Case Formulation in DBT

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Adapted from Jason Washburn (2000): Give him Props!

What are the Case Formulation Components?
- History and Goals of Patient
- Biosocial Etiology
- Primary Targets
- Secondary Targets
- Behavioral Theory
- Key Links/Chain Analyses
- Dialectics
- Task List

Where to Start?
- Thumbnail of patient history
  - Enough to orient yourself or your consult team/supervisor
  - Framed in behavioral and non-pejorative, phenomenologically empathic terms
  - Not including details that can’t be clearly tied to targets or goals
- Patient goals
  - What does the patient want out of therapy?
  - Your case formulation should all be directed to what is blocking this goal and what is needed to achieve it
  - Other topics may be of interest to you, but not key in DBT
What are the two main components of the Biosocial theory of BPD

- Biological Dysfunction in the Emotion Regulation System
- Invalidating Environment

What does this combination lead to?
- Pervasive Emotion Dysregulation

Name 3 Components of Emotional Vulnerability?

- High Sensitivity
  - Immediate Reactions
  - Low threshold for emotional reaction
- High Reactivity
  - Extreme reactions
  - High arousal dysregulates cognitive processing
- Slow return to Baseline
  - Long-Lasting Reactions
  - Contributes to high sensitivity to next emotional stimulus

Name 5 Tasks in Emotion Modulation

- Change physiological arousal associated with emotion
- Re-orient attention
- Inhibit mood-dependent action
- Experience emotions without escalating or blunting
- Organize behavior in the service of external, non-mood dependent goals
What is an invalidating environment?

- **Invalidates** the valid
  - Pervasive communication that responses are incorrect, inaccurate, faulty, inappropriate, or invalid

- **Oversimplification**
  - Fails to appropriately respond to individual’s needs.
  - I.e., provides inadequate solutions, such as “just calm down”.
  - Not necessarily mean, hostile, or negative environment, just a private-external mismatch

Name Three Characteristics of Invalidating Environments

- Self-generated behaviors communication of private experiences **pervasively** rejected as invalid
- Emotional displays and/or pain behavior met by punishment and escalation met by erratic, intermittent reinforcement
- Ease of problem solving and meeting goals over-simplified

List 5 Factors that Increase Probability of an Invalidating Response

- Behavior is self-generated (not externally controlled)
- Behavior communicates private experience
- Behavior puts demand on environment above preferred level
  - stresses the system & environment can’t tolerate individual needs
- Individual is different from others in environment
  - You just have to be different!
Life-Threatening Targets in Order?

- Suicide (i.e. being dead) crisis behavior
- Parasuicide (any self-inflicted injury since last session with or without intent to die)
  - More lethal or higher intent, higher priority
- Changes in urges or ideation
  - Usually 2 or more point change on diary card
  - Unusual change of any kind
- Suicide related expectancies
- Suicide related affect

What are the three-components of Patient Therapy-Interfering Behavior?

- Behaviors that interfere with Receiving Therapy
  - Non-attending, non-collaborative, non-compliance
- Behaviors that Interfere with Other Patients
- Behaviors that Burn Out the Therapist
  - Push limits, reduce motivation to treat
    - I.e., “Yes But”, whining, talking too much, passivity, in-direct threats

Examples TIB of client

- Non-attendance – no show or cancellations, missing due to illness, lateness
- Non-compliance – not completing diary card or other therapy homework, not trying your recommendations or following through on agreements
- Non-collaborative
  - “yes, but”-ing, not validating your perspective
  - crying, dissociating, looking at the floor, etc so much you can’t get things done
  - demanding things that exceed your limits, not attending to limits you have observed
  - calling too frequently or not trying what you recommend on the phone, not calling when coaching might have worked
  - wanting therapy to be different than what it is or verbally or non-verbally requesting it to be different
  - reinforcing your dysfunctional therapy behaviors
What are Two Therapist Therapy-Interfering Behavior?

Behaviors that Unbalance Therapy:
- Extreme acceptance or change
- Extreme flexibility or rigidity
- Extreme nurturing or withholding
- Extreme vulnerability or irreverence
- Disrespectful Behaviors

Examples TIB of therapist
- Disrespectful behaviors – answering pages in session, being late, forgetting important details, not asking about homework...
- Being out of balance – validating too much or too little, too nurturing vs. too demanding, offering too few or too many suggestions, etc.
- Not knowing what to do in session or in response to particular problem behaviors
- Not recognizing behaviors that require treatment – such as in-session therapy interfering behaviors of client
- Not assessing for controlling variables before acting
- Not reinforcing functional behaviors in session effectively
- Not motivated to do what is effective in therapy
- Putting agency/clinic limits above client’s concerns

Therapy Enhancing Behaviors
- Attendance – showing up, being on time, staying
- Compliance – completing diary card and other therapy homework, giving your recommendations a good try, following through on therapy agreements
- Collaborative – anything that makes therapy easier for you to do
- Insightful, articulate, verbal, courageous etc
Quality-of-Life Interfering Behaviors

- Mental-health related dysfunctional response pattern
- High risk or unprotected sexual behavior
- Extreme financial difficulties
- Criminal behaviors that may lead to jail
- Seriously dysfunctional interpersonal behaviors
- Employment or school related dysfunctional behaviors
- Illness related dysfunctional behaviors
- Housing related dysfunctional behaviors

What are the Secondary Targets?

- Emotional vulnerability
  - Experience of fragility and pain of being emotionally sensitive
- Self-invalidation
  - Internalization of invalidating environment
- Crisis generating behavior
  - Misjudgment of circumstances/mindless ineffective action
- Inhibiting grieving
  - Avoiding facing loss and pain
- Active passivity
  - Vulnerability that functions to get others to solve difficulties
- Apparent competence
  - Masking vulnerability and others miss that you have difficulties

What are the Primary Targets and Goals of Stage 2?

- Primary Targets:
  - Decrease PTSD responses, including distortion/denial of facts of trauma, stigmatization, self-invalidation, denial/avoidance of traumatic cues, and dichotomous response style
- Goals
  - Non-traumatizing emotional experiencing
  - Connection to the environment
What are the Targets and Goals of Stage 3?

- **Primary Targets:**
  - Increase respect for self
  - Decrease individual problems in living

- **Goals:**
  - Self-Respect (mastery, self-efficacy, sense of morality)
  - Acceptable Quality of Life

List 4 steps in Assessing Problem Behavior

- Select target essential for change
- Start with history taking and general behavioral analyses to define problem behavior and form hypotheses about controlling stimuli
- Conduct chain analyses on specific targeted behaviors
- Find patterns over history and chains.

What are the 5 components of a Chain Analysis?

- Vulnerability Factors/Contextual Events: internal or external factors that increase the difficulty of the cueing event
- Cue or Prompting Event (Environmental Precipitants): usually external
- Links: cognitions, behaviors, emotions
- Problem Behavior
- Consequences: Short and long-term
List 3 ways to intervene with a Chain Analysis
- Changing the context (lower vulnerability, contingency)
- Change the Consequences (consistent contingency)
- Change dysfunctional links (change cognitions, irrelevant behavior, emotion links)

What are the 5 components of the Dialectical World View
- Holistic, connected, and in relationship
  - Things aren’t simple and separate
- Complex, oppositional, and in polarity
  - Combat oversimplification
- Change is continual
  - Change builds on itself
- Change is transactional
- Identity is relational and in continuous change

How do Dialectics inform Treatment?
- Biosocial Theory:
  - Transactional development and maintenance
  - Systemic Disorder
- Treatment Strategies:
  - Balance of Acceptance and Change
  - Search for What is Left Out
  - Emphasis on Speed, movement Flow
- Treatment Goals
  - Emotion Regulation
  - Interpersonal effectiveness
  - Mindfulness
  - Distress Tolerance
Case Formulation Task List

- Review what learned from case formulation
  - History and Goals of Patient
  - Biosocial Etiology
  - Primary Targets
  - Secondary Targets
  - Behavioral theory
  - Key Links/Chain Analyses
  - Dialectics
- Task List
  - What to do?
  - What to assess?
  - What to keep in mind but not target right away?

Task Analysis Issues

- What do you not know?
  - Literally what is missing in your formulation?
  - What information could be improved?
- How could you find out?
  - Chain analysis
  - Behavioral analysis (functional analysis more generally)
  - Behavioral Observation – in and out of session
  - Discussing hypothetical situations
  - Practicing in session or in homework

Task Analysis Issues

- What is not working well in therapy?
- What are the likely controlling variables?
  - Lack of orienting or information about tx
  - Lack of skills
  - Contingencies
  - Emotions interfering
  - Problematic cognitions
  - Lack of commitment
    - To treatment
    - To long term goals
Task Analysis Issues

- Where do you need help in supervision or consultation team?
  - Do you know what to do about the tasks on your list?
  - Do you know how to do what you need to do on your list?
  - Are you motivated to do what you need to do on your list?
  - Is avoidance getting in the way? Willfulness?
    What is the threat? How can you overcome?

Common Errors in Case Formulation

- Defining problems behaviorally
- Precision
- Emotion modulation – consider each element separately rather than global response
- Oversimplifying refers to environment
- Suicide crisis behaviors vs. suicidal behaviors vs. suicidal communications
- Emotional vulnerability vs. emotion dysregulation
- Active passivity (what it is and isn’t)
- Apparent competence (what it is and isn’t)
- More links (or make sure to fine out)