DBT Skills for Sustainable Practice: Validation, Boundary Setting, and Self-Care

Category: Workshop

Abstract Body

It is well established that physicians face high rates of burn-out and compassion fatigue. Unfortunately, there is little research specifically exploring this among Addiction Medicine Specialists, as these providers are fewer in number and more heterogeneous, working across disciplines and settings. It can be hypothesized, however, that rates of burn-out and compassion fatigue are high in this population in the context of the on-going opioid epidemic, limitations of current health care system to ensure adequate treatment for all with sufficient reimbursement to providers, residual effects of the COVID pandemic, and continued stigma towards those suffering from addiction. Individual practitioners also have few opportunities to learn the most cutting-edge treatments, without needing to face a significant pay-cut to complete a fellowship, while already carrying a highincome to debt ratio. Lastly, medical education rarely incorporates skills training for facing these high demands and navigating the emotional and interpersonal complexities of working with high-risk populations. This workshop aims to begin filling that void by teaching validation, boundary-setting, and self-care via selfreflection and consultation from the framework of Dialectical Behavior Therapy (DBT). Dialectical Behavior Therapy is an evidence-based therapy originally developed to treat Borderline Personality Disorder. It has also been shown to be highly effective for substance use disorders, eating disorders, PTSD, treatment resistant depression, and anxiety. Training staff in DBT skills has been shown to reduce burn-out across a variety of settings. Notably, this means that providers do not need to complete extensive DBT training, specialize in this modality, or be part of full therapeutic programs in order to benefit.

This workshop will review the fundamentals DBT, including key principles and assumptions. Validation, boundary setting, and self-care will be discussed at length to support sustainable practices, maintenance of compassion satisfaction, and high quality of care. Workshop facilitators will present cases to highlight key practices and participants will be given vignettes to discuss in small groups. Participants will also be encouraged to share challenging interactions to engage in collaborative problem-solving, discussion, and support experiential learning via role plays.

Key Words

- Behavioural Interventions
- Caring in Crisis

- Future
- Psychological Interventions

Learning Objective # 1

Utilize validation and boundary setting to support deeper therapeutic rapport, clarity and precision of care care, and increase compassion satisfaction.

Learning Objective # 2

Identify opportunities for processing and consultation, as a form of self-care, to support practice sustainability.

Reference # 1

Bredenberg, E., Tietbohl, C., Dafoe, A., Thurman, L., & Calcaterra., S. (2003). Identifying factors that contribute to burnout and resilience among hospital-based addiction medicine providers: A qualitative study. Journal of Substance Abuse Treatment. 144 (108924). doi: https://doi.org/10.1016/j.jsat.2022.108924

Reference # 2

Koerner, Kelly. (2012). Doing Dialectical Behavior Therapy: A Practical Guide. The Guilford Press, New York

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