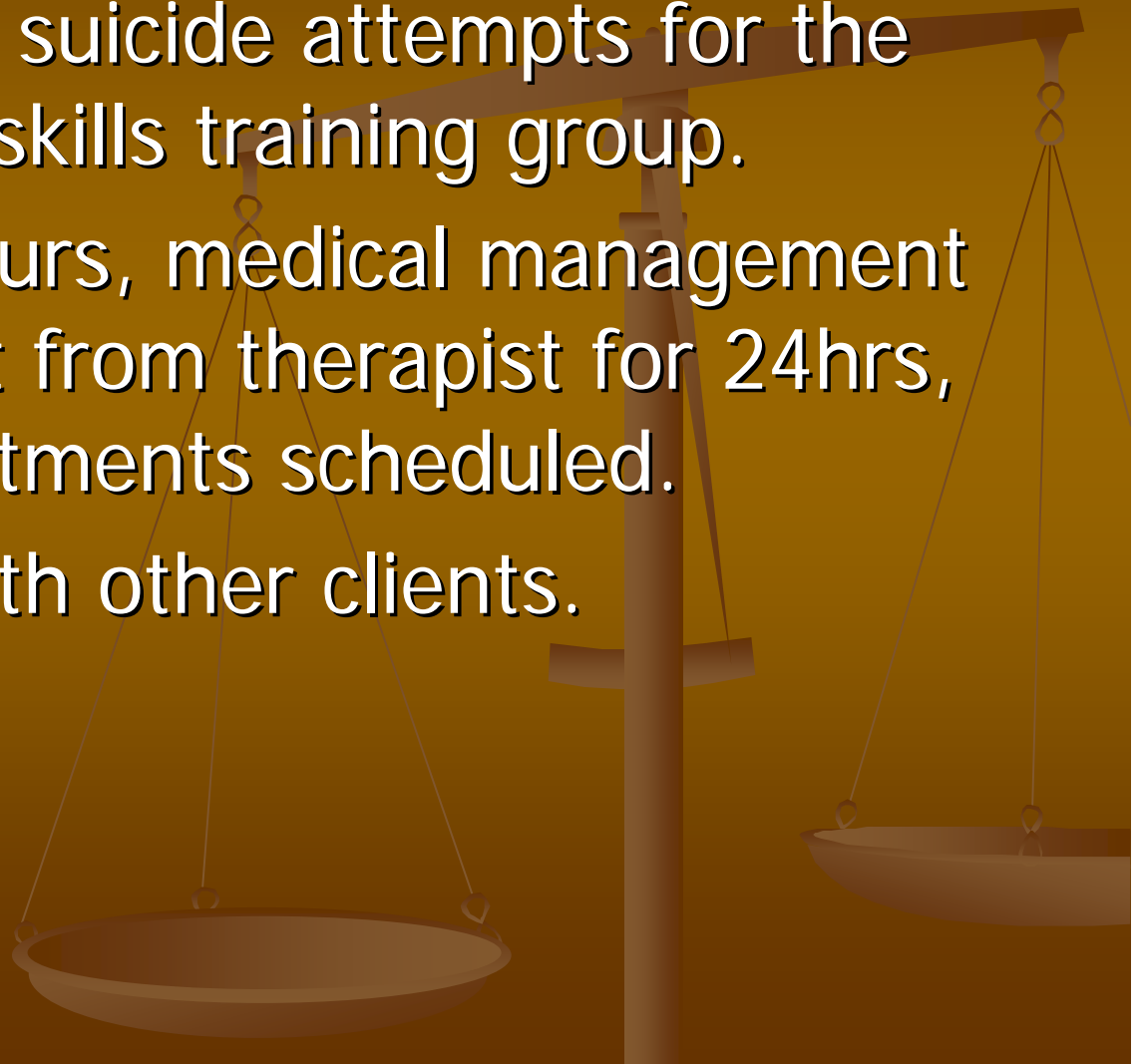
# The Contract

- Fundamental and integral.
- Addresses stage of change.
- Two assessment sessions?
- Regular attendance at skills training group and individual sessions.



# The Contract

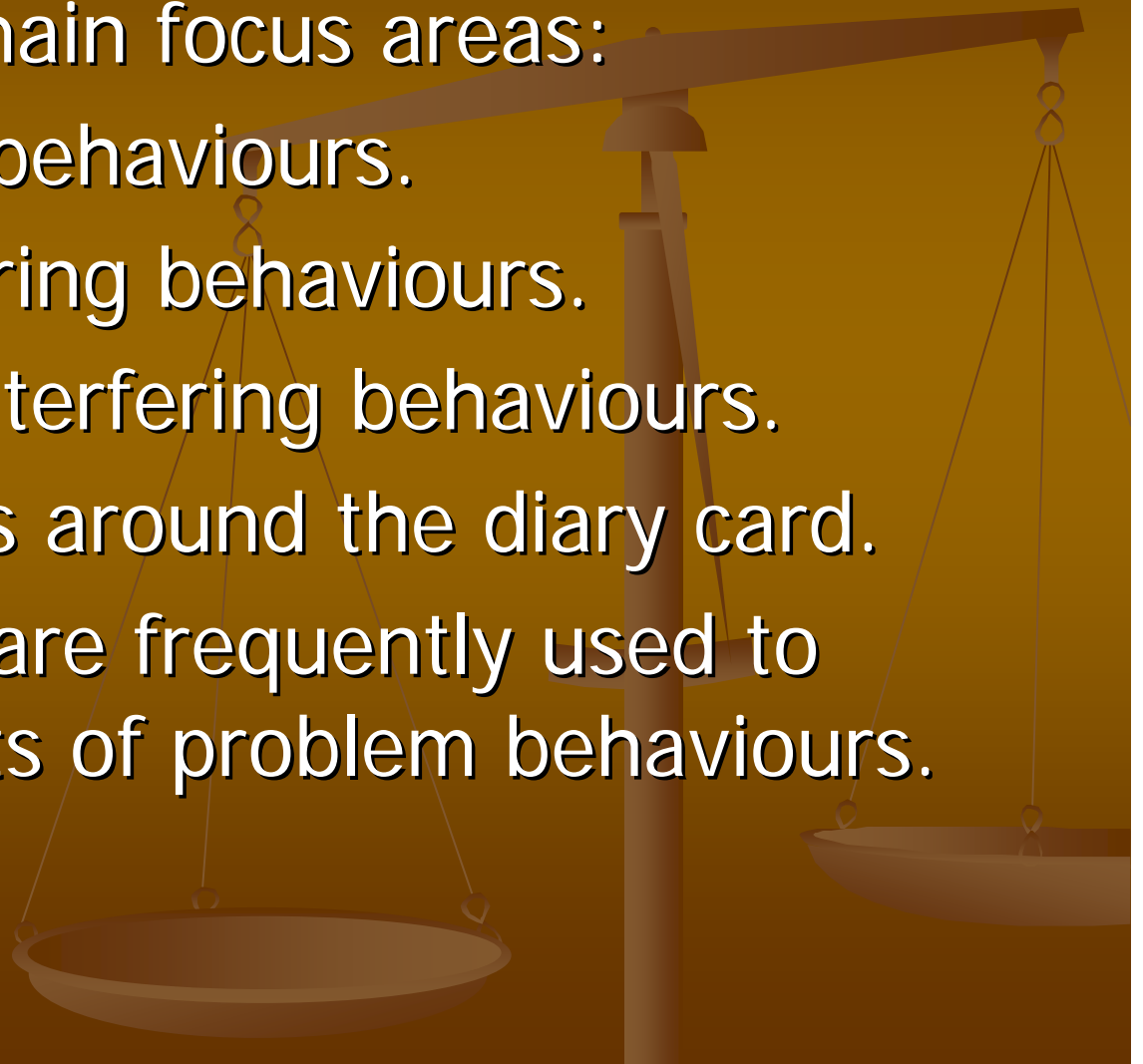
- No self-harm or suicide attempts for the duration of the skills training group.
- If self-harm occurs, medical management only, no contact from therapist for 24hrs, no extra appointments scheduled.
- Limit contact with other clients.



# Individual Therapy

There are three main focus areas:

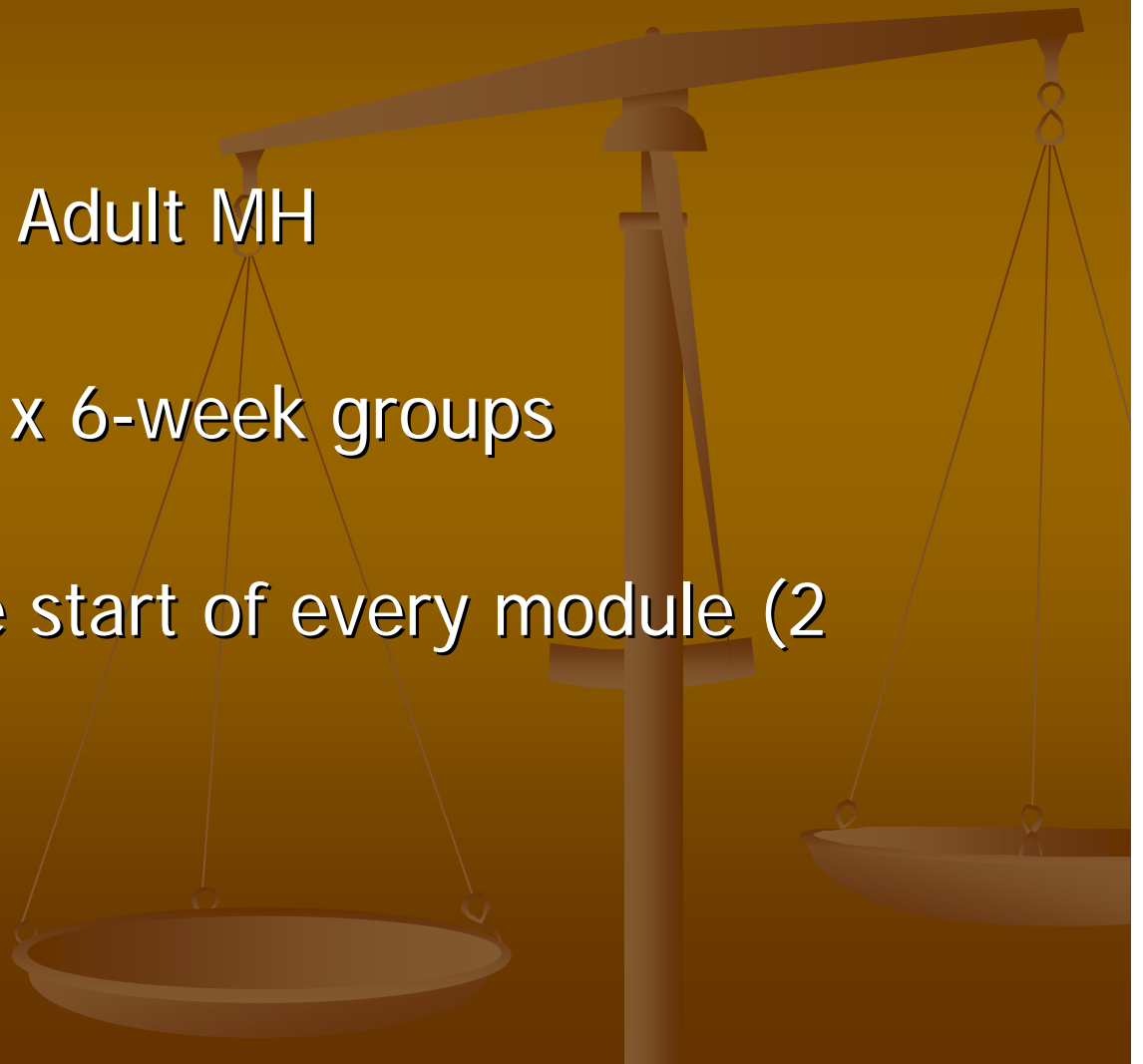
- Life-interfering behaviours.
- Therapy-interfering behaviours.
- Quality of life-interfering behaviours.
- Therapy focuses around the diary card.
- Chain analyses are frequently used to analyse incidents of problem behaviours.





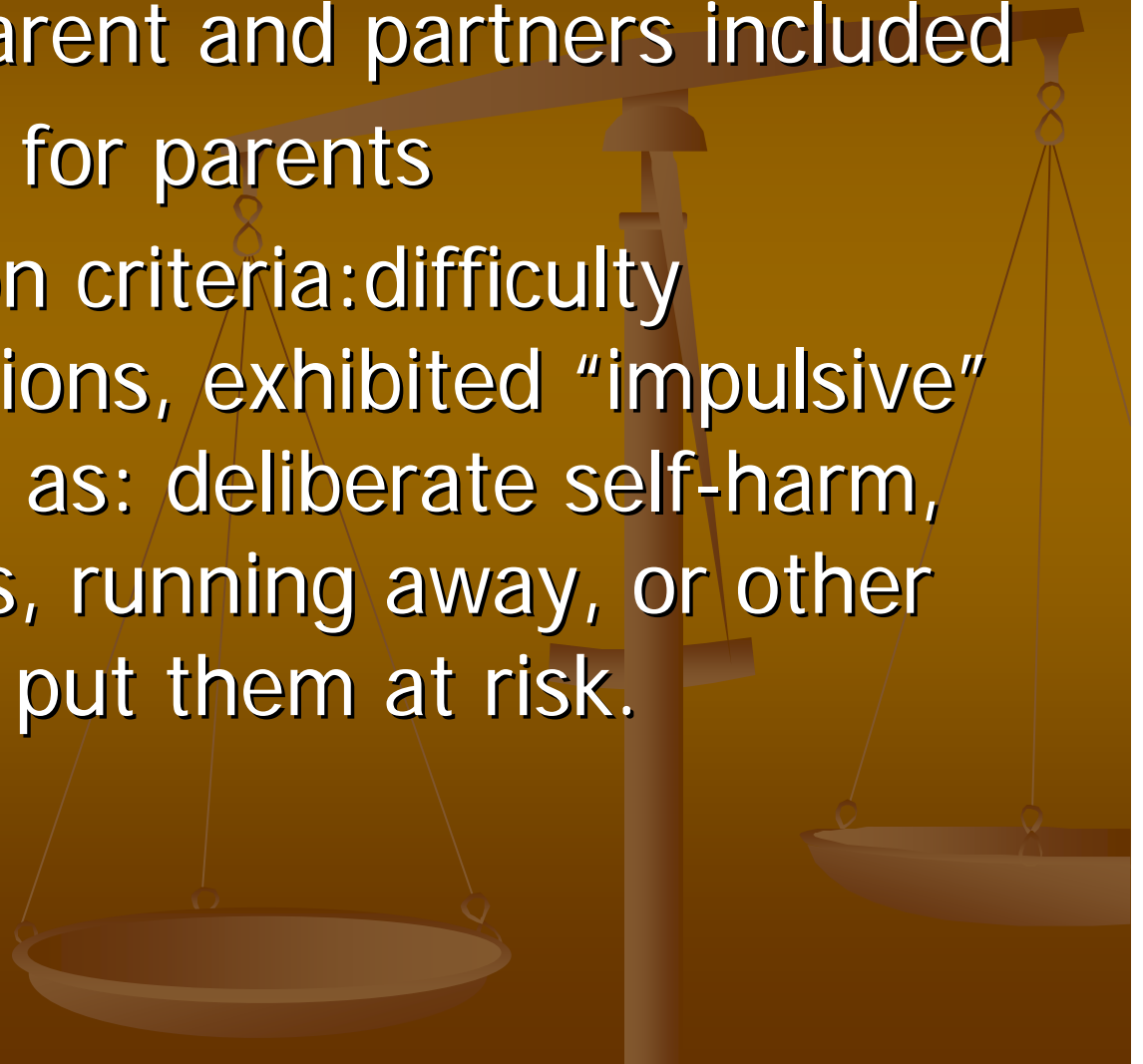
# 2005 Program: Bankstown Model

- 15-24 year olds
- Joint ICAMHS and Adult MH
- Modified format 3 x 6-week groups
- Mindfulness at the start of every module (2 weeks)



# 2005 Program: Bankstown Model

- Family focus: parent and partners included
- Phone coaching for parents
- Broader inclusion criteria: difficulty regulating emotions, exhibited “impulsive” behaviour, such as: deliberate self-harm, suicide attempts, running away, or other behaviours that put them at risk.



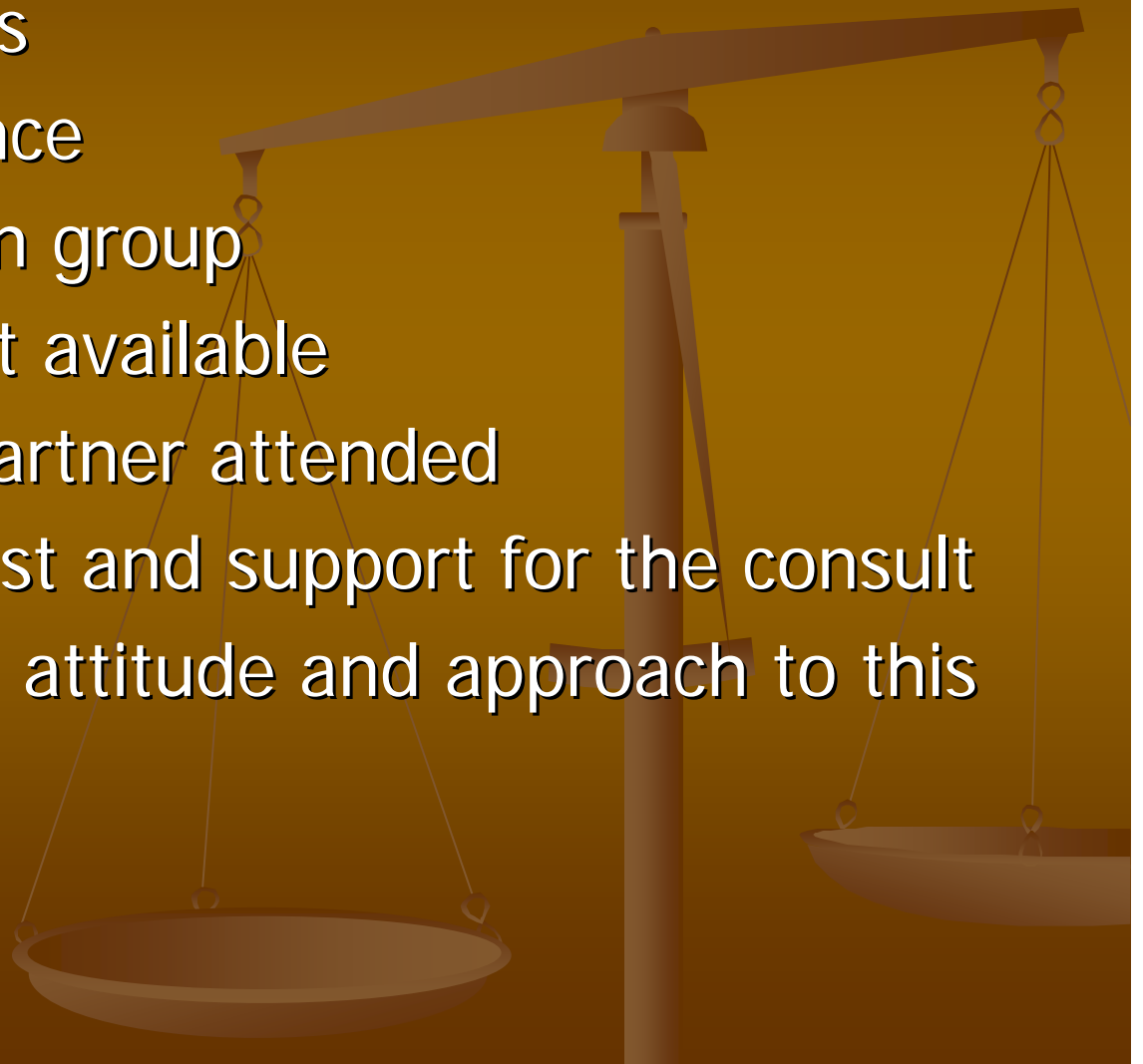
# Bankstown's Consult Group

- 1.5-2 hours weekly
- Group leaders and individual therapists must be present
- Others welcome
- Mindfulness practise
- Skills training/videos/articles
- Group review
- Individual client issues
- Practise chain analyses
- Case presentations
- Observation

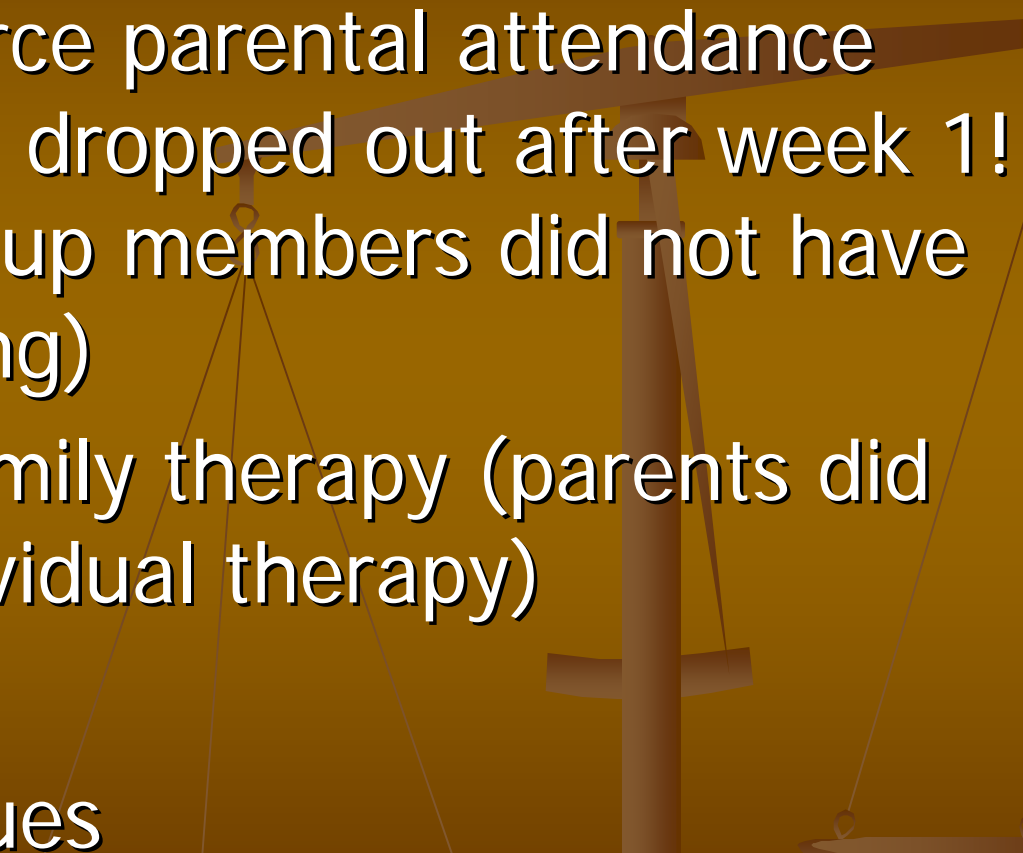


# The Bankstown Experience

- Very few drop outs
- Excellent attendance
- Strong bond within group
- Family therapy not available
- 2 parents and 1 partner attended
- Strong staff interest and support for the consult
- Changed Service's attitude and approach to this client group

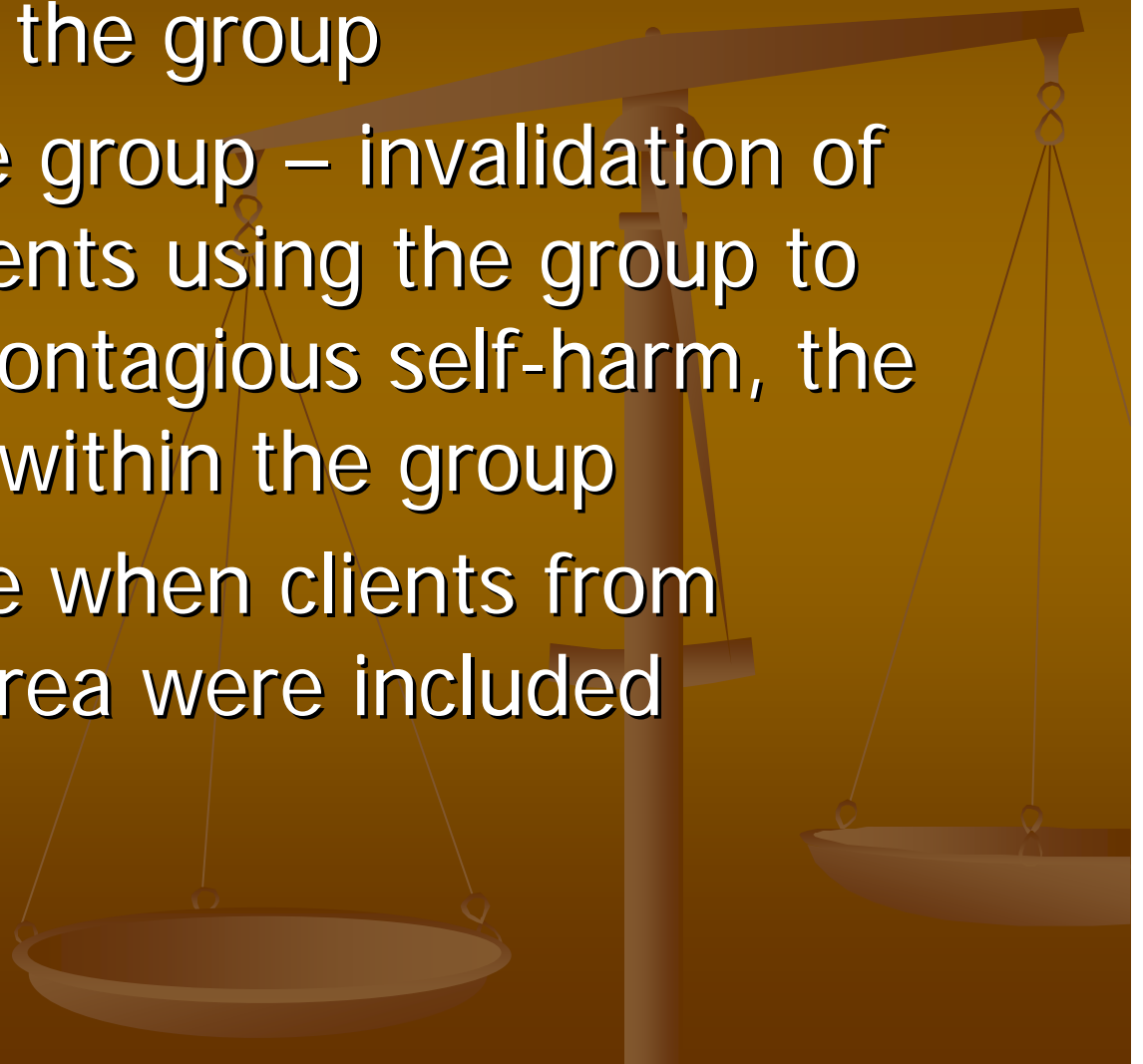


# Outcome of 2005 Program

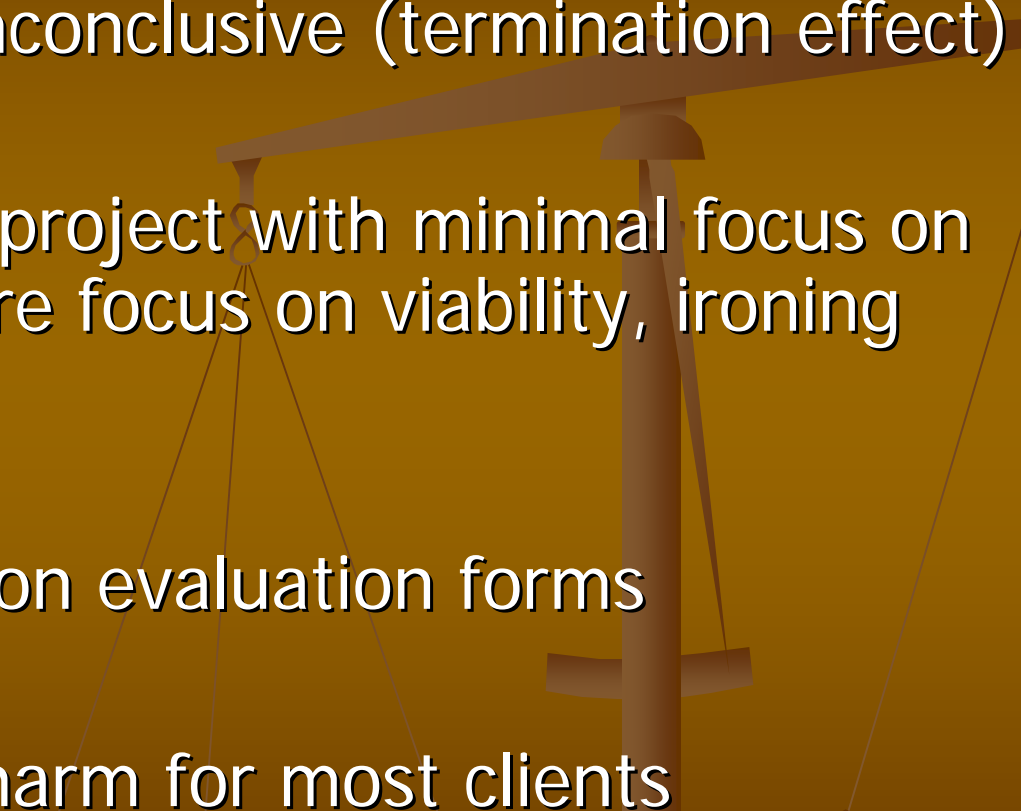
- Difficult to enforce parental attendance (eg. One parent dropped out after week 1! and most of group members did not have parents attending)
  - The need for family therapy (parents did not receive individual therapy)
  - Age spread
  - Termination issues
- 

# Outcome of 2005 Program

- Contact outside the group
- Dynamics of the group – invalidation of each other, parents using the group to communicate, contagious self-harm, the need for safety within the group
- Difficulties arose when clients from outside of the area were included

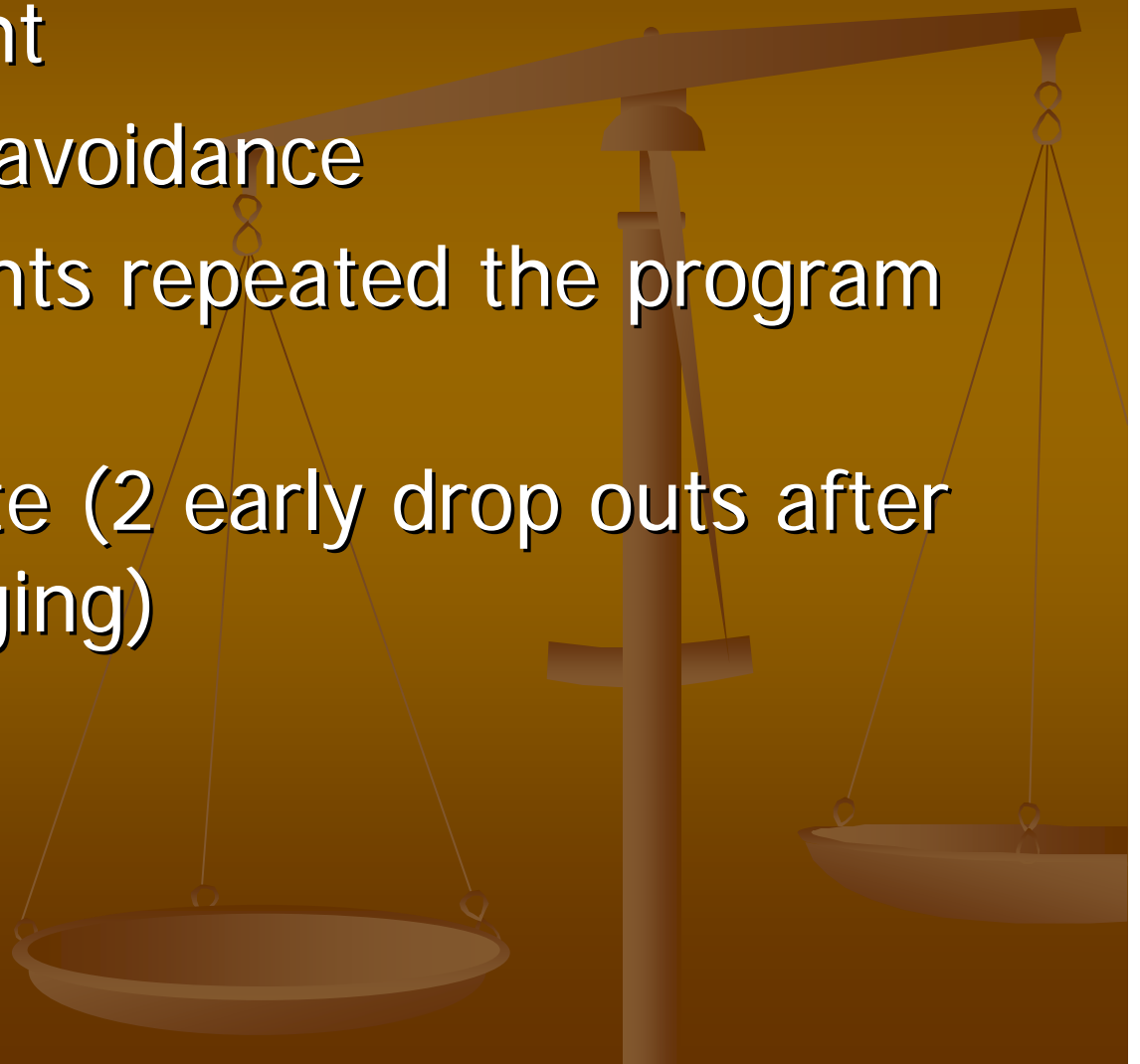


# Outcome of 2005 Program

- Outcome data – inconclusive (termination effect)
  - Pilot phase of the project with minimal focus on outcomes and more focus on viability, ironing out issues
  - Positive feedback on evaluation forms
  - Reduction in self-harm for most clients
- 

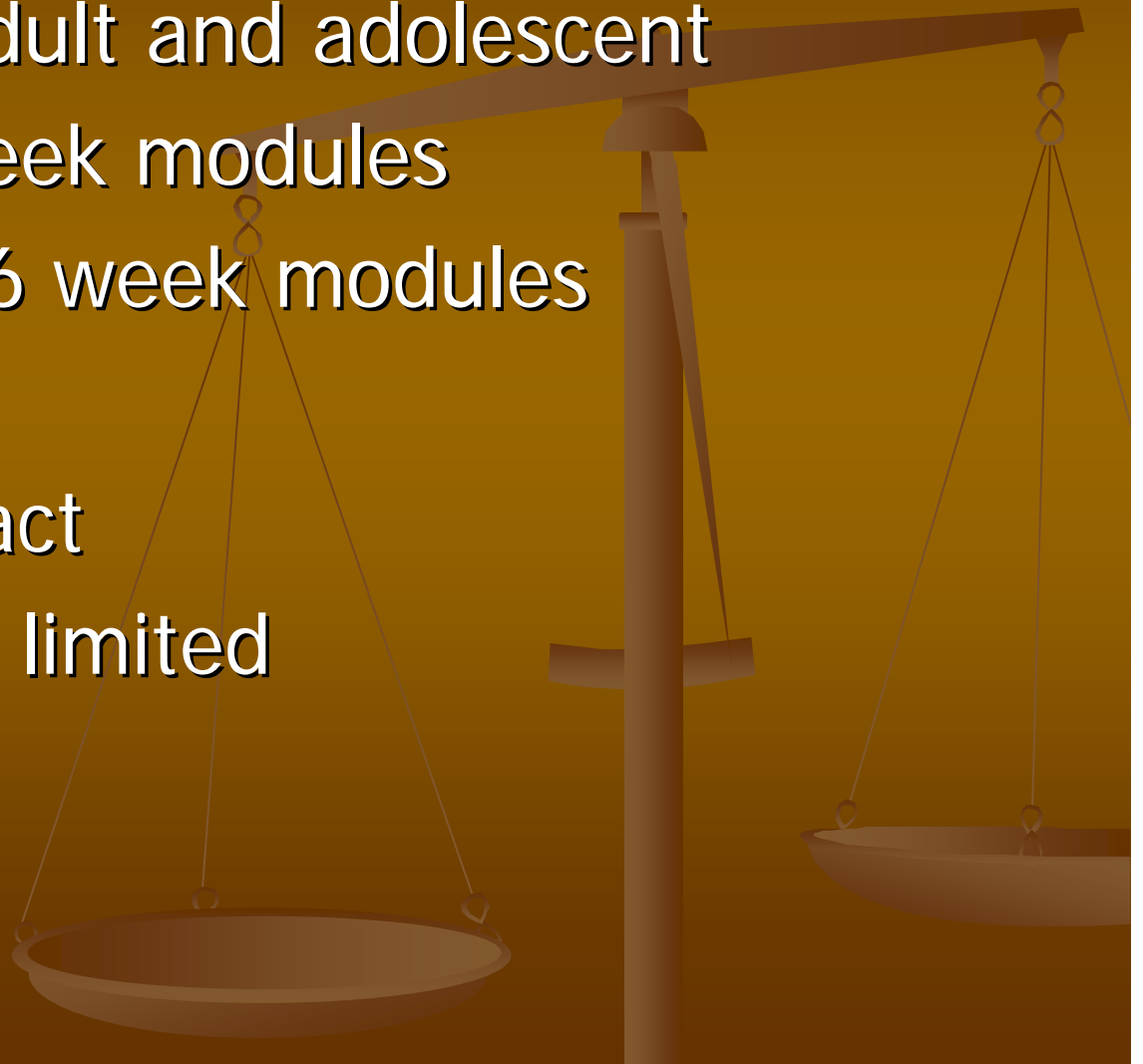
# Outcome of 2005 Program

- Increased insight
- Less emotional avoidance
- Most of the clients repeated the program in 2006
- Low attrition rate (2 early drop outs after not really engaging)



# Bankstown's 2006 DBT Program

- 2 programs – adult and adolescent
- Adult – 3 x 8 week modules
- Adolescent 3 x 6 week modules
- 3 session rule
- Therapist contract
- Phone coaching limited



# Assessment 2006



- Affect Intensity Measure
- Difficulties in Emotion Regulation Scale
- Problem Behaviour Inventory
- BPDSI
- Adolescent Coping Scale
- Assess at pre-, mid- and post-treatment

Let's meet Kate!



# Contact Details

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