An Introduction to Dialectical Behavior Therapy in an Adolescent Residential Treatment Facility

Megan Rasmussen, LCSW
Dialectical Behavior Therapy

Focused on treating Borderline Personality Disorder (BPD)

Five or more of the following:

• Fear of abandonment
• Unstable interpersonal relationships
• Identity disturbance
• Dangerous and impulsive behavior
• Recurrent suicidal and parasuicidal behaviors
• Affect instability, including intense anger
• Feelings of emptiness
• Dissociation

*DSM IV-TR
Dialectical Behavior Therapy in other contexts

A Dialectical Behavior Therapy Guide to Finding Peace, Intimacy & Validation

ALAN E. FRUZZETTI, PhD
Foreword by MARSHA M. LINEHAN

A New Harringer Self Help Workbook

The Dialectical Behavior Therapy Skills Workbook for Bipolar Disorder

Alec L. Miller
Jill H. Rathus

ERI VAN DIJK, MSW

PROVO CANYON SCHOOL
Established 1971
DBT in Adolescent RTCs

• Researched in a variety of settings, including internationally and with varying populations (BPD, bipolar, ODD, eating disorders)

• Never harmful and never worse off

• DBT is robust in application
DBT in Adolescent RTCs

“...DBT was shown to have some clinical utility in settings where comprehensive treatment is often less feasible or very difficult to implement, such as a residential treatment facility, community outpatient clinics, and rehabilitation facility for juvenile offenders. This suggests that the treatment’s theoretical underpinnings and clinical approach have value for clinicians working with multi-problem youth who have difficulty regulating their emotions and behaviors.”

(Groves, Backer, van den Bosch, & Miller, 2012)
Considerations

• Proper training costs money
  • Training through Behavioral Tech (behavioraltech.com)
• Implementation takes time
• Requires a paradigm shift regarding client behavior and treatment provider attitudes
Dialectical Behavior Therapy

- Therapists trained in DBT model and implement style with all clients
- Staff trained in basics and consult and coach clients. Teachers also have basic training.

- Individual therapy
- Therapist Consultation Group
- Client Phone Calls
- Group skills training

- Therapists meet week to consult on cases and support each other
- Clients attend weekly skills group with curriculum set up to last 16 weeks

Clients also use weekly diary cards and are rewarded in a token economy for compliance
Dialectical Behavior Therapy Skills Training

- Mindfulness
- Interpersonal Effectiveness
- Emotion Regulation
- Distress Tolerance
Mindfulness

Being aware of the present moment

Today I will live in the moment unless it's unpleasant in which case I will eat a cookie

Just for fun
Interpersonal Effectiveness

How to appropriately and effectively get what you need, keep relationships, and maintain self-respect.
Emotion Regulation

Reducing the chances of getting too emotional to function and how to build a life worth living

That was a very well laid out, rational point.

But I will still hold to my emotional opinion based on no facts or evidence.
Distress Tolerance

What to do when you can’t do anything –distracting, improving endurance, and focusing on radical acceptance (accepting what is)

"DON’T SPEND TIME BEATING ON A WALL, HOPING IT WILL TRANSFORM INTO A DOOR."

- COCO CHANEL

THE FRESH FILES BLOG
Basic assumptions

Lean into the discomfort

The client is doing the best s/he can.

S/he wants to get better.
Validation is:

Finding something relevant, justifiable, and appropriate in thoughts, emotions, and behaviors

Highlight the client’s wisdom

Synonyms:
- Confirm
- Substantiate
- Verify

The paradox of therapy is that people do not begin to change until they feel as accepted as they are.
Basic assumptions

Lean into the discomfort

S/he must learn new behaviors.

S/he may not have caused the problems, but s/he has to solve them anyway.

S/he needs to do better, try harder, and/or be more motivated to change.
Basic assumptions
Lean into the discomfort

S/he cannot fail in therapy; the therapy fails him/her.
Commitment Strategies

• Devil’s Advocate
• Foot-in-the-Door and Door-in-the-Face
• Connecting to Prior Commitments
• Generating Hope
Devil’s Advocate

Take the counter argument and be only slightly weaker than the client’s argument
Foot in the door/Door in the face

Foot in the door

Small request gradually increased

Door in the face

Large request gradually decreased
Connecting to prior commitments

Connect past commitments and goals with current behavior options
Generating Hope: Cheerleading

• Express faith in the client
• Point out progress
• Use stories for why you know s/he will succeed
• Explain that s/he already has everything it will take to overcome problems
References


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