

Therapist Responsiveness in Crisis Planning during Standard Dialectical Behavior Therapy for Borderline Personality Disorder

KATIE PATEL, M.S.; JAMIE BEDICS, PH.D.

GRADUATE SCHOOL OF PSYCHOLOGY, CALIFORNIA LUTHERAN UNIVERSITY

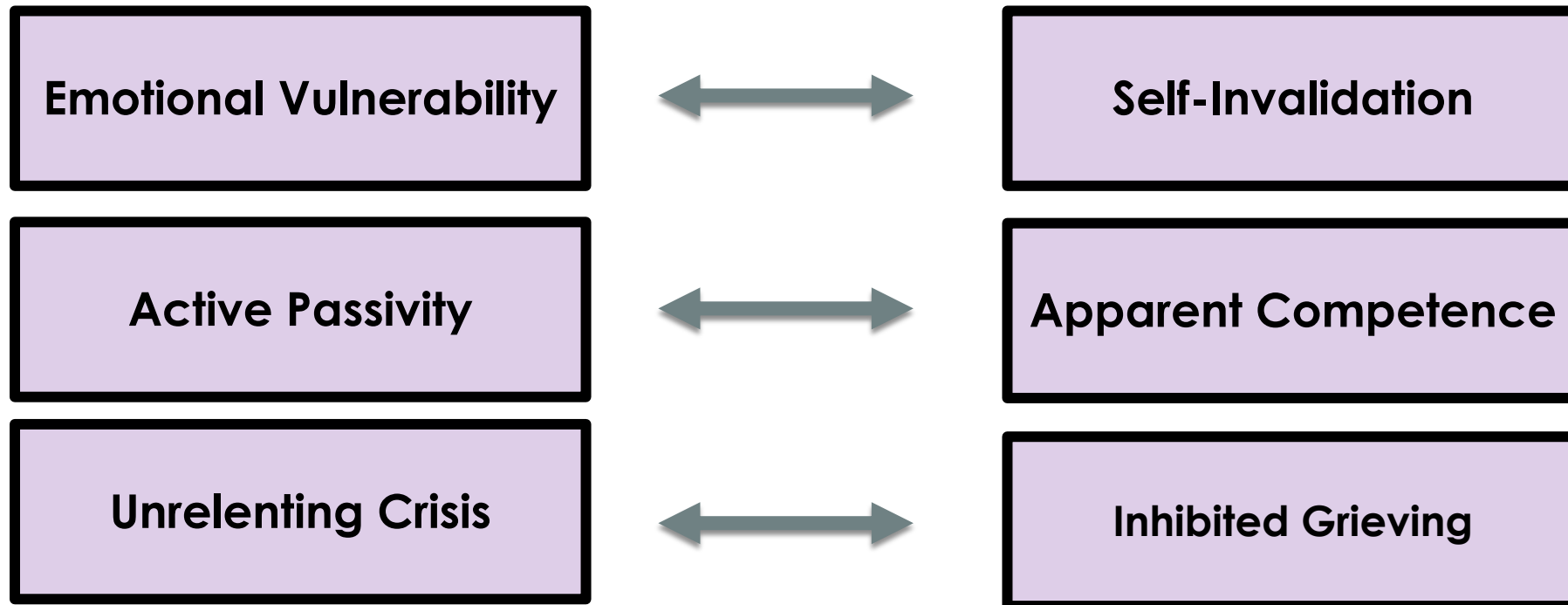
Email: kpate@callutheran.edu

Abstract

Dialectical behavior therapy (DBT) was initially developed for the treatment of suicidal behavior for clients meeting diagnostic criteria for borderline personality disorder (BPD). Effective crisis planning in DBT requires a responsive approach where therapists adapt and are sensitive to the emerging behavioral patterns typical of those diagnosed with BPD. The theoretical research reviews how standard crisis planning in DBT can be improved with increased recognition and understanding of the dialectical dilemmas proposed by Linehan (1993) as critical to BPD. The dialectical dilemmas are described, their potential impact on crisis planning is discussed, and case examples are provided.

Crisis Planning in DBT & Therapist Responsivity and Crisis Planning in DBT

- ▶ The **crisis plan is primarily a strategy** that is driven from the therapists' perspective and does not provide guidelines for its effective adaptation in the treatment of suicidal behavior as factors such as the emergence of unique client behavioral patterns.
- ▶ In the framework of standard DBT, **in-session responsivity** towards high-priority targets such as suicidal behavior is **guided by dialectical philosophy** and learning theory principles. (Linehan, 1993)
- ▶ Principles of dialectics require therapists to effectively **balance strategies of acceptance and change** in technique and therapeutic relationships. (Linehan & Schmidt, 1995; Bedics et al., 2012)



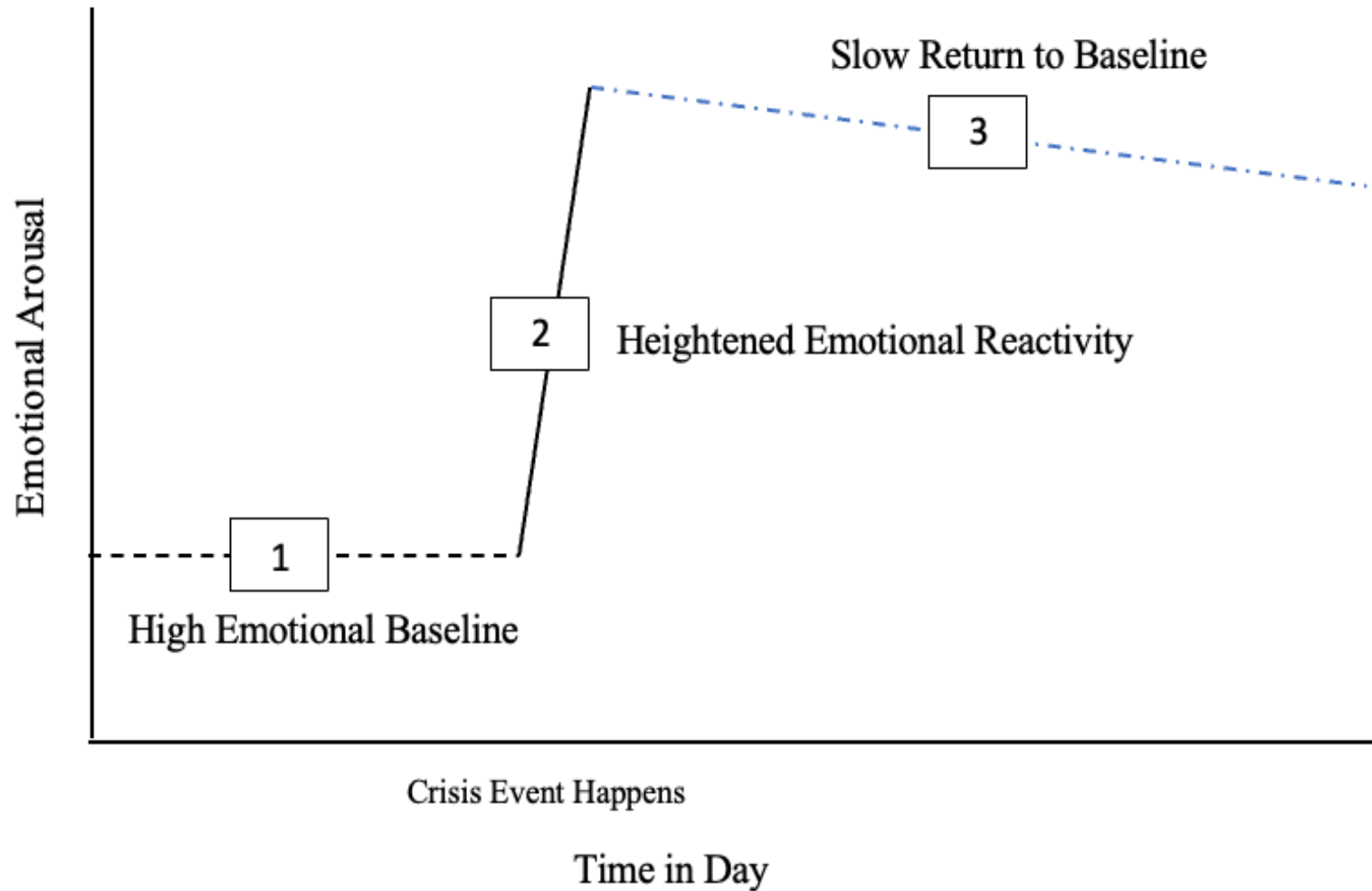
The **dialectical dilemmas** consist of **complex behavioral patterns**, across three dimensions where **each pole is defined by its opposite at the other extreme**. The oscillation between these poles can become secondary targets of therapy. (Linehan, 1993)

Crisis Planning: Emotional Vulnerability and Self-Invalidation

- Emotional vulnerability is a multi-faceted construct that encompasses the emotional experience of the client and their own awareness and understanding of their emotional vulnerability.

Acceptance Focused	Change Focused
Emotional Vulnerability	Self-Invalidation
<ul style="list-style-type: none">• Teach the biosocial model of BPD for improved understanding of emotional experience• Manage a sense of unfairness• Teach skills for distress tolerance to target elevated baseline, reactivity, and recovery time.	<ul style="list-style-type: none">• Validate clients' emotional experience prior to intervening.• Help clients identify and name their emotional experience (e.g., diary card).• Guide clients in learning methods of self-validation and how to manage the emotion of shame.

Figure 2. Emotional Vulnerability in the Biosocial Model



Crisis Planning: Active Passivity and Apparent Competence

- **Active passivity** describes the clients' tendency to approach problem-solving in a way that primarily seeks help from others, especially in an overwhelming emotional experience, and without their own effective problem-solving, **clients naturally turn to others, including therapists, for relief**. (Dixon-Gordon et al., 2011)
- **Apparent competence** describes the tendency for clients to **restrain their emotional expression**

Acceptance Focused	Change Focused
Active Passivity <ul style="list-style-type: none">• Acknowledge clients' capabilities and conduct a clear behavioral assessment before intervening.• Express belief in the client• Teach clients methods for managing their environment to increase their chances of success in active problem-solving rather than solely relying on help from others	Apparent Competence <ul style="list-style-type: none">• Avoid oversimplifying client problems• Attend to lower-level signs of distress• Plan for future challenges• Apply the principle of shaping to enhance skill development.

Crisis Planning: Unrelenting Crisis and Inhibited Grieving

- ▶ On the pole of **unrelenting crisis**, in the face of a continual emotional vulnerability and an inability to effectively problem-solve, clients can experience a sense of perpetual overwhelm in their lives as they move from crisis to crisis.
- ▶ **Inhibited grieving** refers to the avoidance of emotion surrounding the loss experienced in their lives

Acceptance Focused	Change Focused
Unrelenting Crisis <ul style="list-style-type: none">• Clients attend skills training class (the individual therapist does not teach skills)	Inhibitive Grieving <ul style="list-style-type: none">• Help clients to effectively experience unwanted emotions

Conclusions

- ▶ The careful and systematic balance between effective problem solving (i.e., change) with validation and understanding (i.e., acceptance) in DBT is uniquely designed for the experience of clients with BPD.
- ▶ The dialectical dilemmas articulate clients' attempts at managing their emotional experiences as they move between extreme emotional vulnerability and emotional invalidation.
- ▶ Therapist responsiveness is required for management, as they move between validation and problem-solving in crisis planning where clinicians provide parallel instruction in the management of crises along with instruction in the ability to identify, describe, and trust their own emotional reactions.
- ▶ The goal of this poster was to review common behavioral characteristics described by Linehan that can be pulled for therapeutic imbalance in the delivery of treatment interventions such as crisis planning.

References

- Bedics, J. D., Atkins, D. C., Comtois, K. A., & Linehan, M. M. (2012). Treatment differences in the therapeutic relationship and introject during a 2-year randomized controlled trial of dialectical behavior therapy versus nonbehavioral psychotherapy experts for borderline personality disorder. *Journal of Consulting and Clinical Psychology, 80*(1), 66-77. doi: 10.1037/a0026113
- Crowell, S. E., Beauchaine, T. P., & Linehan, M. M. (2009). A biosocial developmental model of borderline personality: Elaborating and extending Linehan's theory. *Psychological Bulletin, 135*, 495–510. DOI 10.1037/a0015616
- Dixon-Gordon, K. L., Chapman, A. L., Lovasz, N., & Walters, K. (2011). Too upset to think: The interplay of borderline personality features, negative emotions, and social problem solving in the laboratory. *Personality Disorders: Theory, Research, and Treatment, 2*(4), 243–260.
- Linehan, M. (1993). *Cognitive-behavioral treatment of borderline personality disorder*. New York: Guilford Press.
- Linehan, M. M., & Schmidt, H., III. (1995). The dialectics of effective treatment of borderline personality disorder. In W. T. O'Donohue & L. Krasner (Eds.), *Theories of behavior therapy: Exploring behavior change*. (pp. 553-584). Washington, DC: American Psychological Association.