

Oxford DBT service (CAMHS)

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DBT in Oxford Health

- OSCA Oxfordshire
- OSCA/DBT U18 Service Buckinghamshire
- OSCA/DBT U18 Service Wiltshire
- Skills Group Highfield
- Skills Groups in patch areas e.g. Healthy Heads

Our team – OSCA Oxfordshire

- OSCA team (Outreach Service for Children and Adolescents)
- Working with difficult to engage young people (U18)
- DBT for U18 and 18-25
- Mixture of disciplines in the team; OT, RMNs, Social workers, psychologists
- Study started in 2003, paper with significant results published in 2008

DBT Outpatient Programme Summary

Individual Therapy
Improve motivation to change

Skills Group
Enhances skill capabilities



Phone Coaching
Skills generalisation

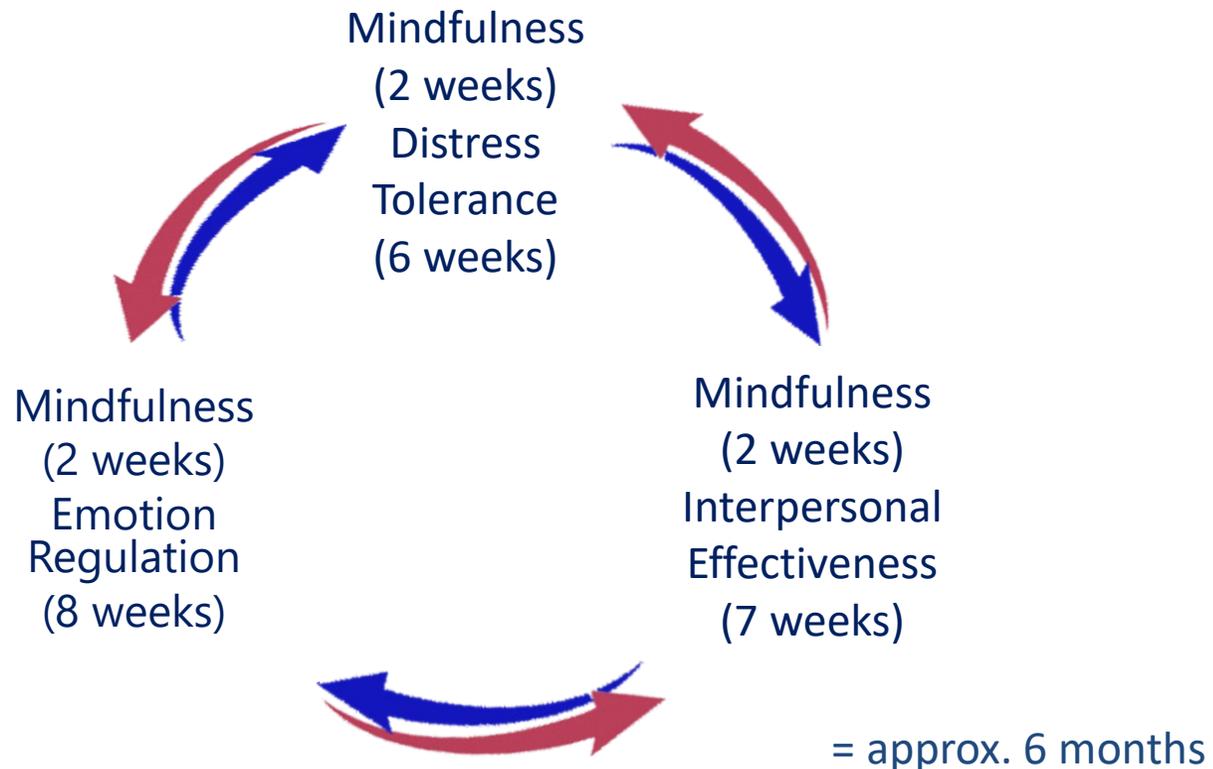
Consult
Enhance the therapist and
improve motivation

Structuring the environment:

e.g. Parents/Carers Group/other professional involvement

If a young person is in DBT then they are unable to access another talking therapy

DBT Skills Group Format (rolling programme)



Group Format

- Catch up
- Mindfulness
- Skills practice review
- Break
- Teach content
- Skills practice set
- Observation/end of group review

Emotionally unstable personality disorder (EUPD) F60.3

- 2 types: Impulsive and borderline
- Tendency to act impulsively and without consideration of the consequences
- Unpredictable and capricious mood
- Liability to outbursts of emotion
- Incapacity to control the behavioral explosions
- Tendency to quarrelsome behaviours and conflicts with others, especially when impulsive acts are thwarted or censored
- Borderline type has additional characteristics of:
 - Disturbances in self image, aims and internal preferences
 - Chronic feelings of emptiness
 - Intense and unstable interpersonal relationships
 - Tendency to self-destructive behaviours including suicide gestures and attempts

(ICD-10, 2003)

Borderline Personality Disorder (BPD)- 9 Criteria

- A pattern of intense and unstable interpersonal conflict and inability to maintain interpersonal relationship
- Frantic efforts to avoid real or imagined abandonment
- Identity disturbance or problems with sense of self
- Impulsivity that is potentially self-damaging
- Recurrent suicidal behaviours or self-mutilating behaviours
- Chronic feelings of emptiness
- Affective instability
- Inappropriate intense or uncontrolled anger
- Transient stress-related paranoid ideation or severe dissociation symptoms

A person needs to have 5 or more of these criteria to receive a diagnosis and in America & UK this can be given at 16 years

(American Psychiatric Association, 2000)

Behavioural Examples & DBT Referrals

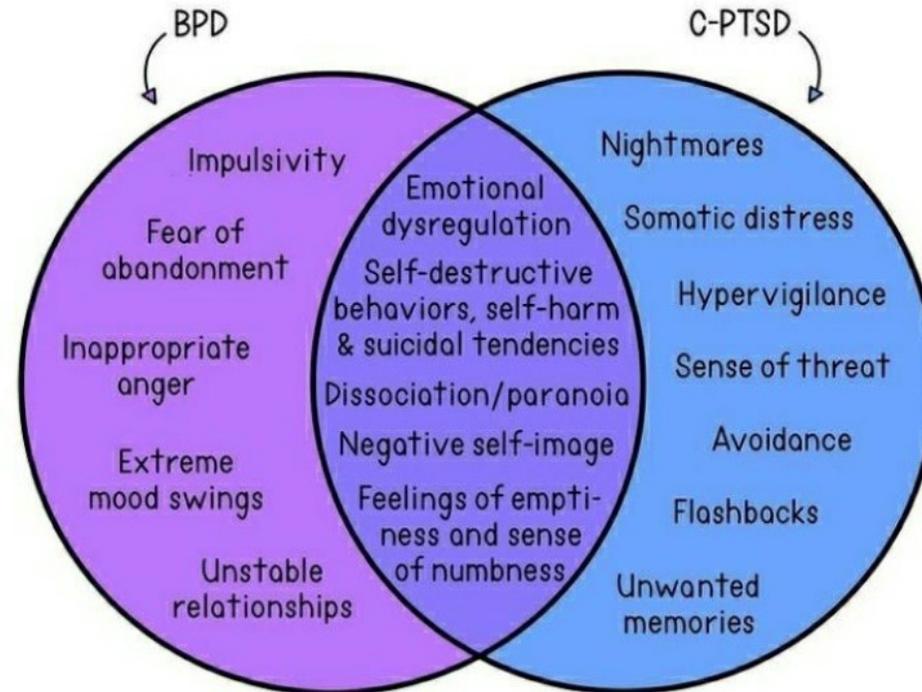
Inclusion Criteria	Notes / Behavioural Examples
A pattern of intense and unstable interpersonal relationships:	Struggles to maintain relationships; will make friends and want to spend all of their time with them; in new friendships tells them in depth details of self/past; fall in love quickly, believing that each new person is the one who will make you feel whole; relationships either seem perfect or horrible, without any middle ground.
Frantic efforts to avoid real or imagined abandonment	May beg/please with people to stay, cling to them, start fights, track one's movements, physically block the person from leaving; withdrawing from a peer group in an attempt to seek reassurance from group; telling mum/dad to leave alone and then when this occurs will state they have been left and becomes upset/angry towards the person
Identity disturbance or problems with sense of self	Sense of self is typically unstable; sometimes may feel good about self, other times hate self, extreme example is viewing self as evil; no clear idea of who they are/what they want; frequently change jobs, friends, lovers, religion, values, goals; gender identity issues/mirrors others.
Impulsivity that is potentially self-damaging (not DSH)	"sensation-seeking behaviors" especially when upset; spend money can't afford, binge eat, drive recklessly, shoplift, engage in risky sex, drugs/alcohol

Inclusion Criteria	Notes / Behavioural Examples
Recurrent suicidal or self-harm	Frequency, severity, duration – urges and actions.
Affective Instability	Shifting from one emotion to the next – happy and then sad. High reactivity; high sensitivity; slow return to base line prior to being re-triggered; mood swings are intense, but they tend to pass fairly quickly (unlike the emotional swings of depression or bipolar disorder) usually lasting just a few minutes or hours.
Chronic feelings of emptiness	Describes a hole or a void inside; feels if they are “nothing” or “nobody.”; feels uncomfortable; may try and fill this but nothing does.
Inappropriate Intense or uncontrollable anger	Frequency and severity – verbal/physical aggression/damage to property.
Transient stress related paranoid ideation or severe dissociative symptoms	Losing touch with reality—dissociation. Feeling “spaced out”; outside your own body; suspicious thoughts; hearing voices

Does a diagnosis change our perception?

Complex PTSD vs BPD

@what.is.mental.illness



DBT Organisation of BPD

- DBT has reorganized the categories for BPD based on a behavioral description which utilizes behavioral interventions of DBT as a skills deficit model
- **Emotional Dysregulation:** affective lability, problems with anger
- **Interpersonal Dysregulation:** chaotic relationships, fears of abandonment
- **Self Dysregulation:** identity disturbance, difficulties with sense of self, sense of emptiness
- **Behavioural Dysregulation:** parasuicidal behaviour, impulsive behaviour, suicidal ideation
- **Cognitive Dysregulation:** dissociation responses, paranoid ideation

(Linehan, 1993a)

What is Dialectical Behaviour Therapy (DBT)?

- DBT is a broad based cognitive-behavioural treatment, originally developed for high risk, suicidal individuals with a diagnosis of BPD (*Linehan, 1993a*)
- DBT provides a clear framework for treating BPD, taking into consideration the client's need for validation and lack of effective behaviors and skills. DBT is a manualized treatment for teaching skills (*Linehan, 1997*).
- It has an evidence base in treating PTSD, suicide, substance abuse, self harm, personality disorder, Bulimia Nervosa and Anorexia Nervosa (adults only).
- Works on the basis of a skills deficit model; as a result of past invalidating experiences, patients use maladaptive behaviours to regulate emotions to cope with sudden and intense urges (*Feigenbaum, 2008*).
- A distinguishing characteristic of DBT is that it is a behavioral therapy that has DIALECTICS and VALIDATION throughout.

Dialectics are a fundamental to DBT; what does this mean?

- “Dialectics” refers to a method of argument for resolving disagreement when two or more people hold different points of view about something *(Linehan, 1993a)*
- A dialectic is a form of reasoning based upon dialogue of arguments and counter-arguments, advocating *propositions* (theses) and *counter-propositions* (antitheses) resulting in a SYNTHESIS *(Linehan, 1993a)*
- It’s a dance, a balancing act for both of those involved!

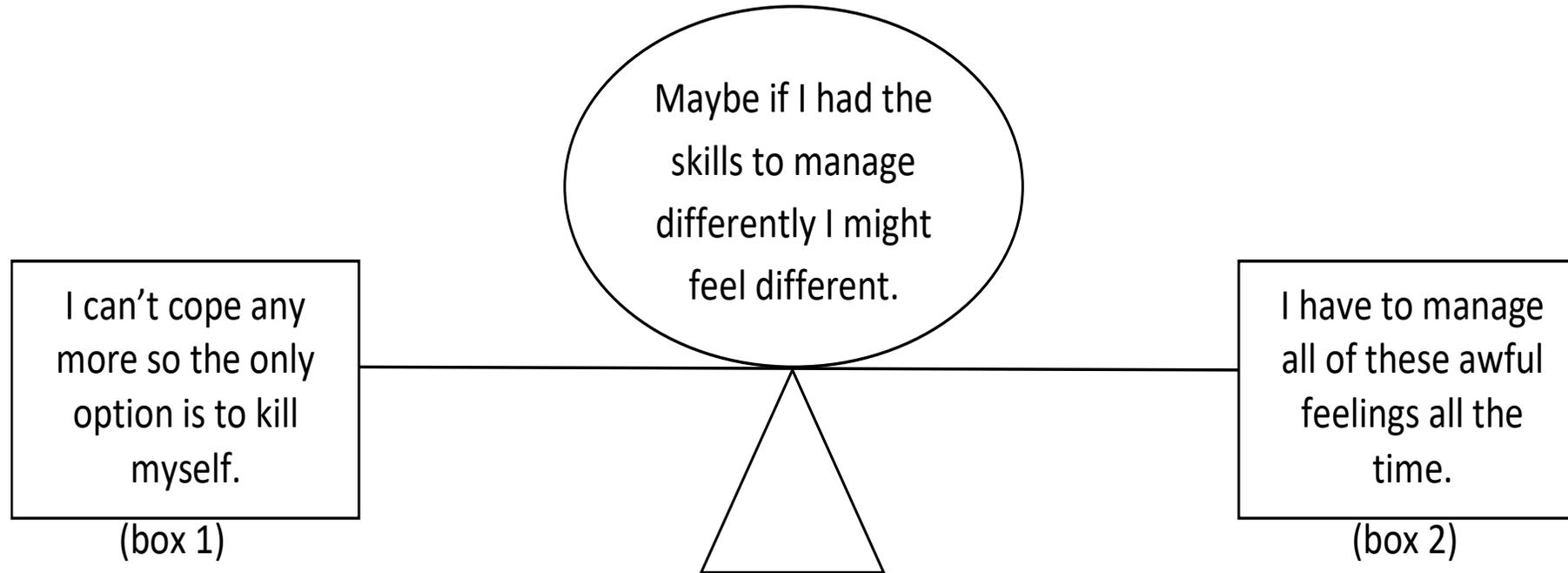
Examples of Dialectical Strategies

- Entering the paradox: both sides can be true and the answer can be both yes and no
- Use of metaphors
- Devils advocate
- Extending:
- Activating WISE mind
- Making lemonade out of lemons
- Allowing natural change

- Dialectics can be used to support COGNITIVE RESTRUCTURING *(Linehan, 1993a)*

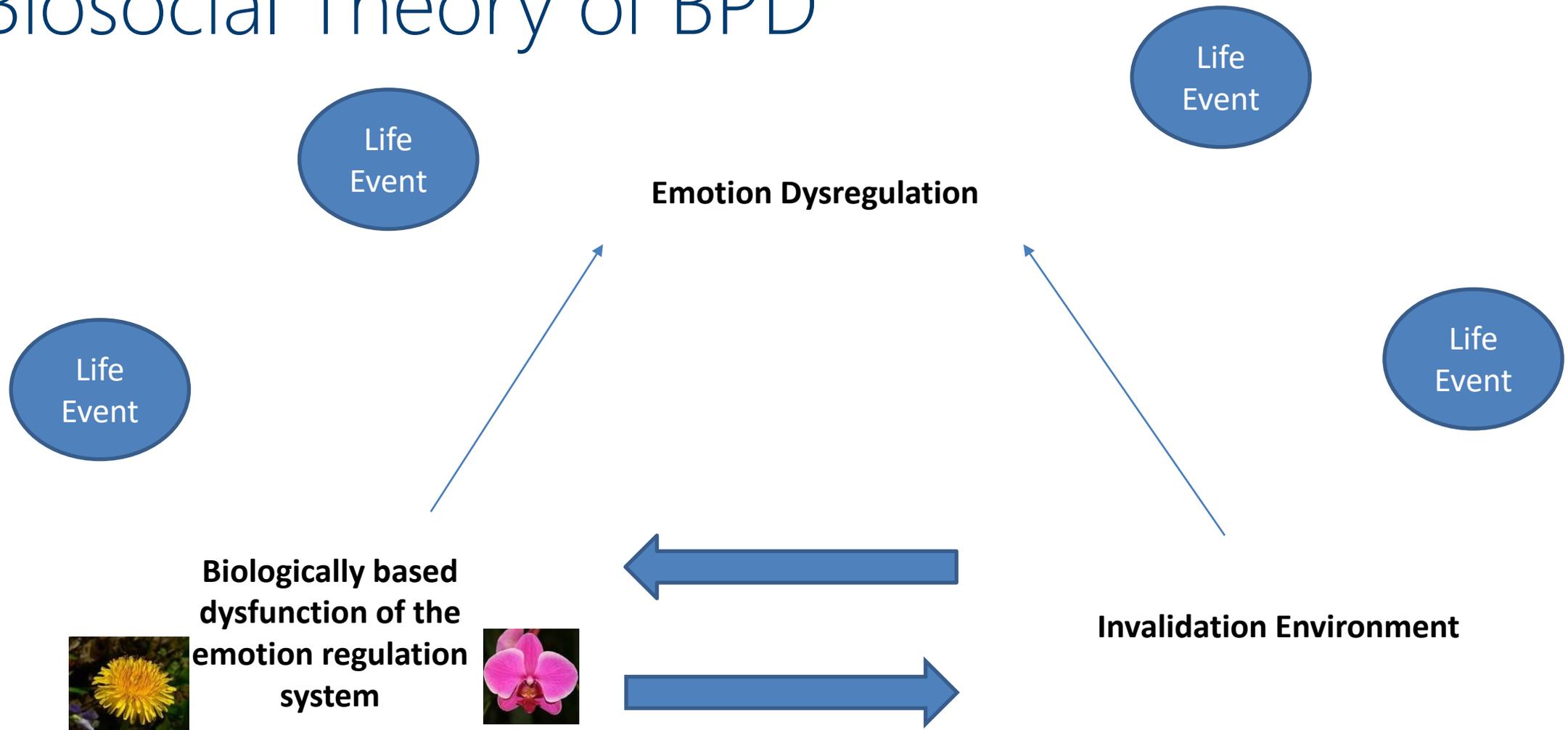
The DIALECTICAL DILEMMA

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It's sometimes difficult for the young person to see any alternative to their thought (box 1)
We can ask them to look for the extreme for what they are feeling (box 2)
Then we need to help them find the dialectic to this (oval)

Biosocial Theory of BPD



Bio Social Theory – Emotional Dysregulation

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Linehan (1993a) suggests that BPD is primarily a disorder of emotional dysregulation

High sensitivity

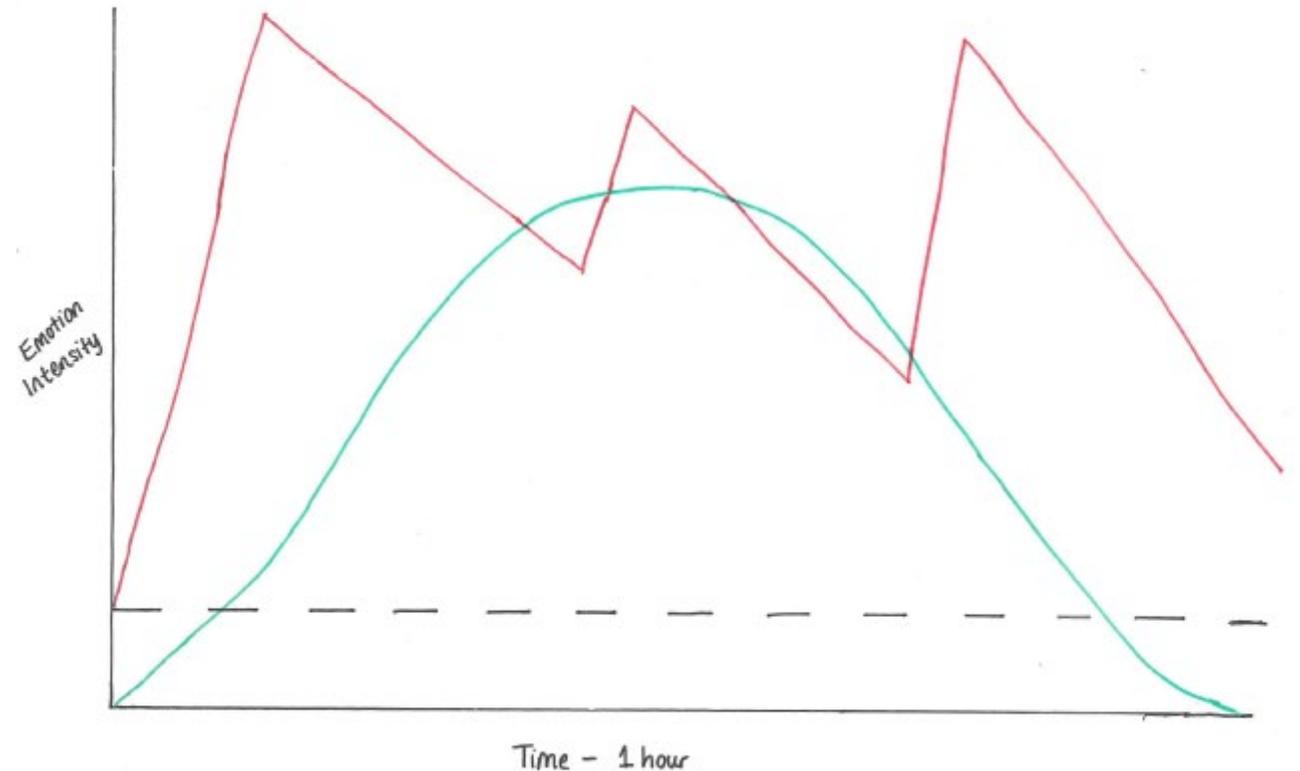
- Immediate reactions
- Low threshold for emotional reaction

High reactivity

- Extreme reactions
- Dysregulated cognitive processing

Slow return to baseline

- Long lasting reactions
- Inability to recover before the next emotional reaction



What Emotion Dysregulation Looks Like

- Lack of control around impulse related affect
- Can not regulate physiological arousal (breathing, heart rate etc.)
- Focus only on the emotional cue – can not refocus
- 'freezes', shuts down, dissociates
- Distorted thinking/misconceptions
- Can not plan actions towards non-mood dependent goals – focus is on reducing emotional distress

(Rathus & Miller, 2015)

Bio Social Model

Biological Element

(Genetic influences – family history, individual temperament style e.g., –sensitivity, emotion dysregulation)

Emotional Dysregulation arises from the transaction and interaction between biological vulnerabilities and an invalidating environment.

Social Element (Invalidating Environment)

- A person is given the message that emotional displays and communication of private experiences are incorrect, inaccurate, faulty, inappropriate, or otherwise invalid.
- An invalidating environment fails to teach the individual to label and moderate emotional responses, tolerate distress, trust personal responses as valid interpretations of events.
- Invalidating environments intermittently reinforce emotional escalation and teaches individual to oscillate between emotional inhibition and extreme emotional display.
- Extreme form of invalidation: Sexual abuse.
- Attachment style as an invalidating environment.

(Linehan, 1993a)

Goals and Target Hierarchy

Function: to structure therapy in relation to goals of building a life worth living

3 categories;

Life threatening behaviours

Therapy interfering behaviours

Quality of life interfering behaviours

Therapists also identify therapy interfering behaviours

A typical DBT session

- Brief catch up/mindfulness
- Check in with other modalities
- Review diary card
- Complete chain analysis for target behavior according to target hierarchy
- Input solutions; focus on teach and rehearsing new skill
- Balance change and acceptance
- Set skills practice

Diary Cards

- Enables the individual therapist to review a young person's whole week
- Enables the therapist to use a chain analysis and solution analysis
- Enables retrospective generalization of skills within the young person's "natural environment"

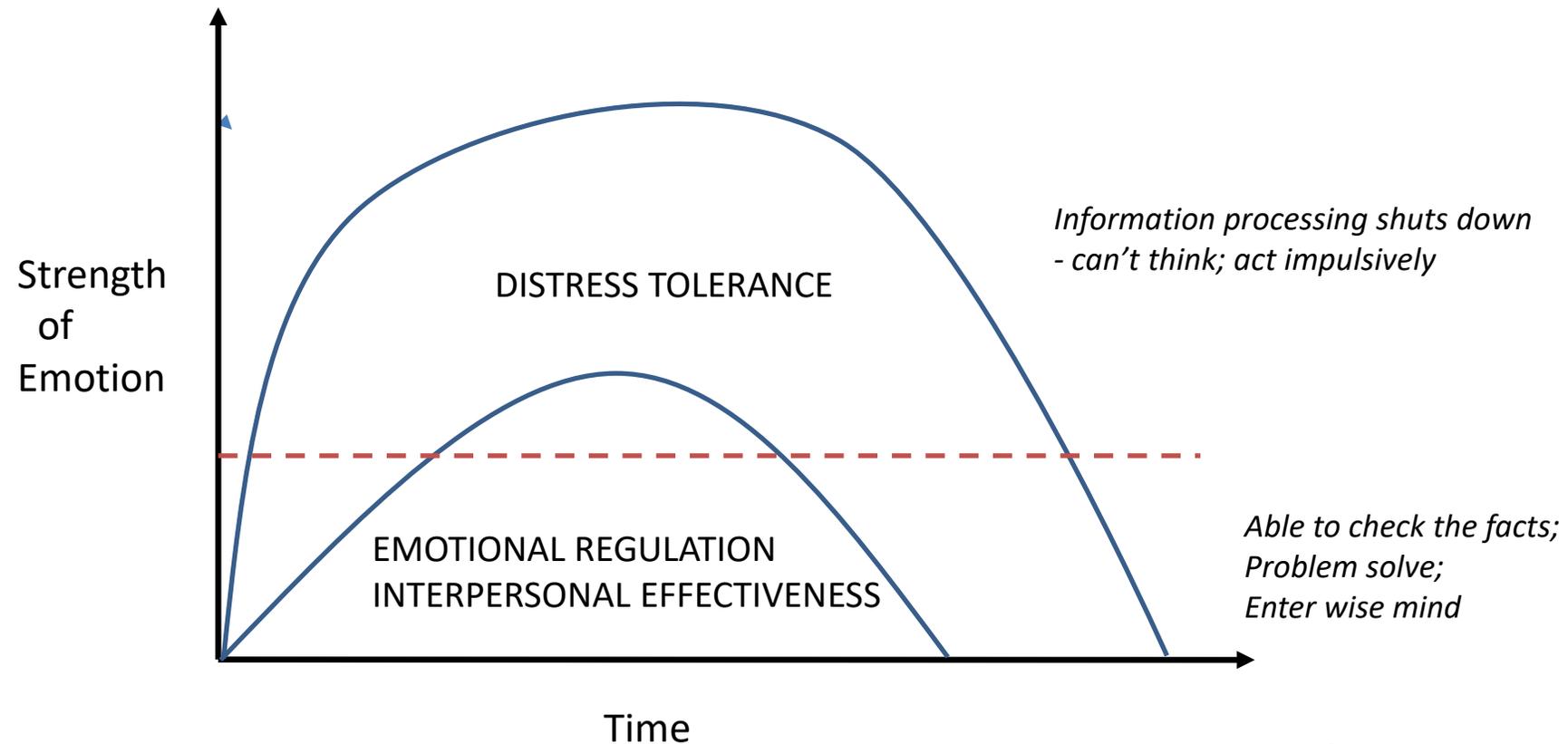
(Heard & Swales, 2016)

Chain Analysis

- The young person is supported to identify a problematic behavior and the associated thoughts and emotions.
- Although helpful to know context of incident, chain analysis should include only 30 mins prior to the prompting event and directly following the event
- Anything that happens prior to the 30 mins period is called a vulnerability factors. These cause us to have a lower threshold to responding
- Prompting event: the thing that starts off the chain of events (also known as a trigger). This is not always the most obvious event
- Links in chain: thoughts, emotions, behaviors – monitor intensity and associations

(Heard & Swales, 2016)

Application of skills for Emotion Dysregulation



Rathus & Miller, 2015 – adapted by BIDBT

Contingency Management

	Reinforcer (Increase or maintain behaviour)	Punisher (Decrease behavior)
Positive (Add)	Add stimulus to increase or maintain behaviour	Add stimulus to decrease behaviour
Negative (Remove)	Remove stimulus or reduction in something painful to increase or maintain behaviour	Remove stimulus to decrease behaviour

(Pryor, 1999)

Example for Self-Harm

	Reinforcer (Increase or maintain self-harm)	Punisher (Decrease self-harm)
Positive (Add)	<p>Something being added that keeps self-harm going</p> <ul style="list-style-type: none"> • A family member or friend paying more attention to them • Increased contact with mental health services • Being taken more seriously and people listening to me and my struggles 	<p>Something being added that might make self-harm stop</p> <ul style="list-style-type: none"> • Headache (head-banging) • Having a negative thought following self-harm e.g. 'what is wrong with me' • Needing to go to A&E • A secondary emotion e.g. feeling guilty after self-harming
Negative (Remove/take away)	<p>Something being taken away that keeps self-harm going</p> <ul style="list-style-type: none"> • Reduction in a painful emotion • A release of physical tension • Reduction in a negative thought • Being asked to do less by family member 	<p>Something being taken away that might make self-harm stop</p> <ul style="list-style-type: none"> • Parents not allowing young person to go out alone (freedom is taken away) • Not being allowed to go to school due to risk

Things to remember

- Don't assume the same reinforcer will work for everyone; praise may be a positive reinforcer from someone but may be a positive punishment for another
- Punishers are content specific and you need to think strategically about responses in sessions
- Self harm and suicidal ideation is reinforced most strongly immediately after this behaviour; so check what the consequence is

Behavioural Definitions

What is a behavioural definition?

- classification that describes and categorizes actions *(Oxford English Dictionary, Oxford University Press, updated 2018)*

Example of behavioural definition:

- “She is not completing her diary card, not attending group, not attending sessions on time” **instead of** “she is not engaging hard enough with me”.

References

- American Psychiatric Association. (2000). *Diagnostic and statistical manual of mental disorders: DSM-IV-TR*. Washington DC: American Psychiatric Association
- Amner, K. (2012). The effect of DBT provision in reducing the cost of adults displaying the symptoms of BPD. *British Journal of Psychotherapy*. 28, 336-352
- Feigenbaum, J. (2008). Dialectical Behaviour Therapy. *Psychiatry*, 7(3); 112-116.
- Gottman, J., Levenson, R.W. (2002) A two factor model for predicting when a couple will divorce: Exploratory Analyses using 14-year longitudinal data. *Family Processes*. 41 (1) 83-96
- Heard, H & Swales, M (2016) *Changing Behaviour in DBT, Problem Solving in Action*. New York: Guildeford Press
- Lewis, M., Havilad-Jones, J.M., and Barrett, L.F. (Eds.) (2010) *Handbook of Emotions*. Guilford Press; New York
- Linehan, M. M. (1993a). *Cognitive Behaviour Therapy of Borderline personality Disorder*. New York: Guildford Press.
- Linehan, M. M. (1993b). *Skills Training Manual for Treating Borderline Personality Disorder*. New York: Guildford Press.
- Linehan, M.M. (1997). Validation and psychotherapy. In A. Bohart & L. Greenberg (Eds) *Empathy Reconsidered: New Directions in Psychotherapy*. Washington DC: American Psychological Association.

References cont.

- Linehan, M. M. (2015). *DBT Skills Training Manual*. (2nd Ed). New York: Guildford Press.
- Miller, A. L., Rathus, J. H. and Linehan, M. M (2007). *Dialectical Behaviour Therapy with suicidal adolescents*. New York: Guildford Press.
- Mind (2018): www.mind.org.uk
- Oxford English dictionary. (2020). (3rd Ed) Oxford: Oxford University Press.
- Pryor, K. (1999). *Don't shoot the dog! The new art of teaching and training*. New York, Bantam Books.
- Royal College of Psychiatry (2021) *Personality disorder*. Accessed online: [<https://www.rcpsych.ac.uk/mental-health/problems-disorders/personality-disorder?searchTerms=personality%20disorders>]
- Rathus, J. & Miller A (2015) *DBT Skills Manual for Adolescents*. London: Guildeford Press
- Reijfe, C., Osterveld, P., Terwogt, M.M., Mootz, S., Van Leewuen, E., Stockmann, L. (2011) Emotion regulation and internalising symptoms in children with autistic spectrum disorder. *Autism*. 15 (6), 655-670
- Sofronoff, K., Attwood, T., Hinton, S., Levin, I. (2007). A randomised control trial of a cognitive behavioural intervention for anger management in children diagnosed with Asperger's Syndrome. *Journal of Autism and Developmental Disorders*. 37, 1203-1214
- Swales, M. and Heard, H. (2009) *Dialectical Behaviour Therapy: the CBT distinctive features series*. New York: Routledge.