

Dialectical Behaviour Therapy (DBT) for Borderline Personality Disorder (BPD)
This section describes the knowledge and skills required to carry out Dialectical Behaviour Therapy with adult clients who have a diagnosis of borderline personality disorder.
Effective delivery of this approach depends on the integration of the following competence list with the knowledge and skills set out: a) in the other domains of the competence framework for working with individuals with personality disorder, and b) in the CBT Competences Framework. (www.ucl.ac.uk/clinicalpsychology/CORE/CBT)
Knowledge of core theories and concepts - An ability to draw on knowledge that DBT is a mindfulness-based cognitive behavioural therapy that balances change procedures derived from CBT with acceptance strategies derived from Zen philosophy An ability to draw on knowledge of the “dialectical” philosophy at the core of DBT: that any given situation may give rise to a series of conflicting and opposing ideas or influences that the role of the DBT therapist is to help the client seek out the syntheses that acknowledge the “nugget of truth” within each position An ability to draw on knowledge that the structure of each DBT session is shaped by a set of principles, rather than by adherence to a set of treatment protocols An ability to draw on knowledge that DBT conceptualises Borderline Personality Disorder (BPD) as arising from a deficit in skills and motivation, and that the components of the intervention aim to increase more adaptive behaviour. An ability to draw on knowledge that DBT considers that people with BPD have difficulties across five inter-connected domains: emotional dysregulation, interpersonal dysregulation, behavioural dysregulation, cognitive dysregulation and self-dysregulation An ability to draw on knowledge of the biopsychosocial model that underpins DBT (which assumes that a biological vulnerability in the client transacts with an invalidating environment, and that through successive transactions the client’s dysfunctional behaviours emerge as an inevitable consequence of their experiences). An ability to draw on knowledge of the dialectical dilemmas frequently observed in BPD (e.g. where a client moves from extremes of emotional expression to a position where they act as if no emotional expression is permissible).
An ability to draw on knowledge of evidence-based DBT approaches to disorders that frequently co-exist with personality disorder (e.g. eating disorder, substance abuse).
Knowledge of the structure and key assumptions of DBT. An ability to draw on knowledge that DBT interventions address behaviours in the following order of priority: decreasing any behaviours that

are life threatening (specifically suicidal, parasuicidal, homicidal and imminently life-threatening) decreasing any behaviours that will interfere with therapy decreasing those behaviours (as defined by DBT) that will impact negatively on the client's quality of life increasing the client's skilful behaviour as it relates to their capacity: to be mindful to regulate their emotion to tolerate distress to be interpersonally effective

An ability to draw on knowledge that DBT makes eight key assumptions about Individuals with BPD: clients are doing the best they can; clients want to improve; clients need to do better, try harder and be more motivated to change; clients may not have caused all of their own problems, but they have to solve them anyway; the lives of suicidal borderline clients are unbearable as they are currently being lived; clients must learn new behaviours in all relevant contexts; clients cannot fail in therapy (whatever the circumstances, the reasons for a lack of therapeutic success are never attributed to the client) and therapists treating individuals with BPD need support.

Knowledge of the use of agreements in DBT. An ability to draw on knowledge that DBT employs explicit agreements between therapist and client about the content of therapy. An ability to draw on knowledge of the principles underpinning the content and application of agreements e.g. a commitment by the client to the structure of the intervention (e.g. attending regularly, working on reducing suicidal behaviours, attending skills training in addition to individual therapy) and a commitment by therapists to maintain professional and clinical standards. An ability to draw on knowledge that DBT therapists work within the context of a set of principles or explicit "consultation agreements": highlighting dialectical tensions and seeking the "nugget" of truth in both poles (dialectical agreement); helping the client to deal with the world, instead of changing the world to fit the needs of the client (consultation-to-the-patient agreement); helping the client to accept that different individuals (and therapists) will have different ways of behaving and expectations (consistency agreement); acknowledging that different therapists have different limits at different times (observing limits agreement); adopting a non-pejorative and empathic stance towards the client's behaviour under all circumstances (phenomenological empathy agreement) and acknowledging that all therapists are fallible (fallibility agreement).

Knowledge of the principles underpinning the structure of DBT interventions. An ability to draw on knowledge that there are five functions in a DBT program, provided through five 'modalities', and that the clinical effectiveness of DBT is assumed to rest on the coherent delivery of all these elements as a 'package' of interventions. An ability to draw on knowledge of the five functions of a DBT programme: enhancing the client's skills, improving the client's motivation, assuring generalisation to the natural environment, improving therapist's motivation and adherence to the model and structuring the environment to reinforce more adaptive (skilful) behaviour. An ability to draw on knowledge that the five functions of a DBT programme are commonly delivered through

five therapeutic 'modalities' for clients and for therapists: weekly individual therapy, weekly skills training groups, out of hours contact (e.g. access to out of hours telephone consultation), weekly team consultation for staff, adjunctive groups/ therapy or training that is compatible with DBT (e.g. family groups, couples therapy, training for non-DBT staff members in behavioural principles). An ability to draw on knowledge that each client will have one primary therapist who oversees all components (modes) of treatment.

Knowledge of "target hierarchies" within each modality of DBT An ability to draw on knowledge that each modality has its own set of hierarchies (the order of priority in which behaviours are addressed). An ability to draw on knowledge that in individual therapy the target hierarchy is to: address the risk of life-threatening behaviours in relation to the self or others (decrease suicidal and parasuicidal, imminently life-threatening and homicidal behaviours), decrease therapy-interfering behaviours, decrease quality-of-life-interfering behaviours (as defined by DBT) and increase behavioural skills. An ability to draw on knowledge that in skills training the target hierarchy is to: stop behaviours likely to destroy therapy, increase skills acquisition, strengthening and generalisation and decreasing therapy interfering behaviours. An ability to draw on knowledge that during telephone calls to the primary therapist the target hierarchy is to: decrease suicidal crisis behaviours, increase generalisation of behavioural skills, decrease the sense of conflict, alienation and distance from the therapist. An ability to draw on knowledge that in relation to telephone calls to the skills trainer or other therapists the target hierarchy is to decrease behaviours likely to destroy therapy. An ability to draw on knowledge that in consultation team meetings the targets are not formed into a hierarchy, rather they are seen equally as being to increase therapist motivation and competency.

Knowledge of the stages of treatment in DBT An ability to draw on knowledge of the stages of DBT and how and where these stages are commonly delivered: "Pre-treatment" (first four sessions), which focuses on orientating the client to the treatment, gaining their commitment, creating a hierarchy of behaviours to be worked on in therapy and identifying what the client considers is a 'life worth living'. Stage 1, which focuses on: helping clients gain control over suicidal, parasuicidal, homicidal or imminently life-threatening behaviours, reducing behaviours (of client or therapist) that interfere with the client receiving therapy, reducing destabilising behaviours (e.g. severe interpersonal dysfunction, high risk sexual behaviours, or criminal behaviours that may lead to loss of liberty) or destabilising factors (e.g. other mental health disorders, homelessness, long-term unemployment) that adversely impact on the client's quality of life. Stage 2 - helping the client to move from a position of 'quiet desperation', (where behaviours are controlled but there is still a lot of emotional pain) to a position of non-anguished emotional experiencing, reduced alienation from others, and also focusing on any residual axis I disorders. Stage 3 - helping clients increase their self-respect and attain a sense of mastery over everyday problems, so that they experience ordinary happiness and unhappiness. Stage 4 - focusing on reducing the sense of incompleteness, so that clients achieve a sense of freedom, spiritual fulfilment and expanded awareness. An ability to draw

on knowledge that the focus of most publically-funded DBT programmes will be restricted to stages 1 and 2.

Knowledge of the goals of skills training in DBT. An ability to draw on knowledge that DBT includes skills training modules that can be delivered individually or in a group. An ability to draw on knowledge that skills training aims to help clients develop skills to: decrease interpersonal dysfunction and increase their interpersonal effectiveness, decrease emotion dysregulation and increase their ability to up-regulate or downregulate their emotion, reduce their behavioural and cognitive dysregulation and increase their ability to tolerate distress, decrease their disrupted sense of self and increase their core mindfulness skills. An ability to draw on knowledge that each area of skill is identified and named so that, once learned, the therapist can orient the client to the skill that might be required in a given circumstance e.g.: core mindfulness skills, distress tolerance skills, emotion regulation skills and interpersonal effectiveness skills

Ability to convey didactic information about the DBT approach. An ability to communicate effectively to the client, carers, and/or staff the DBT model of emotional dysregulation and problem behaviours. An ability to discuss the relationship between dysfunctional behaviours and a deficit in problem-solving skills. An ability to teach effectively and keep the attention of clients who are emotionally dysregulated.

Ability to develop and maintain a DBT-congruent relationship with the client. An ability to draw on knowledge that in DBT the therapist aims to ensure that the client feels connected to them (and to others in their social world), using the relationship to help keep the client alive at moments of crisis. An ability for the therapist to accept the relationship as it is in the present, accepting and validating the client as they are currently. An ability to work with the assumption that disruptions in the relationship will occur. An ability to work on “repairing” the relationship, and to convey to the client that this represents an opportunity for them to learn the skills for making an effective repair. An ability to help the client to generalise behaviours learned in the therapy relationship to other relationships outside of therapy.

Establishing a target hierarchy An ability to construct a DBT ‘target hierarchy’ and use this to identify specific behavioural targets for the session. An ability to track target behaviours by asking the client to complete a diary card before each session, and to use this to review progress. An ability, if the client does not bring the diary card to the session, to consider reasons for this and to problem solve. An ability to maintain a focus on targets relevant to the current stage of therapy, but

also to revisit earlier stages if problems relevant to these stages recur. An ability to monitor the client's progress in other modes of therapy.

Ability to maintain a dialectical focus. An ability to conduct a dialectical assessment by taking into account both individual and contextual factors, taking a holistic position and including all available information. An ability to model a dialectical stance throughout the intervention to help the client synthesize based on available information. An ability to use a range of strategies to help the client adopt a dialectical perspective and develop the skills to synthesise the dialectic e.g.: identifying when a metaphor would be helpful, constructing a relevant metaphor and helping the client consider how the metaphor applies, identifying and/or adopting a paradoxical position in order to highlight or increase dialectical tensions, 'extending' the client's position in order to increase dialectical tension or introduce a dialectical position and/or taking the 'devil's advocate' position. An ability to maintain a dialectical balance between treatment strategies (e.g. between acceptance and change, stability and flexibility).

An ability to model that taking a dialectical approach is characterised by being able to go to either end of a dilemma and still be open to the truth in the opposing side (rather than taking up a middle position). An ability to facilitate change by keeping the client slightly "off balance" by adapting and changing the approach in accordance with the principles of the treatment. An ability to model dialectical thinking and behaviours by looking for the 'both/and' position rather than the "either/or". An ability to help the client to find 'wise mind' by consulting both logic and emotion mind. An ability to work with the client to 'make lemonade out of lemons' (identifying the adjustment that can be made to render an unpleasant situation more palatable or to gain some benefit from it, by looking at the situation in different way or taking a different action). An ability to allow change where it occurs naturally in therapy.

Ability to validate the client's experience. An ability to weave an appropriate level of validation into the session in order to help the client's motivation and to facilitate change. An ability to employ a range of strategies to validate the client's experience and behaviour e.g.: verbalising the client's unspoken emotions (e.g. 'mind-reading what the client might be feeling but is finding hard to express), validating the client's behaviour in the context of their past learning or their biological antecedents (e.g. their history of depression), validating in terms of a normative response in the current context. An ability to provide 'functional validation' (e.g. responding by immediately moving towards finding a solution, and hence (by implication) directly validating the client's perspective on a distressing event). An ability to respond in a radically genuine way to a client's communication without editing responses according to a professional role. An ability to ensure that "unedited" responses are employed in a strategic manner.

An ability to use a range of strategies to validate the client's emotional expression, behaviours and cognitions. An ability to validate emotional expression e.g.: by empathising with emotional expression, by helping the client observe and label the component parts of an emotional response, by conveying that all emotions are a response to something (and do not occur randomly), by linking the client's emotional responses to their learned experiences (e.g. of previous relationships). An ability to validate the client's behaviour e.g.: by helping the client observe and describe their own behaviour (both overt as well as internal behaviours (such as thoughts or urges)), by differentiating behaviour from inferred motives and judgemental labels, by distinguishing between 'understanding how an event occurred' and 'approving of that event', by responding to behaviour (even when extreme) in a non-judgemental fashion. An ability to validate the client's cognitions e.g.: by helping the client observe and describe their own thought processes, by helping the client differentiate the "facts" of an event and their interpretation of it.

Ability to employ behavioural and cognitive behavioural techniques in the context of DBT

An ability to help the client develop and apply problem-solving skills

An ability to draw on knowledge of learning theory (the principles that determine how behaviours can be increased, decreased or maintained by the manipulation of controlling variables)

Ability to conduct a behavioural analysis. An ability to focus on the central role that affect plays in the development and maintenance of target behaviours An ability to draw on knowledge that behavioural analysis plays a central role in DBT.

An ability to work with specific problem behaviours and to characterise the behaviour in terms of its frequency, duration, intensity and patterns over time. An ability to carry out a chain analysis of moment-by-moment events leading up to the target behaviour and its consequences (including any factors that made the client vulnerable to behaving in this way, key events, thoughts, emotions, images, urges, and actions). An ability to integrate information from previous analyses to guide the current one and to identify key links in the chain that occur repeatedly. An ability to identify and share with client's patterns over time in the client's behaviour and emotional responses, and to work with them to generate hypotheses about the factors that determine their behaviour. An ability to identify the function or functions of target behaviours. An ability to conduct a brief chain analyses of relevant in-session behaviours.

An ability to interpret behaviour in terms of current eliciting and maintaining variables, describing the factors may have reinforced the current behaviour and using behavioural principles drawn from learning theory.
Ability to conduct a solution analysis. An ability to identify problematic links in the chain of events leading to and following the target behaviour. An ability to analyse problematic links in order: to establish if these links reflect a capability deficit or a motivational deficit (i.e. where emotions, cognitions or environmental contingencies interfere with the deployment of more skilful behaviour), to identify appropriate solutions that address problematic links, drawing on DBT change procedures (skills training, exposure, contingency management, cognitive modification). An ability to evaluate potential solutions, incorporating client feedback about their preferences and sense of workability. An ability to implement solutions (e.g. rehearsing and troubleshooting solutions and gaining a commitment from the client to implement these).
Ability to utilise contingency management procedures An ability to apply contingency management principles to help clients to decrease maladaptive behaviour by: identifying the reinforcing and maintaining factors, extinguishing the behaviour by removing the reinforcers, holding to the extinction schedule even when there is an extinction burst, adding an aversive consequence if needed, identifying an alternative behaviour to reinforce, finding alternative functional behaviours to reinforce, using the contingencies of the therapeutic relationship to shape behaviour change (e.g. being explicitly affirmative when the client engages in more skilful behaviour). An ability to identify and or arrange a variety of different consequences. An ability (wherever possible) to use natural, rather than arbitrary, consequences. An ability to adjust reinforcing contingencies according to the current capabilities of the client (shaping). An ability to push the client where necessary and reinforce behaviour near to the limit of her capability.
Ability to conduct exposure procedures. An ability to explain the rationale and practise of exposure to the client. An ability to work with the client to implement exposure e.g.: matching the exposure practice to the problem situation and graduating exposure intensity, identifying any use of safety behaviours, distinguishing between 'masking emotions' (hiding emotions from other people) and 'changing emotional expression' (e.g. changing your body to change the emotion), ensuring that the duration of exposure is sufficient for emotion to be elicited and some reduction to take place, but not so long that the client loses control, blocking unhelpful reactions associated with problematic emotions (e.g. blocking a client's tendency to escape when afraid, or to hide when feeling shame).

<p>Ability to conduct cognitive modification procedures. An ability to help the client identify their thinking style, rules and verbal descriptions, and to employ cognitive restructuring to help the client consider alternatives e.g. by: identifying and challenge specific dysfunctional rules, labels and styles in a dialectical manner, helping the client generate more functional thinking styles, helping the client develop “guidelines” on when to trust and when to further evaluate their own interpretations.</p>
<p>Ability to conduct Skills Training</p>
<p>Ability to help the client to acquire skills. An ability to assess the clients’ current level of skills in relation to target behaviours (e.g. by observing clients’ behaviours, role-playing, or asking clients to demonstrate). An ability to use a range of approaches to instruct clients in the skills to be learned (e.g. simple instructions, breaking skills into component parts, etc). An ability to model the skills to be learned.</p>
<p>Ability to help the client strengthen their skills. An ability to use “cheerleading strategies” to motivate the client to participate in the use of effective skills e.g. expressing faith in the client, and in the client and therapist working together as a team redirecting the client's attention from problematic responses to their capabilities.</p>
<p>An ability to use a range of strategies to strengthen specific skills e.g.: in-session behavioural rehearsal through role-play, guiding the client in 'in vivo' practice, reinforcing skilled behaviour and giving behaviourally-specific feedback on the new behaviour</p>
<p>An ability to use a range of strategies to strengthen the client’s commitment to a chosen course of action, e.g.: highlighting the pros and cons of the behaviour, connecting the desired behaviour with prior commitments made by the client, working progressively towards the desired behaviour (asking for a small change from the client and gradually asking for more) and using the principle of “shaping” to reward closer and closer approximations to the desired behaviour.</p>
<p>Ability to generalise skills An ability to help the client generalise skills from the therapy room to their natural environment and applied ‘in-vivo’ between sessions e.g.: setting behavioural assignments, matched to the client's goals and capabilities, helping the client create an environment that</p>

reinforces skilled behaviour and using recordings of sessions for the client to listen to between sessions.

Shaping and strengthening commitment An ability to shape commitment using the principles of DBT by: evaluating the pros and cons of commitment, employing the 'foot-in-the-door / door-in-the-face' strategies of DBT, linking present commitments to past commitments, employing the devil's advocate technique, highlighting the freedom to choose and the absence of realistic alternatives, generating hope and cheerleading the client's capacities to change. An ability to identify psychological barriers to commitment to change or to implementing solutions and to address these using behavioural and solution analyses.

Selecting communication styles An ability, when the client is engaging in desired behaviour and communication between the therapist and client is going well, to use "reciprocal communication strategies", e.g.: showing that the client's agenda is taken seriously, answering direct questions, responding to the content of the client's communication honestly and empathically and giving feedback about the effects of the client's behaviour. An ability, when the client is not engaging in desired behaviour, to make judicious use of 'irreverent communication strategies' in order to gain the clients attention and place the therapy on a more adaptive course, e.g.: 'plunging in' to sensitive areas, being direct or using humour, highlighting the absurdity in a situation in order to give the client a completely different perspective and directly confront dysfunctional behaviour, the aim being to create an impact that will cause a cessation or shift in the client's behaviour

Competencies for consulting to the client and for intervening in the client's environment An ability to consult to the client in order to support their capacity to engage with and negotiate challenges in their environment, on the principle that: these are situations where learning can occur, refraining from doing for the client what they are able to do for themselves, will support their learning. An ability to consult with the client on how to interact with other professionals. An ability to orient other professionals to the consultation-to-the-client approach and the rationale behind it. (e.g. that refraining from telling other professionals or family members how they should handle the client will help the client learn). An ability to identify situations where the therapists intervention is required and where consulting to the client's environment is required, e.g.: where the client is genuinely unable to act for themselves, where the outcome is very important, where the environment is genuinely intransigent and high in power or where there is a serious risk to life or harm to others. An ability, when intervening with the client's environment, on the client's behalf, to attempt to work with the spirit of the principle of consulting to the client (e.g. keeping them informed of the actions being taken). An ability to advocate on behalf of the client, where this is necessary. An ability to provide information to other professionals where there is a genuine 'need-to-know'.

<p>Ability to terminate the intervention An ability to signal and to discuss the eventual termination of therapy from the first session, and to taper sessions as termination approaches. An ability to focus on embedding behavioural change into the client's repertoire in order to maintain therapeutic gains (e.g. by including access to environments that reinforce and support changes made in therapy). An ability to reinforce both self-reliance and reliance on others over reliance on the therapist An ability to actively discuss plans for termination well in advance of the final sessions. An ability to make an onward referral if the patient requires it.</p>
<p>Crisis-handling Competencies An ability to recognise and to respond to a crisis and to respond to these in a manner congruent with the principles of DBT, e.g.: focusing on the current emotion rather than the content of the crisis, identifying triggers to the crisis, arriving at a formulation of the current crisis, helping the client to problem-solve and identifying the skills the client is implementing, reducing any high risk factors in the environment and reducing any high risk behaviours, arriving at a plan of action, assessing the potential for suicide potential throughout and again at the end of the interaction</p>