

THE
E B R I G H T
COLLABORATIVE



The Ebright Collaborative strives to offer comprehensive Dialectical Behavior Therapy (DBT). To commit to treatment at Ebright, clients must therefore know what DBT is. Here is a brief description.

1. What is it

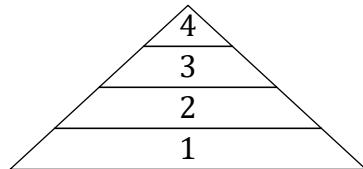
DBT was developed to address those suffering from complex emotional and behavioral concerns. DBT aims to motivate clients to strive for a **life worth living**. To this end, DBT provides a robust set of healthy coping skills to replace destructive behaviors and tame out-of-control emotions.

2. The Biosocial Theory of Emotion Dysregulation

DBT assumes that problematic behaviors, emotions, cognitions, and relationships are caused by the interaction between an individual's biological sensitivity to emotion and an invalidating social environment. A person is most likely to benefit from DBT if the biosocial theory fits that person's presenting concerns.

3. Stages of Treatment

DBT is conducted in four stages. They are:



- 4 Increase capacity for joy
- 3 Solve problems of everyday life
- 2 Experience/ regulate emotions
- 1 Obtain behavioral control

4. Target Hierarchy

When beginning treatment in Stage 1, DBT follows a clear hierarchy of targets:

1. Life-threatening behaviors (eg, suicidality, self-injury),
2. Therapy-interfering behavior (eg, problems with therapist, not doing homework, missing sessions, etc),
3. Life-interfering behavior (eg, depression, anger issues, addiction, eating issues, etc).
4. Skills deficits (eg, distraction skills, mindfulness skills, changing emotion skills, etc.)

The hierarchy for each subsequent stage is created collaboratively with the client.

5. Functions and Modes

The treatment is meant to serve five major functions. Each function is supported by a mode of service delivery. When absolutely necessary, certain modes can be adapted in certain contexts, but their corresponding function must still be met (e.g. “phone coaching” can be changed to “coaching by line staff” when DBT is conducted in a prison setting).

Function	Mode
Enhance client capabilities	Skills group training*
Enhance client motivation	Individual therapy
Improve therapist skill & motivation	Consultation team*
Assure skills generalization	Phone coaching as needed
Structure the environment	DBT case management

6. Strategies

Each of the elements described above contain a series of strategies and skills. A program can have all of the structures above in place, and still not be adherent to DBT. These strategies are specified in Linehan (1993), and are too numerous to name. Two examples of strategies that are relevant to all DBT clients are:

- The 24-hour rule: clients cannot receive coaching for 24 hours after engaging in life-threatening behavior, so as not to reinforce problem behaviors.
- The 4-miss rule: the only way to be out of DBT is to miss either four group sessions or four individual sessions in a row.

7. Agreements

When committing to DBT, both the client and therapist agree to work with each other. Thus, both make the following agreements:

Therapist agrees to:

- Make every effort to conduct effective therapy
- Obey standard ethical and professional guidelines
- Be available to the client for weekly sessions, phone consultations, and provide needed therapy back-up
- Respect the integrity and the rights of the client
- Maintain confidentiality
- Obtain consultation when needed

Client agrees to:

- Stay in therapy for the contracted time period
- Attend scheduled sessions
- Agree that building a life worth living is the primary goal
- Work to eliminate life-threatening behaviors
- Work on problems that arise that interfere with the progress of therapy
- Participate in skills training and follow group guidelines
- Abide by any research conditions of therapy
- Pay agreed-upon fees