

The practice of skill training for dialectical behavior therapy

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● Introduction:

The suicide rate in Japan is 24 per 100,000 population, the highest among the seven most developed countries, and Japan even ranks 9th even among the countries of the world as a whole. In 2010, the Ministry of Health, Labour and Welfare organized a “Suicide and depression management project team” as an approach to reducing the more than 30,000 suicides that occur in the country annually from 1998 through 2011, and it has vigorously promoted measures to combat suicide. Cases in which patients take excessive amounts of psychotropic drugs prescribed by their physician for the treatment of depression, etc., have been pointed out, and the government has issued notices calling attention to the matter. Moreover, the existence of a situation in which multiple drugs are prescribed for psychiatric care in Japan in comparison with other countries has also been pointed out. Faced with this situation, there is a need for interventions designed to enhance psychosocial treatment with the goal of preventing relapses without placing a disproportionate emphasis on drug therapy.

The approach for the Japanese suicide decreased the number of the suicide from 2012 through 2013 for 2 consecutive years, and the suicide was less than 30,000 people a year.

In addition, a medical treatment reward by the multiple drug combination was reduced in a medical treatment reward revision of 2014.

The importance of the psychosocial treatment will increase in future.

● Dialectical Behavior Therapy

Dialectical behavior therapy is one of the psychosocial treatments that has been attracting attention in the US in recent years. This therapy was developed by M. Linehan of the University of Washington as a treatment program for borderline personality disorder (BPD), and clear evidence of the efficacy of this intervention has been presented⁷⁾. The therapy is applicable to a wide range of diseases, from eating disorders to anxiety disorders. Conventional cognitive-behavioral therapy focuses on “changes” in the patients’ cognition, therefore, the dropout rate from this therapy is considerable. Dialectical behavior therapy adopts Hegel’s dialectical philosophy and incorporates elements of “change” and “acceptance,” i.e., behavior therapy to solve problems and avoidance of value judgment focusing attention on the present moment, with mindfulness as the core of the therapy. Mindfulness aims at establishing a state of mind not affected by emotions by observing the present distressed thinking and emotions, physical reactions and the feelings arising from such thinking, and acquiring the skills to accept unpleasant events. It is derived from teachings of Buddha and is, in particular, influenced by the Zen philosophy. Dialectical behavioral therapy consists of 4 modules, including 3 skills training modules, namely, “distress tolerance,” “emotion regulation” and “interpersonal effectiveness,” and mindfulness.”

● Methods

The authors have been conducting an Emotional Literacy Program since 2009, held once a week for 90 minutes per session targeting patients of the day treatment center (day/night care) of an outpatient psychiatric unit. The program adopts an open group style with the maximum number of 10 participants per group, and any patient who wishes to participate can do so. At the beginning, the program was based on the Emotional Intelligence theory by Salovey and Mayer, but currently, it also introduces skill training with dialectic approach.

● The structure of the basic sessions

Ninety-minute basic sessions, each consisting of a warm-up, lecture, exercise and sharing, are held weekly. Mindfulness, bridging from the previous session, checking homework assigned in the previous session, lecture and work on the day’s theme, the day’s homework and looking back are included in each session, referring to the structurization of cognitive therapy.

The first basic session provides an orientation in which the participants are explained about the course, to deepen their understanding of the dialectical approach. Basic sessions consist of 4 DBT skills training units, “distress tolerance skills,” “emotion regulation skills,” “interpersonal relationship skills” and “mindfulness.” Of these, mindfulness is added to the introduction of the other 3 skills training units each time, resulting in a structure made up of 3 modules.

● A result of analysis

Qualitative analysis of the process of emotional transformation in a patient with difficulty in controlling emotions (Koyano, 2013)

- ◆ The task of connecting the theory to practice after understanding it
 - ◆ Distress due to past experiences
 - ◆ To participate in the program
 - ◆ A change to give significance to behavior by having consciousness.
 - ◆ Emotion regulation based on distress tolerance skills.
 - ◆ Actually felt the effects of some skills
 - ◆ Expected to introduce specific practice methods
 - ◆ Action toward future goals
 - ◆ Discovery of the keyword that is important to oneself
 - ◆ The action that is useful for others
 - ◆ Experience of the recovery by receiving an opinion and the response of others

● Conclusion

The skills training influenced the consciousness of the patient and contributed to the control of feelings, correction of thoughts, and change of actions. As a result, the patient adopted a new role in society and a new outlook of life to lead a healthy and realistic life (Koyano, 2013, 2014).

It is hoped that application of the program in psychiatric outpatient clinics and psychiatric day hospitals will serve as a useful intervention method aimed at altering feelings and as a system for enhancing self coping skills that will support living in the community and improve the quality of life of the parties concerned.

I am analyzing the data of other cases, will increase samples in future and am going to report a result.

References

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