**AGPA Connect 2023 Presenter Information**

**Course Code:** C4

**Course Title:** DBT from a Group Therapist Perspective

**Course Times:** 10:00 AM - 12:30 PM & 2:30 – 5:00 PM | 9:30 AM - 12:00 PM & 2:00 – 4:00 PM

**Course Dates:** Friday, March 10 | Saturday, March 11

**Instructors:** Amy Black

 Stacy Graves

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**Course Description:** This course presents the unique opportunity to build fundamental knowledge of the DBT curriculum while integrating group processes to enhance skill mastery and treatment outcomes. We will provide an overview of current group literature, review facilitator interventions and strategies, discuss considerations for culturally-sensitive facilitation, and provide opportunities to apply skills through multimodal demonstrations and activities. Participants will gain the knowledge and tools necessary to support successful facilitation of an integrated DBT skills group across diverse populations and settings.

**Learning Objectives**

The attendee will be able to:‎

1. ‎Define development, assumptions, and goals of DBT treatment.‎
2. ‎Review healthy transactional model and factors that contribute to distress within the context of a ‎DBT skills group.‎
3. ‎Identify goals of each DBT skill module and effectively teach core DBT skills.‎
4. ‎Prepare clinicians to effectively integrate DBT theory and skills to support emergence of group ‎factors and processes and reinforce skill mastery.‎
5. ‎Demonstrate cultural competency and discuss considerations for cultural sensitivity for a DBT skills ‎group.‎
6. ‎Identify treatment-interfering behavior and manage dysregulation and high-risk behaviors ‎effectively as they appear in a DBT skills group.‎
7. ‎Summarize empirical evidence of effectiveness of DBT treatment and integration of group ‎processes within DBT skills groups.‎
8. ‎Compare advantages and disadvantages of different models regarding group program structure, co-‎facilitation, and case management to support group members. ‎

**Significant Articles:**

1. Bean, C. A. L., Aurora, P., Maddox, C. J., Mekota, R., & Updegraff, A. (2022). A comparison of ‎telehealth versus in-person group therapy: Results from a DBT-based dual diagnosis IOP. Journal of ‎Clinical Psychology, 1– 14. https://doi.org/10.1002/jclp.23374‎
2. Brown, N.W. (2018). Psychoeducational Groups: Process and Practice (4th ed.). Routledge. ‎https://doi.org/10.4324/9781315169590‎
3. Burlingame, G. M. & Jensen, J. L. (2017) Small Group Process and Outcome Research Highlights: A 25-‎Year Perspective, International Journal of Group Psychotherapy, 67:sup1, S194-S218, DOI: ‎‎10.1080/00207284.2016.1218287‎
4. Edel, M.-A., Raaff, V., Dimaggio, G., Buchheim, A. and Brüne, M. (2017), Exploring the effectiveness of ‎combined mentalization-based group therapy and dialectical behaviour therapy for inpatients with ‎borderline personality disorder – A pilot study. Br J Clin Psychol, 56: 1-15. ‎https://doi.org/10.1111/bjc.12123‎
5. Linehan, M. M. (2014). DBT (R) skills training handouts and worksheets, second edition (2nd ed.). ‎Guilford Publications.‎

**Agenda:**

Part I: DBT Overview [Day 1-AM; L.O. 1 & 2]

1. Brief introduction of facilitators and clinical background (Lecture; 5 minutes)

2. Introduction of session topic and learning objectives (PowerPoint; 10 minutes)

3. Development of DBT (PowerPoint; 20 minutes, Dr. Graves) a. Developed originally for BPD and then generalized to wide spectrum of disorders b. Identify typical behaviors/presenting problems that suggest client would benefit from DBT skills group c. Grounded in cognitive behavioral theory d. List assumptions of DBT treatment

4. Present components of Comprehensive DBT Treatment (PowerPoint; 10 min, Dr. Black)

a. Review role of DBT skills group fits within comprehensive DBT treatment, adjunct to individual therapy and phone coaching

b. Discuss how clinician training for DBT skills groups may be limited and miss some of the important “group processes and dynamics” components that lead to change

c. Provide rationale for importance of integration of skills and process

5. Dialectical theory (PowerPoint & Case Study; 30 min, Dr. Lefforge)

a. Define dialectics and their role in individual and interpersonal

b. Review primary DBT dialectic: Change and acceptance

c. Provide and discuss other examples of dialectics Activity - Present 2 case studies of a group member presenting for DBT treatment with variety of concerns; have participants identify what dialectics may be present and how they may be negatively client

6. Biosocial Model (PowerPoint; 30 min, Dr. Graves)

a. Biological bases: Emotional vulnerability and Impulsivity

b. Social Environment: Invalidating and ineffective environments

c. Transaction between biological and social Activity - Facilitator role-play [10 min]: Demonstrate invalid expression of emotion with invalidating response from other and second role-play of same scenario with valid expression and validating environment

7. Introduce and review DBT Healthy Transactional Model (Powerpoint, Small Group with worksheet; 45 min, Dr. Black)

a. Review cycle of invalidation leads to difficulty getting needs met and reinforce ineffective behaviors Activity - Small Group Activity [15 min]: Provide worksheet with two blank models; Groups identify example scenario and complete worksheet with ineffective and effective for emotion regulation

b. Have each group share identified example and change factor

c. Provide rationale for how group therapy uniquely supports corrective experience and reinforcement of effective behaviors through group cohesion and interpersonal feedback; group as a microcosm

Part II: Core Skills of DBT [Day 1-PM; L.O. 3]

1. Review assumptions of DBT skills training and briefly introduce the 4 DBT skill modules (Lecture, 10 min, Dr. Lefforge)

2. Mindfulness (Powerpoint, Guided and Small Group Activities, 35 min, Dr. Graves)

a. Define and identify goals of DBT mindfulness Activity - 3 Guided Activities: Brief guided activities to demonstrate each of the 3 types of mindfulness (objective, descriptive, and participating)

b. Introduce Wise Mind and provide examples for 3 states of mind Activity - Small Group Activity: Completion of Wise Mind diagram in small groups

c. Define and review Radical Acceptance; solicit examples from participants about presenting issues that may require radical acceptance d. Discussion of how to integrate Mindfulness activities into group setting

3. Define goals of Emotion Regulation and review core skills (Powerpoint and Handout, 20 min, Dr. Black)

a. Provide DBT rationale for purpose of emotions including communication to others, ourselves and impact of emotions on behavior

b. Describe Wave model for Describing Emotions (provide handout)

c. Identify vulnerabilities including intrapersonal, interpersonal and environmental

d. PLEASE skill

e. Opposite Action skill f. Increasing Positive Emotions and Experiences (Short-Term and Long-Term)

4. Define goals of Distress Tolerance and review core skills (PowerPoint and Worksheet, 30 min, Dr. Graves)

a. Review 5 identified responses to distress

b. Distract w/ ACCEPTS

c. TIPP

d. IMPROVE

e. Self-Soothing Worksheet: Participants complete self-soothing kit worksheet with 5 senses 5. Define goals of Interpersonal Effectiveness and review core skills (PowerPoint and Role-Play, 25 min, Dr. Lefforge)

a. Relationship Mindfulness

b. DEAR MAN Activity - Role-play: have two participants role-play conflict with ineffective communication, and then a second interaction using DEAR MAN script

c. GIVE and FAST skills

6. Chain Analysis (Powerpoint, Video w/ Worksheet, 20 min, Dr. Black)

a. Introduce purpose and components of DBT chain analysis Video: “group member” talking during a check-in about distressing event Worksheet: Participants complete chain analysis identifying vulnerabilities, ineffective behaviors, consequences and missing links in chain w/ suggestion for DBT skills

b. Provide rationale and facilitation strategies when using chain analysis in group setting, emphasizing collaboration between group members to complete chain analysis

7. DBT Diary Cards in group (PowerPoint, 10 min, Dr. Graves)

a. Discuss purpose of Diary card in DBT

b. Review DBT diary card example

c. Discuss ways to utilize in group and identify ways to integrate into group sessions

Part III: Group dynamics of DBT Group [Day 2-AM; L.O. 4, 5, 6]

1. Provide rationale for integrating interpersonal group processes with didactic skills groups (Lecture, 15 min, Dr. Lefforge)

a. Review empirical evidence supporting increased effectiveness when integrating group dynamics/processes within a skills group

b. Identify similarities between typical process group treatment goals and DBT-specific treatment goals

c. Define group as microcosm; present examples demonstrating the positive relationship between DBT skill-building and improved mentalization skills

2. Group Stages for Psychoeducational/Didactic Skills Groups (PowerPoint, 15 min, Dr. Graves)

a. Review Yalom’s 5 stages of group therapy

b. Describe primary issues and expected behaviors of each stage in skills group setting

c. Identify suggestions for facilitator intervention and group activities at each stage and interventions to support progression to next stages

3. Review 8 group factors that influence group process (Small Group Activity w/ Worksheet, 20 min, Dr. Black)

a. Define each group factor and provide an applied example of the factor in a DBT skills group

b. Highlight group factors that are most likely to appear in a skills group and provide rationale for why these factors are critical to group treatment outcomes

c. Identify other group factors that are likely and least likely to appear

d. Identify suggestions for facilitator intervention and group activities at each stage and interventions to support emergence of group processes Activity - Small-group activity w/ worksheet: Discuss and develop 1 intervention strategy to support emergence of likely group factors (universality, altruism, hope, interpersonal learning, imitative behavior/modeling) ; small groups share strategies they generated with large group

4. Cultural and Diversity Issues and Concerns (PowerPoint, Video, 45 min, Dr. Lefforge)

a. Define and provide empirical support for the importance of culturally sensitive facilitation when facilitating a DBT group and working with diverse clients from a DBT perspective

b. Define microaggression, microinsult, and microinvalidation and present examples of how they may present in a group

c. Define the Receiver’s Double-Bind and describe the impact that harmful comments/interactions can have on the receiver

d. Identify and describe the negative impact culturally-insensitive leadership can have on whole-group interactions and processes

e. Provide suggestions for facilitator prevention strategies and appropriate facilitator interventions

f. Describe components of developing culturally sensitive group leaders Video: Demonstration of different types of microaggressions occurring in group and facilitator intervention Activity - Role-play: Practice

5. Role of a DBT group facilitator (PowerPoint, Case study scenarios, Role-Play, 15 min, Dr. Graves)

a. Identify facilitator-specific responsibilities in a DBT group and strategies for developing a safe group setting

b. Review 5 levels of validation and concept of “validating the valid” in a DBT group setting

c. Present example scenarios demonstrating appropriate vs. inappropriate emotional expression and effective vs. ineffective interpersonal communication

d. Distinguish between possible effects of group leader validation vs. member -to-member responses and provide examples of each Activity - Role-Play: 3 volunteer participants (facilitator, two group members) role-play group interaction where facilitator and/or group member provides validation to distressed group member

6. DBT treatment-interfering behaviors and discuss intervention strategies (Powerpoint, Small Group Role-Play, 25 min, Dr. Black)

a. Identify and describe emotional dysregulation and ineffective behavior appear and effect group process

b. Discuss blocking and redirection to intervene in invalidating/ineffective cycles

c. Discuss reflection and validation to reinforce accurate emotional expression and effective interpersonal strategies

d. Describe use of irreverence within the context of DBT treatment and clinical considerations when employing it in a group setting e. Differentiate when to support dysregulated group member within group vs. managing behavior outside of group Activity - Small Group Role-Play: Take turns assigning roles to group members including leader, co-leader, treatment-interfering behavior group member, observing group member(s); practice intervention strategies and transition to distress tolerance skills Discussion: Debrief exercise with sharing of experiences, skills used, effectiveness of interventions; answer any questions

7. Present strategies to enhance facilitator flexibility using here-and-now processing interventions (PowerPoint, Video and Discussion, 15 min, Dr. Lefforge)

a. Define here-and-now processing and review related facilitator interventions that support DBT skill building/ mastery

b. Define co-regulation and discuss rationale for group-specific benefits of utilizing group-as-a-whole processes rather than individual support

c. Identify whole group and group member behaviors that support transition from a planned skill to here and now processing Video demonstration: Facilitator demonstrating use of here-and-now processing interventions in response to group interactions that are likely in a DBT skills group; Discussion: Participants discuss their observations from the video

Part IV: Integrating DBT group into overall treatment [Day 2-PM, L.O. 7 & 8]

1. DBT Group Client Management Models (PowerPoint, 15 min, Dr. Black)

a. Present empirical evidence supporting that a single modality of treatment (just individual, just group, just medication) is often insufficient for DBT clients

b. Identify factors that would increase need for higher level of support

c. Provide model for internal case management including identification of strengths and barriers to internal case management

d. Provide rationale for setting clear boundaries around case management to reinforce healthy transactional model

2. External case management (PowerPoint, 20 min, Dr. Graves)

a. Discuss factors to consider when coordinating care with outside treatment providers

b. Identify goals and potential challenges of provider consultation and strategies for increasing effectiveness of consultation

c. Identify and discuss use of outside resources for consultation (other DBT providers, DBT consultation groups, etc.)

3. Risk/Crisis Management in Group (PowerPoint, 20 min, Dr. Lefforge)

a. Identify interventions and considerations for managing risk behaviors when they appear during group

b. Identify risk factors that suggest need for further consultation or higher level of care

c. Describe benefits and methods of utilizing individual case management to help manage risk

d. Discuss considerations and facilitator interventions to support other group members and whole group in response to a crisis situation or related change in membership

4. Clinical Utility of Outcome Monitoring in DBT group (PowerPoint, Role-Play, 15 min, Dr. Lefforge)

a. Present supporting evidence the utility of outcome tracking measures in DBT

b. Identify common group outcome tracking measures (OQ/GQ, etc.)

c. Describe benefits of outcome monitoring related to DBT clients including tracking distress, satisfaction with group, and progress towards treatment goals

d. Provide rationale for using outcome monitoring to support corrective experiences and reinforce accurate expression of needs Activity - Facilitator Role-play: Facilitator/client meeting individually to review outcome and providing corrective emotional experience when client reports significantly higher dissatisfaction scores on outcome tracking measure; Switch roles for second role-play for responding to client with reported high distress

Part V: Treatment models and considerations for DBT group [Day 2- PM]

1. Provide overview of different structures of course of group treatment and individual session structure (PowerPoint, 15 min, Dr. Lefforge)

a. Identify advantages and disadvantages of open vs. closed group

b. Review different ways to structure a DBT skills group session including use of check-ins, mindfulness activities, skill review and process discussions c. Discuss clinical considerations when adapting DBT skills group to various clinical populations and settings

2. Group Member Selection (PowerPoint, Case Study, 15 min, Dr. Black)

a. Identify diagnoses and presenting problems that suggest DBT group would be a good fit

b. Review possible rule-outs for DBT group

c. Review important considerations when building a DBT group (member selection from whole group perspective) Case Study: Present 2 case studies of clients at intake; discuss factors that would influence recommendation to DBT group or referral out

3. Managing prospective group clients (Powerpoint, Role-play, 15 min, Dr. Graves)

a. Identify group-specific assessments and interventions that suggest group readiness and improve group treatment outcomes

b. Identify how client hesitancy and/or resistance may present in prospective DBT group clients c. Review facilitator strategies for rapport-building when discussing rationale for DBT skills group with client Video: Present multiple short video clips demonstrating interventions for hesitancy or resistance prospective group clients

4. Supervision and co-facilitation in a DBT skills group (PowerPoint, 10 min, Dr. Lefforge)

a. Define role and advantages and challenges of co-facilitation within a DBT group

b. Identify strategies for group management with a co-facilitation model

c. Discuss considerations when assigning facilitation tasks (guided mindfulness, teach new skill, etc.)

d. Identify special considerations and strategies for working with group trainees

5. Logistical considerations for a DBT-skills group (Powerpoint, 10 min, Dr. Black)

a. Identify potential challenges to limits of confidentiality within a group setting and strategies for addressing them with group members

b. Address clinical considerations and challenges for boundary setting in and out of DBT skills group

c. Discuss methods of distribution of DBT materials to group members

6. Adapting DBT Skills Group to Virtual Setting (PowerPoint, Handout, 10 min, Dr. Graves)

a. Review current literature for adapting skills group to virtual setting

b. Identify group factors potentially impacted by virtual setting and present strategies to support emergence of group factors within a virtual group

c. Identify advantages and provide suggestions for DBT-specific group activities and interventions unique to a virtual setting [Provide Handout]

d. Identify and present strategies for managing potential facilitation challenges in a virtual DBT group

e. Discuss advantages and disadvantages of using online applications in a virtual group setting (chat, whiteboard, videos, breakout rooms, etc.)

7. Summarize 2 day learning objectives and allow for Questions/Answers (5 min)

**Assessment Questions:**

Question 1 (include possible answers)

1. Founder of Cognitive Therapy is: A. Aaron Beck B. Victor Yalom C. Carl Jung D. BF Skinner

Correct Answer 1

(A) Aaron Beck

Question 2 (include possible answers)

2. Founder of Interpersonal Biology is: A. Clara Barton B. Dan Siegel C. Steven Colbert D. Virginia Satir

Correct Answer 2

B Dan Siegel

Question 3 (include possible answers)

3. CBT should never be Integrative (TorF)

Correct Answer 3

Answer is False

Question 4 (include possible answers)

4. Pre group screening and Preparation: A. Is a terrible idea B. No evidence supports this C. Should never be done D. Improves attendance and motivation.

Correct Answer 4

D Improves attendance and motivation.

Question 5 (include possible answers)

5 Pleasant activities activation in depression and anxiety are: A. An excuse of weakness B. Never to be used C. No evidenced base support D. Helps increase positive moods.

Correct Answer 5

D Helps increase moods.

Question 6 (include possible answers)

.Daily nurturing planner : A. Never contributes to self-efficacy B. It is always a useless method C. Helps one organize and build self- control of their day. D . Should always be ideal not practical.

Correct Answer 6

C Helps one organize and build self-control of their day

Question 7 (include possible answers)

Integrative CBT groups: A. Utilize group process and support in managing moods and behaviors. B. Should always stick to skills only approach not any form of process. C. CBT groups should always be leader interaction to one member only at a time D. Should be heavily confrontational in style

Correct Answer 7

A Utilize group process and support in managing moods and behaviors

Question 8 (include possible answers)

8. Automatic Thought Record or Managing Mood Worksheet: A. Situation column can record historical memories related to negative mood B. Balanced views can use metaphors,symbols, stories, songs not just realistic thoughts. C. More effective if it is written down or visual than auditory only. D. All of the above.

Correct Answer 8

. D All of the Above

Question 9 (include possible answers)

Gratitudes with a story: A. Decrease self esteem and promote dependency B. Increase cravings C. Decrease cravings and decrease anxiety D. A popular psychology fad that weakens motivation

Correct Answer 9

C Decrease cravings and decrease anxiety

Question 10 (include possible answers)

10. Maintenance planning or Response planning A. Should only be used in Addiction Treatment B . Should only be done with the most stuck client C. Can help identify plans to deal with triggers. D. Can include strengths E. C and E only

Correct Answer 10

E. C and D