Counselling and Psychotherapy Best Practices for Borderline Personality Disordered Clients

Presenter: Kafui Sawyer, MA (Counselling Psychology), RP

Based upon the work of Linehan, Ruthas, and Miller

Note: Slides used with permission from Mark Vegh

What to Expect from this Presentation

You will likely be able to:

- ✓ Recognize the characteristics of Borderline Personality Disorder
- ✓ Assess and conceptualize a BPD client's issues
- ✓ Understand why Dialectical Behavior Therapy is the treatment of choice for BPD in psychotherapy
- ✓ Recognize DBT's 5 functions and modes of therapy

BPD is a Pervasive Disorder of the Emotion Regulation System

BPD criterion behaviors function to regulate emotions or are a natural consequence of emotion dysregulation

Borderline Personality Disorder (BPD) DSM IV

"A pervasive pattern of instability of interpersonal relationships, self image, and affects, and marked impulsivity beginning by early adulthood and present in a variety of contexts as indicated by five or more of the diagnostic criteria"

Biosocial Model of Borderline Personality Disorder

Biological Mood Sensitivity/Dysregulation

Innate sensitivity to stimuli or predisposition to mood disorder

(To a greater or lesser degree)

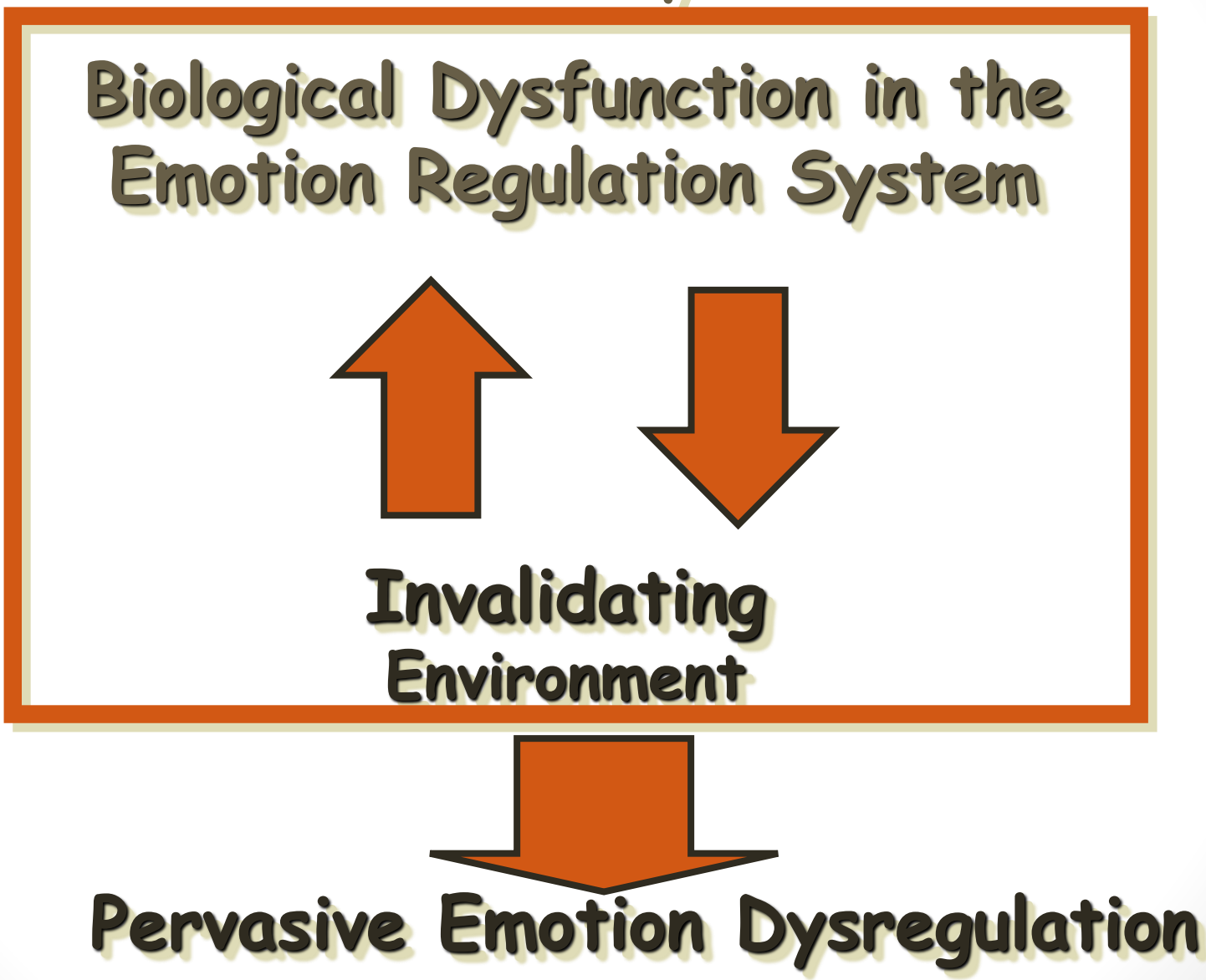
Invalidating Environment

Ill-equipped to meet the needs of the individual (physical, emotional, intellectual)

Expressiveness and displays or needs are not tolerated, dismissed, trivialized or criticized.

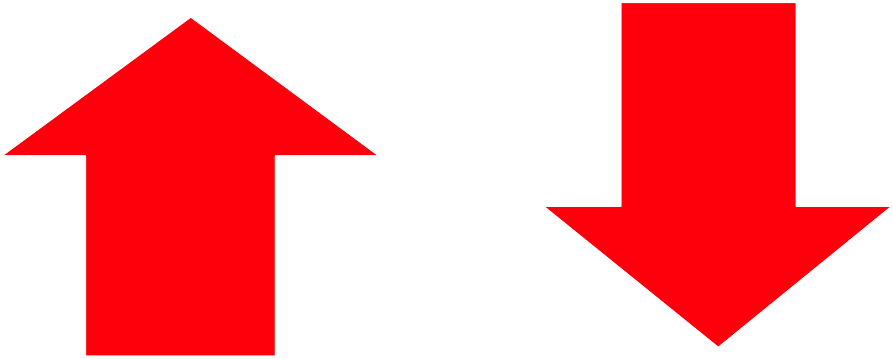
Rational responses are highly valued/ only highly reactive/disruptive requests and responses are recognized.

Biosocial Theory of BPD



Emotion Dysregulation

Emotional Vulnerability



Inability to Modulate Emotions

Biological

Emotional Vulnerability

- **High Emotional Sensitivity**
  - Immediate reaction
  - Low threshold for emotional arousal
- **High Emotional Reactivity**
  - Extreme reaction
  - Hard to think clearly
- **Slow Return to Baseline**
  - Long-lasting reactions
  - Sensitized before next event

Invalidating Environment

Pervasively negates or dismisses behavior independent of the actual validity of the behavior

Assessment of BPD

Conduct a Clinical Interview to Assess Borderline Traits

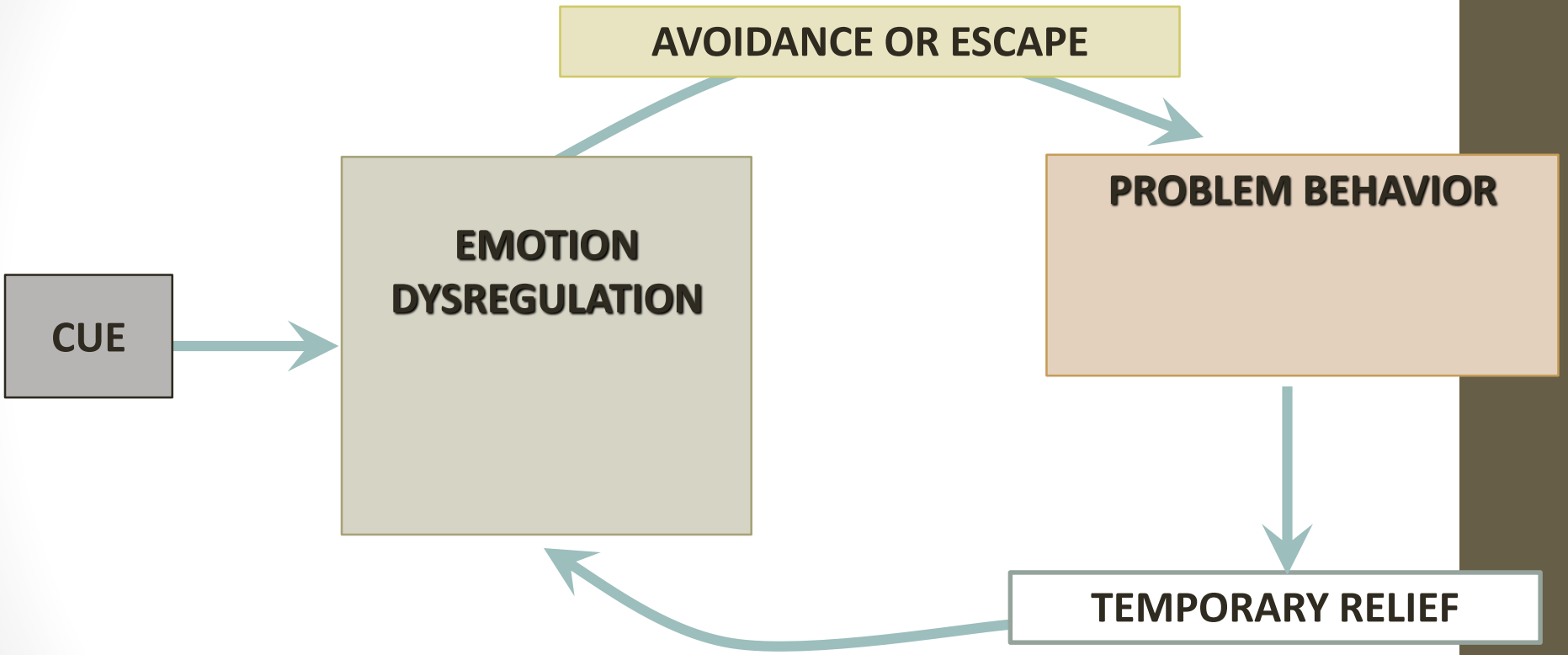
- Self dysfunction (inadequate sense of self, sense of emptiness)
- Behavioral dysregulation (impulsive, self-damaging and/or suicidal behaviors)
- Emotional dysregulation (emotional lability, problems with anger)
- Interpersonal dysregulation (chaotic relationships, fear of abandonment)
- Cognitive dysregulation (depersonalization, dissociation, delusion).

Assessment of BPD Traits
Formal Assessment

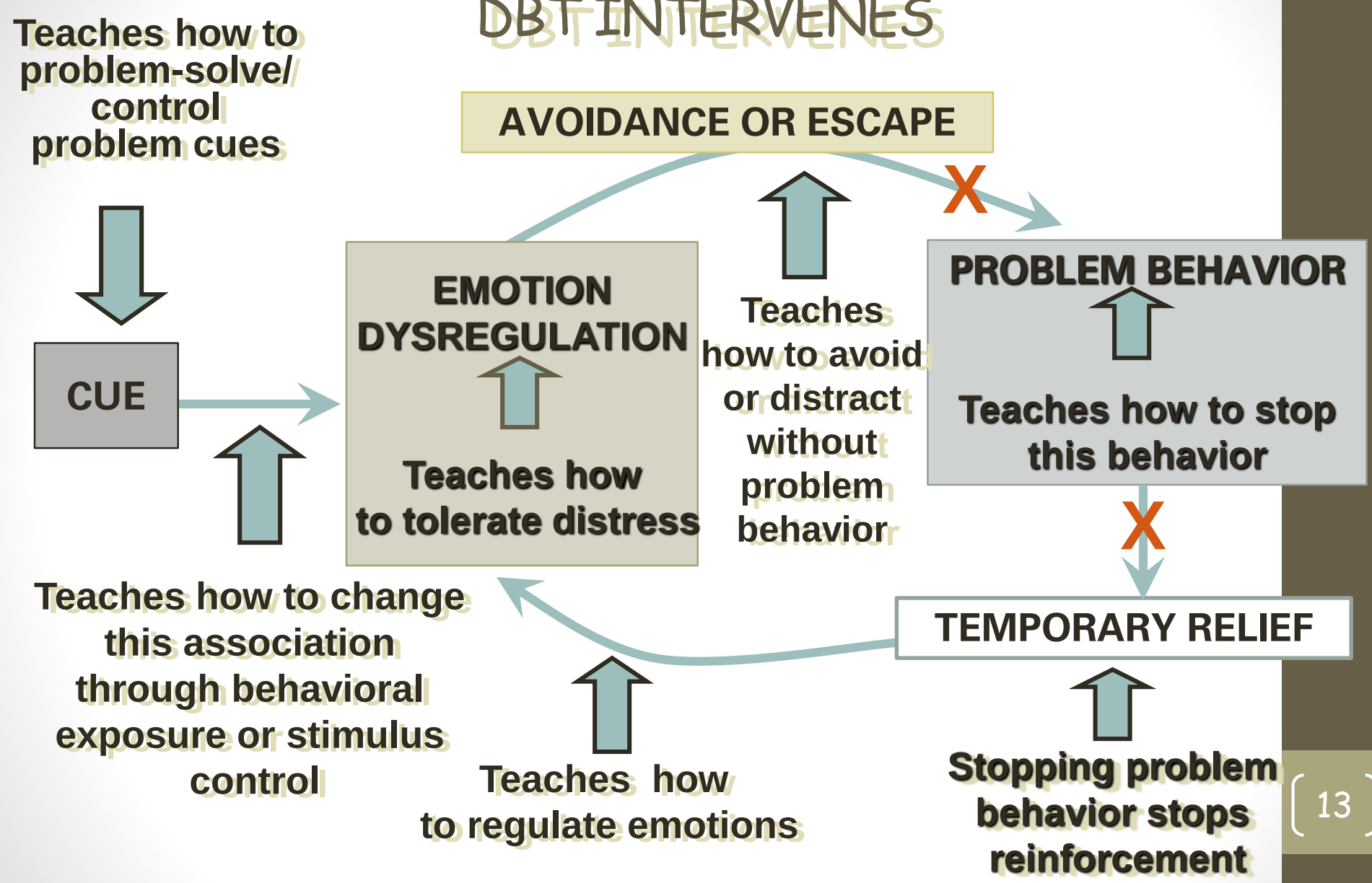
Formal Assessments for BPD include:

- Profile of Mood States
- Beck Depression Inventory for Adults or Child Depression Inventory
- Resilience Scale for Children & Adolescents

THE PROBLEM


AVOIDANCE OR ESCAPE
CUE
EMOTION DYSREGULATION
PROBLEM BEHAVIOR
TEMPORARY RELIEF

DBT INTERVENES



Intro to Dialectical Behavioral Therapy

DBT is a broad array of cognitive & behavioral therapy strategies for the problems of borderline and suicidal behaviors

The DBT approach to treatment

- Based on behavioral theory, cognitive theory, and mindfulness practice.
- A “stages of treatment” model with hierarchies of treatment at each stage.

- Problem solving
- Behavioral Analysis
- Insight Strategies/Cognitive Restructuring
- Didactics
- Contingency Management
- Behavioral Rehearsal
- Exposure therapy

Behavior theory

- in DBT, emotions actions & thoughts are all considered behaviors and are targeted in DBT
- reinforcement principles are viewed as critical in understanding & changing human behavior
- use of self-management strategies are integrated & taught in DBT therapy

Distinction between DBT & CBT

CBT → focus on changing dysfunctional cognitions to regulate/change emotions

DBT → focus on emotion, behavior and cognition

→ assumes some emotional states are primary and often trigger dysfunctional cognition which then perpetuates further emotional pain (and often results in impulsive behaviors or ineffective problem-solving attempts)

Why should we use DBT?

- Dramatically reduces suicide attempts and parasuicide behaviors over Treatment as Usual (TAU) or Treatment by Experts (TBE).
- Decreases anger and anxiety related impulsive behaviors.
- Reduces hopelessness.
- Improves coping skills.

DBT Assumptions about Clients

- Clients are doing the best they can.
- Clients want to improve.
- Clients want to learn new behaviors in all relevant contexts.
- Clients cannot fail in DBT.
- Clients may not cause all their problems but they have to solve them anyways.
- Clients need to do better, try harder &/or be more motivated to change.
- The lives of suicidal borderline individuals are unbearable as they are currently being lived.

The client is doing the best she can

- Did you choose to have these moods?

DBT Assumptions about Therapy

- The most caring thing a therapist can do is help clients change in ways that bring them closer to their own ultimate goals.
- Clarity, precision & compassion are of the utmost importance in the conduct of DBT.
- Therapeutic relationship is a real relationship between equals.
- Principles of behaviour are universal, affecting therapists no less than clients.
- DBT therapists can fail.
- DBT can fail even when therapists do not.
- Therapists treating BPD clients need support.

DBT is about:

Practicing Mindfulness

Regulating Emotions and Behaviour

Using Wise Mind to Solve Dialectics

Dialectics as Persuasion

A method of logic or argumentation by disclosing the contradictions (antithesis) in an opponent's argument (thesis) and overcoming them (synthesis).

Dialectics

- Reconciling two opposites in a continual process of synthesis (teeter totter analogy);
- Similar to physics (for every force, there is a counter force);
- The most fundamental dialectic is the need for clients to accept themselves just as
- They are, as well as the need for them to change (acceptance vs. change)

Examples of DBT Goals related to Dialectics

- Borderline individuals often think in **black & white** and have difficulty receiving new information; they search for absolute truths & concrete facts that never change. Instead of holding to either polarity of absolute truth or relativism, DBT views truth & order as developing over time. Goal of DBT is to help clients see both black & white and to achieve a synthesis of the two that does not negate the reality of either.

DBT Balances:

Standard behavior therapy techniques to induce **change**

vs.

Acceptance strategies to promote the therapeutic alliance and keep patients in treatment

DBT Balances:

Skills Acquisition: teaching new behaviors

vs.

Validating and Reinforcing existing adaptive behaviors

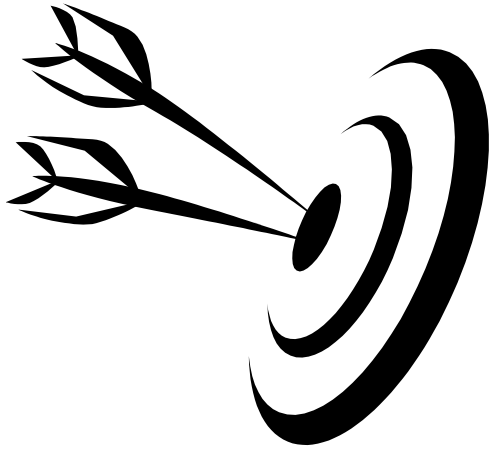
Structure the Primary Targets of Treatment

DBT arranges targets hierarchically by importance and grouped by level of client disorder

Primary Targets

Severe Behavioural Dysregulation → Behavioural Control

- Decrease
  - Life Threatening Behaviours
  - Therapy-Interfering Behaviours
  - Quality-of-Life Interfering Behaviours
- Increase Behavioural Skills
  - Core Mindfulness
  - Distress Tolerance
  - Interpersonal Effectiveness
  - Emotional Regulation
  - Self-Management



Suicidal and Life-Threatening Behaviours

- Suicide and Life-Threatening Crises Behaviours (i.e. indicating risk of imminent suicide, suicide attempt, homicide, serious aggression)

- Para suicidal Acts/Severe Aggressive Acts

Suicidal and Life-Threatening Behaviours

- Significant Increases in Suicide/Aggressive ideation and Communications
  - Suicide/Homicide Related Expectancies and Beliefs
  - Suicide/Homicide Related Affects

Skill Training Procedure…

- Skills Acquisition
- Skills Strengthening
- Skills Generalization

DBT as…

Cue Exposure

Response Prevention

Opposite Action

Enhance Control Over Aversive Events through…

Opposite Action

Reinforce…

Using DBT Skills

Increasing Secondary Goals

Improving Quality of Life

Principles of Learning

Reinforcement

Consequence that results, on average, in an increase in a behaviour in a particular situation

Positive Reinforcement

Increases frequency of a behaviour by providing a positive consequence.

Negative Reinforcement

Increases frequency of a behaviour by removing or stopping an aversive stimulus

Principles of Learning etc.

Punishment

Consequence that results, on average, in a decrease in a behaviour in a particular situation.

Positive Punishment

Decreases frequency of a behaviour by providing an aversive consequence.

Negative Punishment

Decreases frequency of a behaviour by removing or stopping a positive stimulus.

Behavioural Analysis

1. Define the problem in terms of behaviour
   - What exactly is the problem behaviour??
2. Conduct a chain analysis
3. Generate hypothesis
4. Weave solution analysis into chain analysis
5. Summarize sequence of links in chain and highlight important links and patterns

Chain Analysis

1. Describe the specific **PROBLEM BEHAVIOUR**
   - What exactly is the problem behaviour?
2. Describe the specific **PROMPTING EVENT**
   - What was going on the moment the problem started?
   - What set that off?
   - Where did the problem start??

3. Describe in excruciating detail **THE LINKS IN THE CHAIN OF EVENTS** that hooked the prompting event to the problem behaviour

- **What feelings were you having?**
- **What went through your mind?**
- **What did you feel in your body?**
- **What did you feel like doing?**
- **When did this first enter your mind?**
- **What happened next?**
- **What did you feel immediately after the problem behaviour?**
- **What happened right after that?**

Chain Analysis Cont…

4. Describe in general what things (both in yourself and in your environment) made **you VULNERABLE** to the prompting event
   - What things in myself and in my environment made me vulnerable?
   - Other questions to consider → What were your bodily sensations then?
   - What other behaviours that lead to the problem behaviours
5. What are the **CONSEQUENCES** of this behaviour?
   - What were the consequences immediately and long term, both negative and positive?

Chain Analysis Cont…

6. Describe in detail different more skilful **SOLUTIONS to the problem**
7. Describe in detail **PREVENTION STRATEGY** for how you could have kept the chain from starting by reducing your vulnerability to the chain.
8. Describe a plan for **SOLVING** the prompting event (if it were to happen again) or keeping it from happening again.

Chain Analysis Cont…

9. Think through the **HARMFUL** consequences of your behaviour
10. Describe what you are going to do to **REPAIR** important or significant consequences of the problem behaviour (i.e. correct-overcorrect)

Analysis Should include→

A → Action

B → Bodily/Physiological reactions

C → Cognitions

D → Deficits or lack of skills

E → Emotions, both primary and secondary

Solution Analysis

New alternative behaviors to replace dysfunctional links

1. Brainstorm all possible solutions:

2. Remember 4 Solutions to Any Problem:
    1. Solve the problem
    2. Feel better about the problem
    3. Tolerate the problem
    4. Be miserable

3. Pick a solution to work on

4. Make a commitment to try the solution

5. Strengthen the commitment using commitment strategies

6. Troubleshoot the solution

7. Rehearse the solution

Chain Analysis:

Practise makes perfect…

DBT Primary Therapist

Is responsible for →

- Treatment Planning
- Ensuring progress toward all DBT targets
- Helping integrate other modes of therapy
- Consulting-to-client on effective behaviours with every other provider (DBT and Non DBT)
- Management of crises and life-threatening behaviours

Getting Started in DBT Treatment

1. Identify client goals
2. Identify problems that currently interfere with goals
3. Define problems behaviorally
4. Client and therapist make a list of target behaviors
5. Client and therapist agree to work on targets for limited time (one year)

Structure the Agreements of Treatment

DBT requires clear and informed agreements before beginning any treatment mode.

Client-Therapist Agreements

1. Time-limited renewable contract for therapy
2. Miss 4 sessions in a row = termination
3. Agree to attend therapy, skills groups, and complete homework
4. Agree to work on self-destructive behaviors and therapy-interfering behaviors

5. Get off drugs
6. Don’t sell drugs to other clients in the program
7. Be capable of acting sober in groups and sessions
8. Take meds as prescribed

9. Therapist will strive to be competent, ethical, respectful and accessible
   - Therapist will maintain confidentiality
   - Therapist will seek consultation when needed

Validation

Acknowledging what is sane, true and *valid* about a client's point of view.

Validation must be authentic and genuine.

Validation is not synonymous with approval, agreement, or sympathy.

Targets for DBT Skills Training

- Decrease behaviours likely to destroy therapy
- Increase Skill acquisition and strength
  - Mindfulness
  - Interpersonal effectiveness
  - Emotion regulation
  - Distress tolerance self-management
  - Walking the Middle Path
- Decrease therapy interfering behaviours

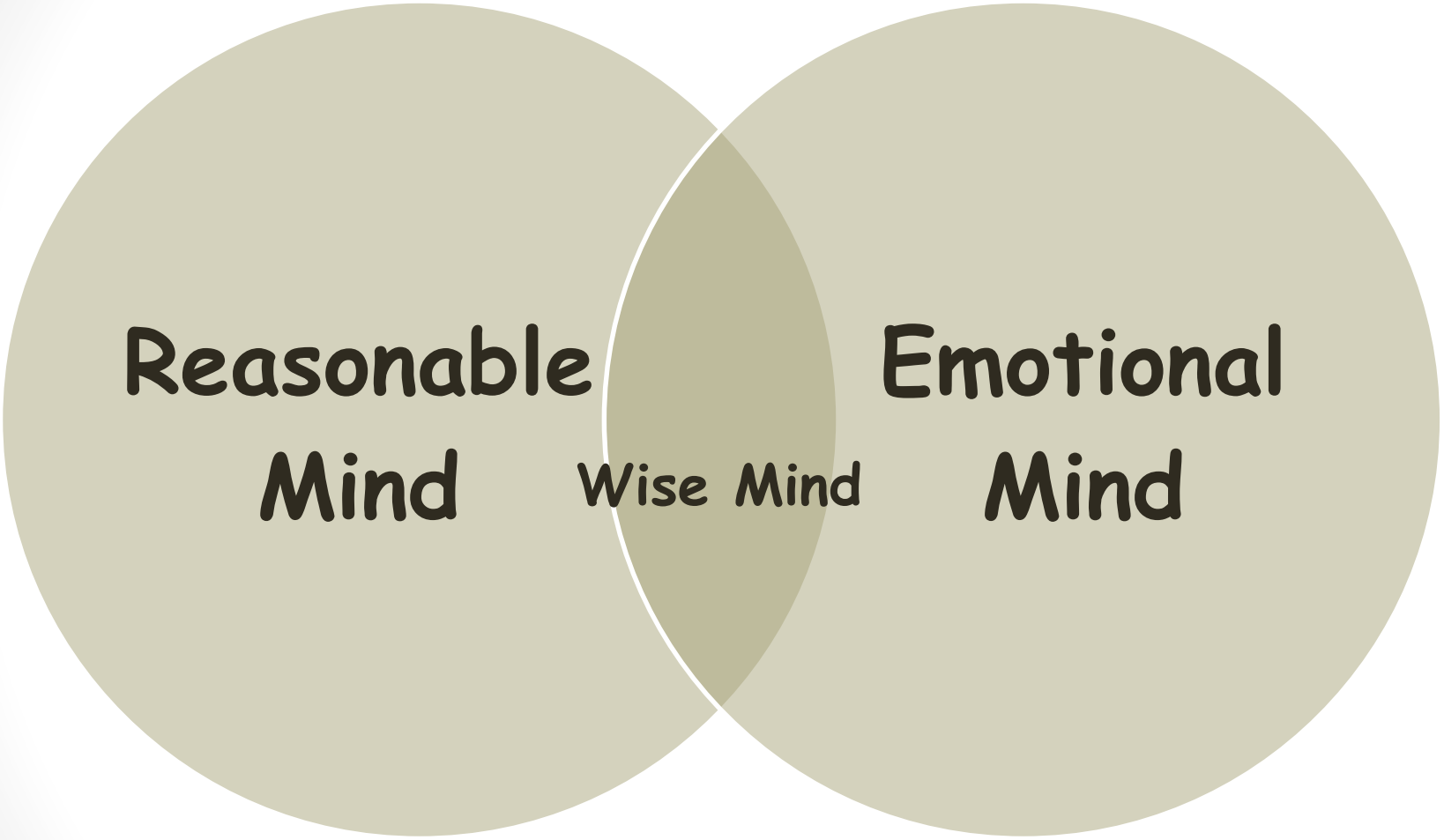
Tasks in Core Mindfulness

1. Increase sense of self and decrease emptiness through learning to observe and describe on-going experience

2. Increase control over thoughts/emotions by learning to suspend judgment and watch thoughts pass and emotions ebb and flow.

3. Increase spontaneity and personal decision making by learning to participate skillfully in the moment integrating emotion and reasoning ability

States of Mind



Mindfulness Skills: WHAT

Observing – Just Notice

Describing – Stick to the Facts

Participating – Throw Yourself in

Mindfulness Skills : HOW

Non-judgmentally – don't judge

One-mindfully - stay focused

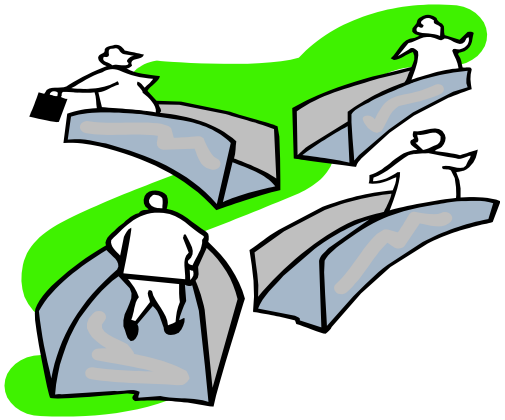
Effectively – do what works

Deficits and Corresponding Skills

- **Labile affect, moods & emotions;** extreme emotional sensitivity, ups & downs, moodiness, intense emotional reactions; chronic depression; problems with anger (either over controlled or under controlled)

***DBT skills training offers **emotional regulation skills**. Focuses on enhancing control of emotions, even though complete emotional control cannot be achieved (CHANGE SKILL)

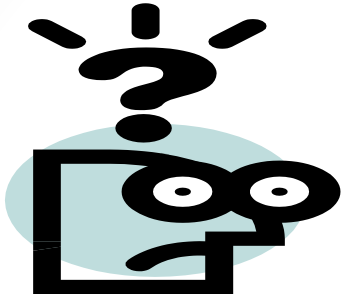
- **Interpersonal chaos**: intense unstable relationships; trouble maintaining relationships; panic, anxiety, and dread over relationships ending; frantic attempts to avoid abandonment.



***DBT skills training teaches **interpersonal effectiveness:** focuses on learning to deal with conflict situations, to get what one wants & needs, to say no to unwanted requests & demands; focuses on doing this in a manner that maintains self-respect & others' liking &/or respect. (CHANGE SKILL)

- **Impulsiveness:** problems with alcohol, drugs, eating, spending, sex, fast driving, etc. Also para suicidal behaviour or suicidal threats.

***DBT skills training teaches **distress tolerance skills**. Focus on learning to tolerate distress; connection between inability to tolerate distress and impulsive behaviour which very often functions to reduce intolerable distress. (ACCEPTANCE SKILL)



- **Confusion about self and cognitive dysregulation**: problems experiencing or identifying a self; pervasive sense of emptiness; problems in maintaining one's own feelings, opinions, decisions when around others; also brief non-psychotic cognitive disturbances such as depersonalization, dissociation, delusions).

***DBT skills training offers **mindfulness skills:** skills to help one consciously experience & observe oneself and surrounding events, to focus the mind to see things more clearly; mindfulness also helps clients solve problems and not get dysregulated as they're solving problems. (ACCEPTANCE SKILL)

The Overarching DBT Goal is…

A LIFE Worth Living

Interested in becoming a DBT Clinician?

Contact: Kafui Sawyer at kafuisawyer@joyhrc.com or call 613-890-7792.

Upcoming 5-day Intensive DBT Training is: Feb 18-22, 2019 at Saint Paul University.

Register at: https://dbt_training.eventbrite.ca

Deadline to Register is: January 17, 2019