Building Commitment for Challenging Treatments: Adaptable Elements of DBT Pretreatment for Trauma Focused Interventions

Jordan Kugler, Ph.D.

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About me

- Licensed Clinical Psychologist
- DBT Team member at UCEBT
  - Intensively trained in DBT through Linehan Training Institute
- Research and clinical interests in trauma-focused interventions
- Nebraska native and avid snowboarder

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Presentation Goals

- Understand the goals and function of the DBT Pretreatment phase
- Understand principles of DBT's pretreatment phase
- Identify principles of DBT pretreatment that apply to other EBPs, primarily Trauma Focused EBPs
- Know who may benefit from a pretreatment phase in trauma focused treatments

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Stages of Treatment in DBT

Stage 3: Problems in Living
-Mild affective symptoms.
-Quality of life problems.
Target: Becoming a problem solver

Stage 2: Quiet Desperation
-Problem behaviors mostly in control
-Lingering clinical symptoms
Target: Emotional experiencing

Stage 1:Behavioral Dyscontrol:
-Problem behaviors with lack of impulse control
-Severe emotional pain
Target: Control problem behavior and shape skillful behavior

Stage 4: Incompleteness
-What am I missing in life?
-Identify values
Target: Self Actualize values-based living

Pretreatment
-Build strong relationship
-Destigmatize symptoms
-Understand client goals
-Identify problematic contingencies
-Link goals, problems to DBT model.
Target: Commitment (6 months)

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Why is pretreatment important

- Evidence Based Treatments are challenging:
  - Require mindful awareness of pain
  - Consistent effort in learning and applying new skills/strategies
- Our clients are struggling NOW
  - Lowest point of skills and greatest pain tends to be the outset of treatment
  - Past (attempted) treatment failures can be internalized and become Therapy Interfering
- Low motivation/avoidance is burnout inducing without preparation

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DBT Pretreatment Goals

- Client and therapist work together towards:
  - 1) Clarifying and behaviorally defining client's goals for treatment
  - 2) Orienting to DBT's components, expectations and assumptions
  - 3) Assessing the severity, frequency, context and function of problem behaviors
  - 4) Highlighting and extending commitment to engage in treatment and work on reducing problem behaviors
  - 5) Building a strong therapeutic relationship

DBT Pretreatment Structure

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Session 1: Orientation and Goals Assessment

- What hasn't worked before?
- Why is it important to ___ now?
- What parts of life are important to you?
- What seems to get in the way?
- When will we know we have reached your goals?
- Treatment Stages-House of DBT

Session 2: Experience of Emotions Over lifespan

- Tell me about how you experienced/expressed emotion growing up
- What did you learn from others about emotions?
- Link to Biosocial Model of Borderline Personality Disorder
  - Biological predisposition for intense emotions
  - Chronically invalidating environment

DBT Pretreatment Structure

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Session 3: Tracking Behavior and Goals

- Brainstorm indicators of treatment progress
- Problem behaviors and links to problem behaviors
- Introduce Diary Card and Treatment Hierarchy
- Open discussion of TIBs

Session 4: Enhancing Commitment

- Thoroughly discuss phone coaching function
- Probe for hesitations or areas of relative commitment
- Show treatment contract

Enhancing Commitment: Interpersonal strategies

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Door In the Face

- Asking for a big commitment/magnifying difficulty without softening.
- Push back on immediate disagreement
- Push back on immediate agreement (Play devil's advocate)

- "To accomplish these goals we have to take suicide off the table for a full year. Can you do that?"
- "Well…6 months would mean that you tried all the skills, could you commit to that?"
- "Why do you believe that you can? Have you followed through with those commitments in the past?"

Enhancing Commitment: Interpersonal strategies

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Foot In the Door

- Goals are presented vaguely in a favorable light
- Asking for the minimum amount of needed commitment/magnifying the difficulty of making big commitments
- Scale up commitment with immediate agreement, add more details and push for more commitment
- Magnify safety concern with immediate disagreement

- "I see that suicide has been a comforting safety net for you so taking it off the table for a full year might not be possible. Could you commit to 1 month to see how DBT might work for you?"
  - "Wow I am so impressed by your willingness to work on these problems…could you commit to taking 3 months (1 full module)"
  - "This pain seems so intense right now that you don't know if suicide can wait 30 days…should we consider residential treatment to get you through this period?"

Enhancing Commitment: Interpersonal strategies

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Devil's advocate

- Present arguments against making a commitment
- Magnify the patient's ability and right to choose whether or not to participate
- Argue for status quo or being totally self reliant
- Back off with agreement, return to previous commitments or goals

- "After all, you have been getting by on the waitlist…maybe you don't need any therapy, let alone a comprehensive program."
  - "What data do you have that says you will reach your goals without increasing therapeutic effort?

Enhancing Commitment: Interpersonal strategies

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Pros and Cons

- People keep commitments that they believe in
- Magnify the gains that are possible and develop counterarguments together for realistic criticisms
- Significant effort to relate gains to patient-specific goals

	Advantages	Disadvantages
Do Treatment	-Gain helpful skills -Won't burnout friends	-Expensive -What if it/I fail? -Everyone was right
No Treatment	-More time/$ -Less effort -Self-reliant	-Unlikely to change -Less resilient -Friends can't handle me

Enhancing Commitment: Interpersonal strategies

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Freedom to Choose and Absence of Alternatives

- Magnify the tension of having few viable alternatives, ability to choose those
- Bring up realistic consequences of choosing alternatives to therapy/behavior change

- "This isn't the only option. You could get in your car right now and drive to the beach with this money…how long would it take depression to come back in the sun?"

Enhancing Commitment: Interpersonal strategies

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Irreverence

- Unexpected, often humorous communication to break up rumination/relationship dynamic
- Humor is great, sarcasm is invalidating
- Rerouting to what you can reinforce
- Unexpected self-disclosure, validation, move in opposition

- C: “It just sucks, I try to use these skills but my emotions never get better. I suck. I will never get this, its too hard I can’t do it.”
- T: “Holy shit we are LIVE from radio Hopelessness today! I can see that DJ playing the familiar tracks in your mind, what skills have worked to turn it down before?”

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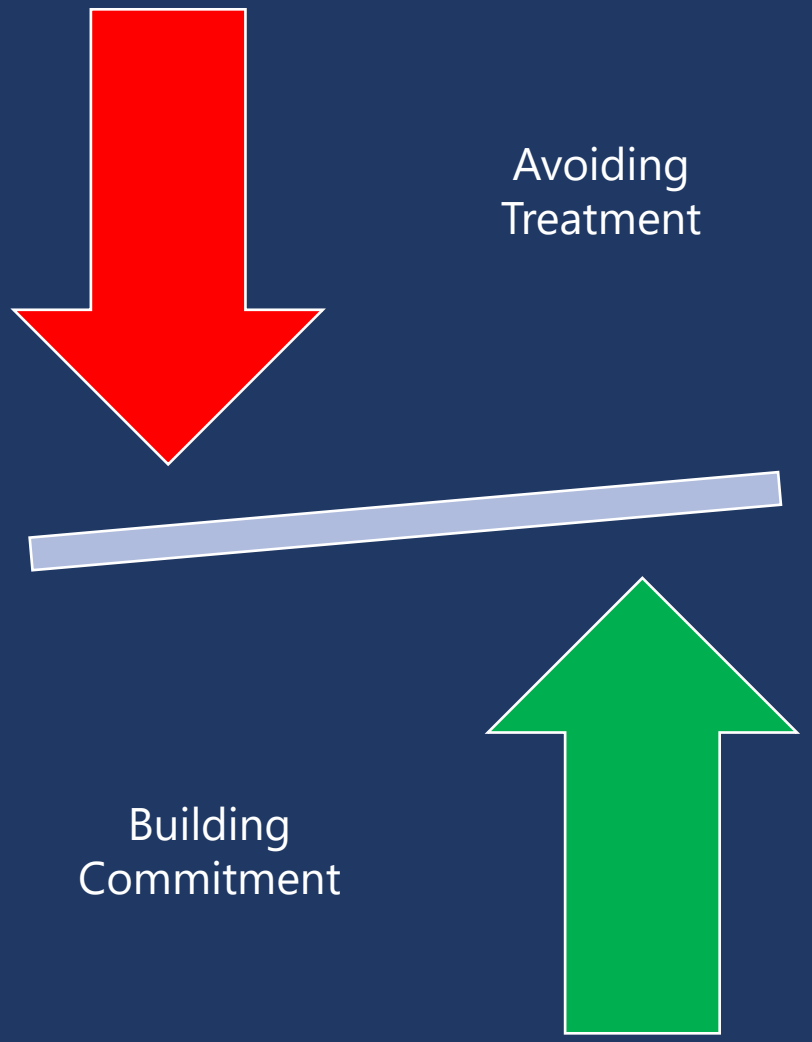
Pretreatment in Trauma

- Avoidance maintains post-trauma reactions
- Clinician must balance avoidance of "beginning" trauma protocol with building commitment
- Not everyone will require extensive pretreatment



Alterations from DBT Pretreatment

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- Greater emphasis on obtaining commitment quickly and beginning exposures
- Cover the basics of the intervention
- Emphasize the need for experiencing unpleasant emotions
  - Thorough assessment of distress tolerance and mindfulness skills
  - Utilize informal exposure
- Interpersonal strategies should be ongoing and skillfully deployed to meet avoidance
- Less emphasis on relationship building relative to DBT

Pretreatment in Trauma Focused Interventions

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- Goal should be 3 sessions or less based on key factors:
  - Treatment history
  - Level of disorder
  - Stage of change
  - Awareness of self
    - Awareness of values
    - Dysfunctional behavior
    - Impact on relationships/perception of self in behaviors

Pretreatment for Trauma in Practice

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Session 1: Orientation and Goals Assessment

- Why is it important to address trauma now?
- What parts of life are you missing out on?
- How do you get through trauma reminders now?
- Assess for willingness to see therapy all the way through

Key Interpersonal Strategies

- Foot in the Door
- Validation
- Drawing out values and connecting to treatment mechanisms

Pretreatment for Trauma in Practice

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Session 2: All About Avoidance

- Magnify the consequences of starting trauma therapy and dropping out, missing sessions etc
- Assess specific avoidance strategies
- Utilize interpersonal strategies to magnify commitment to avoid avoiding

Interpersonal Strategies

- Door in the face
- Devil's advocate
- Pros and Cons
- Irreverence

Pretreatment for Trauma in Practice

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Session 3: Making a Plan for Therapy Interfering Behavior

- Can you commit to 12 consecutive weeks of therapy?
- When will you complete homework each night?
  - How might we handle non-completion?
- Psychoeducation
  - Symptom worsening: peak dropout
- Coming to sessions in high distress, under the influence

Key Interpersonal Strategies

- Door in the Face
- Foot in the Door