Principles of Exposure in Stage 1 and Stage 2 DBT©

Dates: August 19-22, 2024

Times: 9:00am – 1:00pm (PT)
10:00am – 2:00pm (MT)
11:00am – 3:00pm (CT)
12:00pm – 4:00pm (ET)

Presented to: Live Online

Presented by: Shari Manning, Ph.D.

Tuition: $450pp (early and group rates available)

TRAINING DESCRIPTION

In the treatment manual for Dialectical Behavior Therapy (DBT), Marsha Linehan (1993) described Dialectical Behavior Therapy as an exposure-based treatment. Conceptually, people who have high emotion sensitivity and emotional intensity learn to avoid emotion. In DBT patients, the behaviors that are targeted in treatment (life threatening, therapy interfering and quality of life interfering behaviors) are often the avoidance behaviors of uncomfortable emotions. Providing DBT requires that the therapist identifies cues for emotional avoidance and exposes patients to those cues while blocking avoidance behaviors. Harned (2014) has developed exposure based DBT-PE (prolonged exposure) to target symptoms of PTSD in Stage 2 of DBT. However, in order to transition from Stage 1 to Stage 2, patients often need exposure-based interventions to decrease life threatening and extreme quality of life interfering behaviors, make progress towards lives worth living and develop skills for emotional experiencing.

Exposure based principles are used in several ways in DBT. First, because shame is an emotion that drives many of the behaviors targeted in DBT, coming to therapy, completing a diary card, participating in behavioral chain analyses and solution analyses are exposure to shame. Exposure is used to address in-session dysfunctional behaviors. Second, once assessment is completed and controlling variables for problem behaviors are determined, the DBT individual psychotherapist may need to do informal exposure to an emotion link or a vulnerability factor that leads to a problem behavior. Third, in DBT Stage 1, patients are asked to collaboratively define, with their therapists, their Life Worth Living Goals (LWLG's). The targets and interventions in DBT are focused on moving clients towards these LWLG's. Many DBT patients want to reach their LWLG's but have patterns of avoiding engaging in behaviors that would move them to their goals. Informal exposure principles are used as one approach to achieving LWLG's. DBT therapists help patients to develop an exposure lifestyle which is one in which people actively engage in meaningful behaviors even when emotion (fear, shame, guilt) would interfere. Finally, exposure principles are used in the DBT consultation team to address emotion intensity and/or avoidance in the therapists providing DBT.

This course will describe the principles of exposure used in Stage 1 DBT. There will be demonstrations and practices in conducting in-session exposure, exposure as a solution for problem behaviors, exposure for experiential avoidance and conducting exposure with colleagues on the DBT consultation team. The final session will focus on the principles of exposure used in Stage 2 DBT for PTSD. It is designed for clinicians who are currently providing DBT individual psychotherapy.

This training will not teach an overview or the basic principles of DBT.

This training will use PowerPoints, handouts, examples, practices/breakouts and homework to learn and generalize concepts in DBT.

TRAINING OBJECTIVES

Following this training, participants will be able to:

- Lead mindfulness practices related to exposure;
- Explain the rationale for exposure;
- Demonstrate orienting skills for exposure;
- Conduct in-session exposure for emotional avoidance;
- Assess avoidance behaviors in clients;
- Conduct imaginal exposure for solutions to problem behaviors;
- Determine behavioral homework for exposure practices;
- Describe the FREE skill for creating an exposure lifestyle;
- Construct a hierarchy for exposures to experiential avoidance;
- Conduct exposure on a member of their consultation team;
- Define when a patient is ready to move to Stage 2 DBT (PTSD treatment);
- Describe the structure of a DBT-PE session;
- Explain the importance of process in DBT-PE;
- Describe the steps that are taken in Stage 2 when a patient returns to Stage 1 behaviors.

TRAINING SCHEDULE

9:00am – 1:00pm (PT)
10:00am – 2:00pm (MT)
11:00am – 3:00pm (CT)
12:00pm – 4:00pm (ET)

There will be 2 10-minute breaks each day.

Day 1	Introductions/orientation to Training Mindfulness Practice Introduction to Exposure Basic Principles in Exposure 3 Types of Exposure in Stage 1 Orienting Clients to Exposure	30 mins 15 mins 30 mins 80 mins 30 mins 35 mins
		220 mins
Day 2	Mindfulness Practice Homework Review Using Exposure for In-session Behaviors Using Exposure in Solution Analysis Exposure Homework	15 mins 30 mins 60 mins 90 mins 25 mins
		220 mins
Day 3	Mindfulness Practice Reviewing Exposure Homework When Clients Don't Do Exposure Homework Homework Review	15 mins 15 mins 15 mins 30 mins

	Treating Experiential Avoidance Creating an Exposure Lifestyle: The Free Skill Q&A on Stage 1 Exposure Doing Exposure on Consultation Team	60 mins 15 mins 10 mins 60 mins
		220 mins
Day 4	Mindfulness Practice Homework Review When is a Patient Ready for Stage 2? Structure of DBT-PE Processing in DBT-PE Troubleshooting Issues in DBT PE Final Q&A	15 mins 30 mins 30 mins 60 mins 30 mins 45 mins 10 mins
		220 mins
	Grand Total	880 mins
	CE	14.5hours

COURSE PREREQUISITES

This course is designed for clinicians who have been trained and are actively practicing DBT. This course will not teach the basics of DBT.

TUITION & REGISTRATION

Regular Rate: $450 (USD) per person.

Early Rate: $405 (USD) per person (save $45pp)
To qualify for the early payment rate, tuition must be received in full by June 7, 2024.

Groups (2+): $405 (USD) per person (save $45pp).
To qualify for the group payment rate, 2-4 individuals must register and pay in a single transaction. Use code “GroupEx24” at checkout.

Registration:
Register online at www.ticllc.org and click on Trainings Registration. Pay by credit card or check. Checks payable to: Treatment Implementation Collaborative and mailed to: 6327 46th Avenue SW, Seattle, WA 98136. Registration is not guaranteed until full payment is received.

Refunds & Substitutions:
If you need to substitute a colleague to take your place or cancel a registration, please contact TIC at cbest@ticllc.org no later than August 9, 2024. We will refund your registration fees, minus $50 (USD) – we understand that life happens when you are making other plans and we want to be accommodating. No substitutions or refunds will be made once the course begins.

CONTINUING EDUCATION

This course is 14.5 hours. **100% participation is required to receive any credit.** No partial credit will be given for any reason. In order to document participation in this live online course, each participant will be provided their own invitation to attend each session. At the conclusion of the course, each participant will be required to complete an Attestation that they attended 100% of each training session.

Addiction Professionals
Application in process.

Social Workers
Application in process.

Counselors
Application in process.

Psychologists
Treatment Implementation Collaborative, LLC (TIC) is approved by the American Psychological Association to sponsor continuing education for psychologists. TIC maintains responsibility for this program and its content.

APA credit will be provided upon completion of the course. 100% participation is required in order to receive any credit. No partial credit will be given. 14.5 APA hours.

TRAINER

Dr. Shari Manning is the Chief Executive Officer and one of the three founders of the Treatment Implementation Collaborative, LLC. She is also the founder of the South Carolina Center for Dialectical Behavior Therapy (now the SC Center for DBT, LLC), a private practice that offers standard outpatient and intensive DBT treatment for adults and adolescents. Dr. Manning has implemented DBT in outpatient community mental health, partial hospitalization programs, intensive outpatient programs and inpatient settings. She has supervised therapists at the Behavioral Research and Therapy Clinics at the University of Washington and the University of South Carolina as well as training and supervising therapists and programs at the SC Department of Mental Health and SC Department of Corrections. Dr. Manning consults extensively to state and private mental health programs, domestically and internationally, at all levels of client care, including forensic and criminal justice settings. Her research includes investigations of the efficacy of DBT with incarcerated women with borderline personality disorder (BPD) and with adult women with co-morbid BPD and eating disorders. Dr. Manning has written many published chapters and articles on DBT and its implementation. Her book for family members, *Loving Someone with Borderline Personality Disorder: How to Keep Out-of-Control Emotions from Destroying Your Relationship* was published in 2011 by Guilford Press.

Dr. Manning is a DBT Linehan Board of Certification-Board Certified Clinician, Certified Prolonged Exposure Therapist and a Certified Prolonged Exposure Therapy Consultant and has been leading DBT consultation teams since 1993. She is currently working with consultation teams around the world to strengthen their team process.

REFERENCES

Harned, Melanie & Coyle, Trevor & Garcia, Natalia. (2022). The inclusion of ethnoracial, sexual, and gender minority groups in randomized controlled trials of dialectical behavior therapy: A systematic review of the literature. Clinical Psychology: Science and Practice. 29. 10.1037/cps0000059.

Harned, M. S., Korslund, K. E., & Linehan, M. M. (2014). A pilot randomized controlled trial of Dialectical Behavior Therapy with and without the Dialectical Behavior Therapy Prolonged Exposure protocol for suicidal and self-injuring women with borderline personality disorder and PTSD. Behaviour Research and Therapy, *55,* 7–17. https://doi.org/10.1016/j.brat.2014.01.008

Harned MS, Schmidt SC, Korslund KE, Gallop RJ (2020). Does adding the dialectical behavior therapy prolonged exposure (DBT PE) protocol for PTSD to DBT improve outcomes in public mental Health settings? A pilot nonrandomized effectiveness trial with benchmarking. Behavior Therapy;52(3):639-655.

Harned, M. S., Wilks, C., Schmidt, S., & Coyle, T. (2018). Improving functional outcomes in women with borderline personality disorder and PTSD by changing PTSD severity and post-traumatic cognitions. Behaviour Research and Therapy, 103, 53-61.

Lortye, S.A., Will, J.P., Marquenie, L.A. (2021). Treating posttraumatic stress disorder in substance use disorder patients with co-occurring posttraumatic stress disorder: study protocol for a randomized controlled trial to compare the effectiveness of different types and timings of treatment. *BMC Psychiatry* 21, 442. https://doi.org/10.1186/s12888-021-03366-0

Southward, Matt & Howard, Kristen & Cheavens, Jennifer. (2023). Less is more: Decreasing the frequency of maladaptive coping predicts improvements in DBT more consistently than increasing the frequency of adaptive coping. Behaviour Research and Therapy. 104288. 10.1016/j.brat.2023.104288.