



DIALECTICAL BEHAVIOUR THERAPY

Assisting clients in increasing their self-management and being the experts of their own lives

AN INTERVIEW WITH ED CHEN, RCC-ACS

Dialectical Behaviour Therapy (DBT) was developed at the University of Washington by Psychologist Marsha Linehan, PhD. DBT combines mindfulness, behavioural psychology, and dialectics in a practical manner that gives clients the skills and self-management they need to effectively manage their concerns.

Ed Chen, RCC-ACS, is the director of training at DBT Centre of the Fraser Valley and the host of the skills-focused

podcast, DBT Today. He has extensive experience in delivering DBT, particularly to high-risk youths and families experiencing concerns such as suicidality, self-harm, impulsivity, depression, anxiety, trauma, and addictions. He also has considerable background in DBT program development in government agencies, community services, and schools. His DBT Program for Young Parents in Schools was nominated for a Premier's Award for innovation.

WHICH CLIENT CONCERNS OR CIRCUMSTANCES IS DBT ESPECIALLY EFFECTIVE WITH?

DBT was developed to address the needs of individuals with severe emotional dysregulation and corresponding behavioural dyscontrol. Concerns may include intense and prolonged emotional experiences, chronic suicidal behaviours, frequent non-suicidal self-injury, impulsivity, ongoing relational conflicts, confusion about self, substance use, or self-judgment and invalidation.

HOW DOES DBT WORK?

According to research, a comprehensive DBT program that includes all four treatment modes is the most effective approach to treatment. The modes and functions of the treatment are as follows:

- *Individual therapy*: Serves the function of skills implementation
- *Skills training group*: Serves the function of skills acquisition
- *Phone coaching*: Serves the function of skills generalization
- *Consultation team*: Serves the function of therapist support

DBT also focuses on the concept of self-management, which means DBT therapists believe clients are the experts of their own lives and that they have the competency to make the most effective choices for themselves. The therapist's role, then, is to assist in increasing their self-management.

IS THERE SOMETHING ABOUT DBT THAT MAKES IT ESPECIALLY EFFECTIVE WITH YOUTH?

DBT for adolescents, or the DBT-A protocol, is an adolescent-specific protocol and program that serves to address specific therapy-interfering and quality of life-interfering behaviours that adolescents often face in their lives. DBT also tailors self-management to correspond with the current developmental stage of the youths to increase their competency in solving problems for themselves. The DBT-A treatment includes the following additional adaptations:

- *Parent coaching*: Serves the function of skills generalization in the immediate home environment
- *Family sessions*: Serves the function of skills implementation in the family setting
- *Multi-family skills training group*: Serves

the function of skill acquisition for both caregivers and youths

- *Additional skill module (Walking the Middle Path)*: Serves the function of addressing potential polarizations between youths and their family members in the home setting

I'VE HEARD THE TERM "DBT-INFORMED THERAPY" – IS THAT EFFECTIVE?

According to rigorous research, a comprehensive DBT program is the most effective approach to treatment. If the therapist does not have a team or isn't offering all components of DBT, it is not DBT.

ARE THERE ANY SPECIALIZED PROTOCOLS IN DBT? COULD YOU GIVE US A FEW EXAMPLES?

In addition to DBT-A, the DBT for Substance-Use Disorders Protocol (DBT-SUD) serves as an adjunct to the foundational DBT programming when substance use has become either a life-threatening behaviour or therapy-interfering behaviour.

The DBT Prolonged Exposure Protocol (DBT-PE) serves as an adjunct to the foundational DBT programming when trauma symptoms and trauma-specific avoidance behaviours have become either a life-threatening behaviour or therapy-interfering behaviour.

There are other DBT programs designed specifically for specific implementations of various populations and settings, such as DBT for Schools (DBT STEPS-A), DBT for Conflicted Couples, or DBT for Children (DBT-C), which is currently in development.

ARE THERE ANY CIRCUMSTANCES WHERE YOU WOULD NOT RECOMMEND DBT?

Recent research indicates that there is

no efficacy in virtual implementation of DBT programming. For individuals who may experience suicidal ideation or behaviours, data suggests that virtual DBT, especially virtual skills training group only, may increase suicidal risk as a result.

WHERE CAN RCCS LEARN MORE ABOUT DBT?

The Behavioral Tech Institute, formerly known as the Linehan Institute, offers a wealth of knowledge, research findings, and training in DBT. In B.C., both the DBT Centre of Vancouver and our centre, the DBT Centre of the Fraser Valley, offer training, supervision, and consultation in DBT. ■

DBT RESOURCES

Training, supervision, and consultation:

→ The Behavioral Tech Institute:
behavioraltech.org

→ DBT Centre of the Fraser Valley:
dbtfrv.com

→ DBT Centre of Vancouver:
dbtvancouver.com

Recommended readings:

→ Linehan, M.M. (2015). *DBT® Skills Training Manual: Second Edition*. New York: Guilford Press.

→ Linehan, M.M. (1993). *Cognitive-Behavioral Treatment of Borderline Personality Disorder*. New York, NY: Guilford Press.

→ Rathus, J.H., & Miller, A.L. (2015). *DBT® Skills Manual for Adolescents*. New York, NY: Guilford Press.

→ Miller, A.L., Rathus, J.H., & Linehan, M.M. (2007). *Dialectical Behavior Therapy with Suicidal Adolescents*. New York, NY: Guilford Press.