



*Virtual*  
**2020 CMHO Conference**  
**Innovating and Advancing Child  
and Youth Mental Health**

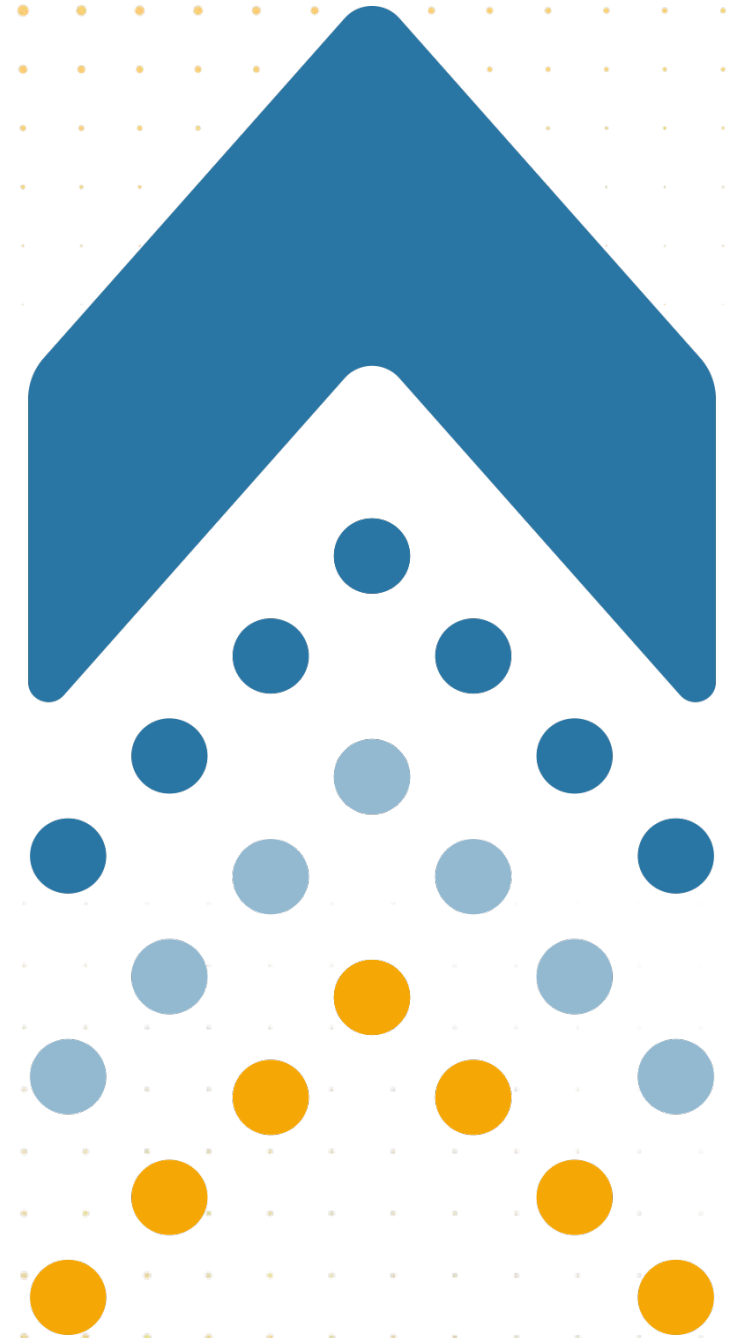
**November 23 to December 4**

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Ontario Centre of Excellence  
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Centre d'excellence de l'Ontario en santé  
mentale des enfants et des adolescents



# Demystifying the DBT Process

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Broadview Psychology

# Objectives

Understand the core components of an adherent DBT program and how to ensure fidelity to the model.

Discuss and understand the match between intervention intensity and clinical complexity.

Develop a practical and informed understanding of the steps to supporting clients in starting the journey of developing a life worth living.



# Demystifying DBT



# What is DBT?



# Dialectical Behavior Therapy (DBT)

## DBT-C (Ages 6-12)

- Individual sessions with parents and children
- Skills training in group or family sessions
- Phone coaching
- Team consultation
- Prevention and environmental change

## DBT-A (Ages 13-18)

- Individual sessions with adolescents
- Skills training in multi-family group sessions or separate parent and teen groups
- Parent therapy and family therapy
- Phone coaching
- Team consultation
- Environmental intervention

## DBT (18 and up)

- Individual sessions with adults
- Group skills Training
- Phone coaching
- Team consultation
- May include parenting / family support or groups
- May include environmental intervention



# Evidence-Based Practice

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Efficacy Trials: *DBT studies conducted in research settings*

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Effectiveness Trials: *DBT studies conducted in community settings*

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Dissemination & Implementation: *Transferring DBT to a routine clinical practice*

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Mechanisms of Action: *Evaluating how DBT works*

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Meta-Analyses & Systematic Reviews: *Comprehensive reviews of DBT treatment research*

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# DBT is Effective For:

Suicidal Ideation/self  
harm behaviors  
Personality Disorders

School avoidance  
Social Anxiety  
ADHD

Family conflict  
Interpersonal Conflict  
Disordered Attachment

Emotional outbursts  
Aggression (Reactive)  
Trans-diagnostic

Substance use  
Eating Disorders

Mood issues  
Anxiety





# Core Elements of DBT



# Biosocial Model of Emotion Dysregulation

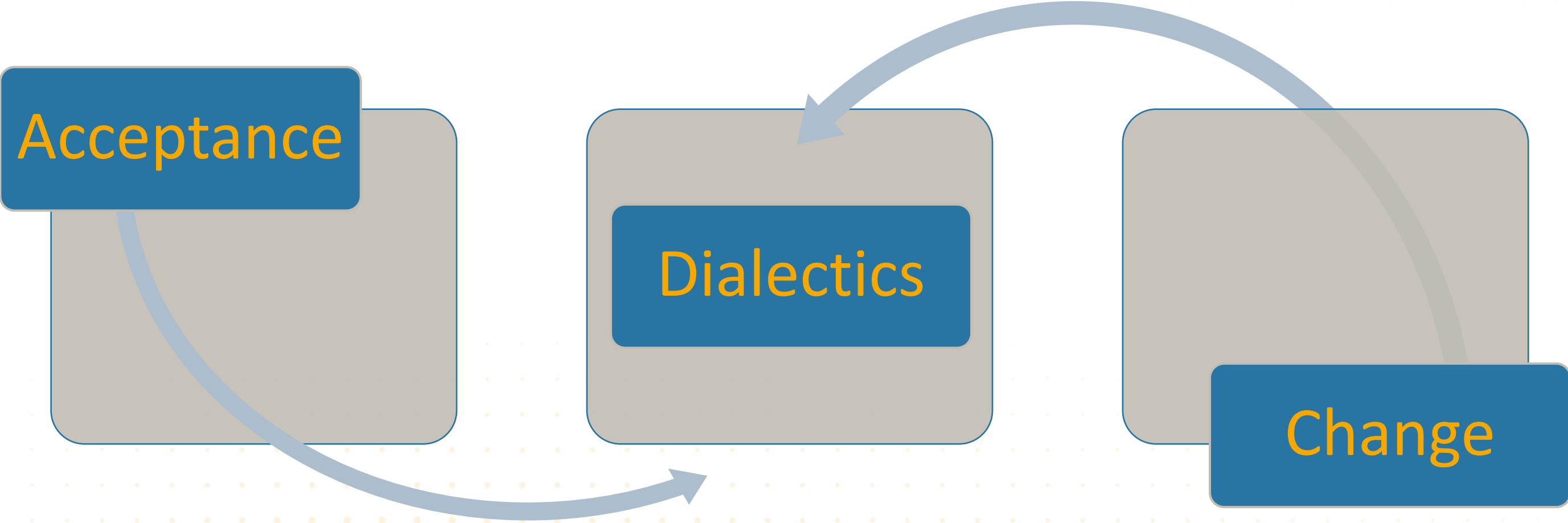
Biological  
Sensitivity to the  
Environment

Invalidating  
Environment

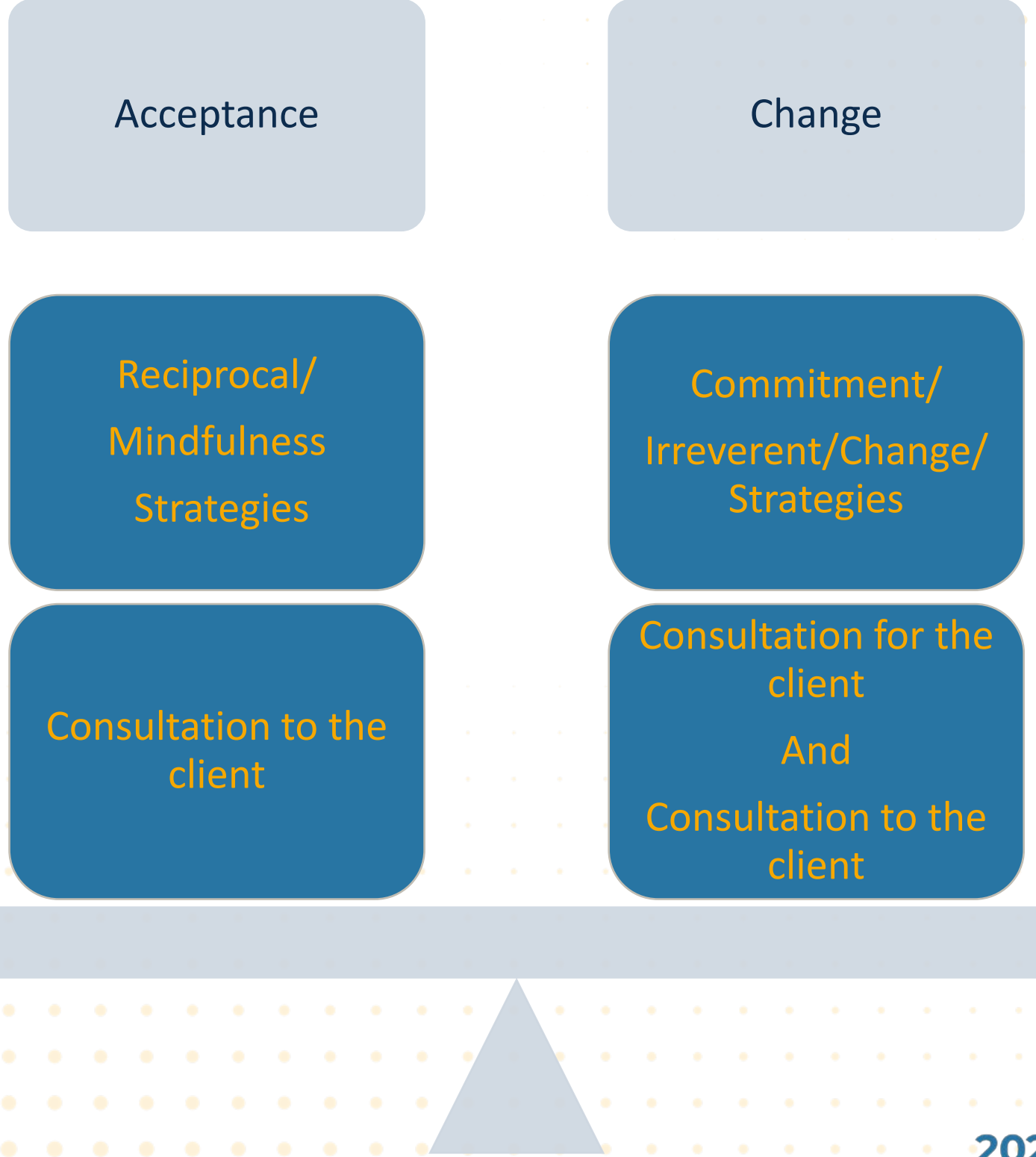
Emotion  
Dysregulation



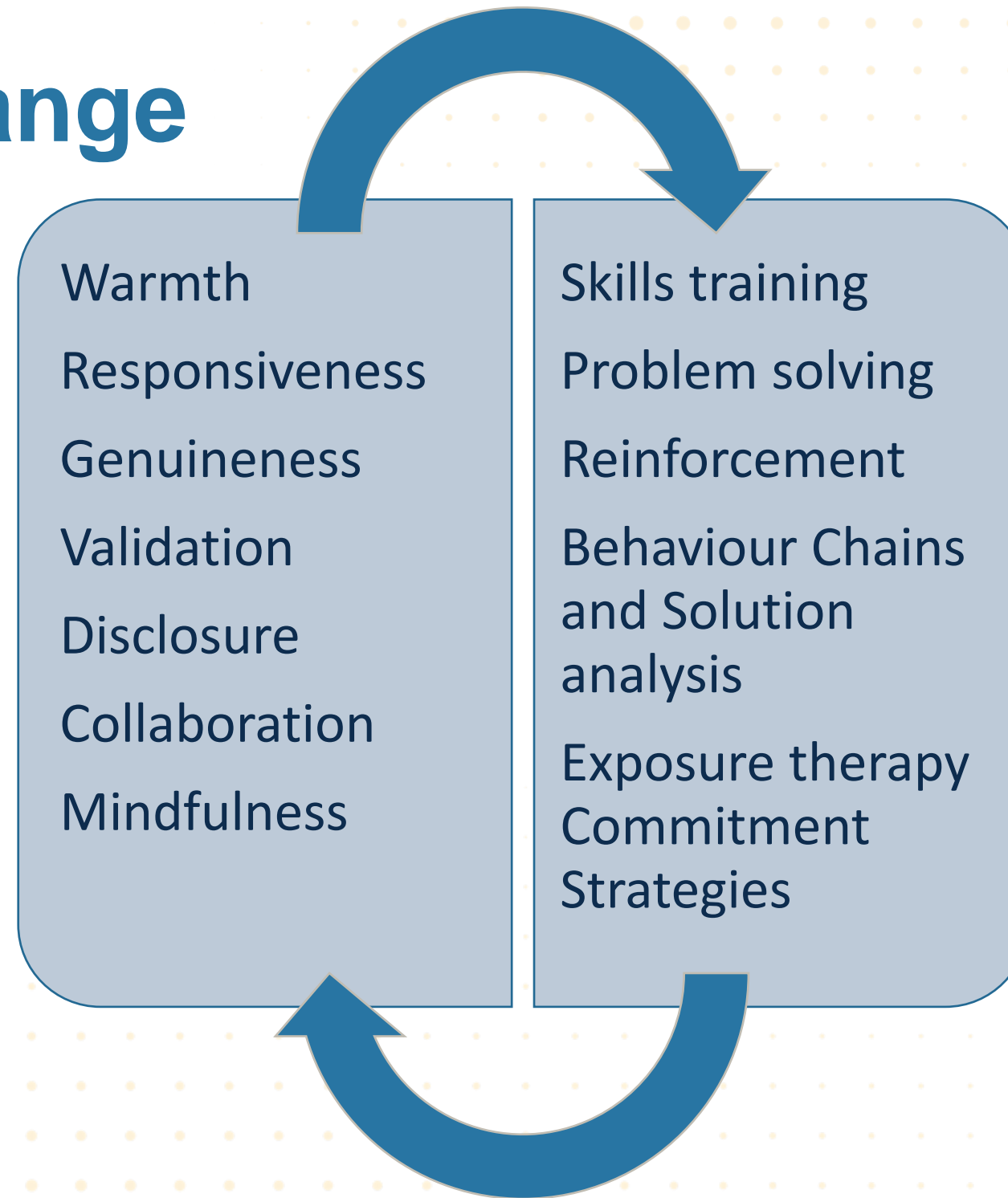
# Dialectics



# Core Strategies: Change and Acceptance



# Acceptance and Change

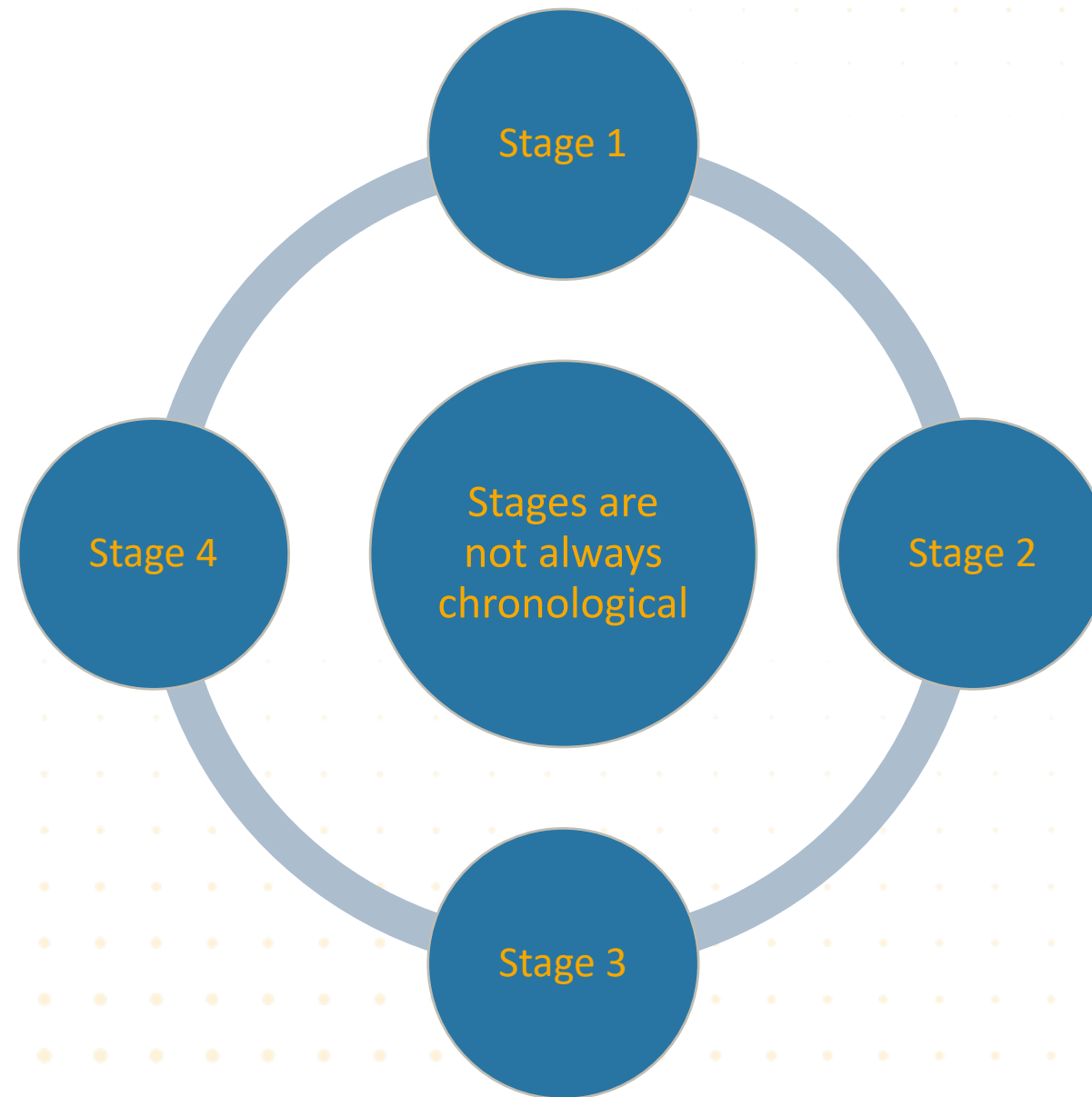


# Stages of Treatment

- Stage 1: Becoming Stable and Regulated
  - Move from behavioural dyscontrol to control to achieve a normal life expectancy
- Stage 2: Suffering in Silence/Emotional Experiencing
  - Move from quiet desperation to full emotional experiencing
- Stage 3: Building a Life Worth Living
  - Create a life of ordinary Happiness and Unhappiness
- Stage 4: Addressing Issues of Meaning (Optional):
  - Move from incompleteness to ongoing capacity for Experiences of Joy and Freedom



# Interactional and Reciprocal Nature of Stages





EMOTIONAL REACTIVITY

1. MINDFULNESS SKILLS

EMOTIONAL  
DYSREGULATION

2. EMOTION REGULATION SKILLS

IMPULSIVITY

3. MINDFULNESS/DISTRESS TOLERANCE SKILLS

INTERPERSONAL  
PROBLEMS

4. INTERPERSONAL EFFECTIVENESS SKILLS

TEENAGE AND FAMILY  
CHALLENGES

5. WALKING THE MIDDLE PATH SKILLS



**Who is DBT  
for?**

**Understanding  
the Match**



# Biosocial Model of Emotion Dysregulation

Biological  
Sensitivity to the  
Environment

Invalidating  
Environment

Emotion  
Dysregulation



# Biosocial Model of Emotion Regulation

Biological  
Sensitivity to the  
Environment

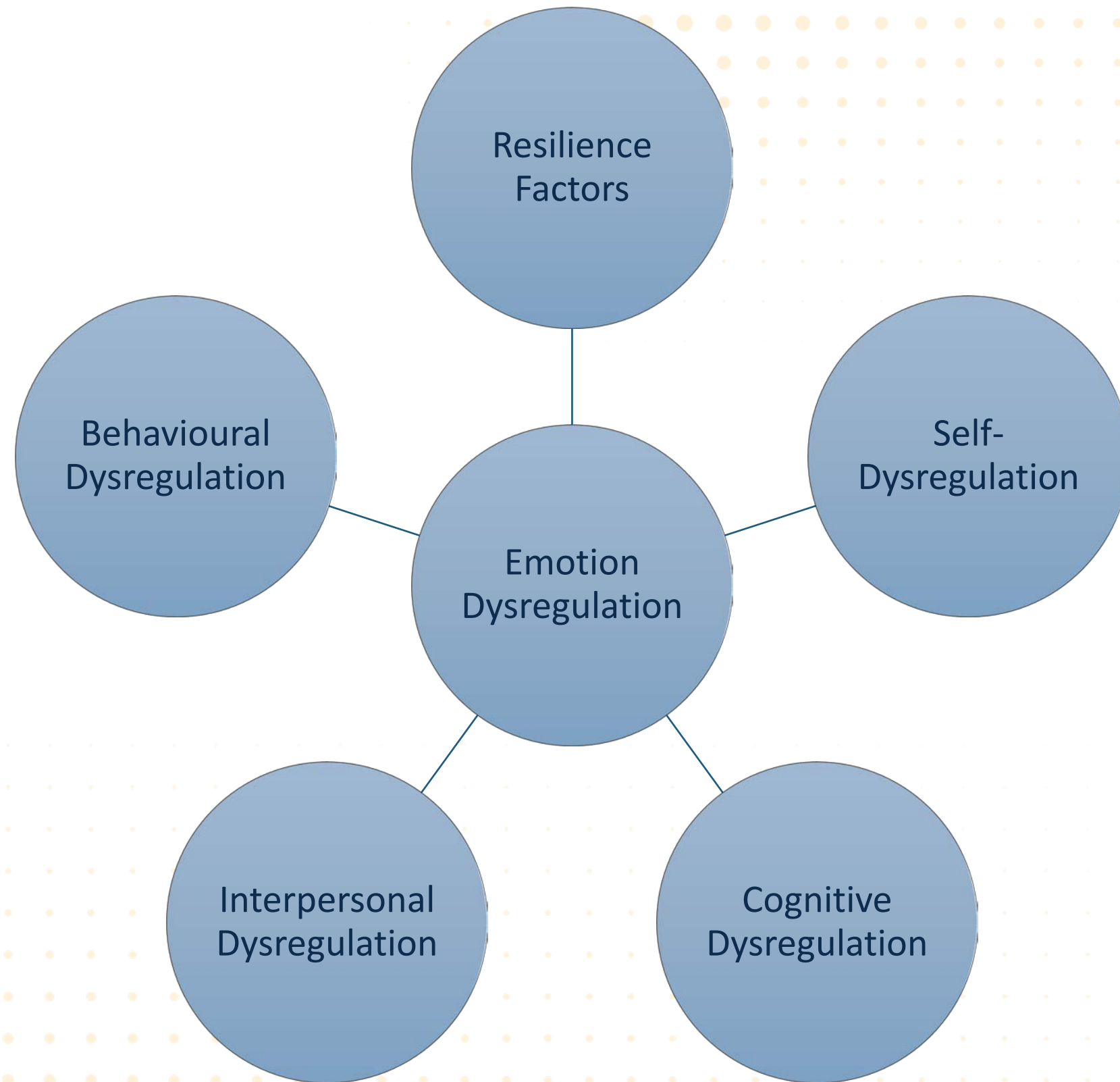
*Validating Environment*

- Sense of safety*
- Sense of self-love*
- Sense of belonging*
- Predictability*
- Structure*
- Reinforcement*
- Consequences*
- Containment*

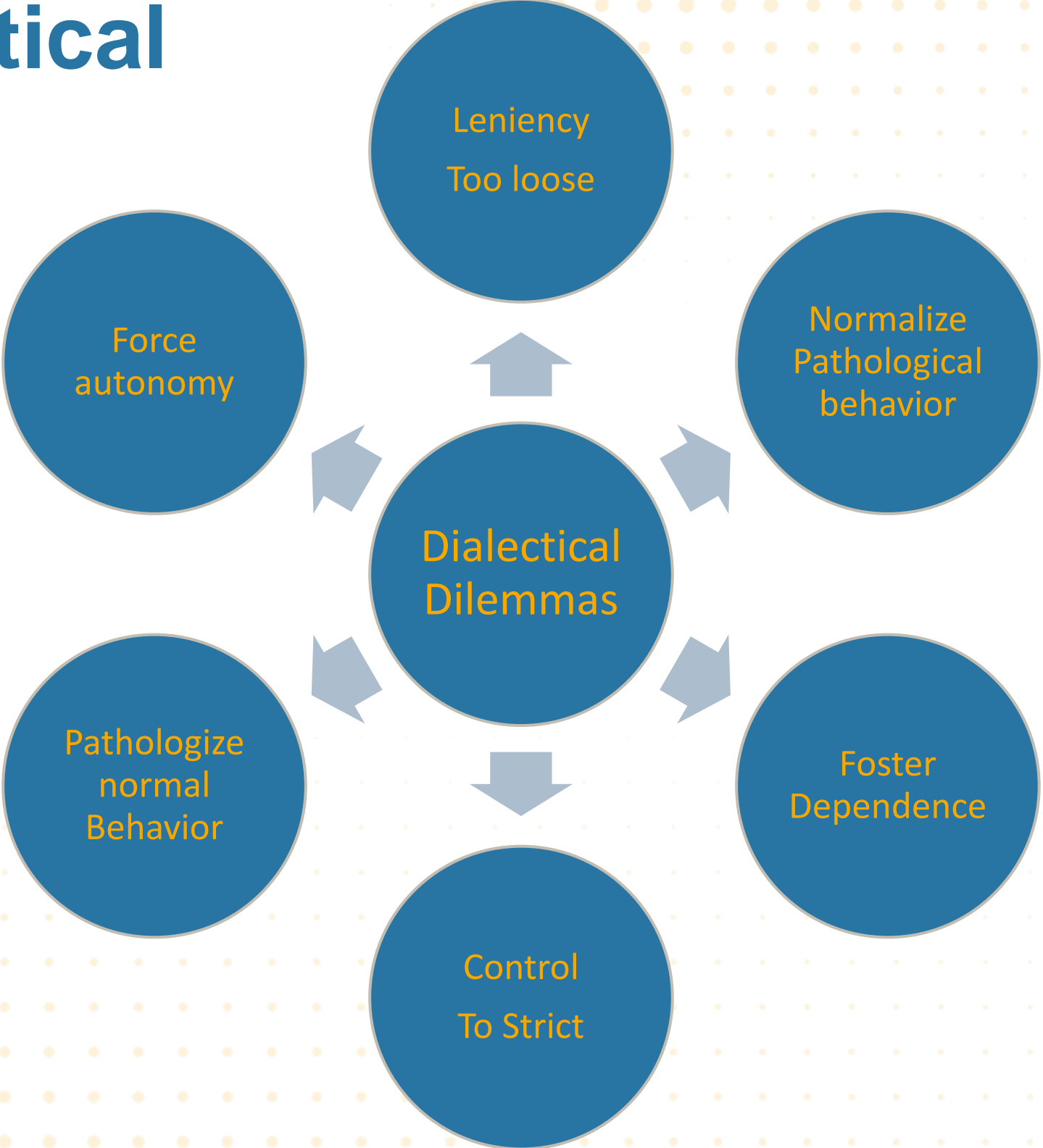
Emotion  
Regulation



# Emotion Dysregulation



# Parenting Dialectical Dilemmas



# Under Regulation

- Typically more noticed by others because externalized nature
- Extreme emotional displays, strong reactions, often leads to problematic coping (aggression, SH, Suicide attempts, drug/alcohol use)
- Can be traumatic for the person experiencing it and for those observing it
- Tends to happen quickly
- Often functions (not always intentionally) to get a response from others (help, consequences, hospitalization, care)





# Over Regulation

- May result in perception that the person is doing okay
- Can result in isolation/hiding in order not to show emotions
- Can occur following a period of under regulation, as the person is sufficiently exhausted
- Is more appealing than under regulation and is often reinforced by caregivers, teachers, doctors, MH professionals
- Typically cannot be sustained → leading to under regulation
- May be accompanied by secretive impulsive behaviour meant to reduce emotions (e.g. self harm, purging)



# The Match: A Typical Client and Family Profile

- Suicidal Ideation
- NSSI
- Possible Trauma history
- Possible Disordered Eating
- Anxiety, depression, Behavioural issues, aggression, substance use, disordered attachment, severe interpersonal issues, possible severe school avoidance
- Complex family systems with multiple overlapping mental health concerns
- Difficulties with boundaries and extreme reactions and thinking
- Invalidating environments



# The Match

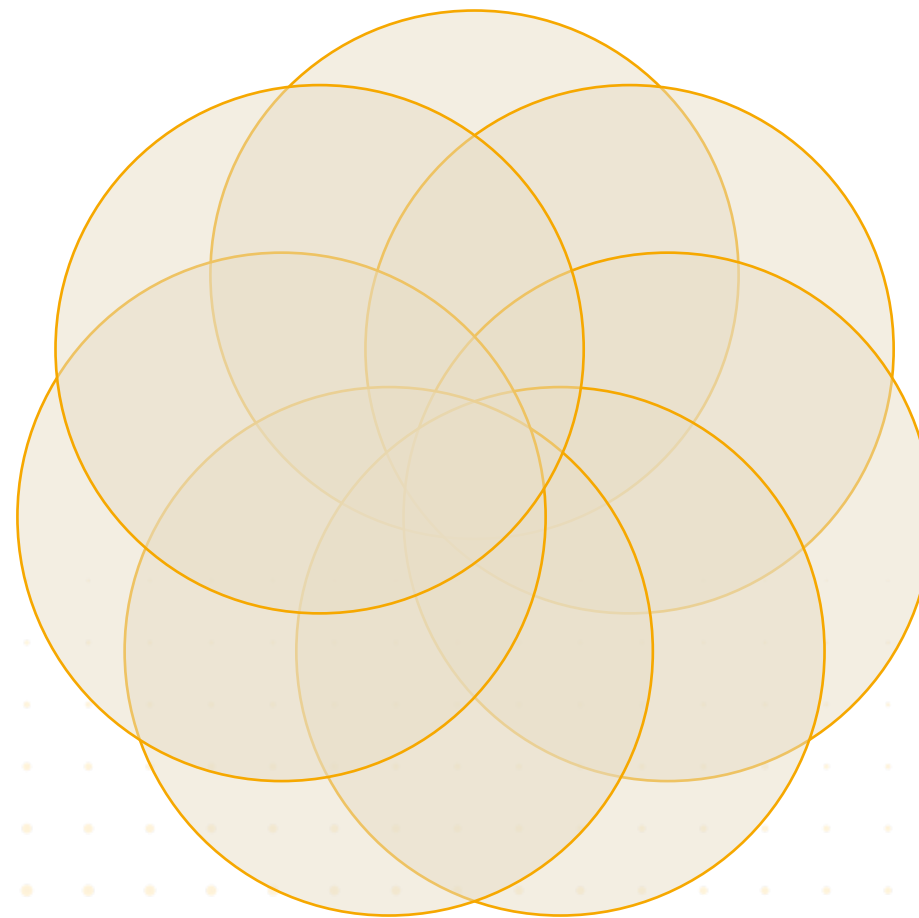
Complex array of symptoms

Helps to balance validation/behavioral strategies

Complex Intervention

Skill generalization to all environments

Dose (amount of intervention)



Facilitates/teaching validating environments

Addresses biological sensitivity



# “Creating a Life Worth Living”



# From Start to Finish

- Orientation to DBT – Is it right for you? Your child/youth/family?
- Comprehensive Intake process
  - Clients
  - Parents
  - Collaterals
- DBT Agreement “the contract” – taking the plunge into a life worth living
- DBT Orientation and pre-treatment (2-4 sessions)
- Individual sessions
- Commitment and treatment revised as needed throughout the process
- Once client is committed, begins group and phone coaching
- Parents will then begin group and parenting sessions
- Family members may participate in family therapy sessions



# Gaining Commitment: Building a Relationship

Evaluating Pros and Cons

Devil's Advocate

Using Foot in the Door / Door in the Face

Highlighting of previous commitments

Highlighting Freedom to Choose, Absence of Alternatives

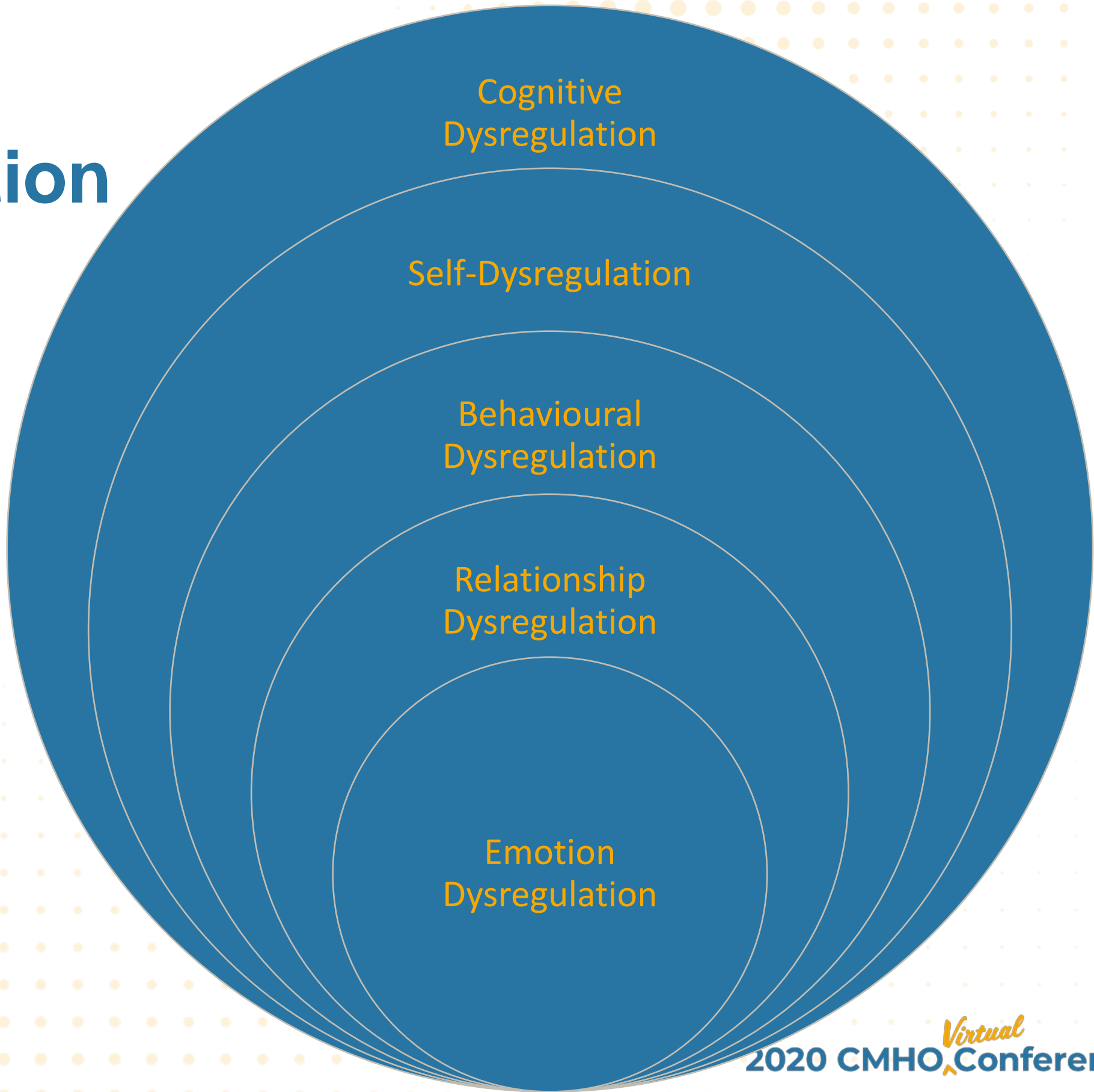
Shaping toward commitment

Generating Hope: Cheerleading





# Case Formulation

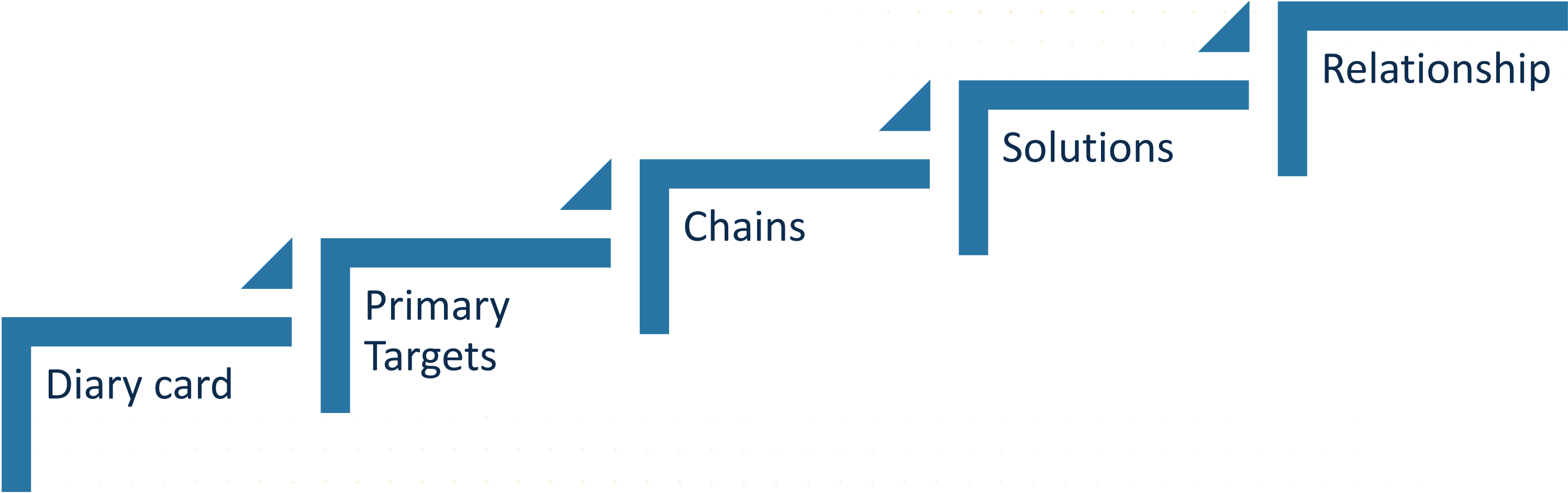




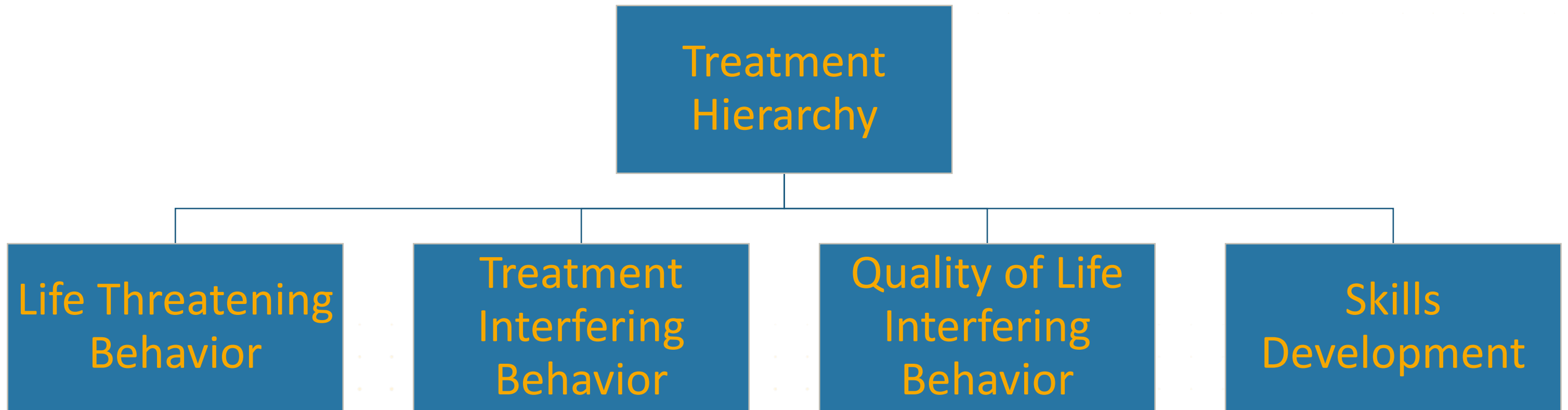
# Individual Sessions



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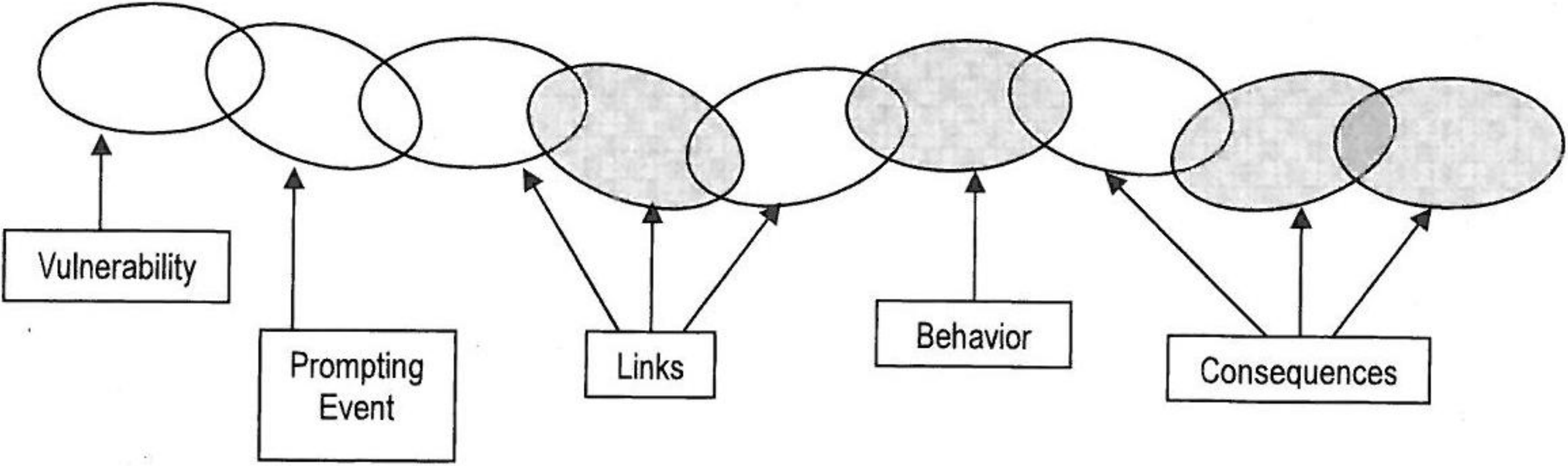


# Individual Sessions: Diary Cards

Dialectal Behavior Therapy Diary Card				Initials	ID#	Filled out in session? Y N		How often did you fill out this side? ____ Daily ____ 2-3x ____ Once						Date Started								
Day & Date	Use	Suicide	S-H	Pain	Sad	Shame	Anger	Fear	Illicit		ETOH		Prescrip		OTC		S-H	Lying	Joy	Skills	R	
	0-5	0-5	0-5	0-5	0-5	0-5	0-5	0-5	#	Specify	#	Specify	#	Specify	#	Specify	Y/N	#	0-5	0-7	✓	
Mon																						
Tues																						
Wed																						
Thur																						
Fri																						
Sat																						
Sun																						
									<b>*USED SKILLS</b> 0 = Not thought about or used 1 = Thought about, not used, didn't want to 2 = Thought about, not used, wanted to 3 = Tried but couldn't use them						4 = Tried, could do them but they didn't help 5 = Tried, could use them, helped 6 = Didn't try, used them, didn't help 7 = Didn't try, used them, helped							
				Before	After	Belief in control of ...		Before	After													
Urge to use (0-5):						Emotions:																
Urge to quit therapy (0-5):						Behaviors:				BRTC Diary Card Copyright 1999 Marsha M. Linehan, Ph.D.												
Urge to harm (0-5):						Thoughts:																



# Individual Sessions: Behaviour Chains



# Individual Sessions: Behaviour Chains

## Vulnerability factors

- Identify vulnerability factors.
- Lack of sleep, not eating, time of day, certain environments, drug use the day before, intoxication at the time

## Trigger

- Identify triggering event, thought, memory, situation.
- Ask “What set this series of events into motion?”

## Events, Thoughts, Emotions

- Ask for a step by step account of what happened, what the client was thinking, feeling, what she said/did, what others said/did.

## Problem Behaviour

- Label the **PROBLEM BEHAVIOUR USED** (self harm? Suicide attempt? Hospitalization? Breaking things? Screaming? Skipping school? Purging?)
- Ask what, when, where, how.

## Outcomes/Consequences

- Ask for a step by step account of what happened after the behaviour, including what the client was thinking, feeling, what she said/did, what others said/did

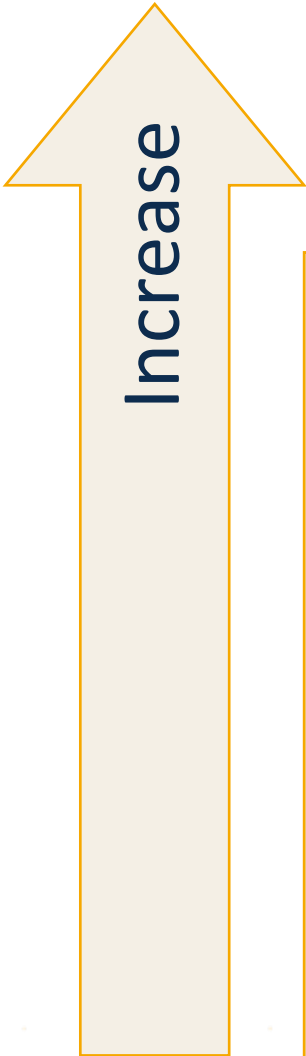


# Skills Training

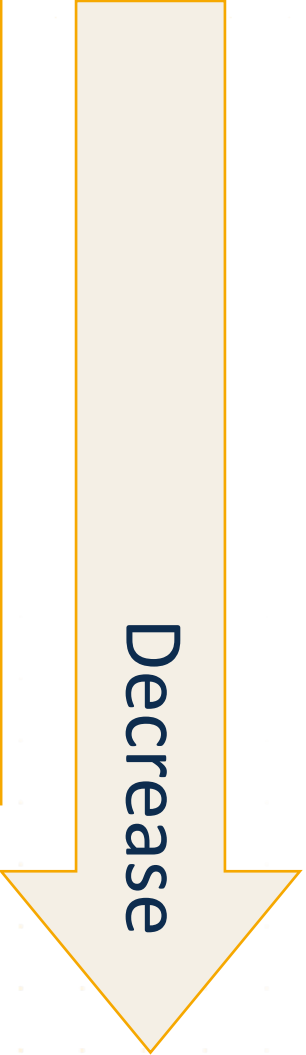




# Skills Modules



Core Mindfulness Skills	Reduced Awareness and Focus and confusion about self
Emotion Regulation Skills	Emotion Dysregulation
Distress Tolerance Skills	Impulsivity
Interpersonal Effectiveness	Interpersonal Problems
Walking the Middle Path	Teenage and Family Challenges



# Skills Training: Three Steps in Learning Skills of all Type

## 1. Skills Acquisition

- Instructions
- Modeling

## 2. Skills Strengthening

- Behavioral Rehearsal
- Feedback and Coaching

## 3. Skills Generalization

- Generalization Programming
- Practice in the Natural (home) Context



# Phone Coaching

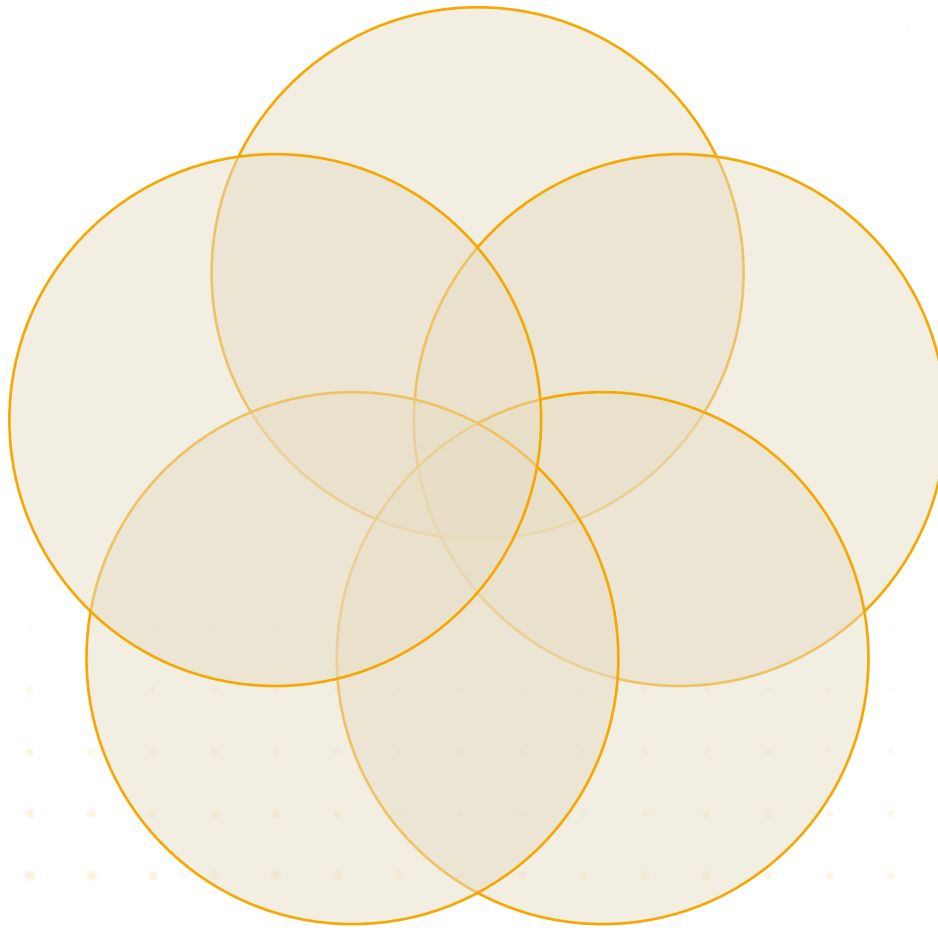
Generalization of skills

Problem Solving

In the moment coaching for crisis management

Validation, cheerleading and Repair

Relationship Development  
Contact with clinician



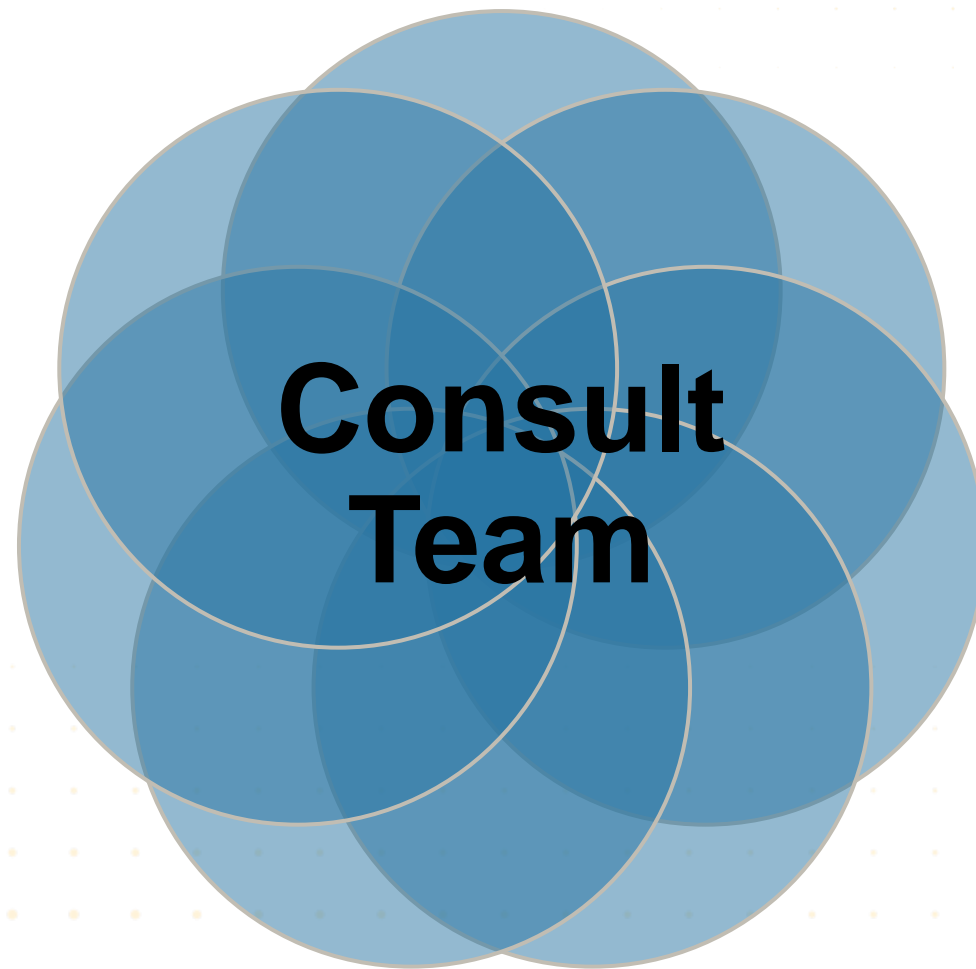
# DBT Treatment on each other

Accountability  
of clinicians

Reduce  
Burnout

Training and  
Didactics

Maintain  
Assumptions  
of each client



Video review

Create  
Dialectical  
Balance

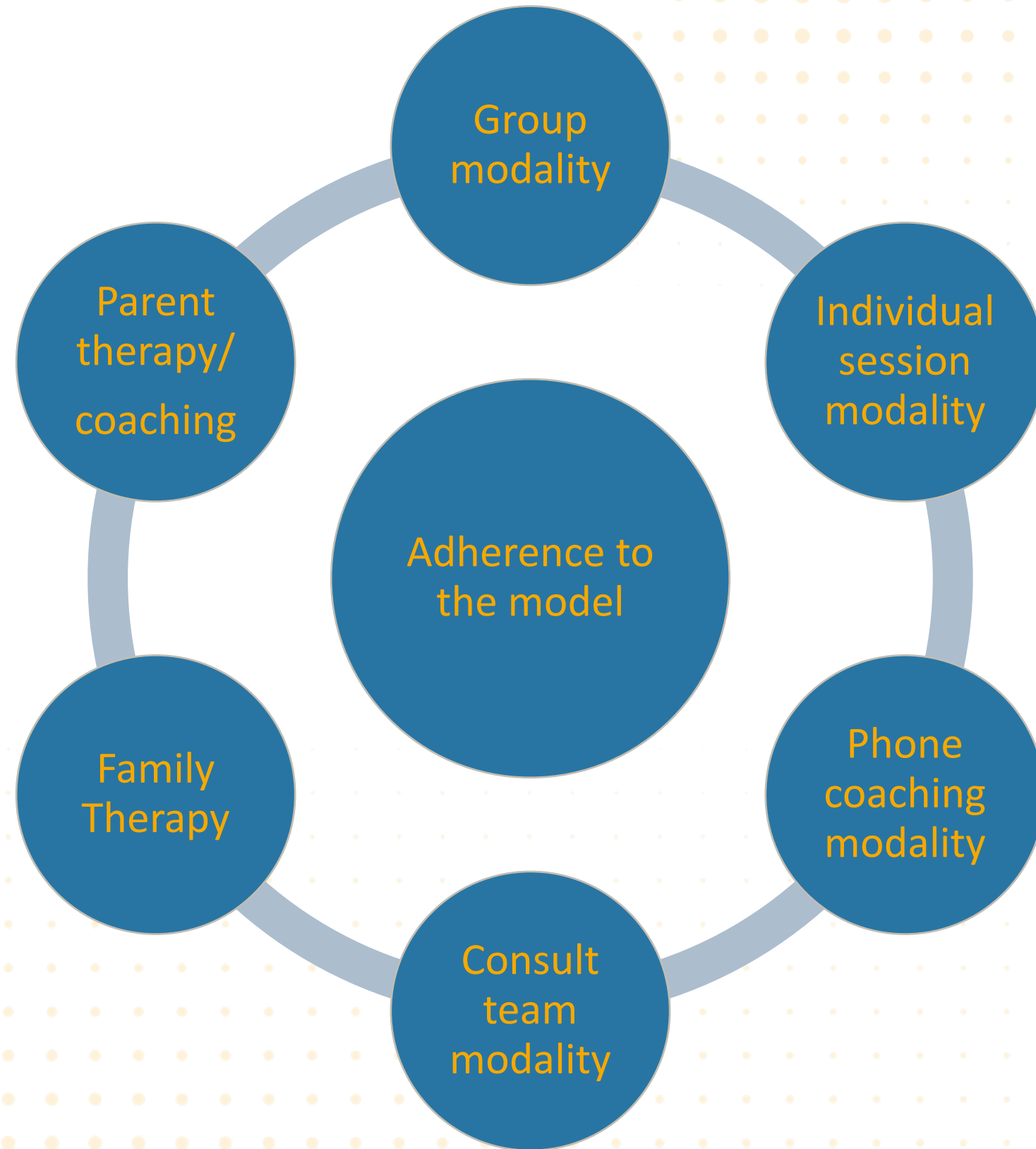


**Adherent  
DBT**

**Vs. DBT  
Informed**



# Maintaining adherence to the model



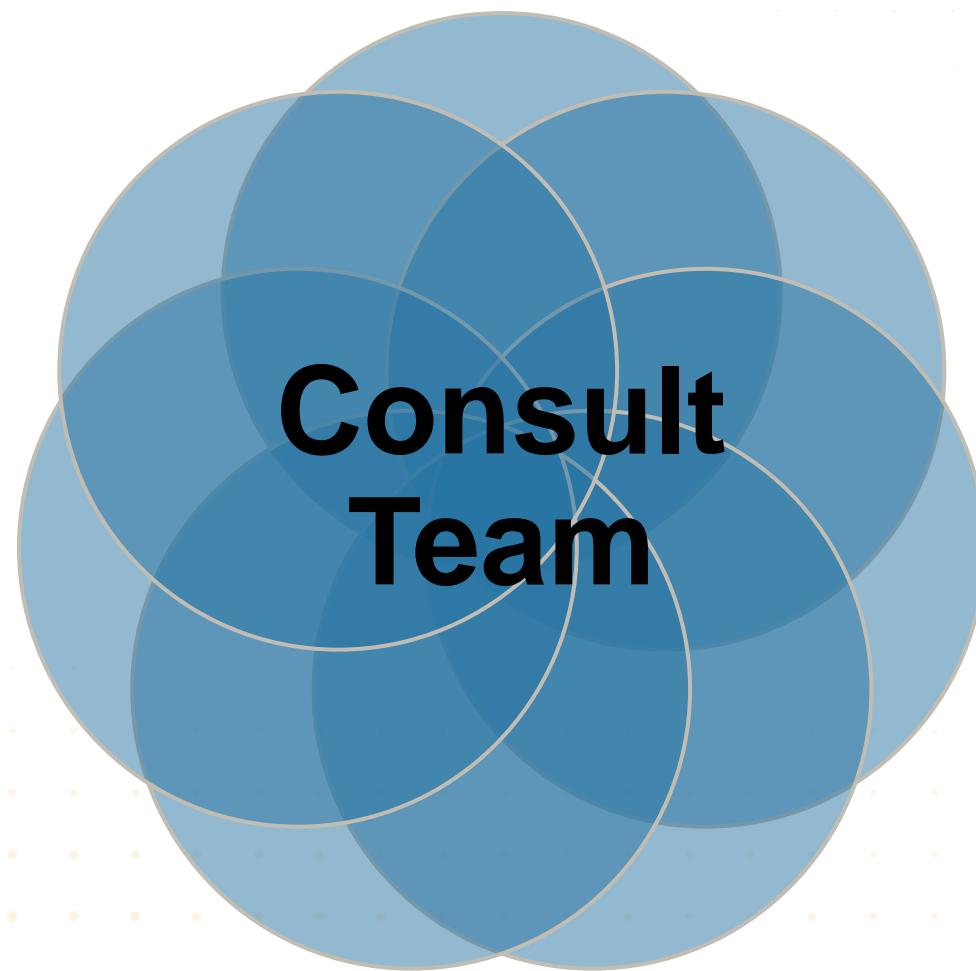
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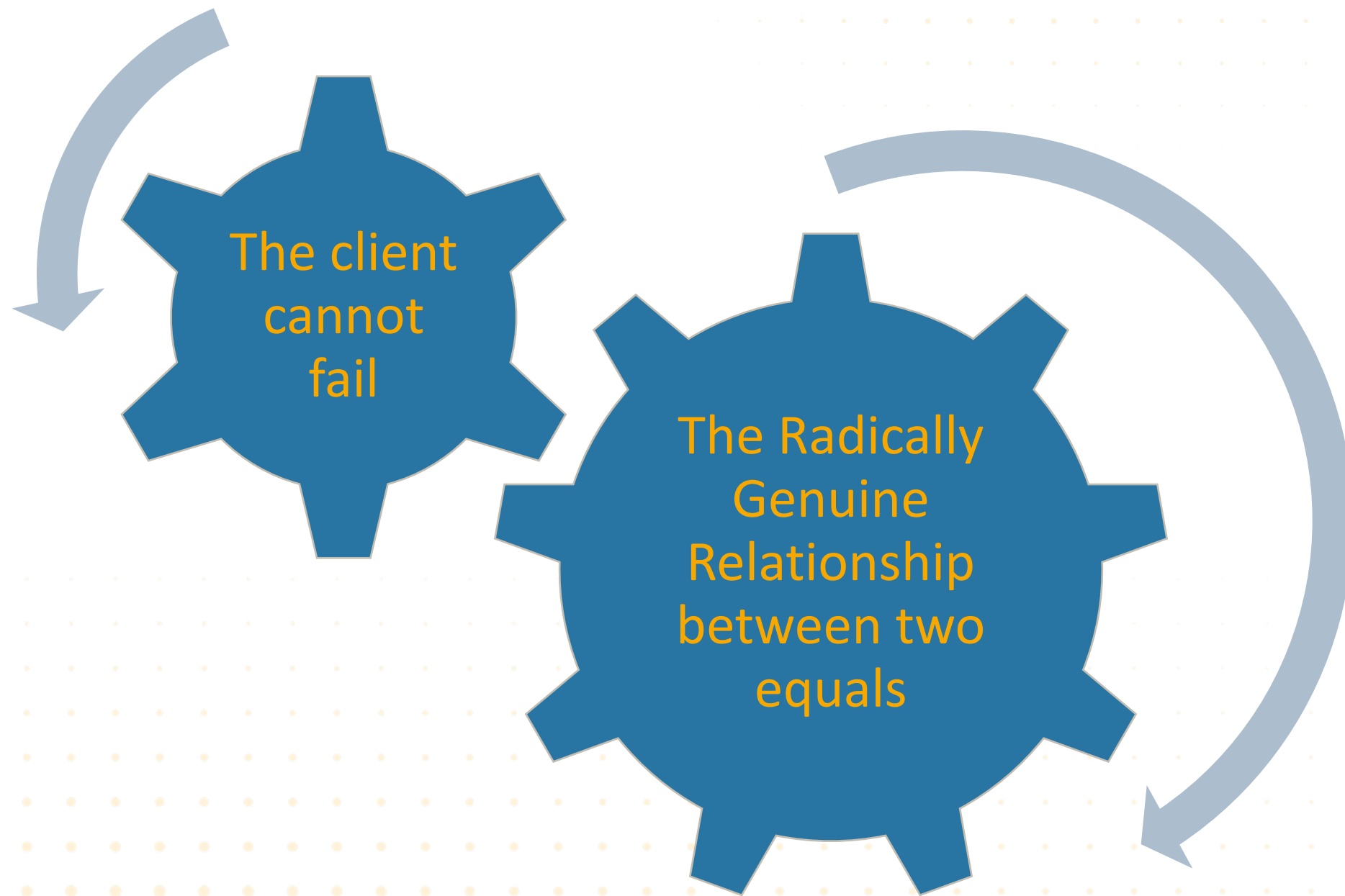




# DBT Assumptions

1. People are doing the best they can.
2. People want to improve.
3. People need to do better, try harder, and be more motivated to change.
4. People may not have caused all of their own problems and they have to solve them anyway.
5. The lives of emotionally distressed teenagers and their families are painful as they are currently being lived.
6. Teens and families must learn and practice new behaviors in all the different situations in their lives (e.g., home, school, work, neighborhood).
7. There is no absolute truth.
8. Teens and their families cannot fail in DBT.





# To Summarize

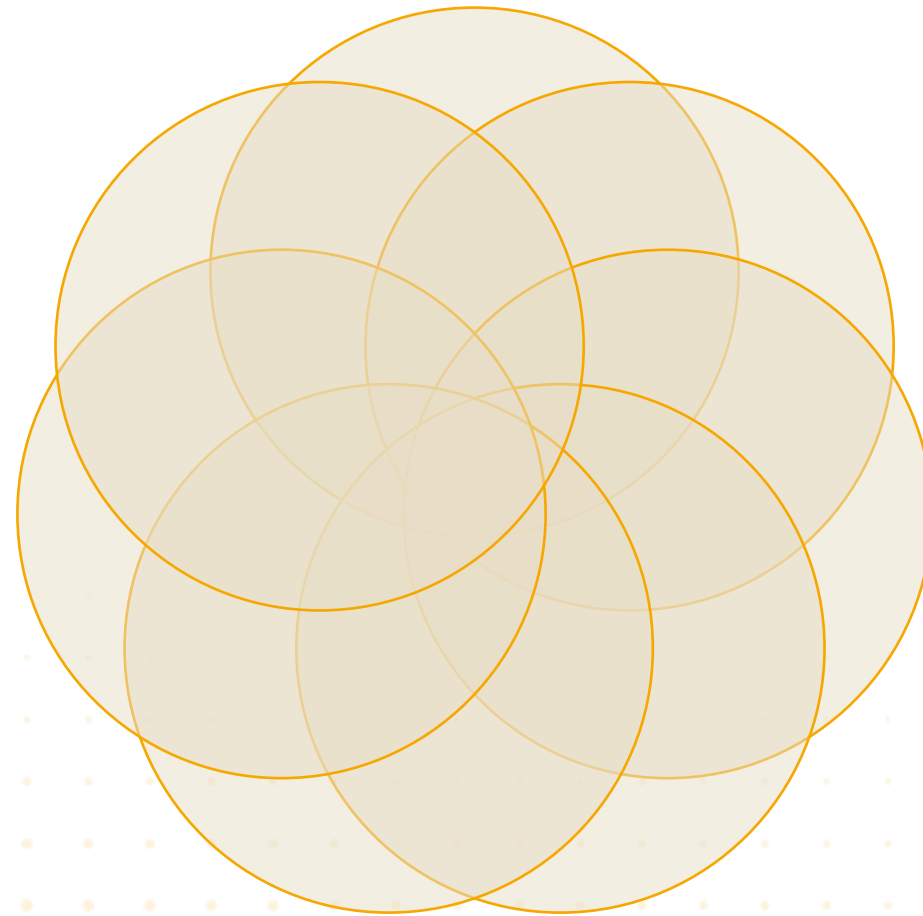
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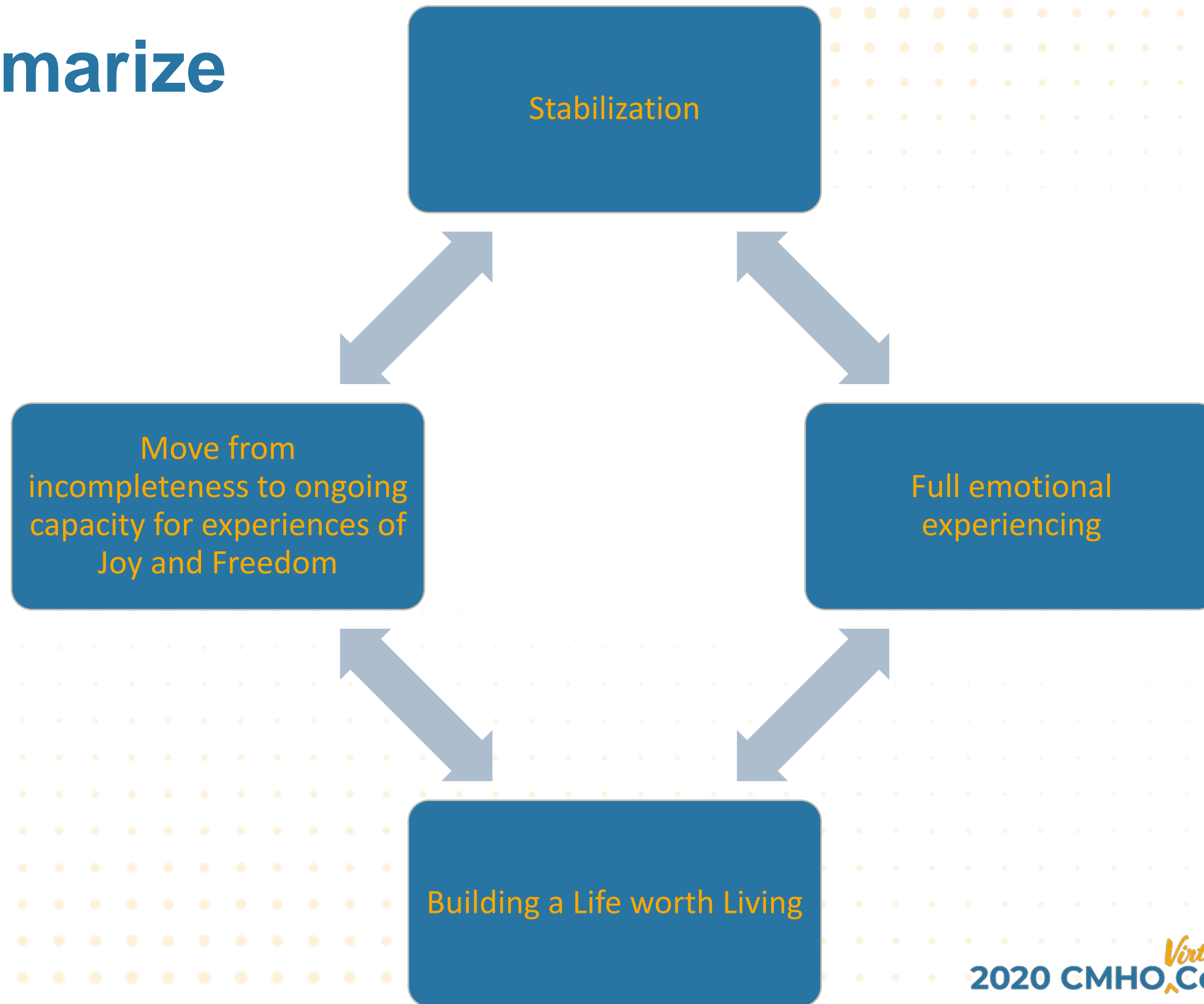


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# To Summarize



# Questions



Thank you

