

Dialectical Behavior Therapy & Domestic Violence Treatment

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Outline for today:

- What is Dialectical Behavior Therapy (DBT)?
- How does DBT conceptualize BPD?
- Where is DBT coming from theoretically?
- What does DBT look like in practice?
- Where can DBT and DV treatment intersect?
- How well does DBT fit Latessa's model of "Evidence Based Practice"

What is Dialectical Behavior Therapy (DBT)?

- DBT is a treatment for Borderline Personality Disorder (BPD), designed by Marsha Linehan from the University of Washington.
- It is reportedly the most effective/researched "evidence based" practice for clients with BPD.
- It is a combination of cognitive-behavioral therapy, eastern philosophy, and skills training.

How does DBT conceptualize BPD?

- BPD is seen as a cluster of five states of "dysregulation"
 - Emotional: affective lability; problems with anger
 - Interpersonal: chaotic relationships; fears of abandonment
 - Self: identify disturbance; sense of emptiness
 - Behavioral: impulsive behavior
 - Cognitive: black and white thinking

Where is DBT coming from theoretically?

- DBT sets out five basic goals in treatment:
 - Enhance capabilities of client/skill building
 - Improve motivation
 - Assure generalization
 - Enhance therapist capability and motivation
 - Treat the environment
- DBT is a treatment focused on "target behavior" with the goal of changing behavior that does not help the client reach their long-term goals. If you start with the assumption that your client

wants to feel loved, cared about and understood, it is safe to assume that abusive behavior and long standing patterns of abusive behavior are target behaviors.

- DBT is based on dialectics – acceptance and change need to be balanced. “You may feel like the victim and you still need to address your own behavior.”
- DBT makes the following assumptions:
 - Clients are doing the best they can
 - Clients want to improve, even if they can’t see this in the moment.
 - Clients need to do better, try harder, and be more motivated to change.
 - Clients may not have created all their problems, but they need to solve them anyhow.
 - New behaviors must be applied to all relevant contexts. Clients need to be able to function more effectively regardless of their mood, the situation, or the physical setting.

What does DBT look like in practice?

- DBT is made up of individual treatment (to build motivation and specifically examine what are called “treatment interfering behavior), skills training and skills coaching (often in the form of brief telephone consultation).
- Skills training is made up of four modules: Core Mindfulness, Distress Tolerance, Emotion Regulation, and Interpersonal Effectiveness.
- Skills training employs the use of “diary cards” to help clients track how often they are practicing their skills. It also employs the use of frequent role plays, as well as actual practice of mindfulness techniques.
- DBT therapists are often both compassionate and confrontational. They often take a stance of not being invested in whether the client changes, but being invested in client being given the opportunity to change.
- DBT therapists attempt to use the very skills they are teaching, practicing radical acceptance of their clients’ behaviors and beliefs, understanding the impact of intensity of requesting and denying requests, and modeling a philosophy of dialectics (i.e., you are doing your best and you have to do better).

Where can DBT and DV treatment intersect?

- DBT’s philosophy toward resistance can be particularly effective with our clients:
 - DBT sees resistance as “treatment interfering behavior.” Instead of shaming or blaming the client for resistance, DBT therapists use a style similar to motivational interviewing

- “is this behavior helping you meet your non-mood dependent goals?” When this intervention is combined with the philosophy of irreverence typical of DBT therapists (“you may think you’re cutting off your nose to spite my face, but I’m not the one who’s in treatment, so knock yourself out”) it gives clients permission to be resistance with the understanding that every behavior has consequences.
- The DBT therapist also radically accepts resistance as part of being human – it is not to be taken personally, even though it may be directed at you. In this way, we can remove ourselves from the temptation to take a stance of power over with our clients and instead hold them accountable from a place of compassion. Again, every behavior has consequences.
- Certain specific DBT Core Mindfulness “skills” are a helpful way of teaching clients to come from a stance of power between.
 - Right versus Effective
 - Alternate rebellion
 - Radical acceptance/letting go of outcome
 - Wise Mind
- The entire DBT module of Interpersonal Effectiveness (if modified for abusive men to reflect abusive interpersonal myths and skill deficits) can benefit every client.
- For men who are “emotionally intense” the Core Mindfulness (above) and Distress Tolerance modules are particularly effective. Distress Tolerance includes (but is not limited to):
 - Learning to tolerate distress through distraction
 - Learning to self sooth with the five senses
 - Learning to manage urges

How well does DBT fit Latessa’s model of “Evidence Based Practice”

- DBT is cognitive-behavioral
- DBT employs role playing to target anti-social/abusive behaviors
- DBT is a skill based treatment
- DBT addresses attitudes and can easily be modified to specifically address criminal or abusive thinking errors.