Dialectical Behavior Therapy: In-depth Training on the Four Basic Modules

Friday, April 8, 2016
Lindner Center of HOPE Gymnasium
Conference Center
4075 Old Western Row Rd.
Mason, OH 45040
8 a.m. - 4 p.m.
6 CE Credits

Description
This workshop is designed for participants to develop a deeper knowledge of Dialectical Behavior Therapy (DBT) and its four modules. This training will be experiential and tutorial, consisting of practice and discussion of the key components of DBT, as well as case presentations to demonstrate practical use.

Objectives
1. Participants will learn an overview of the development of Dialectical Behavior Therapy (DBT).
2. Participants will learn the bio-psycho-social model for using DBT and how DBT differs from other modalities of treatment.
3. Participants will learn the four core components of DBT treatment: Mindfulness, Distress Tolerance, Emotion Regulation and Interpersonal Effectiveness.
4. Participants will learn how DBT services are being offered at Lindner Center of Hope (LCOH) and how they can partner with LCOH.

Registration
Registration includes: all sessions, up to 6 Continuing Education Credits, copies of presentations and support materials, continental breakfast, lunch and refreshment breaks.

Conference registration fee: $60 Contact: Pricila Gran to register at (513) 536-0318 or pricila.gran@lindnercenter.org.

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More on the Web - lindnercenterofhope.org
> Library of Resources
This library offers resources that will enhance the understanding of mental illness, specific diagnoses, and treatment options.

> Support Groups
Review the list of support groups available at the Center.

> Treatment Teams
Lindner Center of HOPE has a diverse team offering patients and families expertise in diagnosis and treatment.

Speakers
Dr. Robin Arthur, PsyD, Chief of Psychology
Dr. Jennifer Bellman, PsyD
Dr. Brett Dowdy, PsyD
Ms. Karen Byerly-Lamm, M.A., Psychology Intern
Ms. Shannon Jensen, LSW-S
Ms. Paget McCarthy, M.A., Psychology Intern
Ms. Michelle Minette, M.A., Psychology Intern

Patient Satisfaction
Patient Satisfaction results for January 2016 averaged a rating of 4.33 out of 5, with 5 signifying the best possible care.

Combining Medication and Psychotherapy to Treat Anxiety
Part 4 of 4
By Charles F. Brady, PhD, ABPP, Lindner Center of HOPE Staff Psychologist

In the previous three articles of this series, the importance of learning was emphasized as a crucial factor in the treatment of anxiety disorders. The crucial lesson that the individual must learn is that the fears that on which they are focusing are not as dangerous or as unmanageable as they had previously believed. The individual may also need to learn that the physical discomfort of the anxiety is also neither as dangerous nor intolerable as they had believed prior to treatment. When an anxiety sufferer approaches a mental health provider, the clinician is obliged to offer the most efficient and effective manner of reducing the distress so the patient can return to enjoying a fully satisfying and rewarding lifestyle. To do this they must consider if, when, and how to integrate medication treatment with psychotherapeutic efforts. The clinician must discern what types of treatment will help the individual fastest and have the longest lasting positive impact with the least amount of financial, physical and emotional cost.

Before discussing how best to integrate medication in to the process of managing anxiety, it may be helpful to identify the approach that often becomes problematic. Looking at medication to “eliminate” anxious feelings is seductive to patients who want an immediate end to their distress and to compassionate clinicians whose goal is to reduce suffering. Some medications, especially short acting medications have a good track record of acting efficiently to reduce distress and end to their emotional cost.
like an anxiety fire extinguisher. However, when used in this fashion, individuals often develop tolerance, requiring increasing doses to get the same anxiety relief and may experience their long term use as depressogenic. But the biggest difficulty with these “anxiety fire extinguishers” is that they do not allow the person to learn that their fears are not as dangerous as they thought and that the anxiety experience itself is tolerable. What anxiety specialists have learned is that the key to mastering anxiety is to starve it of its fuel and that its fuel is the individual’s fear of the anxiety experience and belief that uncertainty is intolerable. Many of the short acting medications do little to help with this learning and actually impede it (Stewart, 2005).

As an alternative to the “fire extinguisher” pharmacologic approach, there are medications, many initially identified as antidepressant medications that combine synergistically with psychotherapy. One way of looking at the optimal relationship that medication and psychotherapy is to compare anxiety treatment to learning to sail. Learning to sail can feel very complicated—learning to tack, when to jibe, how to reef a sail, etc. . . can be overwhelming to the novice sailor. This is why beginning sailing lessons are rarely taught in the middle of the Atlantic during a Nor’easter. Instead the instructor takes the student to a calm bay or harbor to learn. Once the novice sailor’s skills progress sufficiently, they may head to the open water to further develop their skills and expand their sailing enjoyment. Within this metaphor, the medications that treat anxiety calm the water so that the patient can learn the skills necessary to relate to their anxious thoughts and feelings more effectively. When medications and therapy combine in this fashion, recovery can be very efficient and effective.

When medication and psychotherapy are combined in the above fashion, the clinician is likely to face the question of “When I learn how to manage my anxiety, will I need to stay on my medication?” For the individual asking the question, we do not know the answer. What we can communicate is that the addition of psychotherapy to medication treatment reduces risk of post-treatment relapse. If a patient is adamant about discontinuing their medication, sage advice is to wait until they can satisfactorily handle manage their anxiety and then allow an additional 12 months to pass before considering reduction in medication. The rationale behind this suggestion is based on learning theory. We want to take advantage of forgetting. The more time spent with the mind not feeling the distress of unmanaged anxiety, the harder it is for the mind to find its way back to that way of feeling and thinking.

Overall, the human experience of anxiety is one that has been with us since we developed the ability to think and anticipate. In spite of its many advantages for humankind, it can create great suffering when the individual develops beliefs that situations are more dangerous than they are or they underestimate their ability to tolerate and manage uncertainty and adverse events. However, psychotropic and pharmacologic treatments exist that can effectively help the person turn the tables on their anxiety disorder and reclaim the satisfying life experiences they had lost.

References

Openings in DBT Groups
Lindner Center of HOPE has openings in their Dialectical Behavior Therapy groups, both afternoon and evening groups. To refer someone, please call Kelly at (513) 536-0634.

TOUCHDOWN FOR HOPE a Huge Success
A big THANK YOU goes out to the 260 some Lindner Center of HOPE fans who gathered at the Great American Ballpark for Lindner Center of HOPE’s 7th Annual Touchdown for HOPE - Super Bowl Party on Sunday, February 7.

Thank You Touchdown Sponsors!
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WITH the generosity of 30 local sponsors, special donors, and attendees, the event raised $300,000 for Bipolar and Mood Disorders Research at Lindner Center of HOPE.

Just prior to kickoff, Committee Co-Captains, Otis Gregson and Terry Ohrnes was welcomed and thanked the crowd for the overwhelming support of the extremely important research that is conducted at the Center. Research Team Leader, mood disorders; Brian Martens also addressed the crowd, saying “Mood disorders are the most common form of psychiatric illness and are among the leading causes of disability worldwide.” He emphasized that the study of these devastating illnesses is extremely complex. In spite of the unprecedented growth in the diagnosis of these illnesses, research continues to be under-funded; while much work is still needed to enhance our understanding of these illnesses, these risk factors and the most effective forms of treatment.

Great American Ballpark provided a great venue for the Super Bowl party. The Champions Club at the park was turned into a comfortable living room type atmosphere with couches, recliners, and dozens of televisions for watching the game. Guests enjoyed Cincinnati favorite foods including Skyline Chili, Montgomery Inn ribs and Saratoga chips, LaRossa’s pizza, and United Dairy Farmers ice cream.