

Core Problem Analysis: Bringing Dialectics to DBT

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In DBT we strive to view the world dialectically, which means that everything has two sides, such as night/day and life/death. We can also view our experiences through a dialectical lens: we relate both conditionally and unconditionally. On the conditional side - our relationship with the external environment, based on the if-then contingencies—thoughts, feelings, actions, wins and losses, etc. On the unconditional side - our relationship with Self – as that to an entity. The Self is one's identity, representing the totality of one's personal characteristics, such as values, thoughts, feelings and responses, that distinguish a person from others. The Self also includes how we respond to our needs, internal dialogue, access to self-love, self-care and self-compassion.

When a child is born, they are neither good nor bad. They're an entity of human beings, just as the sun is an entity of stars. The sun cannot be bad for giving us sunburn and good for giving us light. The sun just is *AND* it can give us sunburn and light. Similarly, the synthesis for human existence is – “I just am” (unconditional side) *AND* “I can succeed/fail, feel happy/sad, be liked/disliked by others” (conditional side). Many of our clients have lost this dialectical balance and instead view who they are as conditionally based on how they function and how others respond to them; “good” and capable one moment, then “bad” or defective the next.

Our relationship with ourselves can shift from unconditional to conditional for many reasons. Even just calling a child a ‘good girl’ or ‘bad girl,’ can teach them that who they are depends on their responses. Instead of seeing themselves as simply entities of human beings, neither good nor bad, they begin to learn “I am good or bad depending on how I perform.” Harmful invalidation (e.g., criticism, shaming, blaming, accommodating) and/or traumatic invalidation (e.g., physical, emotional, sexual abuse), specifically in early life, can speed up this shift (Brueckmann et al. 2023; Kanat-Maymon et al., 2012; Øverup et al., 2014). Such types of invalidation do not just provide feedback on responses, but the whole person, teaching that mistakes mean that they are personally defective. Over time, a child's relationship with Self becomes tied to performance (what they do, feel, or think) and how others relate to them.

Consistent with the biosocial model (Linehan, 1993), one possible pathway from harmful and/or traumatic invalidation to symptoms of BPD may be through a learned dysfunctional relationship with Self, including deficits in three core aspects: one's senses of self-love, safety and belonging. These three core senses were derived empirically through functional analyses that consistently revealed vulnerabilities—impairments due to the sustained harmful and/or traumatic invalidation—in one or more of these senses.

The Core Senses:

The Sense of Self-Love (SSL) is a stable and enduring ability to connect to self-love at will, regardless of how one fares in life. We are born with self-love—instinct of self-preservation, an innate drive to care for one's own well-being (Costa & Rosa, 2022; Wouters-Soomers et al., 2022). Parental unconditional love and acceptance of a child's responses provide a foundation for their ability to experience self-love *as is*, no conditions nor requirements. SSL allows a person to appreciate their own inborn aptitudes, talents and inclinations, and acquired competencies (Henschke & Sedlmeier, 2023). However, our ability to connect to self-love (SSL) is hindered when we learn that we must earn it by satisfying various conditions of “good-enoughness.” It is further jeopardized by harmful and/or traumatic invalidation, which shifts the unconditional relationship with Self to conditional, specifically in the early stages of child development.

The Sense of Safety (SS) refers to the ability to exercise self-control and accumulate resources, knowledge, and connections to handle life challenges (Gilbert, 2024). SS starts to develop within a secure environment, where caregivers predictably meet a child's needs and provide consistent emotional and physical protection. SS continues to develop when a child acquires better control of their own responses, meets their own needs, and accumulates life experiences to trust that they can effectively deal with stressors. SS cannot properly develop when an environment is unpredictable, harmfully and/or traumatically invalidating, and accommodates maladaptive behaviors (Eller & Frey, 2019).

The Sense of Belonging (SB) refers to an enduring sense of being welcomed

and accepted as a part of a family/group, and a connection to ancestry and greater humanity (Baumeister & Leary, 1995; Michalski et al., 2020). SB starts to develop through a nurturing relationship with caregivers who consistently convey unconditional love and acceptance (via validation) when behavior is maladaptive. A relationship where caregivers are critical, retaliatory, and dismissive, is likely to communicate to a child that they are defective, not accepted or unwanted (Ulianova et al., 2025). Further, the harmfully and/or traumatically invalidating environment fails to teach a child how to develop functional relationships with themselves and other people.

What is Core Problem Analysis?

CPA is an assessment and intervention model. CPA assesses vulnerabilities in core senses by using Socratic questioning and a modified CBT downward arrow technique. CPA aims to examine how people interpret events, how those interpretations deepen vulnerabilities, and how short-term, maladaptive coping to decrease these vulnerabilities leads to long-term distress. In assessing underlying beliefs about Self, CPA helps patients understand how their responses function, creating opportunities for more effective choices. CPA questioning includes “What does it mean?”, “Why is this a problem?”, “What does it do?”. CPA is specifically helpful when a therapy process is stuck, a patient is engaging in therapy-interfering behaviors, solutions are applied without much change and/or there is a risk of patient and/or therapist burnout. CPA is both *irreverent* by directly asking “why” and *validating* by offering understanding of what drives ineffective responses.

Further, CPA includes specific techniques to decrease vulnerabilities

in each of the three core senses. CPA-specific interventions aim to improve one’s relationship with Self by correcting faulty beliefs related to the core senses and, ultimately, restoring the dialectical balance of “I just am” AND “I can succeed/fail.” For SSL, CPA includes interventions to achieve the connection to self-love at will, regardless of one’s performance. For SS, CPA aims to improve the capacity to directly influence one’s own responses. For SB, CPA teaches how to satisfy one’s own needs (e.g., self-reinforcement, self-validation, self-love, self-care, self-compassion, self-control and cognitive self-restructuring). Only through giving to Self, can one then give to others, which is the foundation of healthy belonging.

CPA synthesizes behavioral and dynamic approaches. Behavioral models emphasize environmental control and learning history, while dynamic models focus on unconscious processes (e.g., avoided emotions, unresolved conflicts, defense mechanisms). CPA addresses both external and internal factors, including conscious and unconscious processes. CPA was developed through clinical work with children, adolescents, and adults experiencing severe emotional and behavioral dysregulation, and is a component in the DBT for children (DBT-C) treatment model. DBT-C has been tested via randomized control trial (Perepletchikova et al., 2017).

Case Example

The following example illustrates the structure of CPA. A patient struggles with using self-validation, despite being able to validate other people. Given this pattern, the therapist hypothesizes that there is a function of this behavior that the patient is not aware of.

Therapist: “What does self-validation mean to you?”

Patient: “I state to myself causes of my mistakes.”

Therapist: “Why is it a problem for you to state causes of your mistakes?”

Patient: “Because if I put a cause behind it, I am excusing my mistakes.”

Therapist: “Why is it a problem for you to excuse your mistakes?”

Patient: “Then I am a lazy slacker.”

Therapist: “Why is it a problem for you to be a lazy slacker?”

Patient: “Then I am not good-enough.”

Therapist: “What does it mean to be good-enough?”

Patient: “To be worthy. To be deserving. Nobody can love a good-for-nothing slacker!”

Therapist: “Why do you need other people to love you?”

Patient: “Then I am good-enough to love myself.”

CPA is completed when an analysis reaches a core sense. Asking a question, “Why do you need to love yourself?” is nonsensical, because the need for self-love, as well as safety and belonging, is instinctual. The question “why” can only be applied to learned responses. Functional analysis often reveals vulnerabilities in one or more core senses per response. Once CPA is completed, the therapist validates the patient by highlighting that the chain of thoughts is indeed logical. Then, the therapist follows cognitive restructuring by asking the patient to identify what in this logical chain, at the same time, does not make sense. In the above example, the patient recognized that refusing to self-validate is the opposite of self-care and self-love, and that she was assigning conditions to something unconditional. The therapist continues with cognitive restructuring of other elicited material (e.g., correcting the patient’s stance that validation

excuses maladaptive responses). CPA concludes with interventions on how to adaptively decrease vulnerability in an identified core sense (e.g., how to connect to self-love at will). Thus far, the youngest child who learned to connect to self-love was 4 years old and the youngest child with whom CPA analysis was successfully conducted was a 5-year-old autistic boy with school refusal.

Summary

CPA is a transdiagnostic model because every dysfunctional behavior serves a function. It can be used with children, adolescents, and adults. It can be integrated into standard DBT, CBT and other approaches as a tool to (1) assess behavior functions allowing for more precise selection of intervention to address each function of a target behavior; (2) teach how to relate to Self as an entity; and (3) help achieve dialectical balance. Also, CPA is a rapid assessment and intervention tool that is conducive to providing therapy for therapists in DBT consultation teams

Additional Resources

- For more information about CPA, please visit: <https://childdb.com/core-problem-analysis>
- For videos discussing CPA and core senses, please visit: www.youtube.com/@francheskaperepetchikova
- For a free webinar on CPA and how it can be incorporated into the DBT model, please visit: <https://youtu.be/oeAUO3OQLKI?si=GiRa9bZ-jRYh-9JR>
- For more information on what is involved in learning CPA, please visit: <https://comprehensivetraining.org/training/core-problem-analysis-cpa/>

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