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KEY ELEMENTS OF DIALECTICAL BEHAVIOR THERAPY

MSW Clinical Research Paper

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Abstract

The purpose of this study was to explore the research question: what are the key elements of Dialectical Behavior Therapy (DBT) that make it effective when working with people with a diagnosis of Borderline Personality Disorder (BPD)? Using a qualitative design, 6 participants from mental health agencies in Twin Cities, MN were interviewed. A semi-structured interview of fourteen questions was used based on the literature review to further explore the research question. Findings suggest that there is not one main element that makes DBT effective when using DBT with people with a diagnosis of BPD, but several elements that come together in order to make it an effective treatment approach. The therapists provided supporting evidence that DBT is an effective treatment model with this population.

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People with a diagnosis of Borderline Personality Disorder (BPD) have been looked at in the mental health field as difficult and challenging to treat (Chapman, 2006). Individuals diagnosed with BPD constitute 2-3% of the general U.S population (Fraser & Solovey, 2007). 70-75% of persons diagnosed with BPD have engaged in a self-injurious act which is defined as “any intentional acute self-injurious behavior with or without suicidal intent including both suicide attempts and self-injurious behaviors” (Fraser & Solovey, p.249, 2007).

Individuals experience dysregulation in many areas such as emotional, interpersonal, and behavioral with emotional dysregulation being the main element of the disorder (Linehan, p. 6-7, 1993). Clients meeting the criteria for BPD have difficulty in a number of areas such as regulating their emotions, stability in their relationships, coping and effectively dealing with stressful situations, crises, and the ability to be present in the moment (Linehan, 1993).

In 1993, Marsha Linehan developed a model of treatment called Dialectical Behavior Therapy (DBT). DBT was initially created in order to effectively help those diagnosed with BPD who was suicidal and inflicting harm upon themselves (Slepp, Epler, Jahng & Trull, 2008). DBT has been shown in a number of studies to be the first effective treatment model developed for clients diagnosed with BPD (Linehan, 1993).

One of the most important elements of the treatment process in this model is the relationship between the therapist and the client (Linehan, 1993). The therapist plays a crucial role in the treatment process because they establish treatment goals and targets with the client and coach them on effectively reducing harmful behaviors, and sticking to

their treatment goals, essentially helping them to establish a “life worth living”. The primary targeted goal of DBT is to help the patient engage in a “life worth living” even when intense emotions are present. (Lynch, Trost, Salsman & Linehan, 2007).

The following literature review demonstrates the effectiveness of DBT when working with BPD clients. There are many elements to DBT that make it an effective form of treatment. The themes identified below illustrate the important elements of DBT.

Literature Review

Borderline Personality Disorder (BPD)

Borderline Personality Disorder is a widespread personality disorder that carries significant risks and associate behaviors could be fatal if it is not treated effectively. Clients who have been diagnosed as meeting the criteria for Borderline Personality Disorder (BPD) experience a variety of chaotic symptoms. Among people with personality disorders, BPD has been known to be related to most attempted suicides, as well as most completed suicides (Linehan, 1993).

Symptoms that are experienced are outlined in the DSM-IV-TR (2000). According to the DSM-IV-TR (2000) the diagnostic criteria for 301.83 Borderline Personality Disorder is “a pervasive pattern of instability of interpersonal relationships, self-image, and effects, and marked impulsivity beginning by early adulthood and present in a variety of contexts, as indicated by five (or more) of the following:

- (1) Frantic efforts to avoid real or imagined abandonment.
- (2) A pattern of unstable and intense interpersonal relationships characterized by alternating between extremes of idealization and devaluation
- (3) Identity disturbance: markedly and persistently unstable self-image or sense of self

- (4) Impulsivity in at least two areas that are potentially self-damaging (e.g., spending, sex, substance abuse, reckless driving, binge eating).
- (5) Recurrent suicidal behavior, gestures, or threats, or self-mutilating behavior
- (6) Affective instability due to a marked reactivity of mood (e.g., intense episodic dysphoria, irritability, or anxiety usually lasting a few hours and only rarely more than a few days)
- (7) Chronic feelings of emptiness
- (8) Inappropriate, intense anger or difficult controlling anger (e.g., frequent displays of temper, constant anger, recurrent physical fights)
- (9) Transient, stress-related paranoid ideation or severe dissociative symptoms (American Psychiatric Association, 2000, p. 710).

Individuals diagnosed with Borderline Personality Disorder experience dysregulation in areas such as emotional, interpersonal, and behavioral dysregulation (Linehan, 1993). Dialectical Behavior therapists focus on these dysregulated areas with clients by using a number of different strategies such as group skills training, individual therapy, and phone consultation. Within these different strategies the therapist uses acceptance, validation, change, and problem solving, while holding a dialectical viewpoint and teaching the client about the biosocial theory (Linehan, 1993).

Dialectical Behavior Therapy (DBT)

Dialectical Behavior Therapy (DBT) was specifically developed to effectively target women with Borderline Personality Disorder (BPD) who were struggling with suicidal thoughts and behaviors (Miller, Koerner & Kanter, 1998). Elements that make this treatment model that make it effective include the hierarchy of the model, different treatment targets, stages and strategies. The dialectical viewpoint and the biosocial theory are two elements of this treatment model that differ from other Cognitive Behavior Therapies (Chapman, 2006).

A crucial piece of this treatment model is the therapeutic relationship between the client and the therapist. In order for the therapy to be effective, the therapist must accept the client as he or she is, and emphasizes validation and acceptance throughout the treatment process (Linehan, 1993).

The term “dialectical” is what makes DBT different than other treatment models. Essentially, having a dialectical viewpoint means finding the middle balance between two opposing viewpoints. On one end of a pole there is an opposing viewpoint and on the other end there is an opposite viewpoint. One end is referred to as the “thesis” and the opposite end is the “anti-thesis” (Dimeff & Koerner, 2007). An example of this, would be when a client indicates, “I want to live a healthy lifestyle and not engage in self-inflicting behaviors anymore” and the next day the client comes to the therapist and states, “I am unable to contract for safely, I want to cut myself”. These two ideas are in conflict with one another. In this case, the therapists job to acknowledge and validate the client and to work with the client to find that middle ground which is referred to as the “synthesis” (Dimeff & Koerner, 2007).

Furthermore, the overall goal of DBT is to coach the individual through their hardships so that the individual is able to learn new skills and then apply the skills to their life in order to live a life without everyday crises, without suicidal and self-destructive behaviors, and without other destructive behaviors that interfere with living a healthy lifestyle. Ultimately the therapist’s goal is to assist the client to find ways for the client to function at their fullest potential after treatment and to be able to cope with their emotions. Skills that the therapist teaches the client are core mindfulness, distress tolerance, emotional regulation, and interpersonal effectiveness skills (Moonshine, 2008).

It is through skills training and a number of other strategies that DBT addresses these areas that are dysregulated.

Treatment Stages

Pretreatment Stage: Prior to the beginning of treatment the client and the therapist outline treatment targets and goals that needs to be worked on in order for the client to eliminate unhealthy behaviors and live to his or her fullest potential. This is referred to as the pretreatment stage (Porr, 2006). This is one of the most important aspects of the treatment process because if the client does not agree on the targeted treatment goals and cannot commit to first work towards eliminating suicidal and self-inflicting behaviors then treatment cannot proceed (Lynch et al., 2007).

Because the treatment stages are structured within a hierarchy of importance, the therapist works on the most important aspects first and, as the client makes progress, the therapist moves to the next stage. The purpose of structure is to help the client to first eliminate destructive behaviors, suicidal and self-destructive behaviors, and learn to gain skills to be able to cope and handle distress when in crisis. Swales (2010) stated; “Without structure, the therapist may rush from crisis to crisis helping the client to extinguish fires but never teaching the client how to prevent them” (Swales, 2000, p. 10). It is important in DBT to follow the stages of DBT therapy in order to teach the client how to prevent the crisis from happening by coaching them on the skills to use so that they are able to cope and prevent the crisis from happening or reduce and eliminate unhealthy behaviors that are destructive to a person’s life (Swales, 2000).

The client must agree to work towards the treatment goal of committing to treatment and eliminating self-destructive behaviors or else treatment cannot proceed.

The reason this stage is crucial to the clients treatment is because as Porr (2010) stated “no one can do effective therapy if the client is dead” (Porr, 2010, p.121). The client has a responsibility of committing to treatment and working towards eliminating behaviors that are destructive and interfering with his or her life (Porr, 2010).

Furthermore, it is important to note that the therapist may have to connect the treatment stages together, or often times go back and review a treatment stage if the client loses sight of their treatment goals or goes against their treatment commitment (Dimeff & Koemer, 2007). One important piece for therapists to remember is that they must be willing to meet and accept the clients as they are (Swenson, Sanderson, Dulit & Linehan, 2001). Following the pre-treatment stage, there are three treatment stages which serve as a hierarchy of importance.

Stage One: There are many parts to this stage that are targeted such as:

- Eliminating self-inflicting and suicidal behaviors
 - Therapy interfering behaviors: resistant to the treatment process
 - Life interfering behaviors: drug or excessive alcohol use and impulsive behaviors
- (Porr, 2010). Before the client can proceed to the next stage which focuses on post-traumatic stress the client must have made progress and shown the therapist that he or she is able to cope with painful emotions (Linehan, 1993).

Stage Two: After the client has made progress and eliminated the targeted treatment goals of stage one; the therapist will work on helping the client to resolve:

- Post-traumatic stress
- Emotional distress (Dimeff & Koemer, 2007).

This stage could be a difficult one for clients because the client is now exposed to his or her agonizing emotions, and has to learn to use his or her new skills to cope with them and handle the distress effectively (Porr, 2010). If the client does not possess the skills to cope with the exposure of painful emotions, treatment in this stage would not be effective. The client must use and know the skills before issues within this stage are addressed (Swales, 2000).

Stage Three: The last stage of the treatment hierarchy is addressed when the client is moving toward independence and is terminating his or her treatment. Before treatment is terminated the therapist works with the client on the following areas:

- Increase self-respect
- Work toward individual goals that the client wants to pursue
- Works with the client on trusting and validating themselves, their emotions and their behaviors (Linehan, 1993).

Treatment Modes

There are four different approaches in DBT that may serve as interventions for the client and the therapist. DBT consists of group therapy, individual therapy, phone consultation with the therapist and consultation meetings for the therapist (Soler, et. al, 2009). The purpose of these different approaches is to ensure that DBT is taught effectively. Specific modes of interventions are discussed below.

Individual Therapy: Individual therapy serves as an opportunity for the client and the therapist to come together one on one and discuss the client's treatment goals and targets. This typically is once a week for 60-90 minutes; however, the time could vary.

The overall goal is to eliminate destructive behaviors and replace them with skills that produce effective responses to crisis. The therapist does this by assessing factors that produce maladaptive behaviors and factors that produce effective behaviors (Linehan, 1993). The therapist also gives the client homework assignments that will help the client with their use of skills and coaches the client on what skills to use in regards to life crises (Lindenboim, Chapman & Linehan, 2007). If a client needs assistance outside of their individual therapy or skill groups they may consult with their therapist by phone consultation.

Phone Consultation: Outside of therapy sessions and group skills the client may need support when faced with a crisis or distressful situation. The therapist would then coach the client on what skill would best apply to the situation and process with the client effective ways of coping with the stressful event (Feigenbaum, 2007). Telephone consultation gives the client an opportunity to ask for help and identify what skill to use at the present time (Feigenbaum, 2007). Therapists who use DBT encourage their clients to call them before they have harmed themselves so that the therapist is able to address the crisis and help the client identify what skill he or she should use in present time. The purpose of this is to reduce and prevent suicidal behaviors and self-harm. Individuals meeting the criteria for BPD often times have a difficult time applying the skills they learn in skills training and in their individual therapy sessions to real life situations. The therapist is able to help the client identify what skill they should use given the situation or crisis (Ben-Porath & Koons, 2005).

Group Skills Training: Skills' training is an important piece of DBT and consists of four different modules including:

- Core Mindfulness
- Emotional Regulation
- Interpersonal Effectiveness
- Distress Tolerance (Linehan, 1993).

Group skills training gives the client an opportunity to learn and implement the skills in a group setting with other individuals in treatment (Feigenbaum, 2007). The purpose of skills training is to help the client implement effective practical skills into their life that they can use in times of distress and eliminate other unhealthy and negative behaviors.

In a study conducted by Stepp, Epler, Jahnag & Trull (2008), researchers examined how effective DBT skills' training are when working with BPD clients and the how much of an impact skills training had on clients receiving it. Results showed that the use of skills increased considerably with DBT training. In this study, participants reported how often he or she used the skills. Core mindfulness skills were used 44% of the time, distress tolerance skills were used 29%, emotion regulation skills were used 18% and interpersonal relationship skills were reported being used 9% of the time (Stepp, Epler, Jahnag & Trull, 2008).

In addition, Stepp, Epler, Jahnag & Trull (2008) reported that other researchers discovered that distress tolerance and core mindfulness were the two skills that were used most frequently compared to the other skills. It was also determined that specific behaviors had decreased due to skill use such as, emotional instability; additionally, identity issues had decreased and relationships had improved among the participants (Stepp, Epler, Jahnag & Trull, 2008).

Core Mindfulness: One of the central skills of DBT taught throughout the treatment process is mindfulness, which stems from Zen Western practices (Feigenbaum, 2007). Core mindfulness teaches the client to stay in the moment, not to ruminate about the past and to do one thing at a time. This skill helps the client to stay in the present moment and to be aware of what is going on around them. This skill also helps the BPD client focus on reality in any situation and not allow their emotions to take over (Porr, 2010).

A recent study examined core mindfulness in DBT when working with clients with a diagnosis of BPD. The purpose of the study was to see if this skill helps improve symptoms of BPD and if the skill use increases over time. The results of the study showed an increase in the clients skill use over time (Perroud, Nicastro, Jermann & Hugulet, 2012).

Distress Tolerance: The next acceptance skill is distress tolerance. It is important that the therapist emphasizes throughout treatment that crises, distress and painful situations and events are going to occur because they are all a part of life. It is about what the person does during the crisis or when they are experiencing pain that matters. Learning to accept and cope with painful situations effectively is essential in life. The skills that are taught in this module to help with distress are distracting, self-soothe (McMain, Korman & Dimeff, 2001), improving the moment and evaluating the pros and cons of the situation (Linehan, 1993). These skills are important for clients to use before a crisis, in the middle of a crisis and after.

Interpersonal Effectiveness: This skill module helps the client with many areas such as, asking for what he or she needs or wants but also coping with being told “No”. It also helps the client build their skills in order meet a goal and to help their interpersonal relationships (Moonshine, p. 70 2009). It is common among the population of people with BPD that clients will terminate relationships early simply because they do not have the skills to cope and manage the relationship. The goal of this skill module is to enhance the clients relationships, self-respect and their assertiveness by teaching the client interpersonal effectiveness skills (Linehan, 1993).

Emotion Regulation: This skill module addresses the core area in individuals diagnosed with BPD that is dysregulated. The therapist coaches the client on emotion regulation skills in order to effectively cope with painful emotions and stressful situations. In order for the client to make behavior changes, such as reducing impulsiveness, he or she needs to know the skills and utilize them in order to cope effectively with the painful emotion (McMain & Dimeff, 2001). There are several skills within this module that the therapist teaches the client. Emotion regulation skills are an important element to DBT therapy because of the difficulty people with this diagnosis have with regulating his or her emotions effectively and because emotion is the main area that is dysregulated among this people with this diagnosis. It is important that individuals with BPD learn how to cope with their emotions in a healthy manner (Linehan, 1993).

Chain Analysis: Chain analysis is completed in order to analyze a problem behavior. It gives the client an opportunity to process the problem behavior with the therapist. It is said to be one of the most important pieces to this treatment modality

(Linehan, 1993). The purpose of a chain analysis is to determine what the problem is, what caused the problem and solutions to solve the problem (Linehan, 1993).

Consultation: While the previous three interventions focus on the client, this one addresses the therapist. This is an opportunity for the therapist to meet once a week with their treatment team to provide a sense of support to decrease the chances of burnout. It gives the therapist an opportunity to discuss and process through each of their caseloads, situations, questions or concerns that the therapist may have (Soler et al., 2009).

Assumptions

There are eight assumptions within DBT that are helpful for the therapist to keep in mind when working with a difficult client. These assumptions focus on acceptance and change of the client and serve as a framework for the client's treatment (Linehan, 1993). I have chosen four that highlight the importance of these assumptions.

1. "Patients Are Doing the Best They Can": It is important for the therapist to believe the assumption that clients are doing the best that they can with the skills that they have or don't have.
2. "Patients Want to Improve": It is important for the therapist to be mindful that the client enters treatment not having the skills that he or she needs in order to be effective in certain situations. The client enters treatment to gain the skills he or she needs and to gain support
3. "Patients Need to Do Better, Try Harder, and Be More Motivated to Change". It is important for the therapist to encourage and motivate the clients and inform them that their therapy progress is up to them and that the therapist is there to help the patient reach their goal of having a life worth living. It is common among this population that the clients want to live a healthy life, but then engage in self inflicting behaviors which contradict that.
4. "Therapist Treating Borderline Patients Need Support", it is important that therapist have support when treating this population so that they don't burn out (Linehan, p. 106-108, 1993).

This purpose of this clinical research project is to answer the question: what are the key elements that make Dialectical Behavior Therapy (DBT) an effective treatment model when working with clients diagnosed with Borderline Personality Disorder (BPD)?

Evidence Based Research

A number of studies have examined the effectiveness of DBT in comparison with other treatment models. In a study conducted by Linehan (1993), researchers examined the effectiveness of DBT in comparison to “Treatment as Usual” (TAU). Results indicated that DBT was more effective in a number of areas such as, fewer participants withdrawing from treatment, participants less prone to enter the hospital related to BPD symptoms, and clients participating in DBT rather than TAU stayed fewer days in the hospital. In fact, according to Linehan (1993) clients receiving DBT had an average of 8.46 days in the hospital compared to 38.36 for those clients receiving TAU. These numbers reflect clients in treatment for a year span. Clients receiving DBT treatment rated higher on a global adjustment scale after they had completed treatment and also indicated that they had improved their work, school and household roles (Linehan, 1993).

Conceptual Framework

The purpose of this section is to describe the conceptual framework that has influenced the literature review, the overall research question and the study. The theories that impact and are relevant to Dialectical Behavior Therapy and Borderline Personality Disorder are the biosocial theory, which is common throughout DBT, and the dialectical perspective. Both of these pieces make DBT unique from other cognitive behavioral treatments.

Biosocial Theory

This theory is derived from the belief that clients with BPD grow up in invalidating environments and therefore lack the skills needed to cope with regulating their emotions. There are many negative consequences of an invalidating environment. As discussed in Fraser and Solovey (2007), an invalidating environment as “emotional experiences and interpretations of events are often not taken as valid responses to events; are punished, trivialized, dismissed or disregarded; and/or are attributed to socially unacceptable characteristics such as over reactivity, inability to see things realistically, lack of motivation, motivation to harm or manipulate, lack of discipline, or failure to adopt a positive attitude” (Fraser & Solovey, 2007, p. 251). In a healthy parent/child relationship the child’s distress is met with nurturing and responsiveness. In an invalidating environment, a child cries might be met with harsh words and an invalidating response. As a result of an invalidating environment, the child grows up lacking the skills needed to regulate their emotions, handle distressful situations, unable to trust their own emotions or label them (Linehan, 1993, p.3).

The second belief within biosocial theory is that there is a biological basis that affects the way a person with BPD regulates their emotions. Clients with BPD lack the skills needed to cope with distress and crisis situations and therefore they steer toward using self-destructive and harmful behaviors to cope (Lynch, Trost, Salsman & Linehan, 2007). Typically, a person meeting the criteria for BPD who engages in self-inflicting behaviors does this in order to cope with the stressful situation. This relieves the stress for a short time causing the painful emotions to diminish (Dimeff & Koerner, 2007).

Dialectical World View

The central aim of dialectics is creating balance. Imagine a line with two things on opposite ends of the line that may be in conflict or opposites of each other. The goal is to create balance between the two (Moonshine, 2008). An example of this would be when a client doesn't want to live in agony anymore but doesn't want to put forth the effort to change or a client who wants his or her life to be better but still engages in destructive behavior (Moonshine, 2008). Dialectics consists of three different phases. The first stage (the thesis) consists of a positive assertion such as "I want to change, life is worth living!" The second stage (the anti-thesis) is a contradiction of the first stage, such as continuing to engage in destructive behaviors. In the final stage (the synthesis) two of the previous stages are resolved therefore; balance is achieved.

The goal of DBT is to search for the middle ground and achieve balance. (Linehan & Schmidt III, 1995). Those who have BPD experience dialectic failures such as black and white thinking. The person is stuck between thesis and anti-thesis and is unable to achieve synthesis (Linehan, 1993). Another part of dialectics is validation and acceptance. It is of high importance that the therapist validates the client throughout therapy and find the underlying truth in the clients response or behaviors. The other aspect of this view point is acceptance. It is important that the therapist accepts the client as he or she comes into treatment and believes that the client has the ability to change (Linehan, 1993).

Research Question

My central research question is: what do practitioners in the Twin Cities, Minnesota area identify as key elements of Dialectical Behavior Therapy that make it effective when working with clients with Borderline Personality Disorder? There are few treatment models used to treat Borderline Personality Disorder that are evidenced based, however DBT has been shown through several randomized clinical trials to be effective. There are many elements to DBT such as the hierarchy of treatment stages, targets and strategies, the biosocial theory and dialectical viewpoint that make this treatment model effective. It is important to know which elements of DBT make it an effective treatment model since the targeted population experiences a number of very serious issues that are difficult to treat. Additionally, participants were asked about the training they have received in the model, as well as their adherence to the model practice. These results as also briefly reported below.

Methods

The following section presents an overview of the research methodology that was used in this study. The following areas will be discussed below: the design of the research, the sample, an overview of the protection of human subjects and the Institutional Review Board (IRB) consent form, the data collection instrument and process. The purpose of this research study is to identify what practitioners believe to be the key elements that make Dialectical Behavior Therapy (DBT) an effective treatment model when working with clients with Borderline Personality Disorder (BPD).

Research Design

This research study is a qualitative that examined practitioners' views on the key elements of DBT that make it an effective treatment model when working with BPD clients. The researcher conducted 6 interviews with therapists at agencies that specialize in DBT located in the Twin Cities, MN area. The purpose of conducting interviews was to get in depth responses from the practitioners who have experience in using DBT as a treatment modality. The interviews were conducted by telephone and required approximately 35-40 minutes of practitioners' time. The researcher asked fourteen questions designed to highlight the different viewpoints of the key elements of DBT that make it effective and answer the research question.

Sample

Purposive and random sampling was used for this study. The researcher recruited participants by conducting an internet search for agencies in the Twin Cities, MN area that provide DBT services. The researcher then made initial contact with the therapist by utilizing a phone script introducing the purpose of the research and asked if the therapist would be interested in participating in the research study (Appendix B). A total of 6 participants were recruited to participate. Five of the participants in the research study have their Masters of Social Work (MSW) and are Licensed Independent Social Workers (LICSW). The other participant is a licensed psychologist.

Protection of Human Subjects

The researcher completed the University of St. Thomas Institutional Review Board (IRB) requirements, including the consent form (Appendix A). The purpose of the

consent form is to protect human subjects from harm and ensure confidentiality in research studies. The researcher reviewed and provided each participant a copy of the consent form. Each participant was required to sign the consent form providing consent to participate in the study. The participants were given the opportunity to withdrawal consent and participation from the interview at any time. If participants chose to withdraw, they were informed that data provided by them would be destroyed.

Confidentiality was maintained throughout the research process by keeping the data and all audio recordings in a locked file cabinet at the researcher's home. The data that the researcher analyzed was kept in a laptop that belongs to the researcher which is secured with a locked passcode that only the researcher can access. Only the principal investigator will have access to the data records and any identifying information. The data will be transcribed from the audio recorder to a word document on a secured laptop that belongs to the researcher. The researcher will be transcribing all of the interviews.

The data will be kept in a locked file cabinet and on a secured laptop until the end of May 2013. On May 30th 2013, the data will be destroyed by permanently deleting it off the secured laptop and all confidential paper data will be shredded. There are no risks or benefits to this study, nor is there any use of deception.

Data Collection

The six interviews took place over the telephone, per the participants' request. The six individual interviews were each approximately 20-35 minutes long. The participants were asked fourteen questions in order to examine the researcher's question. The first five questions refer to the subjects professional background while the other 9 are

in regards to their opinion on the key elements of DBT that make it effective when working with clients with BDP (See Appendix B). If the researcher felt that a question needed further explanation, additional questions were asked.

Data Analysis

After the collection of the data, all interviews were transcribed. Content analysis was used while reviewing the data. A partner reliability check was conducted in class, in order to analyze the data, however confidentiality was maintained. Common themes such as: the structure/hierarchy of the model, mindfulness, the biosocial theory, the dialectical viewpoint, consultation teams, and chain analysis were identified within the data and coded by the researcher. These themes provided the researcher with information relating to the key elements that participants believe contribute to the effectiveness of Dialectical Behavior Therapy when working with individuals diagnosed with Borderline Personality Disorder.

Findings

In order to answer the question: What are practitioners' views on the key elements to Dialectical Behavior Therapy when working with people diagnosed with Borderline Personality Disorder, six interviews were conducted. The following section will discuss the presented themes.

Training and Adherence to the Model

The participants in this research study were asked several questions such as, "What is your professional licensure?" "How long have you been working in this field

with persons with Borderline Personality Disorder, using the DBT treatment model?”

“What type of treatment setting do you practice in, and what is your title? And “Do you strictly adhere to the Linehan model? The following table represents the information that was given.

| Subjects | Professional Licensure? | Experience? | Type of treatment setting? | Strictly Adhere to the Linehan Model? |
|-----------------------|-------------------------|-------------|--|---------------------------------------|
| Participant #1 | LICSW | 14.5 years | Private Practice Psychotherapy | Yes |
| Participant #2 | LICSW | 13 years | Outpatient Clinical Therapy | Yes |
| Participant #3 | LICSW | 9 years | Outpatient mental health psychotherapy | Yes |
| Participant #4 | LICSW | 13 years | Private practice Psychotherapy | Yes |
| Participant #5 | LP | 20 years | Private Practice | Yes |
| Participant #6 | LICSW | 17.5 years | Outpatient Mental Health Clinic | Yes |

Structure/Hierarchy of the model

All six participants acknowledged that the structure and hierarchy of the model is one of the key elements that make Dialectical Behavior Therapy effective when working with Borderline Personality Disorder. The following quotations are from the six participants interviewed.

Another participant indicated, “There is a hierarchy, in other words if someone is engaging in self harm or suicidal behavior, that is what we deal with first, if there is none of that then we deal with therapy interfering behaviors and if there is none of that, we deal with everything else then and all of the life interfering behaviors”.

According to another therapist, “The structure of the program and knowing what is expected of you and the client. A big piece of being able to identify their target behaviors and we are able to do this through the structure and hierarchy of the

“...The depth of the structure and the specific strategies and within a perimeter the therapist has a lot of freedom for her own style of working with people. Its person centered, and serves as a guideline...”

...”I could very easily get caught up in the client stories, and what DBT has offered is the structure and framework to help the therapist figure out where he or she is and bring the clients focus back to the structure of DBT or the targets in DBT. So the framework is very helpful and the targets are helpful ...”

“I think what works best is that there is the structure of treatment for one thing. Before I started in DBT, other models didn’t have the structure of knowing exactly what a hierarchy of targets are what stages the treatment is in. It wasn’t clearly defined as it is with Linehan...”

“...The targets because they are clearly outlined. I can get lost in some of the clients tales. I am a good listener and would follow them in their stroeis and get lost in them, so the targets help me as a therapist to stay focused on the targets that were working on and the secondary targets which are the pieces you address such as behaviors, emotions, thoughts that come up in sessions...”

Core Mindfulness

Five of the six participants indicated that mindfulness is a key component to Dialectical Behavior Therapy. Core Mindfulness is one of the four skills that are taught in group skills training. It is considered the foundational skill that clients are taught before the other skills.

According to one of the participants, “...Core mindfulness is like the other parent, it runs through the other three modules. It is not more important but it is the basis and the foundation of the other skills”.

Another participant indicated, “The mindfulness component is really a very key component, which increases the client’s awareness of their own internal process”.

When one respondent was asked “what do you believe are the key elements to DBT that make it an effective treatment model?” one participant responded, “In my opinion the key elements to this treatment model are validation and change and being in balance”.

When asked, “In your opinion why do you think DBT is one of the treatment models that are most effective when working with BPD? A participant responded, “Well I think the mindfulness component is a key element and I have said that a number of times and I think there is another piece that I really like that I have learned in DBT is that whole validation piece”.

Biosocial Theory

Three respondents emphasized that the biosocial theory is a key element to Dialectical Behavior Theory that makes it an effective treatment model when working with clients diagnosed with Borderline Personality Disorder.

When respondents were asked, “Can you describe to me the biosocial theory, and what makes it one of the unique elements to the DBT treatment model?” One respondent indicated, “An important element is also educating the clients about the biosocial theory and also when the client comes to therapy it is powerful for them to find out that there are other people like them. It is enlightening to them that other people are sensitive and high reactive and it is not just them”

Another respondent stated, “The clients know exactly what that means (the biosocial theory) and it gives them an understanding of why they act the way they do it is very validating because they don’t blame themselves as much. They are able to say “I was born more sensitive”. It reduces the shame”.

Another respondent stated, “The clients know exactly what that means (the biosocial theory) and it gives them an understanding of why they act the way they do it is very validating because they don’t blame themselves as much. They are able to say “I was born more sensitive”. It reduces the shame”.

One respondent indicated, “...giving them that biosocial theory it helps them to see why it happens and what is going on. I can’t go back and change it but I can repair it and that is pretty powerful for them. It doesn’t place the blame on them, “I am who I am and it’s not my fault”.

One respondent indicated, “Family members can say wow! That’s what is going on here, it’s not that we are blind, this child is different than the others”.

Overall, educating the clients about the biosocial theory is an important piece because it validates the clients and helps them cope

Dialectical Philosophy

All six of the participants identified the dialectical behavior philosophy as an important element that contributed to the effectiveness of the DBT model. There were several key words that came up throughout the interviews such as: acceptance, change,

When asked “what makes DBT treatment different than other cognitive behavior therapy models?” One respondent indicated, “The specific acceptance piece, when Marsha Linehan first came out with it, it is really amazing that anyone can put clients first and accept them as they are”. One piece that makes it different is the acceptance and specific strategies about acceptance and validation”.

When asked “What do you believe are the key elements to DBT that make it effective treatment model” one respondent indicated, “The whole piece of dialectics is a central part of the overall therapy. It allows me to think most effectively with this population. The dialectical viewpoint, validation, problem solving, acceptance and change are huge for this population. I find it very helpful when I need to push the client and when I need to fall back”.

Furthermore, when one respondent was asked “In your opinion why do you think DBT is one of the models that is most effective when working with this population?” The respondent indicated, “I go back to the dialectics, because you need to have both. I think with this population things are either all or nothing, their thinking is their relationship and their emotions so it’s a key piece to teach dialectics. It is saying “I accept you as you are now, and I expect you to change. The biggest dialectic is change”..

“...One thing that I like about Linehan’s model is that she hops on the dialectics and that it pushes you and it pushes the client to open up there thinking and it’s more flexible in different options...”

“...When I talk to clients or the client’s parents or whoever, dialectics is having two opposing truths and finding a synthesis or a balance. You have black and white but you want to find grey. And we call that the ‘And therapy’ and not the ‘But therapy’”

Consultation Teams

Three out of the six participants identified the consultation team meeting among therapist as a key element to this treatment model. The consultation team meeting serves as an important piece because it gives the therapist support and helps them stay grounded in their work with the clients. Without the consultation team meetings, a therapist working with a client with BPD may feel burnt out and therefore not effective in therapy.

When one participant was asked “what are the key elements to this model that make DBT so effective when working with this population?” the respondent indicated, “The consultation teams for the therapist is an important piece of treatment so the therapist doesn’t burn out. The therapist is able to gain competency and feedback from his or her co-workers”

Another participant who was asked the same interview question, indicated, “you really need support from consultation team and they really need to be calling you on your behaviors that might be extreme behaviors you know like getting too involved with the client, so you don’t have your perspective, so you have the consultation team to help with that”.

“A crucial piece for the therapist is the consultation team meeting which provide support for the therapist and gives an opportunity for the therapist to discuss his/her caseload and get feedback from co-workers”

There are many reasons why the consultation team is a key element to Dialectical Behavior Therapy such as it focuses on the therapist and not on the client. It is a part of the treatment modality that gives support to the therapist in order for the therapist to be effective in treating this population.

Another respondent indicated that this was a crucial piece to the treatment modality and serves as an essential part of support for the therapist. Because of the high level of crises that this population deals with on a daily basis, it is essential that the therapist aren't getting burnt out and are getting support from their colleagues.

Chain Analysis

Three out of the six participants identified the chain analysis that is used in therapy as being an important piece to Dialectical Behavior Therapy.

A participant was asked, "In your opinion why do you think DBT is one of the treatment models that is most effective when working with persons with BPD?" the response of the participant was "...the client is able to get help and understand what their behavior is, so the chain analysis helps them to see the light, and helps the mot see how they got there and that to me has been one of the most powerful pieces of this model and I think that teaches them a positive flow and instead of feeling hopeless it gives them hope".

One participant indicated that the chain analysis is an important piece because it gives the therapist an opportunity to go deep into what is going on and correct the behavior using the chain analysis form. The responded indicated that "I do chain analysis and the behavior changes really fast".

One of the respondents indicated that when a client is abusing the phone coaching, the respondent will use a chain analysis form in order to get understand what triggered the crisis and that after the client completes the chain analysis and processes it with the therapist the behavior disappears quickly.

Discussion

There were six themes in DBT identified in this research paper: 1. Structure/Hierarchy of the model 2. Core Mindfulness 3. Biosocial Theory 4. Dialectical Philosophy 5. Consultation Teams 6. Chain Analysis. The following themes included a

discussion on the findings and implications for further study and association with social work.

Hierarchy of DBT Treatment Modality

All six participants acknowledged that the hierarchy of the DBT treatment model was an important element to its effectiveness. Linehan states, “DBT is very specific on the order and importance of various treatment targets” (Linehan, 1993). In Dialectical Behavior Therapy, the most intense and fatal behaviors need to be changed first and then the rest of the behaviors that need to be changed are on a hierarchy based on severity. The purpose of the hierarchy is to keep the clients alive, and to work on specific areas based on the importance of them in order for the client to live a life worth living (McMain, Korman & Dimeff, 2001). The hierarchy of the model contributes to the effectiveness because it guides the therapist and the client and helps them to stay on track with the targeted goals, and helps the client and therapist to know what is expected of them. In the hierarchy the therapist is able to identify target behaviors.

According to Linehan (1993), the central aim of DBT is that treatment targets need to be clear and specific in order for this treatment model to be effective when working with this high risk population. There are some requirements that the therapist must follow when treating a client with DBT. The first thing is the therapist must identify and have a clear understanding of what stage of therapy the patient is in at the time they begin treatment. The therapist must also have a clear understanding of the targets with the patient and how the targets relate to the patients treatment (Linehan, 1993).

Core Mindfulness

Five out of the six participants acknowledge that core mindfulness is an important element in Dialectical Behavior Theory when working with Borderline Personality Disorder. Previous literature finds that mindfulness is an important element in this treatment modality. Chapman (2006) indicated, “In DBT, several interventions and skills are geared toward conveying acceptance of the patient and helping the patient accept him or herself, others, and the world. One such intervention is mindfulness” (Chapman, 2006). Five respondents reported that mindfulness is an important element in this treatment modality and the foundation skill that is taught throughout treatment. In previous literature it indicates exactly what the practitioners in this study indicated that Core Mindfulness is central to this treatment model, and the foundation and core skill that is taught (Linehan, 1993, p. 44).

The Biosocial Theory

Three respondents acknowledged that the biosocial theory and educating the clients on this theory is an important element to this treatment model. They believe this theory can help the client in understanding and coping with this disorder and to be able to reduce the shame and blame. It not only helps the client, it helps the family to be able to understand why their child, or family member behaves the way he or she does

Dialectical Philosophy

All six participants acknowledged that the dialectical philosophy (validation, change, acceptance and balance) are key elements to this model that make it effective when working with clients with Borderline Personality Disorder. The dialectical

philosophy is what makes this unique to this treatment model compared to other Cognitive Behavior Therapy models. Several key themes were identified in coding, such as the dialectical viewpoint is about maintaining balance, accepting the client, working with the client toward change and validating the client. Finding balance was also viewed as very empowering to the clients as it helps them to be able to see past the black and white thinking. Moonshine (2008) states, “It empowers clients to see that reality is black and white as well as a lot of shades of grey” (Moonshine, 39 2008). It is also accepting the client and believing as their therapist that the client does have the ability to change and to live a life worth living.

Consultation Team Meetings

Out of the six participants interviewed, consultation team meeting was considered an important piece of this treatment model. The participants indicated that consultation team meetings were an important piece considered it to be important for several reasons such as to prevent burn out, to gain competency, get feedback and support, stay on track with the treatment model, process the behaviors of the therapist and the client and it helps the client to be centered. In previous literature it indicated that that consultation team meeting is “an opportunity for the therapist to meet once a week with their treatment team, sense of support, to decrease chances of burn out and opportunity to process caseloads (Soler, et al., 2009).

Chain Analysis

Three out of six participants acknowledged that chain analyses are an important element to the treatment model that makes it effective when working with clients with

Borderline Personality Disorder. In order to change a problematic behavior, the therapist will have to take a behavioral approach. The chain analysis gives the therapist and the client an opportunity to identify the events that prompted the crisis and what could have prevented the crisis from happening. The chain analysis is a detailed account, of what led up to the event, what occurred throughout the event and how the crisis could have not escalated (Miller, Koerner, & Kanter, 1998).

Strengths and Limitations

The purpose of this research study was to gain knowledge of what the specific key elements of DBT are that make it effective when working with BPD clients. Strengths of this research study are that it contributes to the limited amount of research on the key elements of Dialectical Behavior Therapy that make it effective when working with people diagnosed with Borderline Personality Disorder (BPD). The practitioners in this study identified what, in their experience, they believed were the key elements that made this treatment modality effective. As a result of this research study, practitioners are able to identify and be aware of the key elements that contribute toward the effectiveness of this model when working with people diagnosed with Borderline Personality Disorder.

Another strength of this study is that it is a qualitative study which consists of interviewing more than half of licensed clinical social workers. This is an important subject in the social work field because social work practitioners work with this population on a daily basis. All six of the practitioners that were interviewed adhered strictly to the Linehan model. This shows that the practitioners have knowledge and experience in regards to this model when working with this population. Finally, it is

important to understand what different practitioners believe to be the key elements to this treatment model and what specific area should be enhanced in order for this population to be treated effectively.

A limitation of this study is that all of interviews were conducted via telephone, which could have held back the practitioners answers in their entirety. This may limit the amount of data and results that the researcher obtains and may miss important non-verbal information as well. Another limitation of this study is that all 6 of the practitioners that were interviewed were from the Twin Cities Area. Therefore, the results of this study cannot be generalized to other areas.

Implications for Social Work Practice, Policy and Research

There are several implications for the field of social work as a result of information gained through this research study. Overall, the participants of the study indicated that there is not just one element to Dialectical Behavioral Therapy that make it effective when working with this population, it is a number of elements that come together to make it effective. The results of this study are unable to be generalized because of the small sample size, and lack of diversity in the sample, however if there were more participants as well as more diversity in participation this would improve the ability to see wider applicability. There is currently a lack of research in regards to the key elements that make DBT effective when working with clients with BPD, so it would be interesting if there was a larger sample size in order to gain more information in regards to this topic.

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Appendix A Consent Form

Please read this form and ask any questions you may have before agreeing to participate in the study. Please keep a copy of this form for your records.

Project Name: The Key Elements of Dialectical Behavior Therapy when working with Borderline Personality Disorder
IRB Tracking Number: 395426-1

Statement about the study: This study examines Practitioners views on the key elements of Dialectical Behavior Therapy that make it effective when working with persons meeting the criteria for Borderline Personality Disorder (BPD). Dialectical Behavior Therapy (DBT) is a Cognitive Behavior treatment approach that was designed by Marsha Linehan to treat suicidal women meeting the criteria for BPD. The importance of this research study is to examine Practitioners views on the key elements of DBT that make it effective when working with persons with BPD. BPD is a widespread personality disorder that has many serious effects, including high rates of suicide if it is not treated effectively. There is few treatment models used to treat BPD that are evidence based. DBT has been shown through several randomized clinical trials to be effective. There are many elements of DBT such as different treatment targets, modes, strategies, biosocial theory, and the dialectical philosophy that make this treatment model effective.

You are invited to participate in this research.

You were selected as a possible participant for this study because: You have an MSW (Master of Social Work), a Master degree in Psychology, and have experience with Dialectical Behavior Therapy (DBT) when working with clients meeting the criteria for Borderline Personality Disorder (BPD).

Study is being conducted by: Cheryl A. Nickelson

Research Advisor: Karen Carlson

Department Affiliation: University of St. Thomas: School of Social Work

Background Information:

The purpose of this study is:

The purpose of this study is to find out what Practitioners view as the key elements in Dialectical Behavior Therapy (DBT) when working with persons with Borderline Personality Disorder (BPD). This study is important because this population is high risk for suicide, and DBT is shown in other clinical research trials as one of the only effective forms of therapy when working with this population.

Procedures

If you agree to be in the study, you will be asked to do the following:

Answer 14 research questions regarding your experience with Dialectical Behavior Therapy when working with clients meeting the criteria for Borderline Personality

Disorder (BPD). The interview will take approximately 30-45 minutes. I will be audio taping the interview.

Risks and Benefits of being in the study

There are no risks involved with this study

There are no direct benefits involved with this study

Compensation

There will be no compensation

Confidentiality

That data will be kept in a locked file cabinet and the transcribed data will be kept on my secured laptop that is protected with a password and only the researcher has access too. On May 28th, 2013 the data will be destroyed in its entirety by being shredded and permanently deleted off of my secured laptop. The Researcher will be the only individual that will have access to the data and records. Data identifying the subjects will not be available to anyone another than myself.

Voluntary Nature of the Study

Your participation in this study is entirely voluntary. Your decision whether or not to participate will not affect your current or future relations with any cooperating agencies or institutions or the University of St. Thomas. If you decide to participate, you are free to withdraw at any time up to and until the date/time specified in the study. You are also free to skip any questions that may be asked unless there is an exception(s) to this rule listed below with its rationale for the exception(s).

You may withdrawal from participating in this study at any given time.

Should you decide to withdrawal, data collected about you, will not be used in this study.

Contacts and Questions

You may contact any of the resources listed below with questions or concerns about the study.

Research Name: Cheryl A. Nickelson

Research E-mail: Nick4324@stthomas.edu

Researcher Phone: 612-803-4127

Research Advisor Name: Karen Carlson

Research Advisor E-mail: carl1307@stthomas.edu

UST IRB Office: 651-962-5341

Statement of Consent:

I have read the above information. My questions have been answered to my satisfaction and I am at least 18 years old. I consent to participate in the study. By checking the electronic signature, I am stating that I understand what is being asked of me and I give my full consent to participate in the study.

Signature of Study Participant: _____

Date: _____

Signature of Researcher: _____

Date: _____

Appendix B

Interview Schedule

Demographic Questions

1. What is your professional licensure?
2. Can you describe your experience w/ Dialectical Behavior Therapy? Have you had any training on it? How extensive was the training?
3. What type of treatment setting do you practice in? What is your title?
4. How long have you been working in this field w/ BPD & DBT?

Research Questions

5. Do you strictly adhere to the Linehan model? If no, what other models do you use?
6. Do you currently have any clients w/ BPD on your caseload? If not, when was the last time you did?
7. In several research articles, it indicates that clients w/ BPD are difficult and challenging to work with, tell me about your experience working with clients w/ BPD?
8. What is most effective when treating clients with BPD? What is least effective?
9. What are the challenges of working with this population under a DBT treatment model?
10. What makes DBT treatment model different than other Cognitive Behavior Treatment models?
11. What do you believe are the key elements to DBT that make it an effective treatment model for treating clients with BPD?
12. There are four skill modules in DBT: Core mindfulness, Interpersonal effectiveness, Distress tolerance, and Emotional regulation, which of these skills is most important when treating BPD?
13. Within DBT treatment there are four treatment modes such as: Individual therapy, Group Skills training, Phone Consultation and Consultation for therapist. Would you consider one of these to be a key element to DBT treatment model? In your opinion, which one is most important when treating clients with Borderline Personality?
14. In your opinion, why do you think that DBT is one of the treatment models that are most effective when working with BPD?
15. In previous literature, it has stated that the biosocial theory and the dialectical viewpoint are two unique elements to the DBT treatment model. Can you describe to me in your opinion, the dialectical viewpoint and the biosocial theory and what makes it one of the unique elements to this treatment model?
16. Is there anything you would like to add, that would further suggest what the key elements to DBT treatment model that make it effective when working with clients with BPD?

Appendix C

Practitioner Contact Telephone Script

Hello, my name is Cheryl Nickelson. I am a graduate student at University of St. Thomas/St. Catherine University MSW program and I am in the process of conducting my clinical research paper.

I am conducting a qualitative study where I will interview 6-8 participants. The 14 interview questions will include demographic questions related to your background experience and knowledge of working with this population under this treatment model. I am wondering if you would like to be a part of this study?

If yes,

(Discuss with the participant the consent form and the process and schedule a time for the interview). The interview would take approximately 30-40 minutes of your time. What is your availability? Do you have any additional questions for me at this time? If you would like I can send you a copy of the questions ahead of time in order for you to prepare.

