

## Oxford Handbooks Online

### **Dialectical Behavioural Therapy Skills for Employment**



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The Oxford Handbook of Dialectical Behaviour Therapy

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### **Abstract and Keywords**

The complex relationship between mental health and employment is transactional and unique to each individual. Thus the decision to commence (or return) to employment for this population requires an individualized formulation emphasizing the dialectical tension between the benefits of employment and stressors in the workplace. In addition, unemployment is associated with a number of social exclusion risks which may impact upon an individual's mental health. Vocational functioning in those with personality disorder (PD) is more compromised than social functioning and does not improve in direct association with change in mental health symptoms. Obtaining and retaining employment requires the ability to manage workplace emotions, behaviour, and relationships. Dialectical behavioural therapy (DBT) is an evidence-based treatment that addresses these key areas of dysfunction—adaptations for employment include DBT-W, DBT-ACES, and DBT-SE, each with their own focus. Feasibility studies have shown these adaptations are acceptable to and may be effective for participants.

Keywords: Employment, vocational, DBT-W, DBT-ACES, DBT-SE, group

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### **Key Points for Clinicians**

- Vocational activity is an important goal for recovery from mental ill health.
- Adaptations of DBT focusing on employment have shown positive results.

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- DBT for employment can be delivered as a group-based treatment, thus improving cost-effectiveness.
- All three adaptations of DBT for employment provide all five functions of standard DBT.
- The adaptations of DBT for employment have been developed as stage 2 treatments, provided to those individuals who are no longer engaging in high-risk behaviours.

## **Introduction**

### **Mental Health and Employment**

The complex relationship between mental health and employment is transactional and unique to each individual (Milner, Page, & Lamontagne, 2014). Many models of recovery from mental health difficulties suggest that employment is important for providing individuals with “meaningful occupied time” in line with their values (Leamy et al., 2011). The structure and demands of employment provide the opportunity for behavioural activation (Mazzucchelli, Kane, & Rees, 2009), social interaction, and positive feedback. Employment may also provide distraction from the ruminative cognitive processes common across mental health disorders (Smith and Alloy, 2009). Conversely, employment may lead to an increase or onset of mental health disorders due to the stressors in the workplace (Kelloway and Barling, 1991). Additionally employment not in line with the individual’s values, talents, or interests may lead to mental health difficulties (Warr, 1994). Thus, the decision to commence (or return) to employment for individuals with mental health difficulties requires an individualized formulation with an emphasis on the dialectical tension between the benefits of employment and the stressors of the workplace.

From a cognitive perspective, individuals with mental health difficulties commonly hold negative core beliefs about their competence in the workplace; thus, each failure at interview to be appointed to a position, or loss of employment, provides further support for their beliefs and increases the levels of anxiety when seeking employment and within employment. This repeated activation of beliefs about competence will likely lead to increased symptoms of depression and anxiety, resulting in reduced motivation to engage with the employment process. Thus, equipping an individual with skills to identify and manage problematic cognitions and their related emotions is important in the process of obtaining or returning to employment (Overland et al., 2014).

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According to the Layard report (2012) for the United Kingdom, “... mental illness reduces GDP by 4.1% or £52 billion a year.” In February 2013, 2.51 million people in Britain claimed incapacity benefit (now Employment Support Allowance). Of those on incapacity benefit, 38% have a mental disorder (Layard, 2006), and of these at least 10% will have a PD (Sansone and Sansone, 2010). In addition, long-term unemployment is associated with an increased risk of substance abuse, which has implications for health and criminal justice systems (Levitas et al., 2007), leading to further NHS and societal economic impact. Furthermore, unemployment is associated with social exclusion factors that have an impact upon families, such as divorce (Blekesaune, 2008) and poor education attainment and behaviour in children (Murali and Oyebode, 2004); these may lead to an increased likelihood of mental illness and unemployment in the next generation.

### **Personality Disorder and Employment**

There are ten personality disorders identified in the *Diagnostic and Statistical Manual for Mental Disorders* (DSM-5; APA, 2013). Personality Disorder (PD) affects approximately 5% of the UK adult population (Coid et al., 2006). While symptom presentation is different for each PD, most share common difficulties including, emotional instability (excessive or constricted), behavioural regulation problems (impulsive or restricted), identity disturbance, and difficulties with relationships. Employment settings create significant challenges across these domains, requiring individuals with PD to demonstrate both self-awareness and self-control across all domains of personal functioning.

Vocational functioning in those with PD is more compromised than social functioning (Zanarini et al., 2010; McMahan and Enders, 2009) and does not improve in direct association with change in mental health symptoms, thus suggesting that vocation may need to be targeted directly. A review by Sansone and Sansone (2012) found that nearly half of all individuals with PD were unemployed in longitudinal follow-up (both after treatment and in non-treatment seekers). Furthermore, PD was associated with a greater number of jobs since age 18, less overall time in employment, a greater likelihood of ‘cash in hand’ employment, and a greater likelihood of being fired (Sansone, Leung, and Wiederman, 2012). PD is also associated with “losing a job on purpose” (Sansone and Wiederman, 2013). Across the spectrum of personality disorders, those with a cluster A (paranoid/schizotypal) personality disorder are more likely to be unemployed, to work in less cognitively challenging jobs, or to be employed in jobs with less social contact (McGurk et al., 2013). PD is also associated with early retirement (Korkeila et al., 2010).

Vocational rehabilitation programmes have identified factors related to seeking employment. Rogers and colleagues (2001) found that ‘contemplation’ was a key factor using the Change Assessment Scale. Mee and Sumsion (2001) found three factors—generating motivation, building competence, and developing self identity—were key in readiness for employment. Ward and Riddle (2003) divided the challenges between employability dimensions and support for dealing with challenges. A number of mediating factors reduce the likelihood of an individual with PD in obtaining employment. These

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include impulsivity (Sio et al., 2011), degree of neuroticism and disagreeableness (Michon et al., 2008), level of social dysfunction (Newton-Howes, Tyrer, and Weaver, 2008), and symptom severity (Sansone and Sansone, 2010; Rymaszewska, Jarosz-Nowak, and Kiejna, 2007). Thus, any intervention aimed at improving employment in those with a PD will need to address these factors.

### **Dialectical Behavioural Therapy**

Based on a biosocial model of the transaction between emotional vulnerability and invalidating environments, Dialectical Behavioural Therapy (DBT; Linehan, 1993) was developed initially for the treatment of suicidal and impulsive individuals with a diagnosis of Borderline Personality Disorder (BPD). The treatment provides a theoretical framework and associated clinical techniques to address problems across several domains of dysfunction, with specific emphasis on emotional regulation, distress tolerance, interpersonal effectiveness, mindfulness, dialectical thinking, problem solving, and self-validation. DBT is the evidence-based recommended treatment for BPD across most western cultures including the United Kingdom (UK; the National Institute for Clinical Excellence, 2009), United States (US; American Psychological Association, 2001) and Australia (Australian Department of Health 2012). Furthermore, the evidence supports the effectiveness of DBT for the wider range of personality disorders (Lynch and Cheavens, 2007), comorbid substance misuse (Dimeff and Linehan, 2008), and other disorders characterized by emotional dysregulation and impulsivity (Feigenbaum, 2007).

### **Adaptations of DBT for employment**

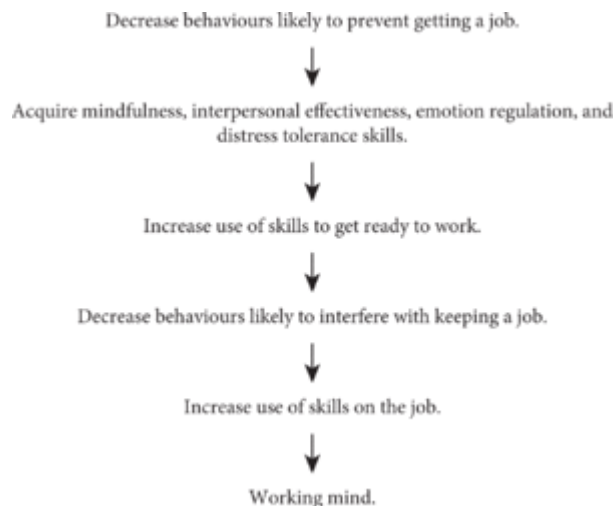
Evidence has been emerging from the US for adaptations of DBT with a dual focus on mental health and employment. Koons and colleagues (2006) developed an adaptation for individuals with mental health disorders who were engaged in a vocational rehabilitation programme (DBT-W) in the US. The primary inclusion criteria was “very significantly disabled” in ability to attain employment. Participants were excluded if they had a suicide attempt in the past six months or were self-harming, based on the target hierarchy of DBT in which parasuicidal behaviour takes precedence over quality of life (QoL) targets. Of those in the study, 83% had a diagnosis of a PD, and the majority had significant comorbidity including major depressive disorder, substance abuse, psychotic disorders, and anxiety disorders. Eight participants (66.7%) completed the intervention and four dropped out. Koons and colleagues (2006) demonstrated a significant improvement in mental well-being and a small increase in hours worked.

The DBT-W programme ran weekly for six months, and was comprised of skills training of two hours weekly, and a 90-minute per week diary card and chain and solution analysis review. In addition the facilitators met weekly for DBT consultation. The programme delivered on all functions of fully programmatic DBT.

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While the outcomes were positive for the small number of individuals ( $n = 8$ ) who received DBT-W, the DBT-W intervention has not been evaluated outside of the vocational rehabilitation setting in which the clients were receiving a number of additional supports for return to employment. In addition, the intervention involved the deployment of four facilitators due to the challenges of the population which may be beyond the staffing limitations of many services, thus increasing costs.

DBT-W is based on the standard skills outlined in the original Linehan (1993b) skills manual. Figure 1 shows the individual formulations based on Koon et al.'s (2006) path to working mind.



[Click to view larger](#)

Figure 1 The pathway to working mind.

Reprinted from *Cognitive and Behavioral Practice*, 13 (2), Cedar R. Koons, Alexander L. Chapman, Bette B. Betts, Beth O'Rourke, Nesha Morse, and Clive J. Robins, *Dialectical Behavior Therapy Adapted for the Vocational Rehabilitation of Significantly Disabled Mentally Ill Adults*, pp. 146–56, <https://doi.org/10.1016/j.cbpra.2005.04.003> Copyright © 2006 Association for Behavioral and Cognitive Therapies. Published by Elsevier Ltd.

### Decrease Behaviours Likely to Prevent Getting a Job

Initially the therapist and client will consider the range of current behaviours which prevent the individual from obtaining and retaining employment. As high-risk behaviours take precedence over QoL in the DBT programme individuals with high-risk behaviours are excluded from DBT for employment adaptations and standard DBT is recommended until the risk behaviours have ceased (Linehan, 1993a). After risk, the most

common behaviours likely to prevent getting a job involve substance misuse or abuse. Many individuals partake of alcohol and/or recreational substances prior to the working day, but excessive use leads to physical consequences the next day (e.g., a hangover) or the substances may still be present in the body at the time of needing to be in the workplace. Therefore, the therapist and individual will need to address the timing, frequency, and amount of substance use. Other examples of behaviours likely to prevent getting a job would include criminal behaviour, poor compliance with medical recommendations for physical disorders, behaviours associated with severe eating disorders, and lack of activity associated with moderate to severe depression or significant anxiety.

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### **Acquire Mindfulness, Interpersonal Effectiveness, Emotional Regulation, and Distress Tolerance Skills**

The four main sets of skills delivered in standard DBT are needed to engage successfully with the processes of preparing for and obtaining employment. The acquisition of these four sets of skills may take some time in a standard DBT programme, or may be acquired in adaptations of DBT for employment. At this stage of the pathway the individual will be acquiring and practising the skills within their daily life. As employment requires interactions with others in the workplace it is important for the individual to engage in regular social interactions to strengthen and generalize their use of skills. Therefore, individuals at this stage are expected to engage with community-based activities such as hobbies, volunteer work, or religious activities to increase opportunities to practise the skills in social settings where emotions and relationship difficulties may be present.

### **Increase Use of Skills to Get Ready to Work**

The next step on the pathway involves generalization of the DBT skills to the process of applying for and obtaining employment. Individuals with PD frequently lack the skills for self-management (i.e., keeping a diary of appointments, waking to an alarm clock, regular eating, and exercise routines). In addition they may require the skills to self-motivate to undertake tasks. The relevant skills may include strengthening pros and cons and wise mind decision making to facilitate self management.

### **Decrease Behaviours Likely to Interfere with Keeping a Job**

Once employment has been obtained, the individual will require the full range of skills to manage the emotional and interpersonal stressors common in employment. Thus, the focus of this step in the path to regular and sustained employment is the generalization of the DBT skills in the workplace. Frequently the integration of a number of skills will be required to function successfully in employment. At this stage the individual may need to strengthen their distress tolerance skills, as it is common for an individual to be required to continue in their work tasks while experiencing strong emotions. The common dialectical tension in these situations is the balance between using distress tolerance skills (for example, distraction or self-soothe) to manage the action urges associated with intense emotions without engaging in problematic behaviours versus the impact of the distress tolerance skills on the ability of the individual to continue to perform their role at work. For example, it may not be possible for a cashier at the supermarket to repeatedly ask for a break to change temperature or self-soothe, or for a phone sales person or receptionist to use distraction while taking continuous calls.

The most common behaviours that interfere with keeping a job include regular absences from work, leaving work part way through a shift, arriving late for work (which may be related to using substances the night before or due to poor sleep which is common in mental health disorders), and engaging in excessive displays of emotion in the work place (particularly behaviours associated with anger).

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Additionally, the individual will need to develop a balanced mind position on the dialectical tension between being overly or insufficiently assertive in the work place. The ability to use wise mind to recognize the appropriate time to be appropriately assertive with colleagues and managers, and when to acknowledge, with radical acceptance, the power and position of those in authority.

### **Increase Use of Skills on the Job**

While the full range of DBT skills are needed to be successful in employment, leading to both job retention and hopefully promotion, of primary importance is the use of effective mindfulness to ensure focus of attention, remaining in the moment, being effective, and maintaining a non-judgmental stance in relation to colleagues, managers, and customers/consumers. Throughout this step in the pathway to working mind, the emphasis is on the ongoing strengthening and generalization of the skills as the demands and challenges of the workplace continually change.

### **Working Mind**

The destination of the pathway to employment is to remain in working mind. Linehan (1993) initially outlined the primary dialectical tension for individuals with a personality disorder as the tension between emotional mind and rational (reasonable) mind. In this dialectic, emotional mind triggers a number of urges, cognitions, physiological sensations, and behaviours in response to the primary, or mixture, of emotions. Emotional mind considers the short-term consequences and seeks to reduce or eliminate painful emotions or prolong positive emotions. For example, frustration or anger may lead to the desire to shout or be physically violent, or love may lead to the urge to remain with the object of desire rather than go to work. On the other end of the dialectic, rational mind considers the long-term consequences of the actions. A wise mind decision is achieved when both the short-term needs of emotional mind and the long-term consequences identified by rational mind are addressed in a synthesis.

In another adaptation of DBT, Comtois and colleagues (2006; 2010) have sought to assist individuals who have been engaged with mental health services to leave the system and engage in recovery-based activities, including employment. The DBT Accepting the Challenges of Exiting the System (DBT-ACES) programme was designed for individuals after they have completed stage one of DBT (Linehan, 1993a). DBT-ACES is a year-long programme in which the individual attends both weekly individual and ongoing group based skills training. During this “second year” there is an emphasis on “self sufficiency” with additional training in goal setting, problem solving, trouble shooting, dialectical thinking, and use of reinforcement (to change behaviour in self and others).

## **DBT-ACES**

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(<https://www.borderlinepersonalitydisorder.com/wp-content/uploads/2013/03/DBT-ACESwithfinalpedataver-43-13-13.pdf>) Comtois and colleagues (2010) describe several adaptations from standard DBT. The first adaptation is the development of a target hierarchy based on recovery goals which include: 1) choosing a career path to employment that provides a living wage, 2) being capable of financially supporting oneself and family without state benefits or family support, 3) having “back up” employment to support oneself, and 4) engaging in employment-appropriate behaviour (attendance, appropriate dress and manner, task completion, following directions). DBT-ACES places an emphasis on interpersonal recovery goals such as: 1) being “easy to get on with” even with difficult people or when stressed, 2) regulating emotions in challenging interpersonal situations, 3) awareness of personal limits of self and others, and 4) able to receive praise, promotions, and wage raises. In addition to the aforementioned employment-based goals, DBT-ACES promotes social recovery goals (which will have a bearing on employment goals) such as: 1) having friends with similar values, 2) having casual friendships (e.g., people to have lunch or coffee with), 3) at least one close social support person, 4) belonging to at least one group who would notice if you were not around, 5) being a member of an organized recreational activity, 6) disengaging from destructive family relationships or friendships, and 7) engaging in a supportive romantic relationship if desired. The final set of recovery goals relate to self-sufficiency and include: 1) generating savings in the event of unemployment, 2) managing time, and 3) managing one’s own psychiatric and physical symptoms. DBT-ACES emphasizes the need to manage emotions effectively in all employment, familial, and social situations.

The second adaptation in DBT-ACES is an emphasis on ambition, progress, and effectiveness. The skills curriculum includes skills addressed in the Walking the Middle Path module of the new skills manual (Linehan, 2015) and areas such as perfectionism, time management, and anger management. The final area of adaptation is the emphasis on contingency management with a requirement that participants in the programme engage in increasing hours of social or employment activity, and an emphasis on the self-regulation of contingencies. Individuals in the DBT-ACES programme continue to receive all standard modes of DBT, but the expectation is that the individual therapist and skills training facilitators will “keep the bar high” and expect ongoing improvement in the behaviours associated with the recovery hierarchy.

The feasibility study of DBT-ACES (Comtois, 2010;  $n = 30$ ; 24 completers and six drop-outs) demonstrated a significant increase in employment (odds ratio: 3.34) which reduced at one-year follow-up but remained significant. In addition there was an increase in subjective QoL and a reduction in inpatient admissions. At one year follow-up from the DBT-ACES programme, 36% of participants were no longer engaged with mental health services. DBT-ACES has been further evaluated outside the US (in Germany) and found to be effective. While the DBT-ACES programme is effective and cost-effective, it remains costly for some services as the individuals continue in fully programmatic DBT for a



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second year. Thus, there continues to be the need to evaluate whether shorter adaptations or adaptations with fewer modes may be effective. In addition, there is a potential need for adaptations that are available for individuals with PD who may not previously have been engaged in standard DBT.

### DBT-Skills for Employment (DBT-SE): A Brief DBT Adaptation

A growing evidence base is emerging for the delivery of DBT skills in a group-only format (Valentine et al., 2015). The current evidence suggests that for those individuals who are of low risk to self or others and have limited comorbidity with other mental health disorders, DBT skills training alone may be effective if combined with regular risk assessment and management processes. With the constant pressure on health services to deliver timely and cost-effective interventions, group treatments are becoming more prevalent and desirable to commissioners of services. With this in mind, DBT-SE was developed as a brief group-based intervention.

### Functions and Modes of DBT

Koerner, Dimeff, and Swenson (2007) provide a useful summary of the important factors to consider when developing an adaptation of DBT. The main emphasis is on the five important functions of standard programmatic DBT and the modes most commonly used to deliver each of these functions (Linehan, 1993). The DBT-SE adaptation delivers on all five functions of standard DBT.

- 1) *Enhancing capabilities:*** the DBT-SE skills are taught in a group-based setting with 45 minutes of teaching with associated handouts, worksheets for recording between-session practice, and examples of completed worksheets to support comprehension.
- 2) *Improving motivation:*** clinical progress is strengthened and factors that inhibit progress are identified in the weekly chain and solution analyses section of the intervention.
- 3) *Ensuring generalization:*** telephone coaching during working hours is provided to all participants from the facilitator or co-facilitator. In addition, the DBT-SE manual provides a handout on the importance of consistent rehearsal of skills in a range of contexts.
- 4) *Enhancing therapist skill and motivation:*** all DBT-SE facilitators and co-facilitators are expected to attend weekly DBT-SE consult (as described in Linehan (1993a)).
- 5) *Structuring the environment:*** a handbook for employers is provided to all participants to give to their employers/managers upon obtaining employment if they feel this would be helpful. The handbook provides information for employers on “reasonable adaptations” in the workplace for individuals with PD, based on the DBT-SE skills and principles of reinforcement. The pros and cons of disclosing mental

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health difficulties to managers is discussed in the pre-group meeting when the handbook is provided to participants.

The DBT-SE adaptation is based upon the format piloted by Koons and colleagues (2006). The programme is a sixteen-week curriculum delivered in a group format for three hours once a week. The feedback from staff and clients in the initial piloting and feasibility study of DBT-SE suggests that clients are very willing and able to attend and participate for the full three hours. As is highlighted to them in the initial meeting, most employment requires attendance and participation for more than three hours a day.

The group facilitator and co-facilitator provide the same roles as described in standard DBT, with the facilitator responsible for the teaching of the material and the co-facilitator responsible for the learning environment. Both facilitators may change roles at any moment in the session.

The initial piloting and feasibility study of DBT-SE (Feigenbaum et al., in preparation) enrolled twelve clients in each of four groups. The main entry criteria were a diagnosis of a personality disorder (not BPD-specific), no suicide attempt in the past three months, no self-harm in the past month, and eligible and interested in obtaining or returning (from long-term sick leave) to employment. The feasibility study began with 41 participants (18 males, 19 females, one transgender), and 13 dropped out before completing the full 16 weeks, indicating a 69% retention rate. Of the participants, 25% attended all 16 sessions. The mean score on the Standardised Assessment of Personality Disorder—Abbreviated Scale (SAPAS; Moran et al., 2003) cut-off was  $5.57 + 1.44$  (cut-off on the SAPAS for probable PD = 3) indicating considerable issues related to personality disorder. Of this number, 26 (63%) had been unemployed for longer than one year (Mean 115.05 months; SD 124.44 Range 15–540 months). During the 16-week intervention, ten participants obtained employment (25%) and an additional six participants (14%) attended an interview. One commenced volunteer work and one began an employment-related training course. In the one-month follow-up period, a further five individuals obtained employment. The average number of hours of “employment-seeking activity” ranged from  $5.96 + 10.96$  hours by week two to  $8.87 + 13.58$  by week 16. In addition, measures of well-being indicated a decrease in symptoms of depression, substance misuse, and anger and improvements in interpersonal effectiveness and social adjustment.

### Structure of DBT-SE Sessions

The structure of the sessions is detailed in Table 1. It should be noted that based on feedback from clients in the piloting and feasibility studies, the term “between-session practice” is used rather than “homework” to emphasize the importance of ongoing rehearsal of skills.

Table 1 DBT-SE Session Plan

## Dialectical Behavioural Therapy Skills for Employment

15 minutes	Mindfulness practice and feedback
45 minutes	Review of weekly between session practice
45 minutes	Teaching topic and between-session practice setting
15 minutes	Coffee/tea break
50 minutes	Review of chain and solution analyses
10 minutes	Distress tolerance skill

Based on the experience of the developers of the DBT-SE adaptation, it was identified that many of the clients who are interested and ready for DBT-SE (at the “increase use of skills to get ready for work” step in the path to working mind) have experience of many of the distress tolerance skills. Therefore it was decided to incorporate the teaching of a distress tolerance skill modified for the workplace at the end of each session. This has the additional effect of acting as a wind-down exercise to finish the session. The distress tolerance skills were taken directly from the Linehan DBT skills manual (2014), using examples and suggestions specific to the workplace (see Box 1 for an example of the minor modification to the TIPP skill for the workplace).

Box 1 TIPP in the workplace.

## Distress Tolerance at Work

### TIPP

#### Temperature

Change your temperature—if hot cool down/if cold warm up

#### Hot coffee/tea

#### Extra jumper

#### Heater—lean on the radiator

#### Hot meal

#### Cold drink with ice

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**Lean on a cold wall**

**Face against a cold window**

**Open the windows**

**Fan**

**Cold cloth on neck or face**

**Ice cubes on the wrists**

**Air conditioner**

**Clear out the refrigerator in staff kitchen**

**Intense Exercise (engage your body without your mind)**

- **Star jumps**
- **Lunchtime run**
- **Run up the stairs at work**
- **Use heavy books to weight lift (safely)**

**Paired Progressive Muscular Relaxation**

- **Tighten and relax each muscle group while saying a specific word (e.g., relax)**

**Desk chair yoga**

[www.huffingtonpost.com/meredith-nordhem/office-yoga-poses\\_b\\_5604195.html](http://www.huffingtonpost.com/meredith-nordhem/office-yoga-poses_b_5604195.html)

[www.verywell.com/yoga-stretches-at-your-desk-3567200](http://www.verywell.com/yoga-stretches-at-your-desk-3567200)

**Facial massage (self)**

**Shoulder massage (self)**

**Paced Breathing**

- **Breathe in slowly, pause, breathe out slowly for longer than on the in breath .**
- **Pay attention to your breath mindfully.**

Reproduced from the Marsha M. Linehan, *DBT® Skills Training Handouts and Worksheets Second Edition*, Distress Tolerance Handout 4, p. 376. Copyright © 2014, Guilford Press. Adapted with permission of Guilford Press.

## The DBT-SE Curriculum

Table 2 shows details of the curriculum for the DBT-SE programme . All participants are given a ring binder in the first session that contains the full set of handouts and worksheets for recording the details of their between-session practice. They are provided with a sample completed worksheet for each skill to show how to complete the worksheet. The curriculum includes the four modules of standard DBT, a brief introduction to cognitive restructuring, and skills for self-management, which includes practical issues and issues of self-motivation to develop and utilize skills (both during the treatment and in employment).

Table 2 DBT-SE curriculum

<b>Week 1</b>	<b>Introductions</b>
	Orientation to DBT-SE
	Pathway to Employment
	Dialectical Thinking
	How to conduct a chain analysis
	<b>Distress Tolerance</b>
	TIPP (Temperature)
<b>Week 2</b>	<b>Mindfulness 1: What Skills</b>
	Observe, Describe, Participate
	<b>Distress Tolerance</b>
	TIPP ((Intensive) Exercise
	Paced Breathing
<b>Week 3</b>	<b>Mindfulness 2: How Skills</b>
	(Non-Judgemental, One Mindful, Effective)
	<b>Distress Tolerance</b>

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	TIPP (Paired Muscular Relaxation)
<b>Week 4</b>	<b>Mindfulness 3: Wise Mind/Balanced Mind/Employee Mind</b>
	<b>STOPP</b>
	<b>Distress Tolerance</b>
	ACCEPTS (Activities)
<b>Week 5</b>	<b>Emotional Regulation 1:</b>
	<b>Model of Emotions</b>
	<b>Functions of Emotions</b>
	<b>Mindfulness of Emotions</b>
	<b>Distress Tolerance</b>
	ACCEPTS (Contributing)
<b>Week 6</b>	<b>Emotional Regulation 2:</b>
	<b>Check the Facts</b>
	<b>Opposite Action</b>
	<b>Distress Tolerance</b>
	ACCEPTS (Comparisons)
<b>Week 7</b>	<b>Emotional Regulation 3:</b>
	<b>Problem Solving</b>
	<b>Distress Tolerance</b>
	ACCEPTS (Emotions)
<b>Week 8</b>	<b>Emotional Regulation 4:</b>

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	ABC PLEASE at work and home
	<b>Distress Tolerance</b>
	ACCEPTS (Pushing Away)
<b>Week 9</b>	<b>Emotional Regulation 5:</b>
	Cope Ahead
	Avoid Avoiding
	<b>Distress Tolerance</b>
	ACCEPTS (Thoughts)
<b>Week 10</b>	<b>Interpersonal Effectiveness 1 (IE):</b>
	The art of small talk
	The art of sharing—personal limits
	<b>Distress Tolerance</b>
	ACCEPTS (Sensations)
<b>Week 11</b>	<b>Interpersonal Effectiveness 2:</b>
	<b>Changing Behaviour with Reinforcement/Contingencies</b>
	<b>Distress Tolerance</b>
	IMPROVE (Imagery/Meaning)
<b>Week 12</b>	<b>Interpersonal Effectiveness 3:</b>
	<b>Values at work</b>
	IE: What Skill—DEAR
	<b>Distress Tolerance</b>

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	IMPROVE (Prayer (serenity)/Relaxing)
<b>Week 13</b>	<b>Interpersonal Effectiveness 4:</b>
	IE How Skills
	MAN GIVE FAST
	<b>Distress Tolerance</b>
	IMPROVE (One thing in the moment/Vacation)
<b>Week 14</b>	<b>Interpersonal Effectiveness 5:</b>
	IE Intensity and Effectiveness
	<b>Distress Tolerance</b>
	IMPROVE (Encouragement)
<b>Week 15</b>	<b>Managing your mind</b>
	Noticing and challenging unhelpful thinking patterns
	<b>Distress Tolerance</b>
	Self Soothe
<b>Week 16</b>	<b>Managing a work routine</b>
	<b>Putting it all together</b>
	How to carry on practicing
	Where to get support in using the skills
	Finding motivation

## Pre-DBT SE Session



## **Dialectical Behavioural Therapy Skills for Employment**

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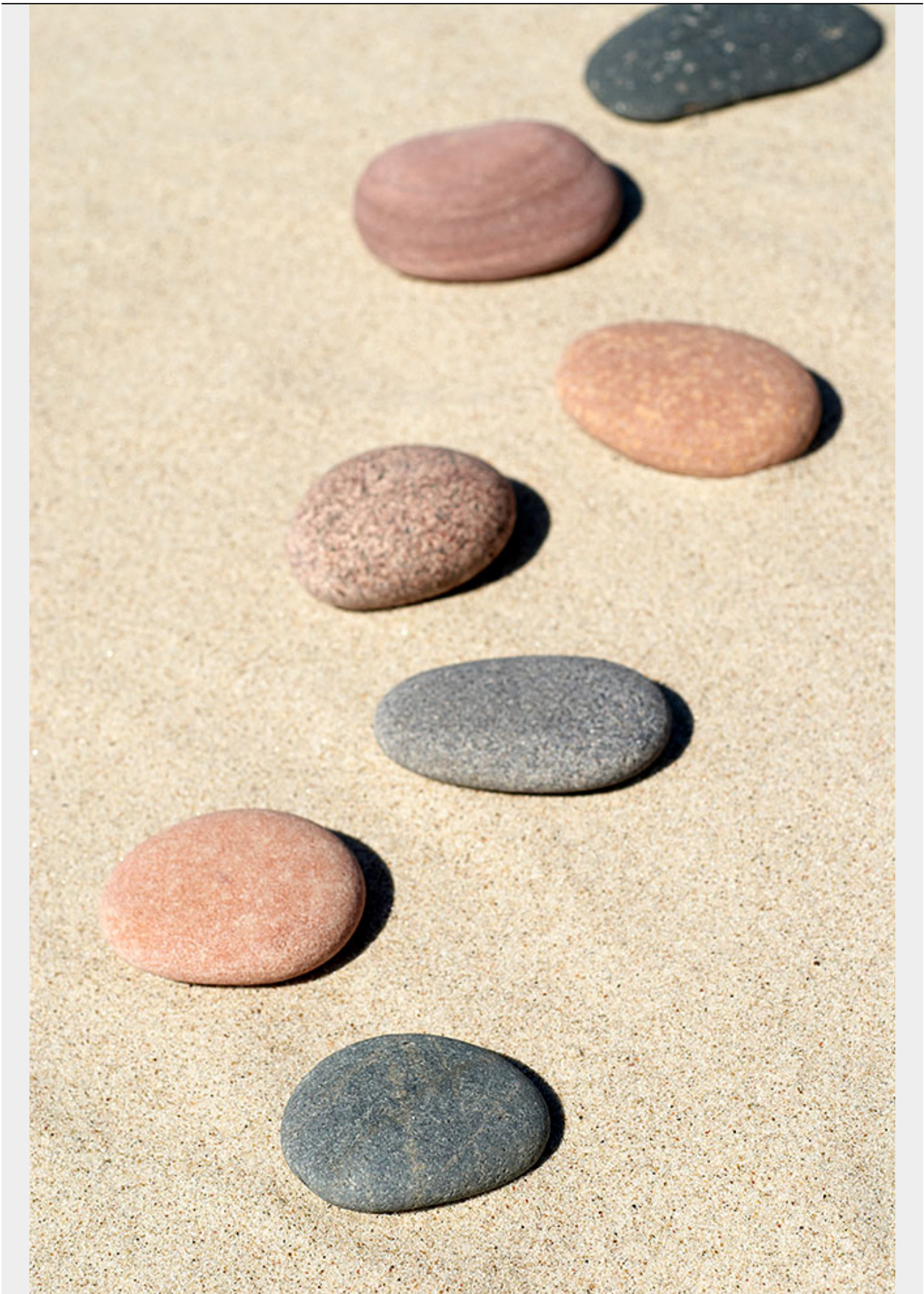
One of the challenges of providing DBT-SE is the absence of the individual therapy mode where motivation to practise skills for strengthening and generalization is traditionally undertaken. Therefore DBT-SE facilitators must identify how to provide the function of motivation to practise (see Box 2), which provides an example of a motivational handout highlighting the importance of practice to achieve success in a new skill.

Box 2 Motivation to practise skills handout

**PPP**Prepared

**(in DBT-SE and at work)**

## Dialectical Behavioural Therapy Skills for Employment



## Dialectical Behavioural Therapy Skills for Employment

Why?

**P**eace of mind

**P**ositive Relationships

**P**ractical Ability

How?

**P**rocure: learn by reading, watching, asking

**P**practice: over and over again

**P**atience: learning takes time and mistakes

Image source: Stones on the Beach: [iStock.com/pixonaut](https://www.istock.com/pixonaut)

Another aspect to consider when working to increase motivation is the importance of values in the workplace (see Box 3) both with respect to selecting the type of employment to consider and the important issue of satisfaction in the workplace. Differences in values can be a source of considerable emotional dysregulation and as such are returned to in more detail again in the interpersonal effectiveness teaching. The early identification of how employment may fit with values was highlighted by most participants as important in facilitating attendance and skills practice.

### Box 3 Values in the workplace

## Values (Priorities) at work

### What is a value?

Principles or standards of behaviour; one's personal judgment of what is important in life

### How do I know something is a value for me?

Is this something you feel is important to you or is it something that you think other people want from you?

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**Knowing and acknowledging our values helps us both to identify the type of employment in which we will feel content/satisfied and also helps to shape our behaviour in the workplace.**

**Remember—values are personal and others may not share our same values.**

### **Common values at work:**

- 1.** Relationships—getting on with my co-workers and managers.
- 2.** Being part of a group—working together with others to create/provide.
- 3.** Being powerful and influencing others.
- 4.** Having a sense of achievement (even without recognition).
- 5.** Getting credit for my achievements from others.
- 6.** Being productive.
- 7.** Behaving respectfully to others (and self).
- 8.** Being generous (time, knowledge).
- 9.** Being self-directed.
- 10.** Security.
- 11.** Self-development.
- 12.** Interest.
- 13.** Being wealthy.
- 14.** Being healthy.
- 15.** Time for my friends and family.
- 16.** Time for my personal pursuits (hobbies, interests).

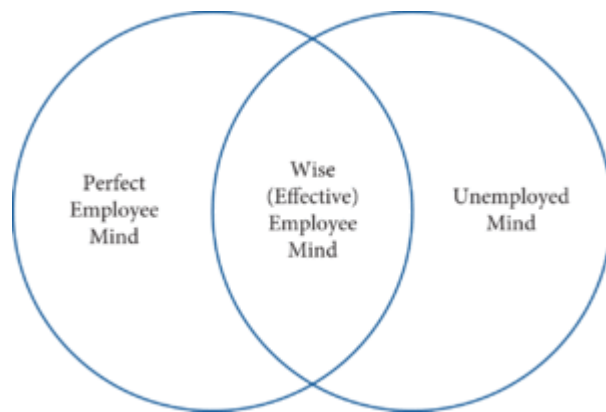
## **DBT-SE and Working Mind**

In the original 2006 model developed by Koons and colleagues, the final step of the pathway to employment is working mind. This has been further elaborated in the DBT-SE model (Figure 2) as the dialectic between “perfect employee mind” (I must never make a mistake at work; I must always please my managers) and “unemployed mind” (I am not able to work; it is too hard; no one will employ me; my manager is looking for ways to fire me). Perfect employee mind leads to anxiety-driven behaviours including extended working hours, not taking breaks, vigilance behaviours, and worry. Unemployed mind leads to hopeless and helpless cognitions with the associated decrease in behaviour and most commonly the emotions of sadness, guilt, and shame. Social isolation and an absence of employment-seeking behaviour tend to follow from unemployed mind. The synthesis of these two dialectical poles is wise “effective” employee mind in which one strives to do the best in one’s employment at any given time, but acknowledges that everyone has times when they are not able to achieve what is expected or hoped for in the workplace. Clients struggling with the synthesis of this dialectic are reminded of the

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DBT principle “you are doing the best you can, and you can always do better.” Radical acceptance of one’s performance in this moment in time is emphasized.



[Click to view larger](#)

Figure 2 Wise (effective) employee mind

### Chain and Solution Analysis in DBT-SE

In the pilot of DBT-W, Koons and colleagues (2006) deployed employment advisors to meet individually with each client in the group to review their chain and solution analysis of the week and prepare what to share in the wider group setting. This was feasible in an intensive vocational rehabilitation setting, but not considered pragmatic for many services. Thus, DBT-SE has incorporated weekly chain analysis reviews within the three-hour session.

Using the handouts from Linehan (2014), all clients in the group are taught in the first session how to conduct their own chain analysis of a target (problem) behaviour that interferes with their ability to seek, return to, or retain employment. They are informed that each week two individuals will be selected to share their chain analysis with the group and receive assistance from the group on identifying solutions to break key links in the chain. Two individuals are selected in a pseudorandom fashion by the facilitator, ensuring that everyone in the group is called upon to share their chain analysis at least twice in the sixteen weeks. A missing links analysis (Linehan, 2014) is conducted by the facilitator if an individual has not produced a chain analysis when called upon. Asking the whole group to participate in the generation of solutions for key links in the chain provides the impetus for brainstorming ideas, problem solving, identification of barriers, and active participation, rather than passive listening (Nierenberg, 1998).

The transcript in Box 4 demonstrates a chain analysis being conducted in the second week of a DBT-SE programme. Undertaking a chain analysis in a group setting can be a potentially embarrassing or anxiety-provoking situation for participants. Thus, additional validation is used to reinforce their willingness to engage with the process. As the participants in a DBT-SE intervention are currently unemployed or on long-term sick leave, many of their problematic behaviours will initially be related to non-employment situations. The facilitator looks for opportunities to link the problem behaviour under

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discussion to employment experiences. Following the identification of the key links in the chain analysis, the whole group participates in the generation of potential solutions for each link.

### Box 4 Example of eliciting a chain analysis

Facilitator: What did you do that you wish you hadn't done?

Client: cancelling an appointment

Facilitator: ...you know a lot of people do that, they cancel an appointment or they cancel with the job centre or they cancel with the benefit office or they cancel with the GP or they don't go to an interview. [validation; linking to employment tasks] so let's work backwards just before you made the call? [orienting to the time frame of links in the chain] How did you cancel it?

Client: By phone.

Facilitator: Just before you picked up the phone, what did you feel in your body? [physical sensations link]

Client: Anxious

Facilitator: Anxious is the emotion. But what were you experiencing in your body? [emotion link; physical sensations]

Client: Shaking

Facilitator: So you were shaking. What were you doing with your body? [behavioural link]

Client: Lying in bed

Facilitator: Tell me about your breathing [physiology link]

Client: Heavy breathing, no fast breathing

Facilitator: Fast breathing. Okay, what was your temperature? [physiology link]

Client: I was hot

Facilitator: What were your thoughts? [cognitive links]

Client: Catastrophizing

Facilitator: So the way you were thinking was catastrophizing, what were your specific thoughts? Give me some catastrophic thoughts. [clarification of difference between cognitive distortions and cognitions]

Client: I'll collapse, I'll be sick, because I'm agoraphobic and I don't like going outside

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Facilitator: How about people will stare at me? [validation; hypothesis testing]

Client: Yep

Facilitator: Notice everyone that I'm right up against her behaviour, I haven't asked her what the prompting event was, we'll get to that in a moment [orientation to key links in the chain]. First let's look at the consequences. How did your body feel after you cancelled the appointment?

Client: Relief

Facilitator: So you felt relaxed? [contingency clarification; negative reinforcement]

Client: Yeah

Facilitator: Relaxed body, what happened to the heavy breathing and the hot temperature? [physical links]

Client: Calmed down

Facilitator: You felt calm. What happened to the catastrophic thoughts?

Client: They went away

Facilitator: So the thoughts went away. What happened then to anxiety?

Client: It lowered

Facilitator: It makes sense why you cancelled the appointment as it made you feel better in the moment. [validation] So what are the long term consequences, was this an important appointment?

Client: Yep. Now I have guilt.

Facilitator: So in the longer term you've got guilt, are there other long term consequences like is your health going to deteriorate or are you going to lose benefits as a result?

Client: I'll have to make another appointment

Facilitator: Now one final question: when did you find out about the appointment?

Client: About a week before

Facilitator: Did you cancel it last minute?

Client: Yes

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Facilitator: So, you had a whole week to cancel but you waited until minutes before you had to leave the house?

Client: About an hour before

Facilitator: What shifted in the hour before you called to cancel? [identification of prompting event]

Client: I was being sick and stuff, because my anxiety gets that bad

Facilitator: so the prompting event was being sick. Were there any other vulnerability factors?

Client: vulnerability factors?

Facilitator: other things happening that made you more anxious or left you feeling unable to attend the appointment?

Client: I hadn't slept during the night and hadn't eaten since the day before.

Following this particular chain analysis the group identifies a number of solutions including: distraction for the worry thoughts, cooling down when hot (get out of bed and open the window), muscular relaxation for the tense muscles, regular eating of "easy to eat food" (PLEASE skill), arranging for a friend to go to the appointment with them, playing games on the phone so that the client will not notice if anyone is staring, and writing down pros and cons of going to the appointment in order to remember the long-term consequences earlier. To emphasize the links to employment and assist with generalization, the facilitators highlight the importance of ringing one's employer as early as possible if one is going to not be able to come to work, the relevance of managing sleep for performance in the workplace, and how catastrophizing may be a problem in the workplace.

### **DBT-SE Diary Card**

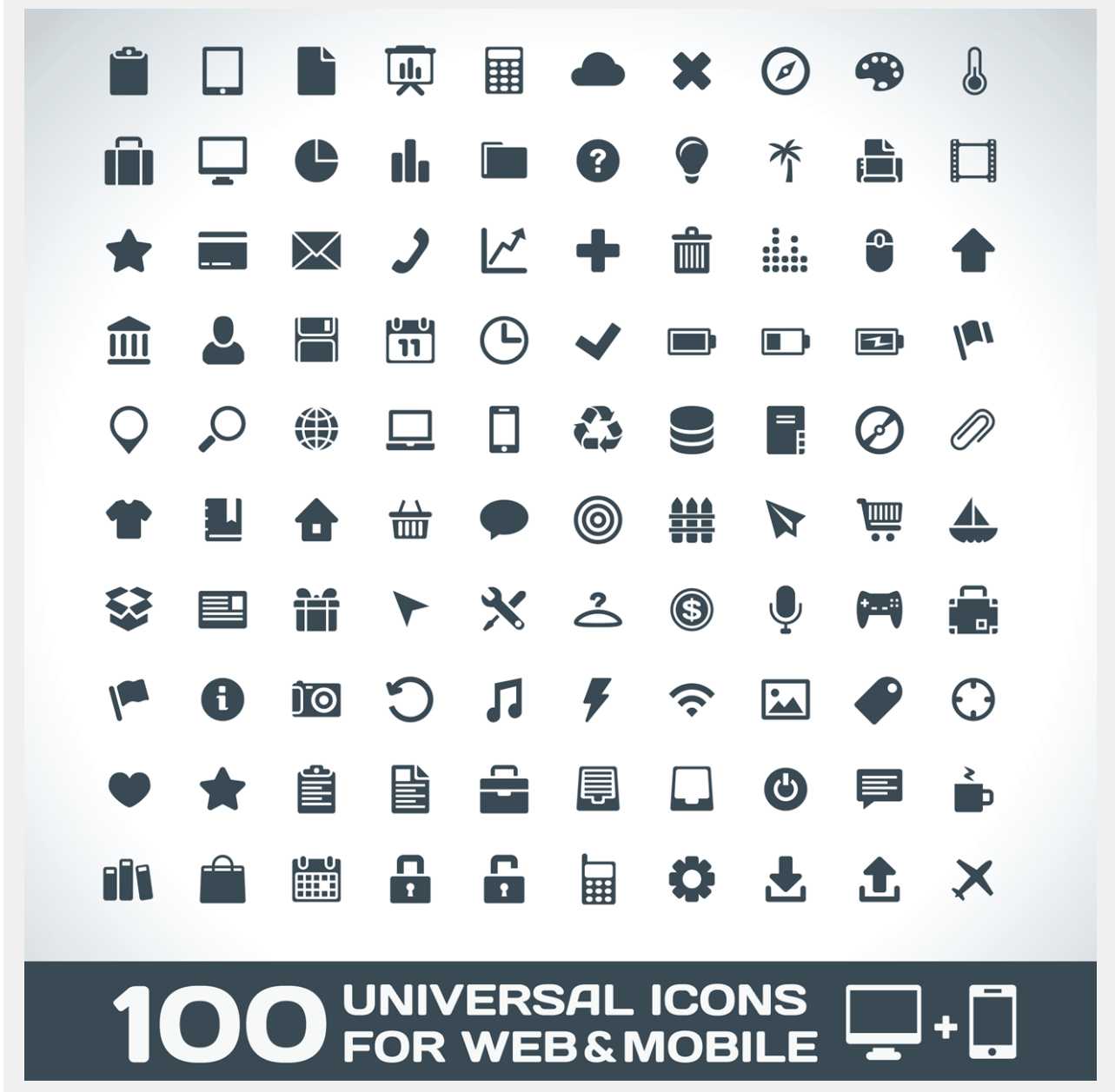
The diary card for DBT-SE (Table 3) has been developed to provide both a place for the participant to review and consider their skills rehearsal each week, but also to assist with considering the different tasks in moving towards employment (or returning to employment from long-term illness leave). The diary card functions both as a prompt for rehearsal and as an outcome measure for the facilitators and participants to review progress. The diary card does not provide space to monitor risk behaviours which may re-emerge during the course of the sixteen-week intervention. It is recommended that facilitators identify a risk-monitoring protocol and process suitable to their setting. The diary card is collected by the co-facilitator at the start of each session and reviewed by both facilitators (half each) briefly during the first break. Very brief feedback, usually in the form of encouragement, to rehearse less-frequently rehearsed skills or praise for



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engagement in skills practice and/or steps to employment is given at the start of the teaching session.

Table 3Diary card for weekly employment activity



## Mindfulness and DBT-SE

Mindfulness in the workplace is an essential set of skills for productivity and healthy relationships with colleagues. Based on the practice of mindfulness defined by Linehan (1993b) and elaborated by Dunkley and Stanton (2013), clients are provided with both the

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What and How mindfulness skills from standard DBT, and information on the three “As” of mindfulness: Attention, Awareness, and Attitude of Acceptance (see Box 5).

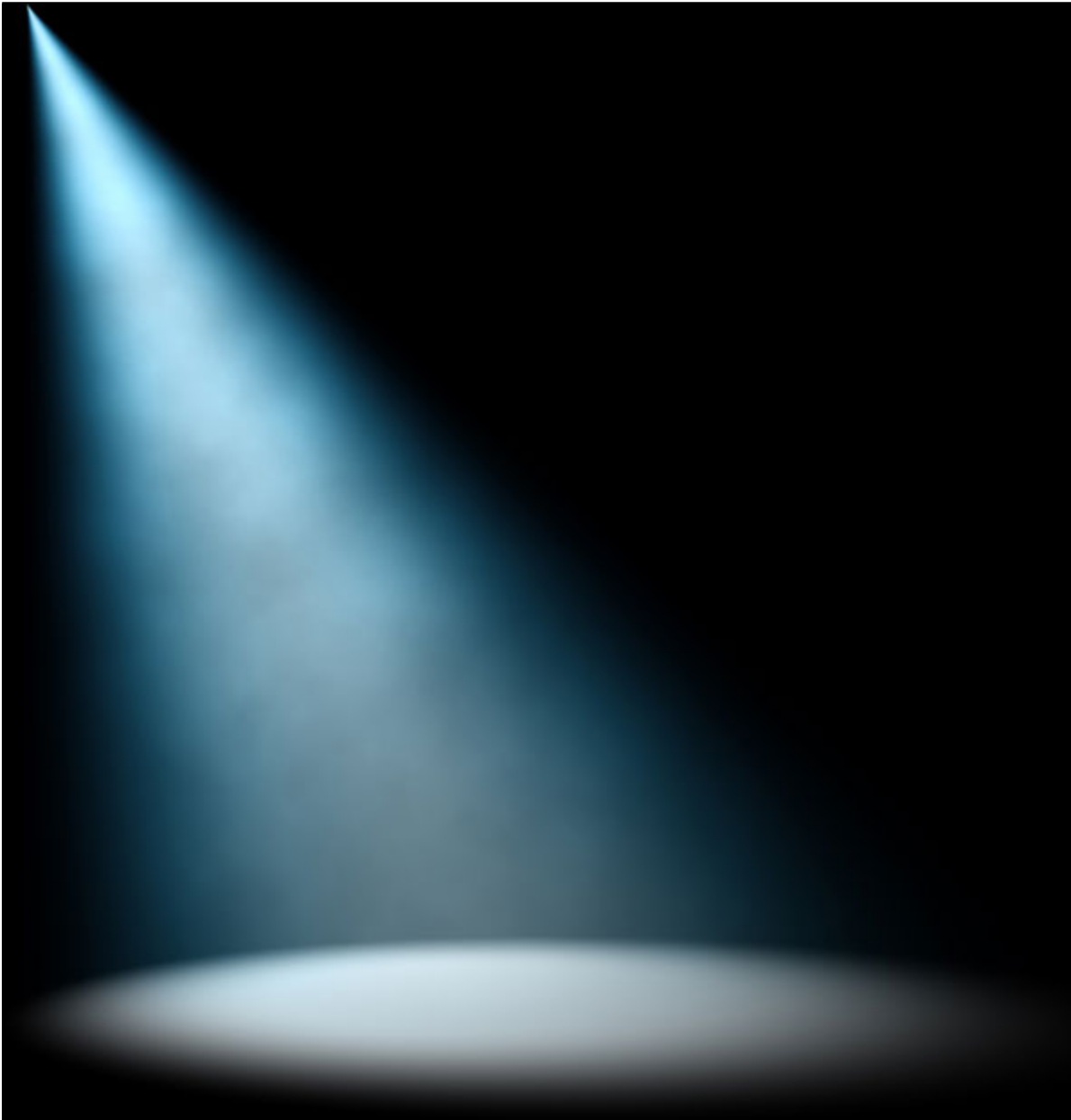
### Box 5 The Three “As” of Mindfulness

#### Attention



- One thing at a time
- In the moment
- Inside or outside of self

#### Awareness



- Observing sensations (Spotlight of attention)
- Observing thoughts
- Observing urges
- Observing tone of voice
- Observing posture
- Observing facts

### Attitude of Acceptance

- It is as it should be
- It is only as it is in this moment

- This is where I am now

Spotlight of Attention: G10ck /Shutterstock.com

Each session begins with a mindfulness practice designed to support the use of mindfulness in the workplace. For example, in one mindfulness exercise designed to assist with focusing attention while working in a noisy or shared plan office, clients select either a proofreading task or a budget task and are asked to focus attention on their selected task while the facilitator and co-facilitator speak loudly on their telephones.

Box 6 provides an example of setting up and receiving feedback on a mindfulness task, where the facilitator has linked the cognitions and action urges described by the client to experiences in the workplace. The mindfulness task has become a metaphor of a common experience at work.

### Box 6 Example of a mindfulness participate task and metaphor

**Facilitator:** Now we're going to do our mindfulness practice. I'm going to give you a task—this is a participate. Throw yourself in, to do this one mindfully. Notice judgments, notice any urges to give up, notice any wilful thoughts, just notice what's going on and keep turning your mind back to "this is what I'm doing". You many not notice any emotion come up, but if you do notice any emotion arise just see if you can mindfully notice it and go back to doing the task.

**Client:** So what about judgments, what do you mean by that?

**Facilitator:** So if you have any thoughts like "she shouldn't make us do this, this isn't fair, it isn't right I don't like this, this isn't the way it should be". For this mindfulness participate task, I am going to give you a handful of jigsaw puzzle pieces from a single puzzle and they may or may not fit but your task is to mindfully try to put your pieces together.

[All members of the group commence mindfully working with their jigsaw pieces, and half way through the task the facilitator says ...]

**Facilitator:** "If your mind has wandered from the task, just gently bring it back."

[Group members continue working with puzzle pieces ... ]

**Facilitator:** That was five minutes of puzzle putting together. So, what was your experience of trying to be mindful?

**Client:** The last song they played on the radio kept going round in my head

**Facilitator:** Oh right! And did that distract you?

**Client:** Yeah, a little bit.

**Facilitator:** I'm wondering if, when the song was going through your mind, you had any thoughts like "I can't do this, the pieces don't go together", or was there an urge to give up?

**Client:** Yeah, a little bit thinking "oh this is a little bit pointless, I've only got two pieces that fit together."

**Facilitator:** Do you think that these types of thoughts ever comes up at work? Do you think in a work setting that you're ever given a task that you have the thought "this is a bit pointless, can't see the bigger picture, the pieces don't fit together".

[turning to whole group] Can anyone give some ideas what we can do when judgments arise?

**Client 2:** Let them go like helium balloons.

**Client 3:** Accept that we often don't have the whole picture or all the information we would like.

**Client 4:** Just keep moving your mind back to the task.

Judgmental thoughts frequently lead to an increase in emotional experience and often interfere with effective interpersonal functioning. In an effort to assist clients with identifying judgments, Box 7 provides an example of the vignette which is read out to the clients to listen to mindfully (participate). In the feedback, clients are asked if they noticed any judgments about anyone in the vignette.

### Box 7 Mindfulness Vignette—Judgments

## Vignette: Issues about the Work Roster

You are employed in a job where you are given rostered shifts each week. You have told your manager that you can only work morning shifts as you have childcare issues. The manager gives you a roster in which you only have one shift and it finishes at 4pm on Thursday. You mention to your colleague at work in the tea room that you only have one shift and you will need to pay for childcare which will mean you actually only get half your pay that day. Your colleague, who does not have children, looks a bit embarrassed and looks away. You ask them what is up and they say "I was given five shifts all in the morning for next week". You ask if you can swap your shift for one of theirs, and they say "no". When you try to speak to your

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manager she says she is busy at the moment and will think about the shifts next week, then rushes off.

**What judgments are you having about the manager?**

**What judgments are you having about your colleague?**

**What judgments are you having about yourself?**

*As homework: restate the above judgments as facts and consequences.*

When deciding upon mindfulness practices for each week, it is suggested that the facilitator consider mindfulness practices that could usefully and easily be undertaken in the workplace, for example, mindful tea/coffee making, mindfulness of eating, mindful handwashing, and mindful desk chair yoga. Of importance is making the link with clients of the value in remaining mindful at work for performance, and the subsequent retention and promotion at work.

### Emotional Regulation and DBT-SE

The emotional regulation skills taught in DBT-SE are taken directly from the Linehan (2015) DBT skills manual. As with the mindfulness skills, the teaching, metaphors, and examples are designed to highlight the importance and relevance of the emotional regulation skills in the workplace. Box 8 shows an example of scenarios identified to assist clients with practising the skill of Cope Ahead in the workplace.

#### Box 8 COPE AHEAD Scenarios

### COPE AHEAD with Difficult Situations

Scenarios for practicing cope ahead include:

1. Being made redundant.
2. Being accused at work of stealing.
3. Not being invited to a staff party after work.
4. Getting to work late.
5. Not meeting a deadline.
6. Not knowing how to do a task at work.
7. Going to work the day after the staff Christmas party where you drank too much alcohol.

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8. Denting your manager's car in the staff car park.

9. Being criticized by a colleague repeatedly.

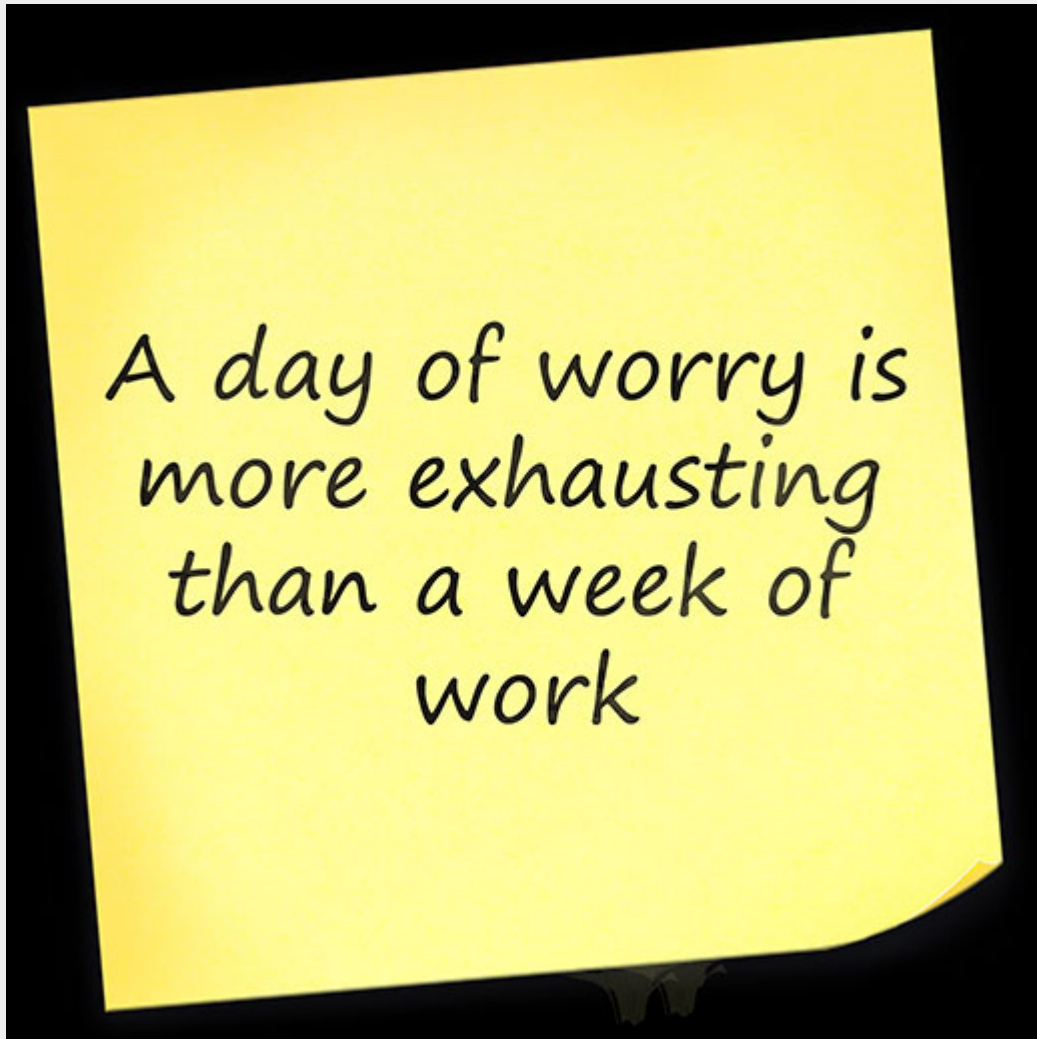
10. Dropping/ruining an expensive product at work.

My examples of difficult situations I am catastrophizing (excessive worry) about:

a)

b)

c)



Three emotions which are prevalent in the workplace are: irritation, frustration, and disappointment. Additional handouts elaborating on these three emotions are provided in the DBT-SE manual. An example of one of these is the frustration handout shown in Box 9.

### Box 9 Frustration

# Frustration

Frustration FITS THE FACTS of a situation whenever:

- A.** You are unable to reach a desired goal or target (e.g., your boss has set targets which you find difficult to reach).
- B.** You are putting in a lot of effort yet not getting a positive result (e.g., you have applied for several jobs but have not received any interviews).
- C.** Your efforts do not match the desired outcome (e.g., you work overtime but do not receive extra pay or get any time off).
- D.** You are unable to change something (e.g., your colleagues prefer doing tasks in a way that you don't agree with).
- E.** Provide another example:

Follow these suggestions when frustration is **NOT JUSTIFIED** by the facts or is **NOT EFFECTIVE**.

## Opposite Actions for Frustration

Do the opposite of your frustrated action urges. For example:

### 1. Take a time out

- Step away from the task you are trying to complete or the person you are interacting with.

### 2. Breathe in and out deeply and slowly.

### 3. Take a brief mental vacation for no more than 3-5 minutes (e.g., imagine yourself on a beach, in the woods, or go for a short walk).

### 4. Briefly watch or read something that makes you laugh (no more than 3-5 minutes).

## All-the-Way Opposite Actions for Frustration

### 1. Get curious about the other person's point of view.



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- Ask questions (e.g., what may I need to change in order to improve my chances of getting an interview? Why do my colleagues like doing things in a particular way?).

### 2. Change your body posture.

- Relax your chest and stomach muscles.
- Relax facial muscles; half smile.

### 3. Change your body chemistry.

- For example, go to the bathroom and splash cold water on your face.

## Interpersonal Effectiveness and DBT-SE

The Interpersonal Effectiveness skills in DBT-SE are taken directly from the Linehan (2014) DBT skills manual and the Rathus and Miller (2014) manual for adolescents. The emphasis and examples provided to the clients are again relevant and important to the workplace.

An area potentially challenging for those with mental health difficulties, and in particular those with a PD, are to know what to share or not share in the workplace. As a result of difficult experiences in childhood (i.e., abuse, bullying, neglect) and the cognitive and behavioural consequences of emotional dysregulation, individuals with a PD will frequently either overdisclose or underdisclose information, or oscillate between the two extremes. Either end of the dialectic may lead to ostracism in the workplace. Many individuals with a PD additionally have difficulties with understanding appropriate levels of intimacy in some situations (Hill et al., 2008; Chelune et al., 1980). Hence, time is spent in DBT-SE on the discussion of personal limits (Box 10).

### Box 10 Limits

What is a limit in a relationship?

Limits are what set the space between where you end and the other person begins (Huffington Post).

### What types of limits should I think about?

- Personal information
- Physical contact
- Contact information (address, phone, email)

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- Willingness to actions
- Spiritual/religious
- Health/mental health

### **How do I know whether my limits have been crossed?**

- Physical tension
- Worry about being 'hurt' or 'used'
- Warnings from friends/family
- Not wanting to be around someone

### ***THINK BEFORE YOU SPEAK!***

Head silhouette: Michael Brown © 123RF.com

## **Integrating across DBT skills**

While learning each of the specific DBT skills is important for individuals seeking employment, there are specific work-based experiences which require an integration and extension of the DBT skills. For DBT-SE a set of integrating skills have been developed for: COFFEE BREAK (managing self disclosure and building relationships at work), FAIL WELL (see Box 11), DEALING with POWER (see Box 12), APPRAISALS (managing the challenges of evaluation in the workplace), and INTERRUPTIONS.

Individuals with mental health difficulties, including PD, frequently have a number of problematic core beliefs of incompetence that, when activated, contribute to painful and problematic emotions which escalate rapidly and result in dysfunctional behaviours such as lashing out at colleagues or escaping by leaving work abruptly. Failure in the workplace (and in education) is a common experience as targets are changed, productivity is increased, and demands are made. Thus, learning to “fail well” is an important achievement.

The principle behind the integrating skills is to link the tasks in the skill to the DBT skills learned. As can be seen in FAIL WELL (Box 11), the main skills are the full range of mindfulness skills. Accepting fallibility requires an attitude of acceptance, or radical acceptance (distress tolerance skill) and a letting go of judgments (about the self and about the colleague or manager who highlighted the “failure”).

### Box 11 FAIL WELL

### ***FAIL (what) WELL (how)***

#### *What*

**Find the kernel of truth** [Check the facts]

**Accept fallibility** [Radical acceptance]

**Identify the opportunity** [make lemonade out of lemons]

#### **Learn**

#### *How*

**Wise** [Mindfulness: Wise mind]

**Effective** [Mindfulness: being effective in relation to values and goals]

**Live in the moment** [Mindfulness: in the moment]

**Let it go** [Mindfulness: in the moment, effective]

Another relevant issue for individuals in the workplace is dealing with power. For those who have been abused or bullied in childhood, or who have suffered consistent invalidation and control from others in their home life, acknowledging and managing the reality of the role and rights of managers can be challenging. DEALING with POWER (Box 12) requires the integration of dialectical thinking, mindfulness, interpersonal effectiveness, and willingness.

#### Box 12 DEALING with POWER

### ***DEALING with POWER (Managers)***

**Dialectical** [take multiple perspectives]

**Effective** [mindfulness]

**Acknowledge authority** [radical acceptance; Mindfulness: Effective]

**Respectful** [Interpersonal Effectiveness]

## **Dialectical Behavioural Therapy Skills for Employment**

**I**nterested [Interpersonal Effectiveness: GIVE]

**N**on-judgmental [Mindfulness]

**G**enuine [Interpersonal Effectiveness: GIVE]

**W**ITH

**P**roceed mindfully [mindfulness: Effective, Wise mind]

**O**ffer opinions

**A**ctivate **W**illingness [Distress tolerance]

**E**ngage wise mind [Mindfulness]

**R**epresent self well [Interpersonal Effectiveness: FAST]

### **Phone Coaching in DBT-SE**

In programmatic DBT the function of generalization is provided through phone coaching. In the employment setting, if an individual is having difficulties with a task they will seek advice and support from their colleagues or managers. However, this support would not typically be available outside of work hours. Therefore, the decision was taken to provide telephone coaching of the DBT-SE skills during “working hours” to provide a more realistic and natural experience of seeking support from others. As many mental health and employment services are not funded to provide for out-of-hours phone coaching, this was identified as a more financially viable and realistic option for services considering offering DBT-SE.

Clients in DBT-SE are given the option of leaving a voice message, texting, or sending an email to the facilitators, who agree to respond within the same or next working day to the request for skills coaching.

### Conclusion

Vocational functioning is a key aspect of recovery from mental health illness. Many of the challenges in obtaining and retaining employment for individuals with mental health issues arise from difficulties with managing emotions, tolerating distress, managing cognitions, and being effective in interpersonal relationships. DBT is an evidence-based approach to assisting individuals with these key areas of functioning. This chapter has outlined three adaptations of DBT for employment (DBT-W, DBT-ACES, and DBT-SE). All three programmes have shown success in feasibility studies with high retention in treatment and good return to employment rates. All three adaptations are grounded in the principles and practice of DBT, and focus on the integration of skills for use in employment settings.

### Acknowledgements

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