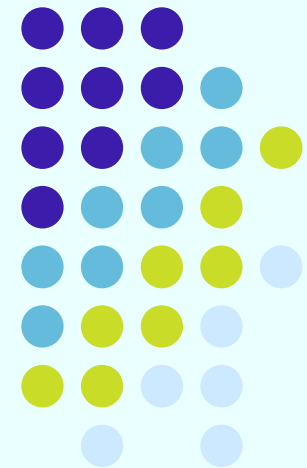
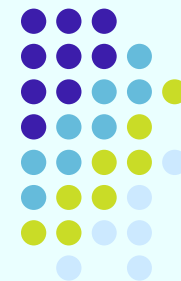


Dialectical Behaviour Therapy: Treating Suicidal Behaviours

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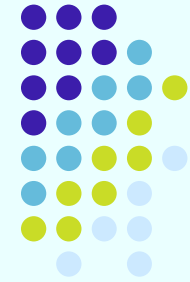




What is DBT?

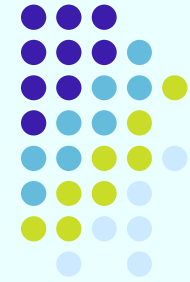
- A psychotherapy nested within a comprehensive programme of care
- Developed in 1991-1993 by Marsha Linehan specifically for the treatment of chronic suicidal behaviour in the context of borderline personality disorder (BPD)
- Evidence-based treatment recommended by NICE in the guidelines for the treatment and management of both self-harm and BPD

Why DBT for suicidal behaviours?



- Comprehensive programme that both provides psychotherapy and crisis management
- Structured treatment
- Ensures treatment of factors that lead to high risk behaviours
- Problem-solving emphasis
- Focuses on building a life worth living – involves taking short-term risk to reduce long-term risk

Borderline Personality Disorder (Reorganized)



Emotion Dysregulation

Affective lability & Problems with anger

Interpersonal Dysregulation

Chaotic relationships & Fears of abandonment

Self Dysregulation

Identity disturbance/confused sense of self

Sense of emptiness

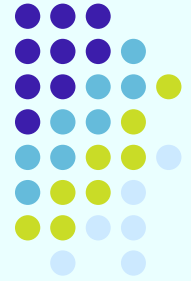
Behavioral Dysregulation

Parasuicidal behavior & Impulsive behavior

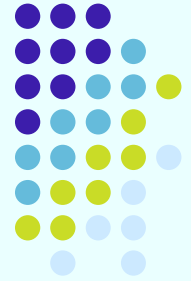
Cognitive Dysregulation

Dissociative responses &/or paranoid ideation

DBT conceptualisation of BPD



- Capability deficits
- Motivational deficits
- Particular difficulties in the management and experience of affect
- Leads to regulation difficulties in:
 - Interpersonal relationships
 - Sense of self
 - Behavioural control
 - Cognition



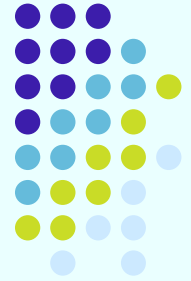
Structure of DBT

- Multi-function treatment
- Treats multiple problems / diagnoses
- Structured into stages
- Explicit focus on targeted behaviours

With adolescents:

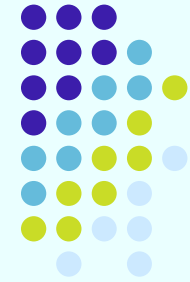
- Involvement of family / carers

Comprehensive Treatment

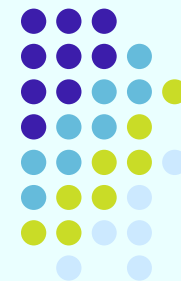


- Enhance capabilities
 - E.g skills training groups
- Enhance motivation
 - DBT individual psychotherapy
- Assure generalisation
 - E.g. between-session skills coaching
- Structure the environment
 - Programme management
- Enhance therapist capabilities and motivation
 - Consultation Team

Staged Treatment



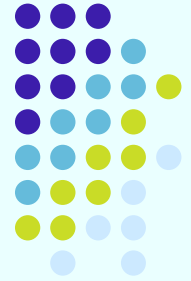
- Pre-treatment
 - Agreement and commitment to goals
- Stage 1
 - Achieve behavioural control
 - Establish effective connection to treatment / support network
- Stage 2
 - Emotionally process the past
- Stage 3
 - Address current difficulties in achieving life goals



Targeted Treatment

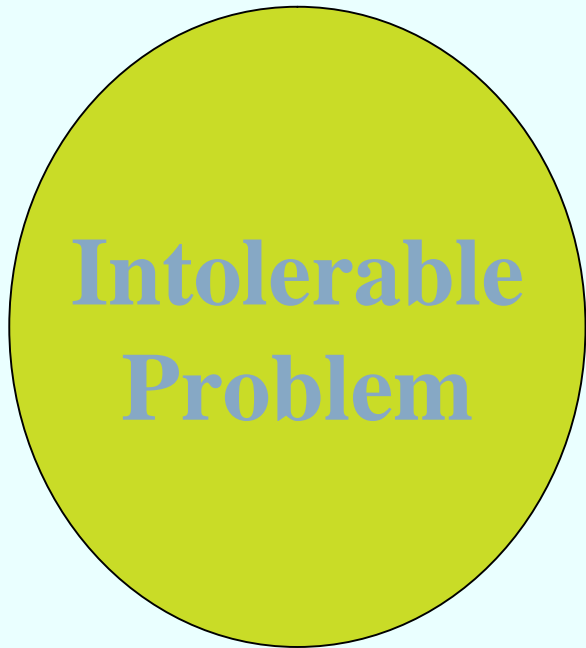
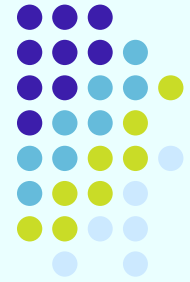
- Stage 1
 - Life-threatening behaviours
 - Suicidal / non-suicidal self-injury / homicidal behaviours including threats and urges
 - Therapy-Interfering behaviours
 - On the part of both the client and therapist
 - Quality-of-life interfering behaviours
 - Other Axis 1 disorders
 - Seriously destabilizing behaviours

DBT Model



- Suicidal Behaviour = Therapist Problem
- Suicidal Behaviour = Client Solution

Problem Solving Model Illustration

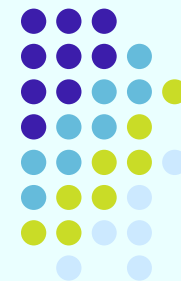


Individual Sees
Only Three
Problem Solving Options

Option 1: Won't Work

Option 2: Resources Unavailable

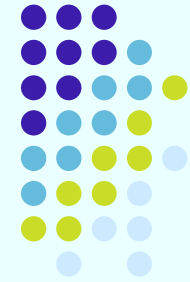
Option 3: Suicidal Behavior



Problem- Solving 1

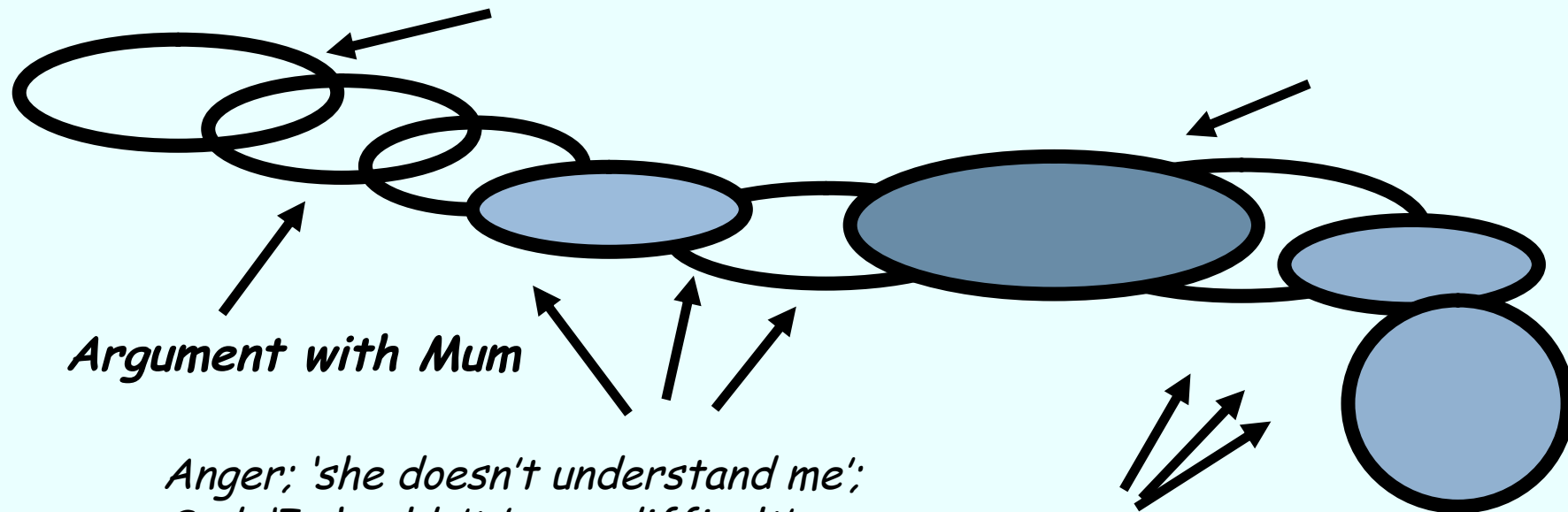
- Behavioural Analysis:
 - Establish the sequence of events in the chain
 - Affective links
 - Cognitive links
 - Behavioural links
 - Classically conditioned links
 - Establish the consequences of the behaviour:
 - What is the function of the behaviour?
 - To the therapist the behaviour is the problem; for the client, the behaviour is the solution

Behavioural Analysis



Poor sleep, depressed mood

Overdose

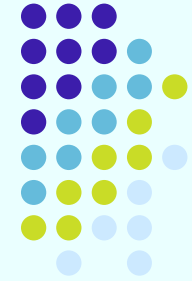


Argument with Mum

*Anger; 'she doesn't understand me';
Sad; 'I shouldn't be so difficult';
shame; 'I hate myself'; withdraws to
room; 'it would be better for
everyone if I was dead'; opens
tablet box*

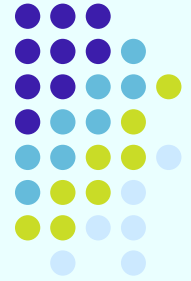
*Numbing; thoughts stop; shame
decreases; 'how could I do this
again'; tells Mum; shame
increases; bca from th.*

Problem-Solving 2

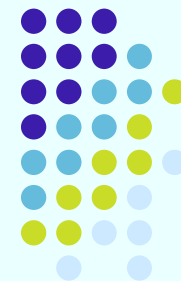


- Solution Analysis:
 - Replace problematic links in the chain with more functional / effective behaviours
 - Skills
 - Treat problematic links
 - Contingency management
 - Exposure
 - Cognitive modification
 - Teach and troubleshoot new solutions
 - Obtain commitment to implement
 - Reinforce and shape approximations to more skillful behaviour

Balancing Treatment Strategies



- Core Strategies
 - Problem-Solving & Validation
- Stylistic Strategies
 - Reciprocity & Irreverence
- Case management
 - Consultation-to-the-patient & Intervention in the environment
- Dialectical Strategies
 - Searching for the synthesis



References

- Linehan, M.M. (1993) Cognitive Behavioural Treatment for Borderline Personality Disorder. London: Guilford Press
- Miller, A., Rathus, J. & Linehan, M. (2007). Dialectical Behaviour Therapy for Suicidal Adolescents. London: Guildford
- Swales, M. & Heard, H. (2009). Dialectical Behaviour Therapy. The CBT Distinctive Features Series. London: Routledge