

DIALECTICAL BEHAVIOUR THERAPY

General Goals:

Upon completion of training, the residents must demonstrate the requisite knowledge, skills, and attitudes for competent and independent delivery of some of the strategies of Dialectical Behavioural Therapy for patients with Borderline Personality Disorder or emotional dysregulation.

TRAINING OBJECTIVES – Working Knowledge

‘Working knowledge’ objectives will be met via one or two 1.5-hour PGY-1 seminars, the three-hour PGY-2 Core Lecture, two 1.25-hour PGY-5 Psychotherapy seminars, and the observation of two two-hour DBT Skills Groups. The PGY-2 Core Lecture will focus on the structure of the DBT Programme and will include observation of one or more recorded segments from individual therapy sessions. The PGY-5 seminars will focus on more advanced theory and techniques, which will allow residents to formulate cases from a DBT perspective in various settings (e.g., outpatient, consultation, ER). Residents may schedule the observation of two Skills Groups at any point in PGY-2 to PGY-5.

Following delivery of the working knowledge content related to DBT, the resident will be able to:

MEDICAL EXPERT

Knowledge

1. Describe the biosocial model of BPD
2. Describe and define the three core theories of DBT
3. List the four modes and five functions of DBT
4. Describe the basic structure of skills group and individual therapy sessions
5. Describe the four skills training modules
6. List the DBT target hierarchy
7. Describe the function and components of Behavioural Analysis
8. List the basic principles of between-session phone coaching
9. Recognise that hospitalisation during a crisis is an avoidance behaviour
10. Recognise the DBT assumptions and agreements

Skills

1. Use dialectical statements in interactions with Borderline Personality Disorder patients in any setting
2. Apply the target hierarchy in interactions with multi-problem BPD patients in any setting
3. Re-focus BPD patients’ Emergency Department visits onto the distressing emotion at the core of the crisis; where appropriate, encourage patients not to engage in avoidance behaviours such as hospitalisation

COMMUNICATOR

1. Use the biosocial model to explain BPD when offering the diagnosis, in any setting
2. Explain the structure of DBT to patients

COLLABORATOR

1. Explain the structure of DBT to health professionals

MANAGER not applicable

HEALTH ADVOCATE

1. Recommend DBT to suitable patients

SCHOLAR

1. Demonstrate an appreciation of the research evidence supporting DBT

PROFESSIONAL

1. Demonstrate non-judgmental acceptance of BPD patients and their challenging behaviours
2. Be willing to tolerate challenging behaviours and, at the same time, push patients to change

TRAINING OBJECTIVES – Proficiency

‘Proficiency’ in DBT requires hands-on training which may be accomplished by applying for an elective or selective. Electives may include group and/or individual therapy, and/or attending the DBT Consultation Team Meetings. The recommended elective duration is six months, with an absolute minimum of three months. Further proficiency in DBT could be accomplished during residency by applying for a one-year selective which would require at least 2 days per week, to attend Team meetings, co-facilitate a group, and treat at least three individual patients.

MEDICAL EXPERT

At the end of the rotation the resident will be able to:

Knowledge

1. Describe DBT therapeutic strategies such as the levels of validation, commitment strategies, communication strategies, structural strategies and contingency management.
2. Describe the emotion coping skills as taught in the skills training group.

Skills

1. Formulate cases according to the DBT model (present the Biosocial theory to individual patients, further develop formulation in individual therapy).
2. Use validation strategies (e.g., reflecting, validating in the context of past learning/temperament, normalising) and build a strong alliance with patients.
3. Use problem assessment strategies (e.g., set behavioural goals, conduct Behavioural Analyses).
4. Balance reciprocal (mirroring) and irreverent (surprising) communication.
5. Use DBT commitment strategies to enhance commitment to treatment and goals.
6. Use contingency management strategies (e.g., positive reinforcement, aversive contingency when indicated).
7. Use DBT structural strategies (e.g., structure individual session according to treatment hierarchy, manage time well when leading group, assign and review homework in group and/or individual sessions).
8. Teach DBT skills to patients, including providing in vivo skills coaching when indicated.
9. Use dialectical strategies (e.g., model “both-and” thinking, maintain balance and flow in sessions).

COMMUNICATOR

At the end of the rotation the resident will be able to:

1. Maintain timely and accurate written records of treatment.

COLLABORATOR

At the end of the rotation the resident will be able to:

1. Implement the DBT Team agreements with supervisor, group co-leader and/or teammates, including: expressing differing opinions non-judgmentally, seeking dialectical synthesis, not speaking on clients' behalf, observing personal limits, and using phenomenologically empathic language.
2. Contribute actively to discussions about treatment (with supervisor, group co-leader or in DBT Consultation Team), demonstrating reflection, non-judgmental stance, and an ability to both validate and challenge interprofessional colleagues
3. Describe DBT to other health care professionals, including describing suitability of patients, and general principles of DBT

MANAGER

At the end of the rotation the resident will be able to:

1. Effectively prioritize clinical, educational and personal demands in order to provide safe patient care.

HEALTH ADVOCATE

At the end of the rotation the resident will be able to:

1. Advocate for the patient (where appropriate), in conversation or in writing, in an appropriate and effective manner.

SCHOLAR

At the end of the rotation the resident will be able to:

1. Demonstrate an appropriate awareness of DBT literature and research.

PROFESSIONAL

The resident will be able to:

1. Exhibit appropriate professional behaviours, including honesty, integrity, respect for diversity, maintenance of appropriate boundaries, confidentiality, and attending supervision having reflected on the clinical material.
2. Maintain a constructive, hopeful attitude toward patients by adhering to the DBT Assumptions.
3. Develop the ability to tolerate challenging behaviours, and balance this with effectively pushing patients to change.