

# National curriculum for dialectical behaviour therapy

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## Contents

Introduction .....	3
Course Aims and Objectives .....	3
Competencies .....	4
Course Structure .....	4
Learning and Teaching Strategy .....	6
Assessment .....	6
Equality and Cultural Competence .....	6
Involvement of Experts by Experience .....	7
DBT Components .....	8
Component 1: Theories and Principles of DBT .....	8
Learning Outcomes .....	8
Component 2: Clinical Applications of DBT .....	9
Learning Outcomes .....	9
Component 3: Advanced Clinical Skills in DBT .....	11
Learning Outcomes .....	11
Component 4: Mindfulness and DBT Individual Therapy .....	12
Learning Outcomes .....	12
Component 5: Principles of Learning and Behaviour Change .....	13
Learning Outcomes .....	13

# Introduction

Dialectical Behaviour Therapy (DBT) is a psychological therapy that was developed to help those presenting with difficulties associated with a diagnosis of Borderline Personality Disorder (also referred to as Emotionally Unstable Personality Disorder). The NICE Guideline for Borderline Personality Disorder recommends that DBT should be offered to those presenting with this diagnosis.

Courses in Dialectical Behaviour Therapy will aim to provide a post-qualification training in evidence based DBT for adults presenting with problems associated with Borderline Personality Disorder. The content of the training should be aligned to the knowledge and skills covered in DBT specific section of the Roth and Pilling competence framework<sup>1</sup>. The courses will be at a post graduate diploma level. Recruitment for the courses will be aimed at post-graduates with trainees drawn from qualified mental health professionals such as psychologists, psychotherapists, psychotherapists and counsellors as well as people with experience of mental health in other professional capacities such as mental health nursing and occupational therapy (and including graduate entry mental health workers who can demonstrate professional and academic equivalence). The training should ensure trainees reach a level of competence that would enable them to obtain the outcomes reported in the NICE Guidelines.

Trainees will work in an adult mental health services where individuals with BPD commonly present for treatment including Community Mental Health Teams as well as specialist Personality Disorder services. They should have a minimum of two days per week of dedicated time assigned to deliver DBT. For DBT to be delivered comprehensively and effectively, there should be at least five DBT therapists (trainees or qualified) working in the organisation or service who form the DBT Consultation Team. It is also important that trainees are familiar with the other professional roles in the team. They will also need to be able to collect and report routine patient outcomes measures. DBT aims to have a meaningful impact on clients' lives, improving social inclusion, housing, employment and quality of life as well as the specific difficulties associated with a personality disorder. Trainees will therefore need to be able to assess these factors and develop close working relationships with specialists in these areas. The training providers will also need to work in close liaison with the service providers and this will need to be built into the course structure, for example through integrated plans for supervision, placement visits by course staff etc.

## Course Aims and Objectives

The courses will aim to provide trainees with advanced conceptual understanding and skills in the practical application of DBT to a defined standard of competency. Courses will aim to increase trainees' knowledge base of theory and research in DBT and to promote a critical approach to the subject. Ultimately, the training will aim to equip trainees to become skilled and creative independent DBT practitioners in accordance with Society for DBT guidelines for good practice and to contribute to the further development of DBT.

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<sup>1</sup> The Roth and Pilling competence framework for Psychological Interventions with People with Personality Disorder can be found at: <https://www.ucl.ac.uk/pals/research/clinical-educational-and-health-psychology/research-groups/core/competence-frameworks-12>.

# National curriculum for dialectical behaviour therapy

At the end of the course students will be able to:

- i. construct developmental DBT conceptualisations for the presenting problems,
- ii. develop DBT specific treatment plans (utilizing target hierarchies, behavioural analyses and comprehensive solution analyses of controlling variables of target behaviours)
- iii. practise DBT with a person presenting with problems associated with a diagnosis of borderline personality disorder systematically, creatively and with good clinical outcome
- iv. utilize the principles of DBT to actively treat clients during and after suicidal crises
- v. deal with complex issues arising in DBT practice
- vi. take personal responsibility for decision making in straightforward and more complex situations
- vii. demonstrate self-direction and originality in tackling and solving therapeutic problems
- viii. practise as “scientist practitioners” advancing their knowledge and understanding and develop new skills to a high level
- ix. demonstrate a systematic knowledge of the principles of DBT and the evidence base for the application of DBT techniques
- x. demonstrate a critical understanding of the theoretical and research evidence for DBT and an ability to evaluate the evidence
- xi. demonstrate an ability to sensitively adapt DBT, and ensure equitable access considering cultural and social differences and values
- xii. demonstrate an ability to select and use recommended specific disorder measures to assess outcome and guide treatment when an appropriate condition is present.

## Competencies

The general competencies outlined in this document are aligned to the Roth and Pilling DBT competency framework. Each component contains general and specific learning outcomes. It is anticipated that the learning outcomes and competencies will accumulate as students progress through the components. For more information on the competencies please refer to:

Psychological Interventions with People with Personality Disorder Competence Framework:

<https://www.ucl.ac.uk/pals/research/clinical-educational-and-health-psychology/research-groups/core/competence-frameworks-12>.

## Course Structure

Courses will be provided by, or affiliated to, a University. Courses will run part-time over two years to ensure that practitioners have the opportunity to treat clients for the standard treatment length of one-year and also to treat the breadth of problems that clients with borderline personality disorder typically experience. The post-graduate diploma will comprise 120 credits at M level. The allocation of credits can be determined by the individual Higher Education Institution. The components and credit ratings can be adapted by institutions and training providers to comply with their academic timetable and to suit local needs. Staff teaching on the course must be accredited: DBT therapists, DBT supervisors or DBT trainers with an independent accrediting body (e.g. Linehan Board of Certification, Society for DBT in the UK and Ireland).

## National curriculum for dialectical behaviour therapy

Throughout the programme of study practitioners are expected on average to devote a minimum of three days a week to the learning and delivery of DBT. In some services practitioners may work exclusively in a DBT service in which case 100% of their working week will be devoted to the learning and practice of DBT. Services sending practitioners to train on the course must be committed to delivering comprehensive DBT that comprises the following:

- Weekly DBT Consultation Team for practitioners for a minimum of two hours per week.
- Weekly Skills Training Groups for clients each of which will last for a minimum of 2 hours per week.
- Weekly individual therapy for clients.
- Out-of-hours phone consultation for clients with their individual therapist.
- Services may optionally provide additional therapy modes for families and carers.

The allocation of training days devoted to each component remains at the discretion of the training provider/HEI and may depend upon whether the programme is delivered locally, when weekly attendance at the training provider may be possible, or by distance learning when residential training blocks may be more common. During the first year of training, the programme will deliver a minimum of 10 in-person training days with additional monthly contact time that maybe delivered in person or via video or telephone conference call. During the second year of training, in addition to in-person training days and video/telephone conference calls, all practitioners must complete a minimum of 20 hours of individual supervision and 15 hours of group supervision, plus 10 hours of video or audio review of the practitioners' individual DBT therapy sessions. The programme of study needs to provide sufficient flexibility to train practitioners who are joining existing DBT teams as well as training entirely new teams to deliver the treatment.

The training provider and clinical sites will work closely together to ensure an integrated learning experience and to facilitate generalisation of skills into practise. As DBT is delivered within the context of a team, the training provider will regularly review with practitioners that their team is providing comprehensive DBT and will attend to helping practitioners and teams increase capacity within the team to ensure maximal efficiency. Courses must have systems in place to monitor team size and capacity to ensure best use of the investment in training. Courses must discuss the importance of routine outcome monitoring and ensure that students complete such monitoring. Students on the course will be expected to be delivering DBT for a minimum of two days per week. Supervision will be a mix of peer supervision within the Consultation Team and supervision by the Course Team.

Students are required to assess and treat a minimum of 4 cases under course supervision over the duration of the programme. Two of these cases must be treated from pre-treatment to discharge. Students will complete formative and summative audio/video recordings of therapy sessions and written assignments. Competency will be assessed by the standardised DBT Adherence Rating Scale. Students will also be required to teach all of the components of DBT skills to a DBT skills group. Students will keep clinical logbooks/accreditation portfolios detailing their clinical work.

### Learning and Teaching Strategy

The specific learning and Teaching Strategy can be decided by the training provider but should incorporate the following:

- i. Recognition that DBT is a principle-based treatment. Didactic teaching must stress this aspect of the treatment. Skills based components must provide plentiful opportunities to practise implementing the full range of strategies and techniques at the client and programmatic level.
- ii. DBT is a recursive treatment and DBT practitioners are expected to apply the treatment to themselves. Didactic, experiential and assessment components of the programme must incorporate this aspect of the treatment.
- iii. Experiential and skills-based workshops providing students with a strong foundation in the clinical procedures of DBT and addressing the most up-to-date research developments.
- iv. Skills-based competencies will be developed through team-based experiential work during teaching and at the clinical base, team-based consultation by course staff and by individual supervision in the place of work.
- v. On-going clinical supervision provided both by the Consultation Team and by the course staff
- vi. Self-directed study to include general reading for each course and preparatory reading for each teaching session. Video and web-based resources will be available for students to borrow and study examples of clinical therapy sessions and clinical demonstrations of specific techniques.
- vii. Case-management and problem-based learning will be facilitated through a combination of course and work-based supervision and consultation.

### Assessment

Course components should be examined with a range of procedures including the following:

- i. Formative audio or video recording of a DBT therapy session (student and supervisor rated).
- ii. Summative audio or video recording of a therapy session rated by course team members.
- iii. Case report (3000 words) rated by course team members.
- iv. Chain and solution analysis of the students own therapy interfering behaviour (1,500 words) rated by course team members.
- v. Written examinations.
- vi. Theoretical Essays / literature reviews.
- vii. Reflective logbook.

### Equality and Cultural Competence

Course objectives to acquire cultural competence align with statutory duties under the Equality Act 2010, requiring public authorities who exercise public functions and organisations carrying out public functions on behalf of a public authority, to advance equality of opportunity, eliminate unlawful discrimination and foster good relations between people of shared protected characteristics and those who do not. Achieving cultural competence is a lifelong learning

## National curriculum for dialectical behaviour therapy

process and students will be expected to participate in mandatory training on this issue within their NHS organisation. Cultural competence for DBT Therapists will be based in the dialectical principles of the treatment that recognise that multiple perspectives on reality are possible and all have inherent validity. Students will be trained to recognise both their own and their client's perspectives and to find the inherent validity in both positions. The course will emphasise comprehensive and dialectical assessment that examines factors at a range of levels (biology, psychology, family, mental health services context, societal values and beliefs and the cultural context) that impact a person and their experiences. Students will be trained to identify their interpretations and assumptions and to examine the impact of these on their clinical work with their clients and also within the wider system. Students will be assessed on their capacity to recognise and respect difference and to communicate effectively with their clients around issues of diversity and difference.

### **Involvement of Experts by Experience**

Courses should ensure the fit between training and the priorities of people who use services by creating frameworks and opportunities for meaningful involvement in the design and delivery of the programme. Course should also encourage and support students to involve experts by experience in their own DBT programmes to ensure that DBT programmes learn from the experts by experience.

# DBT Components

## Component 1: Theories and Principles of DBT

This component aims to assist students to conceptualise the difficulties of clients with a borderline personality disorder (BPD) diagnosis using the core theories and principles underpinning Dialectical Behaviour Therapy (DBT) and to structure a treatment programme around these theories and principles.

The curriculum will comprise the following:

- Translating the theoretical foundations of DBT into a structured programme of clinical care for clients with a BPD diagnosis or for other client groups who are multiply impulsive and comorbid.
- Understanding the application of each core theory within the treatment, namely: problem-solving, validation, dialectics and mindfulness.
- Understanding the outline of the range of therapeutic strategies that can be delivered within a course of DBT therapy.
- Understanding the context in which the various DBT therapeutic strategies apply in treatment.

### Learning Outcomes

This component will provide an opportunity for students to develop and demonstrate knowledge, understanding and skills in the following:

General Learning Outcomes:

Demonstrate competency in:

- Critical knowledge and understanding of the key theories and concepts underpinning DBT namely behaviourism, mindfulness, self-verification theory and dialectics.
- Critical knowledge and understanding of the application of the main treatment strategies stemming from the above theories in clinical practice.
- Critical knowledge and understanding of the structure of DBT treatment including functions and modes and their underpinning principles.
- Knowledge and understanding of the assumptions and agreements used in treatment, and stages of treatment.
- Understanding and application of target hierarchies in different modalities of treatment.
- Understanding and application of the goals of DBT skills training and the core components of skills training.



## Component 2: Clinical Applications of DBT

This component follows on from the principles taught in 'Theory and Principles of DBT' during which the structure of the treatment is outlined. Participants, as part of a clinical team, develop a DBT programme within their own setting according to the structure as outlined. This process requires identification of a target population with clear inclusion and exclusion criteria, constructing a programmatic target hierarchy, identifying modalities of treatment to fulfil the five functions of a comprehensive DBT programme, collecting data on measures to assess the efficacy of the programme, organising and delivering at least one of these modalities in clinical practice and participating in the preparation of a presentation about the developed programme. Students will work in their clinical team to develop and deliver a DBT programme. Students will also learn principles of consulting to mental health practitioners seeking to deliver DBT by observing presentations of other students work and the feedback provided by course tutors. Students will also reflect and modify their own programme in the light of feedback from the course team.

The curriculum will comprise the following:

- Advanced development of skills in conceptualising clinical cases within a DBT framework.
- Identifying a treatment hierarchy in behavioural terms,
- Conducting behavioural and solution analyses of target behaviours on both clients and themselves,
- Identifying opportunities to increase the effectiveness of solutions.

### Learning Outcomes

This component will provide an opportunity for students to develop and demonstrate knowledge, understanding and skills in the following:

#### General Learning Outcomes

Demonstrate competency in:

- Developing and maintaining a DBT-congruent relationship with the client
- Conceptualising a clinical case according to DBT principles of behavioural targeting and comprehensive behavioural and solution analyses, drawing on the principles of classical and operant conditioning.
- Validating the client's experience
- Applying the principles of behavioural targeting to clinical cases.
- Establishing a target hierarchy
- Utilising the principles of shaping to strengthen commitment
- Conveying didactic information about the DBT approach
- Analysing targeted behaviours to identify problematic links in the chain contributing to the onset and maintenance of clinical problems.
- Developing comprehensive solution analyses, including skills, cognitive modification, exposure and contingency management, for targeted problems.
- Selecting and deploying in dialectical balance, irreverent and reciprocal communication styles

## National curriculum for dialectical behaviour therapy

- Employing behavioural and cognitive behavioural techniques in the context of DBT, specifically conduct skills training using the principles of skills acquisition, strengthening and generalisation
- Identifying where alternative solutions could be utilised in the treatment of a clinical case.
- Capacity to consult to the client and intervene in the client's environment as and when necessary.
- Analysing and modifying their own behaviour using the principles of the treatment
- Handling suicidal crises and utilising the Suicidal Crisis Protocol
- Terminating the intervention in line with DBT principles

## Component 3: Advanced Clinical Skills in DBT

This component builds on skills learnt in Component 1, Theories & Principles of DBT and Component 2, Clinical Applications of DBT. Students will develop more advanced skills in applying the principles of Dialectical Behaviour Therapy to Individual Cases and in using their DBT Consultation Team to maximum benefit in intervening with individual clients. Students will receive more in-depth teaching in problem-solving and the common problems and errors that impede its effectiveness and in skills and strategies to enhance the functioning of their Consultation Team. As part of the component students will be required to attend 20 hours of individual and 15 hours of group clinical supervision that will be based on at least a further 10 hours of live clinical material submitted to the supervisor in audio or video format. The supervisor will be subject to course approval and should be accredited as a DBT therapist with SfDBT.

The curriculum will comprise the following:

- Detailed and advanced review of the core change-based and acceptance-based strategies of DBT using clinical case material brought to the course lectures.
- Supporting students to work with their own and each other's material to identify skills and deficits in case conceptualisations and practical execution of DBT in clinical practice.
- Facilitating students to review the functioning of their DBT Consultation Team and how they can more effectively use the team to improve their clinical skills and outcomes.
- Outside of formal teaching students will practice applying their new skills learnt in the classroom to their clinical work and will receive feedback on their progress from a clinical supervisor who will review audio or video tapes of sessions to shape the student's clinical skills.

### Aims

The component aims to develop the skills outlined in the Roth and Pilling DBT Competence Framework to a more advanced level - in particular focusing on skills in conceptualising cases within a DBT framework and executing the delivery of the treatment with more precision. The component also teaches skills for leading a DBT team and how to progress and supervise other members of the DBT team.

### Learning Outcomes

This component will provide an opportunity for students to develop and demonstrate knowledge, understanding and skills in the following:

#### General Learning outcomes

Demonstrate competency in:

- the clinical execution of DBT in clinical sessions with clients using the full range of DBT strategies.
- the capacity to formulate a clinical case using the principles of DBT, including accurate targeting of clinical problems and comprehensive behavioural chain and solution analyses.
- Evaluating the efficacy of their clinical intervention including how it was impacted by both the DBT Consultation Team and individual supervision.
- Critically appraising their clinical work, evaluating its strengths and weaknesses

## Component 4: Mindfulness and DBT Individual Therapy

This component is suitable for therapists who are learning and practising DBT within a comprehensive DBT programme. A core component of DBT skills training and of working with clients in individual therapy in DBT is to understand and be able to teach and model mindfulness to clients. This component offers a framework for exploration and development of knowledge about the teaching and practice of mindfulness enhancing student's capacities to teach and shape mindfulness within DBT and to sustain mindful awareness during skills training and individual therapy. The component will enable participants to explore and enquire into the ways in which mindful awareness impacts upon their clinical work with clients.

The curriculum will comprise the following:

- Using mindfulness practice as a vehicle for inquiry, participants will engage in an exploration of the ways in which mindful awareness of their personal responses during and around therapy can inform the therapeutic process for the therapist and offer ways of taking care of him/herself and of understanding the difficulties clients face.
- Using mindfulness practice as a vehicle for inquiry, participants will engage in an exploration of the transactional processes during therapy, and of the ways in which mindful awareness of this can facilitate the therapeutic relationship and the client's learning.
- Participants will develop their understanding of the ways in which mindfulness skills and techniques can be explicitly introduced and taught to clients within skills training and individual therapeutic work. This will include how to apply the principles of skills acquisition, strengthening and generalisation to shaping clients' skills in mindfulness both within and outside of sessions.
- Within each of these areas the learning will be drawn out experientially during the teaching sessions and through reflective learning processes in clinical practice and supervision.

### Aims

The overall aim of the component is to develop an experiential and theoretical understanding of the ways in which mindfulness can be integrated within the individual therapy modality of DBT. This will be investigated within three areas: the personal experience of the therapist, the transactional process between therapist and client, and the explicit ways in which mindfulness can be integrated into the therapy sessions.

### Learning Outcomes

This component will provide an opportunity for students to develop and demonstrate knowledge, understanding and skills in the following:

General Learning Outcomes:

Demonstrate competency in:

- Critically appraising, exploring and evaluating the ways in which mindfulness can be used within the different therapeutic modalities of DBT
- Communicating comprehensive experiential understanding of the attitudinal foundations to mindfulness practice and how to model these during therapeutic work.
- Communicating detailed experiential understanding of the relevance of bringing mindful awareness to the therapist's attitude and behaviour within the therapeutic encounter with the client.
- Experiential understanding of the effects of bringing mindful qualities of awareness and acceptance to therapeutic interaction.

## Component 5: Principles of Learning and Behaviour Change

This component is a key component that sets the foundation for understanding behaviour analysis on a theoretical and philosophical basis and the implications these principles have for the treatment of behavioural problems. The component aims to build knowledge of the conceptual and philosophical background to the philosophy of the science of behaviour analysis and to address how to apply these principles in practice.

The curriculum will comprise the following:

- The philosophical underpinnings of Skinner's radical behaviourism,
- Understanding the language and vocabulary of behaviour analysis,
- Understanding the unique perspective behaviour analysis adopts when explaining the causes of human behaviour.
- Understanding three-term contingency,
- Understanding motivational operations,
- Understanding positive and negative reinforcement and punishment,
- Pavlovian conditioning,
- Stimulus control,
- Schedules of reinforcement,
- Choice and the matching law,
- Behavioural momentum,
- Understanding the language of science and the basic philosophical foundations of radical behaviourism.
- Practical applications of the fundamental elements of behaviour change:
  - motivating operations,
  - the discriminative stimulus,
  - reinforcement and punishment.
- Techniques to teach new behaviours

### Aims

This component aims to establish the foundation for understanding behaviour analysis on a theoretical and philosophical basis and the implications these principles have for the treatment of behavioural problems.

### Learning Outcomes

This component will provide an opportunity for students to develop and demonstrate knowledge, understanding and skills in the following:

General Learning outcomes

Demonstrate competency in:

- Advanced theoretical knowledge in the major principles of respondent and operant behaviour
- Knowledge of the fundamental elements of behaviour change
- Theoretical knowledge in the theoretical and philosophical background to behaviour analysis (radical behaviourism)
- Advanced theoretical knowledge in how behavioural principles are involved in the development of behavioural disorders.

## National curriculum for dialectical behaviour therapy

- Identifying reinforcers and punishers and choosing an appropriate schedule of reinforcement or punishment for an intervention
- Manipulating motivating operations to produce behaviour change
- Determining the correct prompt necessary to teach new behaviours.