

SCAFFOLDING ACT AND DBT FOR THE MULTI-PROBLEM CLIENT

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DISCLOSURE

Amy House & Sandra Georgescu

We have not received and will not receive any commercial support related to this presentation or the work presented in this presentation.

OUTLINE

- **Using FA and CBS to conceptualize the multi-problem client**
- **Considering stages of treatment**
- **Doing ACT as Stage 2 DBT – interventions on a continuum**



**CONCEPTUALIZING THE MULTI-
PROBLEM CLIENT with a
FUNCTIONAL CONTEXTUAL
LENSE**

THE MULTI-PROBLEM CLIENT

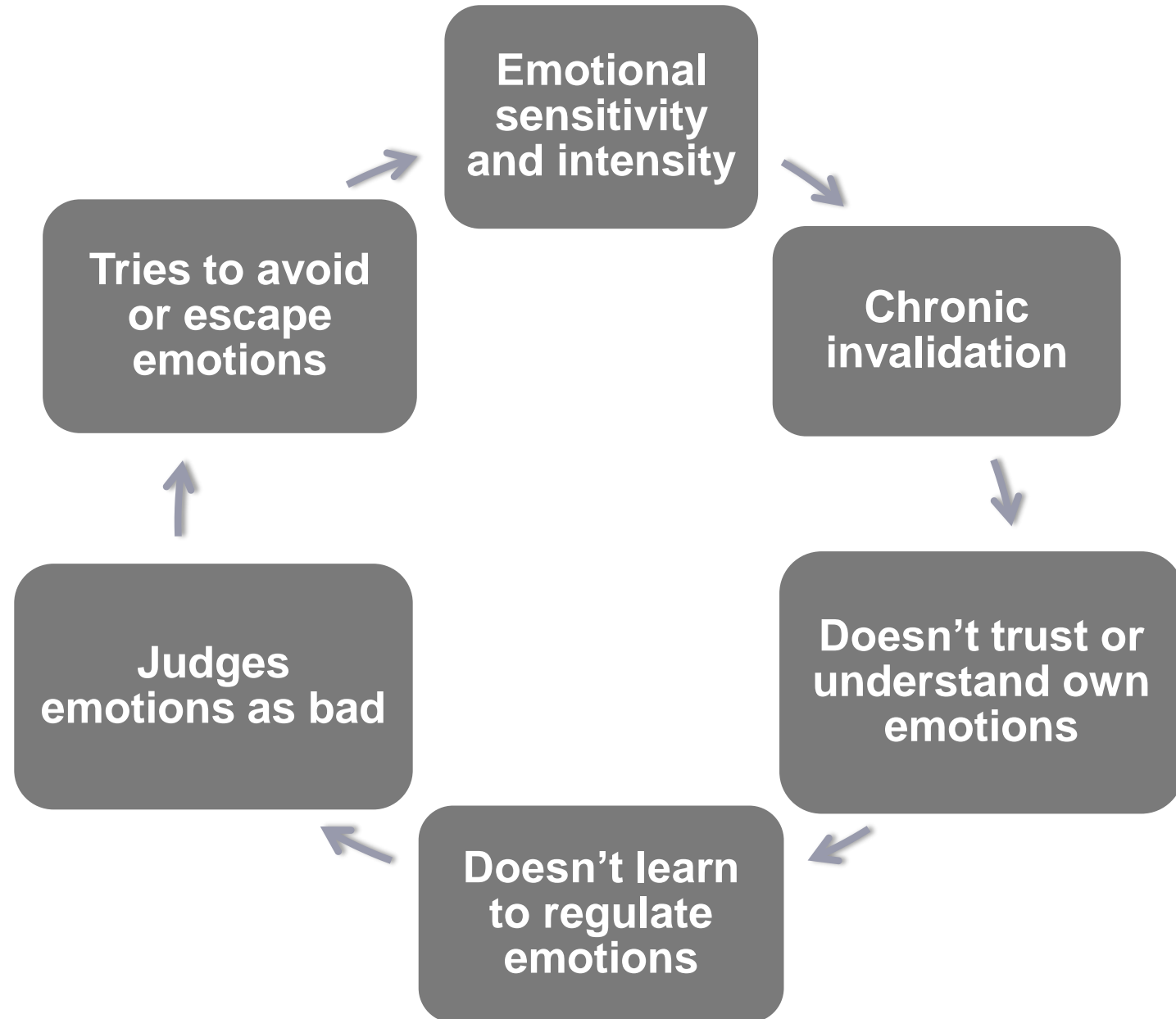
- Behavior differs in *degree* not in kind!
- Distinctive features:
 - Behaviors are pervasive
 - Responses gain habit strength
 - Behaviors are resistant to change
 - Self-defeating



& the crisising takes on a life of its own....

Strosahl (2010)

THE CYCLE OF EMOTIONAL SENSITIVITY AND INVALIDATING ENVIRONMENTS



FROM THE CLIENT'S PERSPECTIVE

Emotional pain that is seen as:

- Intolerable
- Inescapable
- Interminable



FROM AN FC PERSPECTIVE...

Different strokes for different folks...

- Drinking, binging, cutting, crying, panic
- Sexing, dissociating, changing the subject,
- violence, inactivity/passivity, over-activity,
- work-a-holism, intellectualization, burning,
- fighting, impression management, blaming,
- ruminating, worrying.....suiciding behavior

May all be functionally equivalent (for all humans) and a “solution to the problem”

TOPOGRAPHICAL ASSESSMENT

Stage I/Stage II cusp – the extent to which avoidant coping behaviors necessitate systemic intervention, consultation and ethics checks

- Loud behaviors
- Self-injury
- Excessively dangerous substance use
- Chronic and chaotic (abusive?) relationships
- Excessive passivity

EXERCISE

- **Think of one of your multi-problem clients. Write down their presenting problems.**
- **Consider:**
 - How do these behaviors function?
 - How are the behaviors being reinforced?
 - What is the role of rule-governed responses?

WHAT'S THEIR STORY?

The reason for my incapacity is ...insert aversive private event,
mood state, flashback

that has been caused by ... pick historical explanation

To become functional again, I must gain control of my ... aversive
private event from #1

This will happen when I understand how I learned to be this way so I
can change it.....

Then I can go on with my life as a functional human being.

*Till then you can't possibly expect me to live my life & I don't know
what "meaningful" is.....*

WHY STAGED TREATMENT OR SCAFFOLDING?

- Recognizes and takes seriously clients' skills deficits & ability to tolerate emotional pain.
- Longstanding and entrenched patterns of emotional avoidance may be highly lethal.
 - Shaping the ability to tolerate and accept emotions may be required.



DBT

Dialectical philosophy

**Biosocial theory of
BPD**

Behavior therapy

**Mindfulness &
acceptance**

ACT

**Functional contextualist
philosophy**

Relational frame theory

Behavior therapy

**Mindfulness &
acceptance**

WHETHER TO START IN STAGE 1 DBT?

- **How much time would you devote to teaching new skills & problem solving up front?**
- **Are you doing all the work?**
- **Would this person benefit from tracking targets on a diary card?**
- **Would/is absenteeism a problem?**
- **Will this person make use of telephone consultation?**
- **Do you need team consultation with this client?**
- **Does the client need attention training type mindfulness before they can engage in other mindfulness focus?**
- **Other considerations?**

STAGE 1 DBT: HIERARCHY OF TREATMENT TARGETS

- 1. Suicidal/Self-injurious/ other-injurious behaviors**
- 2. Therapy interfering bx (FAP)**
- 3. Quality of life interfering bx**
- 4. Skills generalization**

STAGE 2 DBT: TREATMENT TARGETS

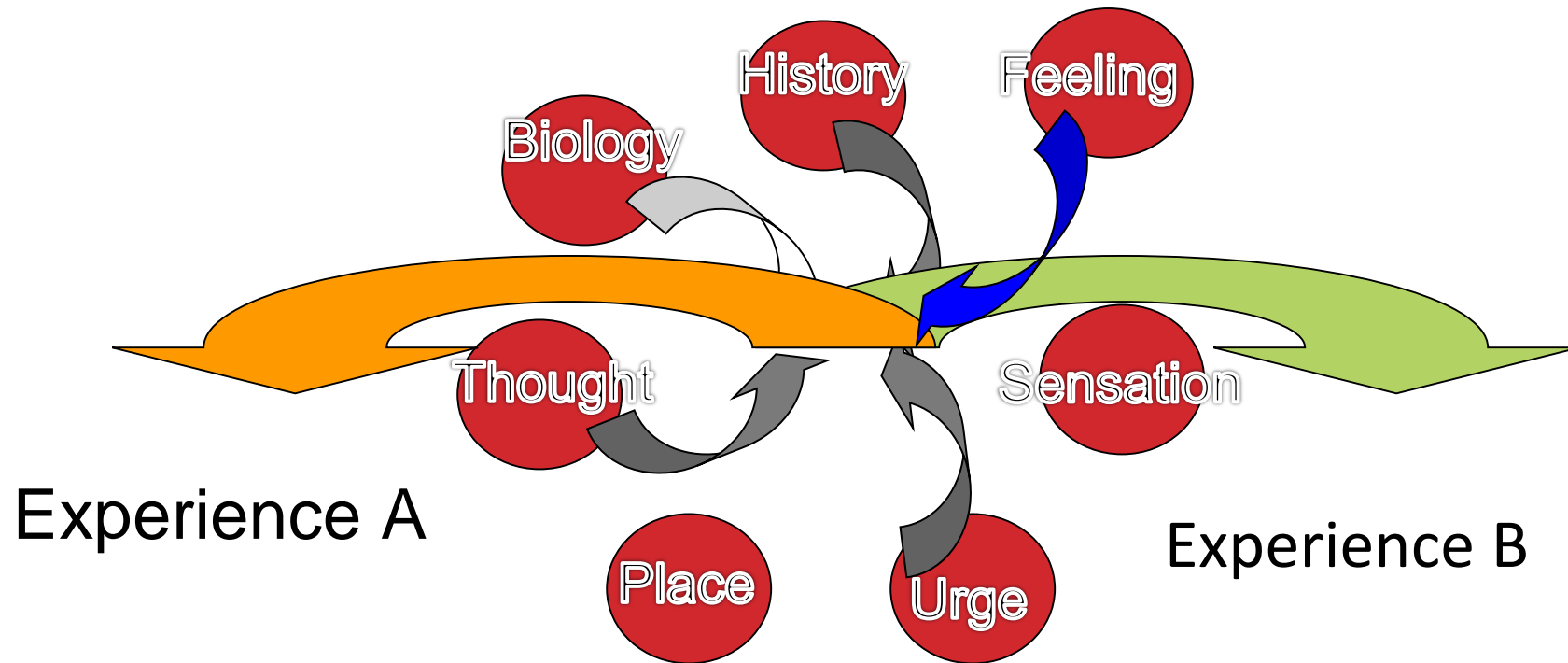
Wagner & Linehan (2006):

- ↓ intrusive PTSD symptoms
- ↓ avoidance of emotions
- ↓ avoidance of situations and experiences
- ↓ self-invalidation
- ↓ emotion dysregulation

Swenson (2016)

- ↓ residual psychiatric disorders
- ↓ sequelae of childhood invalidation
- ↓ unwanted outsider status (shame, sensitivity, anger, loneliness),
- ↓ inhibited grieving/emptiness/boredom,
- ↑ capacity for nonanguished emotional experiencing
- ↑ connection to the environment
- ↑ sense of essential “goodness”
- ↑ sense of personal validity

THE ACT IN CONTEXT



WORKABILITY



It is our jobs to help people do more of what they do too little and do less of what they do too much (Hank Robb)

CONTINUUM OF CARE

Exposure,
choice & love

←
Commitment,
Behavioral
control; skills
training; tight
contingency
management

→
Zen state;
flow; full
flexibility

ACT AS STAGE 2: PROPOSED TREATMENT TARGETS



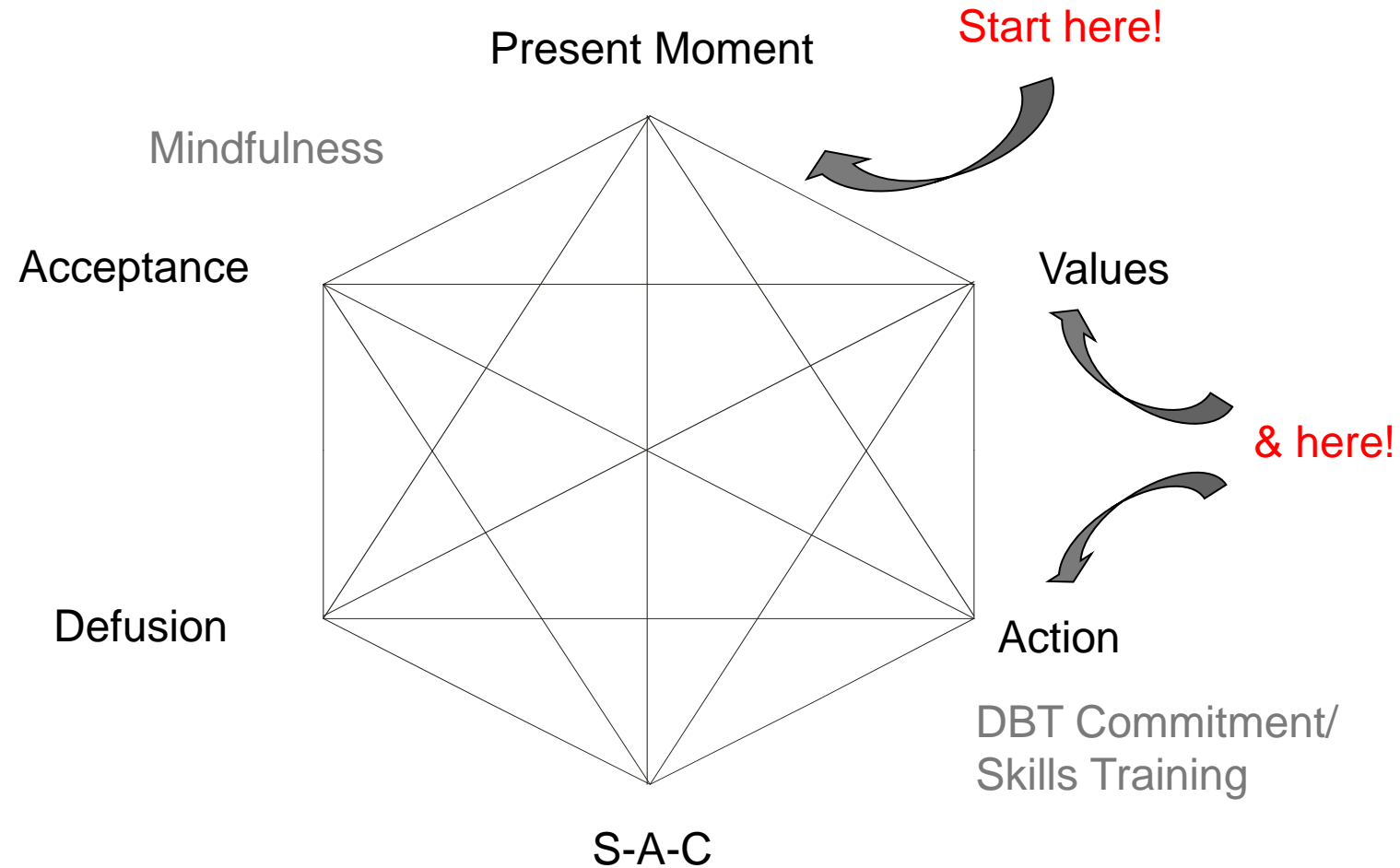
- Clarifying and refining values
- Increase capacity to experience emotions fully in the present moment, without avoiding or amplifying
- Increase flexibility of behavioral responses in the face of intense emotions
- Increase flexibility of behavioral responses in the face of cues related to past traumatic experiences
- Increase social connectedness and capacity for intimacy
- Build stable and flexible sense of self
- Increase self-compassion

ACT AS STAGE 2 DBT

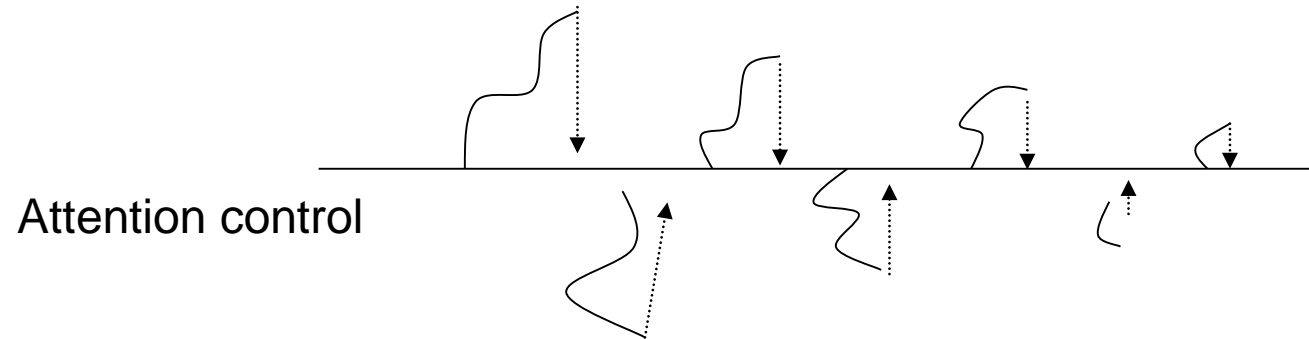


- **Contextualize the work**
 - Bridging from skills to experiential
 - From emotional based behavior to goals (in DBT) to process based bx (in ACT)
- **Loud bx = solution to pain**
- **Study behavior (rather than judging it)**
 - **** *find the function***
- **Emphasize response-ability**
- **Allow for natural consequences of bx & use it as grist for the mill**
- **Connect to costs of continuing with old solutions**

MAPPING BEHAVIORAL PROCESSES



MINDFULNESS CONTINUUM



- Practice like one would a fire drill - over & over
- *With time*.... A choice, based on utility...
- more experiential exercises
- Forsyth's "acceptance of thoughts & feelings" exercise
- "Acceptance of anxiety/pain exercise"
- Observer exercises
- Child exercise

AWARENESS TRAINING CONTINUUM:

External Focus/Drop Anchor

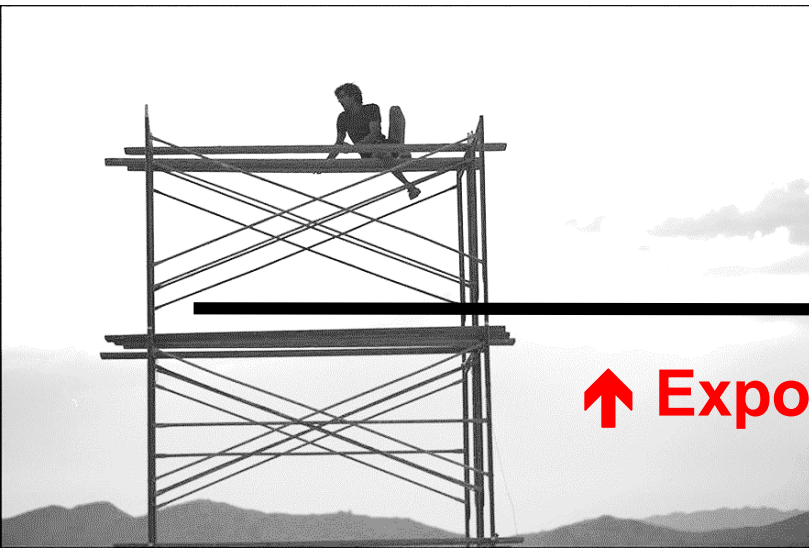
External/Internal Shift – Thoughts & Feelings

Body Scan

Observing Self Exercises

Perspective Taking – Child Self

Flexible Perspective Taking



↑ Exposure to difficult stimuli w/time & practice

VALUES CLARIFICATION CONTINUUM

- ***A conversation beyond the “I don’t know”***
 - Things you cared about when little
 - People you look/ed up to (real or fictional)
 - Qualities you wish you’d have or
 - Approaches you wish you’d received
 - ***especially toward the self
- **Epitaph – *a description***
- **Exercises (increasingly experiential/imaginary)**
 - Card Sort
 - Tombstone
 - Insert in other exposure based exercises e.g. gnats

ACCEPTANCE TRAINING CONTINUUM: TOLERANCE TO ACCEPTANCE

- STOP Skill

- TIP Skills

- Distract

- Self-Soothe, Improve the Moment

- Mindful Observing of Emotion

- Willingness

- Radical Acceptance

- Self-Compassion

Tolerance

Acceptance



SENSE OF IDENTITY

Building a flexible and stable sense of self:

- **Observing self experiences in the present**
 - **Observing self experiences across contexts/time**
 - **Noticing the observing self – what is common across experiences**
 - **Self-as-context – the self as container**

THE FAP-TIONSHIP

CRBs – 1, 2 & 3s

- Elicit, reinforce and extinguish

Reinforce self-statements under private control

- Behavior chains & skills training
 - I thought X
 - I felt X
 - I did X
 - I could have used X skill

With time... self-as content - I' m
a client

With mindfulness practice...
self-as-process... who likes "x"

With values & flexibility....
I'm The context for it all

SELF-COMPASSION TRAINING CONTINUUM

Education & formulation

Observing the self-critic & noticing its impact

Soothing Rhythm Breath/Soothing Touch

Imagery: safe place, compassionate color

Imagery: compassionate “other”

Imagery: compassionate “self”

**2 or 3 Chair work –dialogue between critic
self, criticized self, and compassionate self**

ADDRESSING TRAUMA

- **Can use modified PE protocol, or DBT-PE**
- **Do functional assessment**
 - What are the cues for trauma responses?
- **Use FC lens: the purpose is increasing flexible responding in the service of workability and valued living**
- Walser, R. D., & Westrup, D. (2007). *Acceptance and commitment therapy for the treatment of post-traumatic stress disorder and trauma-related problems: A practitioner's guide to using mindfulness and acceptance strategies*. New Harbinger Publications.

APPLY TO YOUR CLIENT

Reconsider, what stage of treatment?

- **How much time would you devote to teaching new skills & problem solving up front?**
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IF ANSWER IS “NO”

ACT is appropriate and depending on presentation you'd start with mindfulness/acceptance or values assessment.

Pepper in skills once FA has pointed out the function of behaviors...

- e.g. if the main function is a “communicative” one; insert DEAR MAN GIVE FAST**
- if the function is an escape, consider acceptance/emotion regulation (observing limits)**
- If the person doesn't know where to start, consider having them experiment and explore likes and values; build in problem solving & action oriented skills**

**ROUGH PLAN FOR YOUR
CLIENT – TRY IT AT HOME!**

FUTURE CONTACT...

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