Specific dialectical behaviour therapy (DBT) techniques for working with people who self-harm or are suicidal

This section describes DBT techniques specifically intended for adults who are actively self-harming or suicidal.

Effective delivery of this approach depends on its integration with the knowledge and skills set out in the full description of DBT set out in the competence framework for working with people with personality disorder and in the CBT competence framework (both can be accessed at: www.ucl.ac.uk/clinical-psychology/CORE/competence-frameworks).

Knowledge of the principles underpinning the structure of DBT interventions*

| An ability to draw on knowledge that DBT techniques and strategies were developed specifically to help people who self-harm or are suicidal |
| An ability to draw on knowledge that there are five elements that characterise DBT interventions: |
| enhancing a person’s skills |
| improving a person’s motivation |
| generalising from the clinic to the natural environment |
| improving a therapist’s motivation and adherence to the model |
| structuring the environment to reinforce more adaptive (skilful) behaviour |
| An ability to draw on knowledge that these elements are commonly delivered through: |
| weekly individual therapy |
| skills training groups |
| out-of-hours contact (e.g. access to out-of-hours telephone consultation) |
| weekly team consultation for staff |
| adjunctive groups/therapy or training that is compatible with DBT (e.g. family groups, couples therapy, training in behavioural principles for non-DBT staff members) |
| An ability to draw on knowledge that each person will have one primary therapist who oversees all components (modes) of treatment |

* Described fully in the competence framework for working with individuals with personality disorder.

Knowledge of how DBT conceptualises self-harm and suicidal behaviours

| An ability to draw on knowledge that self-harm and suicide are viewed as a way of coping with acute emotional suffering when a person is unable to access other (more constructive) coping strategies |
| An ability to draw on knowledge that these behaviours are viewed as learned responses to emotional suffering (whereby a pattern of escaping from distressing internal or external situations becomes negatively reinforced, and over time emerges as an automatic response) |
An ability to draw on knowledge that both self-harm and suicidal behaviours are viewed as a form of ‘problem-solving’ aimed at relieving intense negative emotional arousal:

- directly, by ending life through loss of consciousness
- indirectly, by eliciting help from the environment
- through negative reinforcement (e.g. experienced reduction in emotional pain, physiological effect of the body’s natural painkillers)
- through positive reinforcement (e.g. eliciting of help from the environment)

An ability to draw on knowledge that self-harm and suicidal behaviours are considered to emerge as a consequence of a number of interacting factors:

- a lack of a stable sense of self-identity
- a poor capacity to create and maintain stable relationships with others
- a poor capacity for emotional regulation, including tolerating and experiencing distress
- personal factors (such as relevant demographic and historical factors) and environmental factors (such as recent life changes, family and social contexts) that inhibit the development and deployment of more effective behavioural coping skills

An ability to draw on knowledge that DBT directly addresses these issues by:

- skills training which aims to enhance the capacity for interpersonal effectiveness and for self-regulation (including mindfulness and emotion regulation) and tolerance of distress
- structuring the treatment environment in a way that motivates and reinforces the appropriate use of the taught skills component
- identifying and ‘breaking-up’ learned behavioural sequences that precede a person’s dysfunctional behaviours, and removing reinforcers for those behaviours by using behavioural and solution analyses
- structuring treatment to encourage the generalisation of new skills from therapy to application in everyday life
- providing support and regular ongoing consultation for therapists treating people at high risk of suicide

Using DBT techniques in individual work to address the risk of life-threatening behaviours

An ability to track self-harm and suicidal behaviours through the use of diary cards
An ability to maintain a dialectical balance between validation and change in discussions of self-harm and suicidal behaviours
An ability to help a person develop and apply problem-solving skills through:

- an ability to conduct a behavioural analysis of the self-harm or suicidal behaviour*
- an ability to conduct a solution analysis of the self-harm or suicidal behaviour*
- an ability to address self-harm or suicidal behaviour using appropriate DBT change procedures (e.g. contingency management *, exposure*, cognitive modification*, interpersonal effectiveness or coaching to make use of targeted application of skills training)

An ability for the therapist to make use of team consultations in order to maintain a non-judgemental, empathic and dialectical stance when discussing suicidal behaviours

* Described in the full DBT framework.
### Consultation with people in and between sessions

**An ability to set a person’s expectations for how and when to use routine between-session coaching**

**An ability to respond to a suicidal act that has already occurred by:**
- assessing the medical lethality of the act
- ensuring that the person receives medical attention
- trying not to reinforce the behaviour through the therapist’s response (e.g. by being clear that consultations will not take place immediately, but will be delayed by 24 hours)
- conducting a behavioural chain and solution analysis at the next face-to-face session

**An ability to respond to imminent self-harm or suicidal behaviour by:**
- determining the immediate risk of self-harm or suicide
- removing (or instructing the person to remove) means
- empathically reinforcing the idea that self-harm and suicide are not the solution
- generating hopeful statements and alternative solutions
- assessing whether the behaviour is a direct response to overwhelming negative emotional arousal or an indirect response that may function to elicit help from others

**An ability to respond to a crisis in a manner that is congruent with the principles of DBT, for example:**
- focusing on the current emotion rather than the content of the crisis
- identifying triggers to the crisis and arriving at a formulation of its development
- helping the person to problem solve and identifying the skills they are implementing
- reducing any risk factors in the environment
- reducing any high-risk behaviours
- developing a collaborative plan of action
- assessing the potential for suicide throughout and again at the end of the interaction

### Using consultation meetings for therapists to help maintain the therapeutic frame

**An ability for the therapists to set an agenda for the consultation meeting that is consistent with the DBT hierarchy of targets, and so identifies:**
- the therapist’s need for consultation around suicidal crises or other life-threatening behaviours
- a person’s behaviours that interfere with therapy (including absences and dropouts) as well as inadvertent therapist-behaviours that might adversely affect the treatment
- team behaviours that might adversely affect treatment and burnout
- a person’s behaviours that are severe or escalating and interfere with their quality-of-life
- areas where the therapist is working effectively

**An ability for the therapist to use the consultation team to further their DBT training**
### Using consultation to help people interact with their environment effectively

<table>
<thead>
<tr>
<th>An ability to identify problematic aspects of the environment that might increase the risk of repeated self-harm or suicidal behaviour</th>
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<tbody>
<tr>
<td>An ability to engage in a consultation with the person to enable them to interact with their environment more effectively (e.g. learning to communicate more effectively with family members, carers, significant others, friends and professionals)</td>
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<tr>
<td>An ability to use clinical judgement to decide when it is more appropriate to intervene in the environment to prevent substantial harm to the person (e.g. when they lack the abilities they need to learn and the situation is acute and potentially life-threatening)</td>
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