

The Essential DBT Skills Toolkit

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Neurobiological Building Blocks

Week 1

Today's Objectives

1. Understand the biosocial model of Borderline Personality Disorder in the context of a pervasive emotional dysregulation disorder.
2. Understand the impact of trauma on the developing mind
3. Understand the essential ingredients of DBT and its unique perspective on healing on the neurobiological level.
4. Learn the benefit of top-down and bottom-up process learning.

Why DBT?

- Therapists find DBT philosophies of acceptance and non-judgment to be a natural fit
- DBT offers a breadth of interventions, many of which speak to the treatment alliance
- DBT is a teachable, learnable, and practical approach
- DBT has been shown to result in fewer inpatient days, fewer and less severe parasuicidal behaviors, reduced emergency room visits, and reduced substance abuse relapses. (Read: Insurance-Friendly)
- Strong belief and expectancies in DBT may enhance outcomes (through allegiance effects)

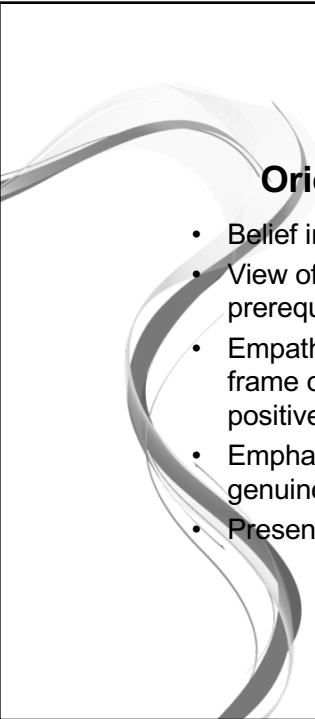
Principle Vs. Protocol-Driven Treatment

“Therapists should select for each patient the therapy that accords, or can be brought to accord, with the patient’s personal characteristics in view of the problem. Also implied is that therapists should seek to learn as many approaches as they find congenial and convincing. Creating a good therapeutic match may involve both educating the patient about the therapist conceptual scheme and, if necessary, modifying the scheme to take into account the concepts the patient brings to therapy” (Frank & Frank, 1991, p.xv).

In other words, learn many approaches, customize to your clients and make effectiveness your primary goal.

Is DBT a form of CBT?

- Linehan began work with suicidal and self-injurious clients in the 1980’s, using CBT; Linehan used her expertise to adapt CBT based on client needs and preferences
- Linehan’s Cognitive-Behavioral Treatment of Borderline Personality Disorder was published in 1993
- Numerous randomized controlled trials (RCTs) established DBT as an empirically-supported treatment (EST), also referred to as an evidence-based treatment (EBT)
- DBT places greater emphasis on behavioral interventions compared to cognitive interventions, and is guided by a different theory than CBT
- DBT is directive and change-oriented



DBT Balances Its Change Orientation with Client-Centered Elements

- Belief in clients' capacity to grow and change
- View of acceptance/self-acceptance as a prerequisite to change
- Empathic understanding of clients' internal frame of reference with non-judgmental, positive regard
- Emphasis on the therapist being authentic and genuine
- Present focus over past and/or future



How is DBT Unique?

- DBT shares commonalities with CBT, client-centered, psychodynamic, gestalt, paradoxical, and strategic approaches among others (Heard & Linehan, 1994; Marra, 2005)
- Mindfulness has been around awhile
- Dialectics go back to ancient philosophers
- Dialectically, DBT is both innovative and derivative
- No elements are completely new, but the integration is.



Essential Ingredients

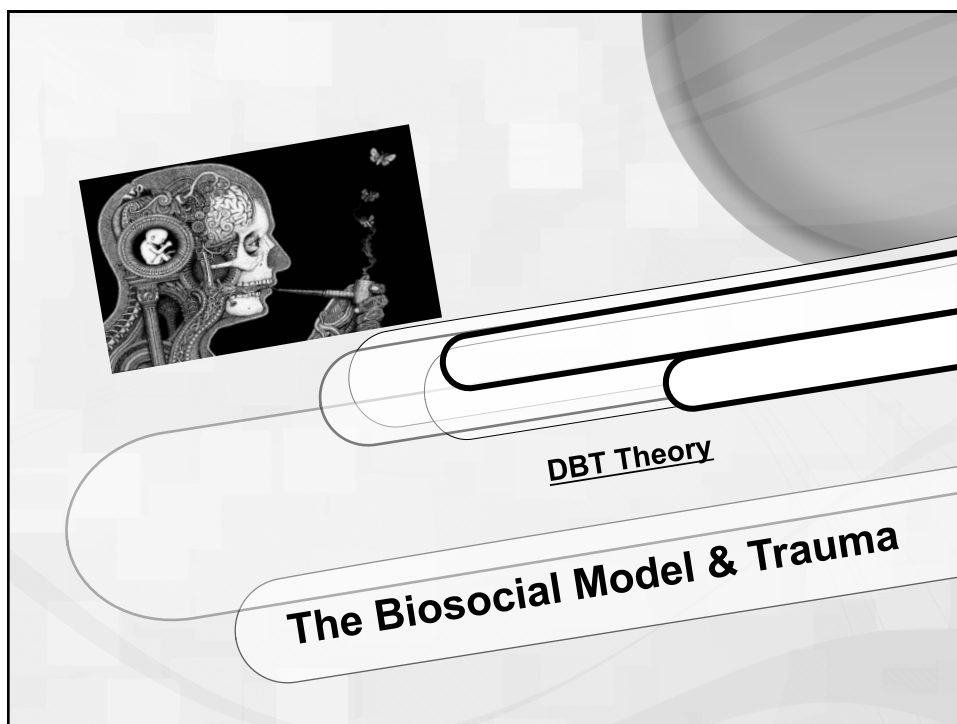
- Structured Therapy
- Validation Balanced with Behavioral/CBT Interventions
- Integration of Dialectical Philosophy
- Integration of Mindfulness Practice
- Guidance by Treatment Hierarchy/Stages
- Regular Consultation
- Skills Training



Four Essential Functions of DBT

- ① Improve clients' motivation for change (traditionally individual)
- ② Enhance clients' capabilities (traditionally skills group)
- ③ Help clients generalize skills/behaviors to their natural environments (traditionally phone coaching)
- ④ Enhance the motivation and skill of therapists (traditionally consultation)

These four functions can be (and should be) applied in any and all treatment modes



Early Developmental Factors

Factors

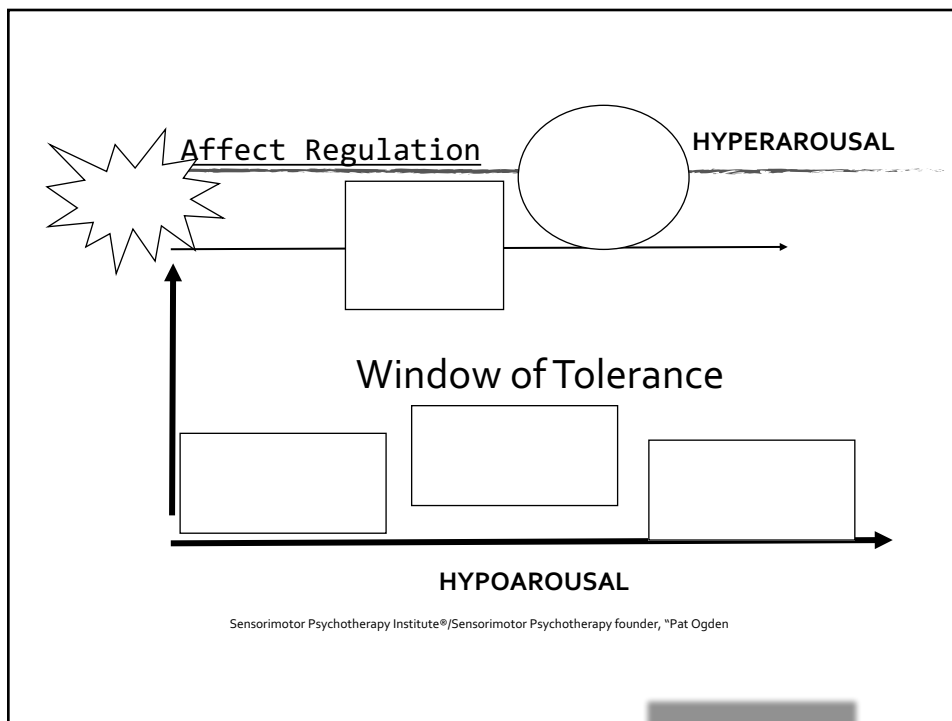
- Our clients suffer from emotional vulnerabilities
- Chronic and consistent invalidation
- Lack of safety, security, and proximity maintenance

Sources

- Attachment issues, loss, trauma
- Care providers
- Environment

Sources of Traumatic Vulnerabilities

- In utero assaults
- Delivery difficulties
- Health of both parents during conception
- Mental Illness
- Abandonment via adoption
- Divorce
- Prolonged separation from parents and/or siblings
- Frequent moves
- School transitions
- Bullying (Cyber, physical, etc.)
- Learning difficulties
- Identity disturbances
- Racial issues
- Inside threats
- Sexual assaults
- Accidents (falls, vehicle, etc)



Borderline Personality Disorder

Key Characteristics	Attachment Disturbances
Pattern of Impulsivity	Instability in interpersonal relationships
Instability in life	Hypersensitive to abandonment
Unstable self-image and emotions	Pattern of undermining success in relationships

Types of Dysregulation

Type	Features
Emotional	Affective (Mood) Lability Problems with Anger
Interpersonal	Chaotic Relationships Fear of Abandonment
Self	Identity Disturbance Sense of Emptiness
Behavioral	Parasuicidal Impulsive
Cognitive	Cognitive Dissociative Paranoid Ideation

Overview



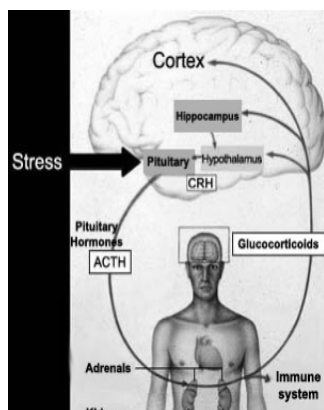
- Clients suffer from emotional vulnerabilities
- Emotional vulnerabilities can come from many sources (e.g., attachment issues, loss, trauma), but is often assumed to be biological
- Chronic and consistent invalidation exacerbates emotional vulnerabilities
- An ongoing, reciprocal relationship exists between emotional vulnerabilities and environments

The Biosocial Model

- Emotional vulnerabilities are characterized by:
 - Emotional sensitivity
 - Emotional reactivity
 - Slow return to emotional baseline
- Over time emotions get sensitized, leading to a “kindling” effect
- This emotionality (and associated invalidation) is associated with many problems (disorders)
- Emotionality leads to escape and avoidance that leads to chronicity



Hypothalamic Pituitary Adrenal Axis

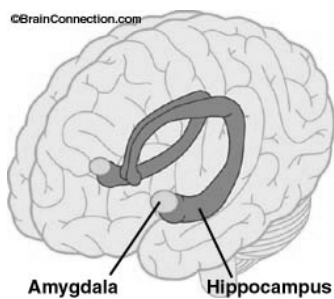


Excessive Cortisol Effects

- Neurotoxicity to Hypothalamus
- Neuron Death
- Clogging of the corpus callosum connecting the left and right hemispheres
- Suppression of the immune system

Amygdala:

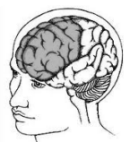
Fight, Flight, and Freeze



Features

- Reactionary
- Triggers Sensory System (Smell and Touch are the most direct pathways)
- Controls autonomic responses

What Happens During a Stress Response?



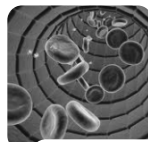
Blood Flow Decreases

- Frontal Lobe
- Nondominant Hemisphere



Sensory System Activates

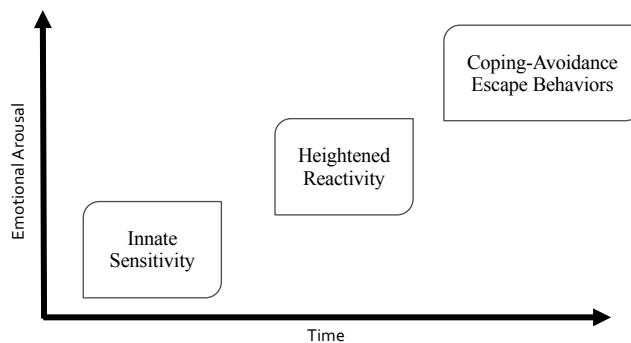
- Hypervigilance
- Heightened 5 senses



Blood Flow Increases

- Heart
- Extremities
- Decreases to Gut
- Digestive Issues

Emotional Dysregulation



The left diagram shows the hypothalamus with neurosecretory cells that release hormones into a blood vessel. These hormones travel to the posterior pituitary, where they are released as Oxytocin and ADH. Oxytocin acts on uterine muscles and mammary glands, while ADH acts on kidney tubules.

The right diagram shows neurosecretory cells in the hypothalamus that release hormones into a blood vessel. These hormones travel to the anterior pituitary, where they stimulate endocrine cells to release pituitary hormones: TSH (Thyroid), ACTH (Adrenal cortex), FSH and LH (Testes or ovaries), Growth hormone (GH) (Entire body), Prolactin (PRL) (Mammary glands in mammals), and Endorphins (Pain receptors in the brain).

Hormonal Counter to Cortisol=Oxytocin

The Language of Dysregulation



Common Types of Invalidation

- Abuse and neglect
- Being ignored
- Open rejection of thoughts, feelings, and behaviors
- Making "normal" responses "abnormal"
- Failing to communicate how experience "makes sense"
- Expecting behaviors that one cannot perform (e.g., due to developmental level, emotionality, or behavioral deficits)



How Dysregulation is Learned

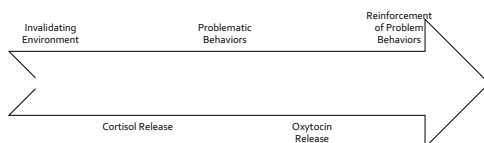
Cortisol
is
Released

Invalidating
Environment

Distress Forms
Dysregulation
Pattern

Cortisol=automatic reaction.

How Problematic Self-Regulation is Learned



Oxytocin=learned response
 Problem Behaviors=learned response to regulate emotions

Biosocial Theory Coherently Guides Treatment Targets and Strategies

- **Validation** is a primary intervention to:
 - Reduce acute emotionality
 - Provide gentle exposure to emotions
 - Provide a corrective validating environment (and new learning)
 - Create a bridge to learning self-validation
 - Open the client up to change interventions
- **Emotion regulation** is taught to:
 - Understand how emotion happen
 - Reduce vulnerability to intense emotions
 - Increase opportunities for positive emotions
 - Assist in stepping out of ineffective mood-congruent behaviors

Biosocial Theory Coherently Guides Treatment Targets and Strategies

- **Mindfulness** (non-judgment and acceptance) is taught to:
 - Reduce amplifying emotions
 - Reduce escape and avoidance of emotions
 - Create qualitatively different and effective experience of emotions
- **Distress Tolerance** is taught to:
 - Provide healthy ways of coping with emotions when needed
- Use the theory to conceptualize the purpose of the interventions used



*"Body like a mountain, heart like an
ocean, mind like the sky"*

Buddhist meditation quote

SEE YOU NEXT WEEK!

**Creating the Learning
Container**

Week 2

Today's Objectives

1. Understand how to apply DBT to most adult disorders (e.g. Anxiety, Depression, PTSD, Eating Disorders, etc..)
2. Utilize behavior modification strategies at the earliest stage of dysregulation in a skills group
3. Learn how to run a skills training group via a concurrent skills training or multifamily approach to provide appropriate scaffolding for care providers
4. Learn how to relate the DBT skills to key dialectical dilemmas

Skills Training

- | | |
|---|----------------------------------|
| 1 | • Mindfulness |
| 2 | • Dialectics |
| 3 | • Emotion Regulation |
| 4 | • Distress Tolerance |
| 5 | • Self-Validation
Compassion |
| 6 | • Interpersonal
Effectiveness |

Skills Training is Essential to DBT

- Skills can be taught systematically (e.g., a formal skills group)
- Skills can and should be applied selectively to individual problems and issues
- Therapy must be dialectically balanced with skills
- Skills are necessary for “consultation to the client”: coaching clients to act on their own behalf

Multifamily Group Format Structure

- One, Two-Hour Session Each Week:
 1. Skills Training
 2. Role-playing
 3. Family homework assignment
- Aligns with work done in primary DBT treatment

Concurrent Family Group Format Structure

- One, Two-Hour Session Each Week:
 1. Skills Training
 2. Behavior Modification Training
 3. Family homework assignment
- Role-specific (i.e. spouses, parents of adult dependents, etc.) groups are possible and often necessary.
- Aligns with work done in primary DBT treatment

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Evidence-Based Practice in Psychology (EBPP)

APA policy looks to balance:

1. Best Research
2. Clinical Expertise
3. Client Culture, Characteristics, and Preferences
4. Ongoing monitoring and adjustment of therapy through outcome data

The APA policy is a balanced and dialectic view, integrating research and practice based on client needs

Tracking Client Outcomes

- **All** providers and programs, standard model included, need to monitor and assess outcomes for all disorders treated
- Use outcomes to guide and improve treatment for individuals as well as programmatically
- Outcomes demonstrate your success to clients and other stakeholders



- Provide a common language for effective behaviors
- Help clients label, remember, and use effective behaviors
- Teach new behaviors to reinforce (one of the most benevolent ways of changing behaviors)
- Provide a “safety net” in therapy...therapists and clients can almost always “fall back” on skills

Linehan on Skills Training...

“There is no a priori reason why one skills training program cannot be substituted for another...In a sense, what I am recommending is that if you do not use the DBT skills training manual as is, you consider writing one of your own or modifying the manual to suit your own purposes” (p. 155)



Skills in Group Settings



- Recommended for high intensity clients (where there will not be enough time to teach skills in individual sessions)
- Length of group/number of hours of skills training is variable based on level of care, client factors, etc..
- Skills are usually taught “classroom” style
- Be sure to make teaching experiential
- Be sure to individualize skills training



Tips to Improve Skills Training

- Be strengths-based (often we think of skills deficits and forget to identify what is working)
- “Catch” and label skill use continuously
- Reinforce anything and everything that is not a problem behavior
- Shape emerging behaviors
- Orient to purpose and goal of skills taught
- Assign individualized homework and get commitment to follow-through
- Consider your audience and their needs

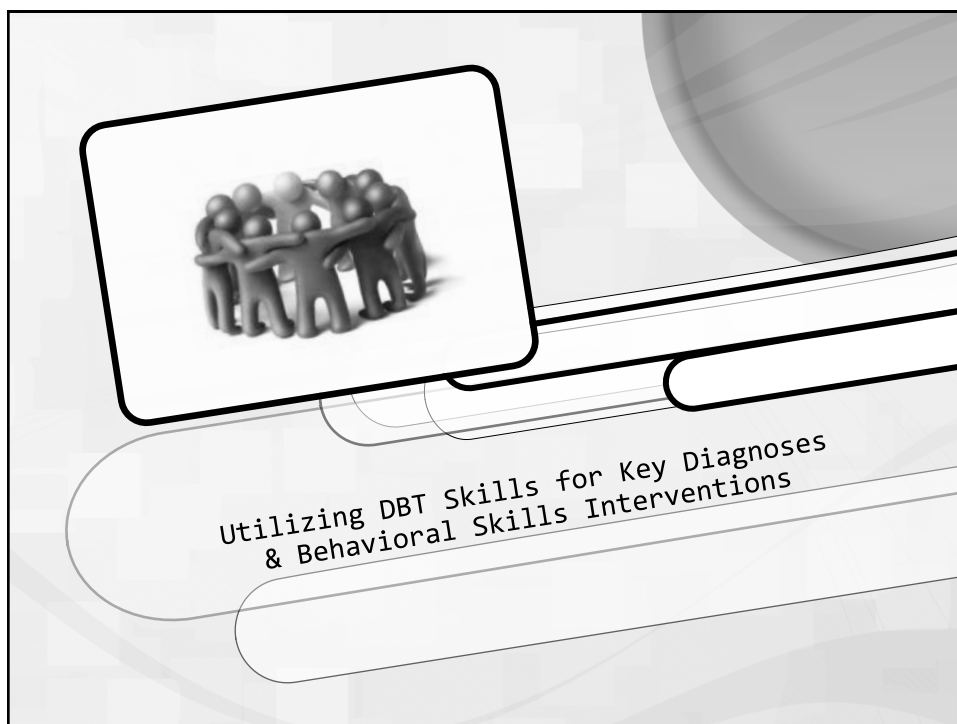
~~Treatment Targets to Increase~~ Oxytocin Without Problem Behaviors

Activities

- Hugs
- Sing in a choir/Laugh/Dance
- Give a back rub/foot rub
- Hold a baby
- Stroke a dog or cat
- Perform a generous act
- Proximity
- Make positive eye contact
- Breath work/Prayer
- Listen without judgment
- Positive touch

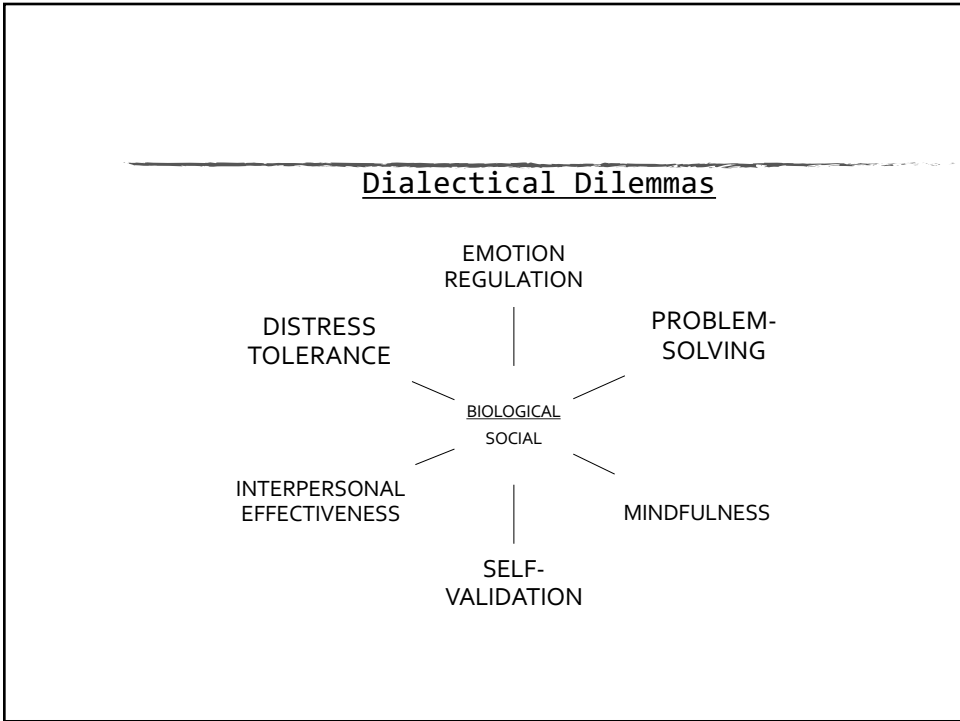
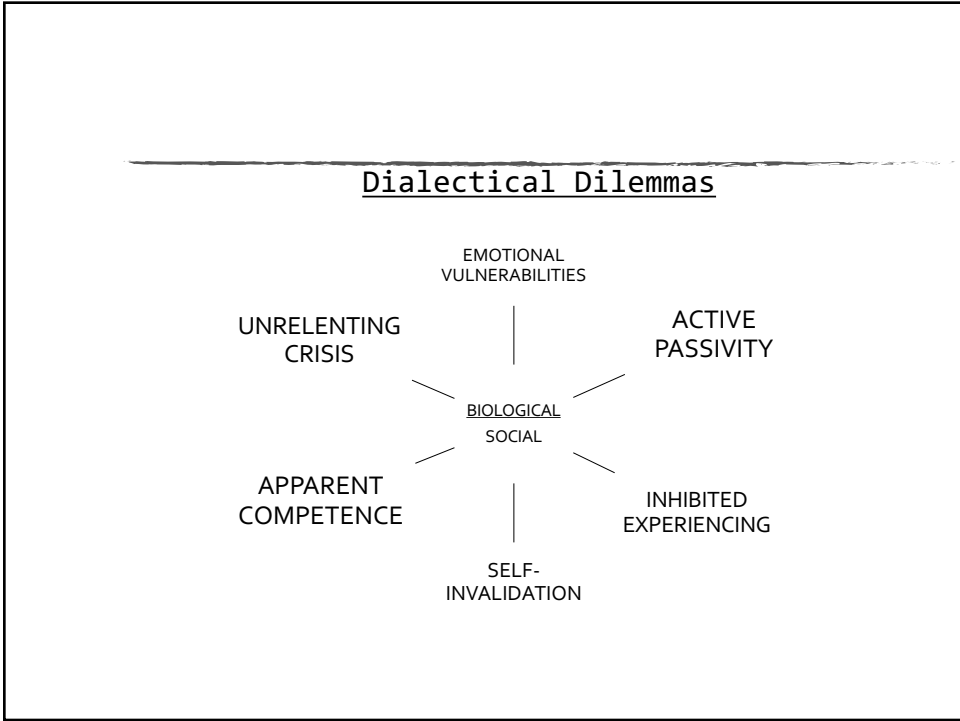
DBT Skills

- Build Positive Experiences
- Self-Soothe
- IMPROVE the Moment
- DISTRACT
- Nonjudgmental Stance
- Mindful Breathing
- GIVE



DBT With Other Diagnoses

- Generally, DBT can be used with any diagnosis that can be treated by CBT and/or Behavior Therapy
- Behavior Therapy has more random clinical trials than any other approach
- Real-world clients with BPD have co-morbid conditions that are treated concurrently
- Adaptations can be made based on clinical expertise and client needs...remember EBPP!



Goals of DBT With All Disorders (Marra, 2005)

1. Identify dialectic domains with the client
2. Identify the compromise formation currently formed (what does the compromise achieve and sacrifice)
3. Articulate that no specific direction or "end" of the dialectic is always desired; "place" is determined by contextual variables and goals or objectives
4. Remind client to move between long-term and short-term objectives when evaluating contextual variables
5. Help client identify if their analysis of contextual variables is solution focused, emotion focused, or both (all are effective at times)

Linehan's Original Views on Adaptation

"These modes constitute a service delivery model...I use the term 'mode' to refer to the various treatment components that together make up DBT, as well as the manner of their delivery. *In principle, DBT can be applied in any treatment mode* (italics added)" (Linehan 1993a, p.101).

Anxiety

- Anxiety is a natural response to threat (and the client expects threat)
- Validate the feelings and sensations as real *and* experientially challenge the notion that the feelings are intolerable
- Balance mindful acceptance of anxiety *with* relaxation and distress tolerance skills (e.g., breathing, muscle relaxation, positive self-talk, self-soothing skills)
- Increase predictability of schedules and any upcoming activities that threaten to dysregulate
- Frequently reorient to structure of therapy and place up visually on the wall of your group room as well as providing grounding materials
- Develop Coping Ahead plan versus pre-living behaviors

PTSD and Trauma

- Stability first! Client must have skills to tolerate distress (e.g., work on grounding skills, distress tolerance, and emotion regulation)
- Linehan promotes exposure techniques
- Consider other ways to handle trauma (e.g., mindfulness and present-centered approaches)
- Consider integrating body work into skills training or as a form of ancillary treatment.

Eating Disorders

- Often center on issues of identity and acceptability. Intense emotions result from self-loathing (food the focus of attention). Dialectics focus on urge indulgence vs. inhibition, helplessness vs. self-control, and acceptability of the individual to self and society.
- Validate experience-increase radical genuiness
- And develop positive identity and healthy controls (externalize disorder)

Eating Disorders

- Increase distress tolerance
- Increase emotion regulation
- Increase sensory input through mindfulness (again externalizing)
- Mindful eating followed by distraction or urge surfing helpful

Mindfulness/Acceptance Interventions

- Apply Core Mindfulness Skills
- Have client “sit with” emotion longer than he/she desires (i.e., exposure or desensitization)
- Have client change relationship to emotions and thoughts (not right/wrong or good/bad, but a different awareness based on acceptance and meaning making)

Depression

- Depression happens when desires are frustrated, making hope difficult and leading to greater passivity.
- Validate the mood, especially given lack of positive experiences (reduces secondary guilt and shame).
- Challenge the ineffective strategies used to deal with the mood.

Depression

- Increase positive behaviors (coaching, prompting, contracting, etc..)
- Decrease mindfulness of negative experiences
- Build in self-care and emotion regulation skills
- Take dialectic approach to cognitions (explained more later)

Substance Abuse/Dependence

- Validate needs and challenge means of meeting those needs
- Increase mindfulness of urges and then shift to external focus
- Decrease environmental triggers
- Increase distress tolerance and emotion regulation to deal with withdrawal and urges



Behavioral Principles

You must become a behavioral specialist.

- **Positive Reinforcement:** behavior is followed by a reward, increasing the b's frequency
- **Negative Reinforcement (think avoidance learning):** behavior is followed by removal of something aversive, increasing the b's frequency
- **Positive Punishment:** behavior is followed by something aversive, decreasing the b's frequency
- **Negative Punishment (think response cost):** behavior is followed by removal of something, decreasing the b's frequency
- **Extinction:** removal of any consequence for a behavior, leading to a decline in the b



Behavioral Principles

You must become a behavioral specialist.

- **Shaping:** reinforcing approximations to a desired behavior
- **Avoidance Learning:** behavior results in the cessation of an aversive stimulus (falls under negative reinforcement)
- **Non-contingent Reinforcement:** providing reinforcement regardless of behavior you want to decrease (but in absence of that behavior). The b then decreases as it is no longer necessary to receive the reinforcement
- **Generalization:** performing desired behavior outside of treatment setting

Personality Disorders

- Non-judgmental, non-pejorative
- Look for the wisdom and truth in how the personality was formed
- Explore how beliefs and dialectic conflicts formed
- Understand that clients are trying to meet needs
- Validate and teach them a more effective way

Dialectical Skills Strategies

- Highlight the contradictions in client's behavior, approach to therapy or in reality
- Refusing "right and wrong;" different perspectives can both be true and answers can yes and no
- Avoid allowing the group or any leader to step in with logic to solve the dilemma or struggle; allow the client to make the shift (positive aspect of having two co-facilitators)

Other Dialectical Strategies

- Metaphor and Teaching Stories
- Playing Devil's Advocate
- Extending (aikido self-defense): Can be used with active resistance
- Activating Wise Mind
- Making Lemonade Out of Lemons
- Allowing Natural Change
- Dialectical Abstinence
- Dialectic Assessment: What's Missing?

Carl Rogers



“The curious paradox is that when I accept myself just as I am, then I can change.”

SEE YOU NEXT WEEK!

**The Foundational Skills:
Mindfulness & Dialectics**

Week 3

Today's Objectives

1. Learn and practice mindfulness and dialectics skills through practicing experiential exercises today.
2. Learn additional resources for clients to deepen their mindfulness practices outside of the therapeutic space.
3. Review the importance of mindfulness in regards to major mental health disorders.



"The mind will always lie to you, but the body never will."

Mindfulness Objectives

- Feelings, thoughts/beliefs, and behavior being noticed and respected
- Awareness of environmental information and cues
- Decreased impulsive behavior
- Decreased passive and “stuck” behavior
- Increased emotion regulation and decreased (ineffective) mood congruent behavior
- Improved connection to experience, enjoyment, and peace



Body Scan Mindfulness

- Sit and breathe
- Begin to scan your body from the top of your head to your feet
- Note any areas of the body that register pain or discomfort
- Try not to attach to the discomfort but notice it and breathe
- Note any areas of the body that do not register pain or discomfort
- Try not to attach to the painless areas but notice it and breathe
- Try to hold both states in your body equally, breathing and just noticing

States of Mind

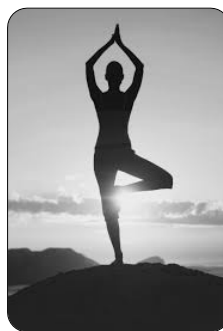
Wise Mind

Reason
Mind

Emotion
Mind

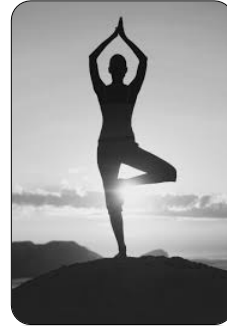
Two Steps to Wise Mind

- **Step One:** Observe and Describe Non-judgmentally and One-mindfully
- **Step Two:** Participate Effectively



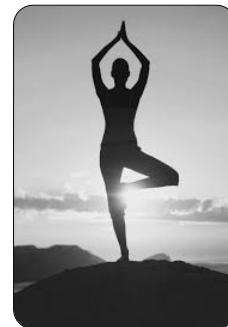
WHAT SKILLS WHAT IS MINDFULNESS?

- **Observe** (watch and become aware)
 - Feelings, thoughts, urges, physical sensations, behaviors, information from senses, etc..
 - Environment...what information is around me?
 - Experience integrated (i.e., life here and now)
- **Describe**
 - Put your experience into words (and vice versa)
 - Words make it clear for you and others
- **Participate**
 - Fully immerse yourself into what you are doing right now.
 - Activate your "Being Mind"
 - Make a mindful choice about what you are doing
 - Practice your skills until they are a part of "you"



HOW SKILLS HOW DO I KNOW THAT I AM BEING MINDFUL?

- **Non-judgmentally**
 - Describing without attaching a label or opinion
 - Being open to continued evaluation, based on facts
 - Focus is on "what is" not the "goods," "bads," "shoulds," and "should nots"
- **One-mindfully**
 - Choose, direct, and focus your attention and concentration on one thing
 - Gently let go of distractions, refocusing over and over
- **Effectively**
 - Focus on what the situation or moment requires
 - Remember your goals and do what "works" to meet them
 - Play by the rules
 - Do not "cut off your nose to spite your face"



**Observe and Describe (“What” Skills)
Nonjudgmentally (A “How” Skill)**

No One Has Ever Observed...

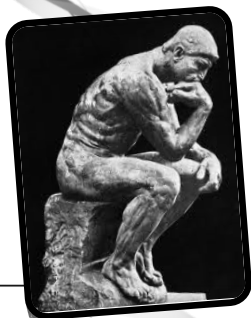
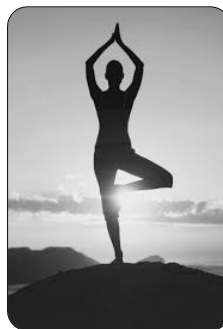
- Others’ Thoughts
- Others’ Intentions
- Others’ Emotions
 - Causes
 - Concepts
 - Meaning

**Participate (A “What Skill)
One-Mindfully & Effectively (“How” Skills)**

- Driving
- Homework
- Attending a lecture or workshop
- Letting go of multitasking
- Completing work

Mindfulness Practice and Application

- **Must practice daily (multiple times)**
Goal: Twice daily, 20 minutes
- **Beginning and end of each session helpful**
- **Address barriers to mindfulness (e.g., judgments, environmental, etc.)**
- **Make it relevant, interesting, and enjoyable**
Adaptation: Centering Prayer
- **Mindfulness is essential to effective skill use...it is a "gateway skill"**
- **When skills lack effectiveness, often concurrent mindfulness is what is needed**



Dialectics

Finding the Middle Path

Supplemental Module



- Dialectics originated with early philosophers
- No position is absolute; each position has its own wisdom or truth (if only a kernel at times)
- Opposite tensions are interconnected, interrelated, and defined by each other
- The synthesis of opposites, through understanding varying contexts and seeking a workable balance, leads to change
- Change is continual, so dialectics require fluidity

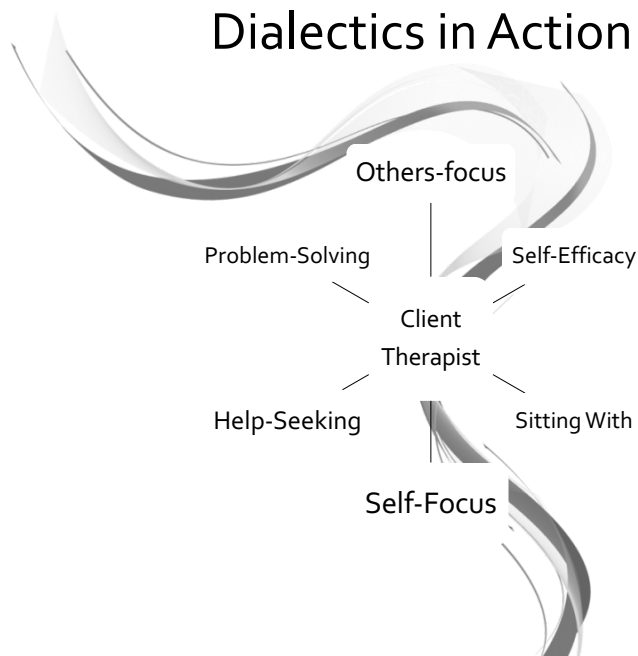


The Tale of the Chivalrous Toilet
Dialectics in Action

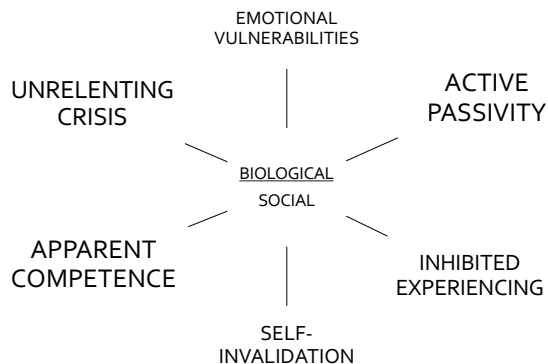


- Acceptance and change
- Validation and challenge
- Emotion and reason (Wise Mind)
- Doing one's best and needing to do better
- Active client and active therapist
- Goals of therapy (and/or program) and goals of client
- Integrating research and practice (per EBP)

Dialectics in Action



Dialectical Dilemmas



What to Look For

Self-Invalidation

- Self-hate/criticism
- Perfectionism

Emotional Vulnerability

- Anger, Bitterness Towards Others
- Fragility, Vulnerability

Inhibited Experiencing

- Active avoidance
- Passive avoidance, dissociation

How to Help

Self-Invalidation

- Modeling failure
- Communicating validation

Emotional Vulnerability

- Model self-care
- Create a safe home environment

Inhibited Experiencing

- Model Emotions
- Display authentic reactions without exaggeration

What to Look For

Unrelenting Crises

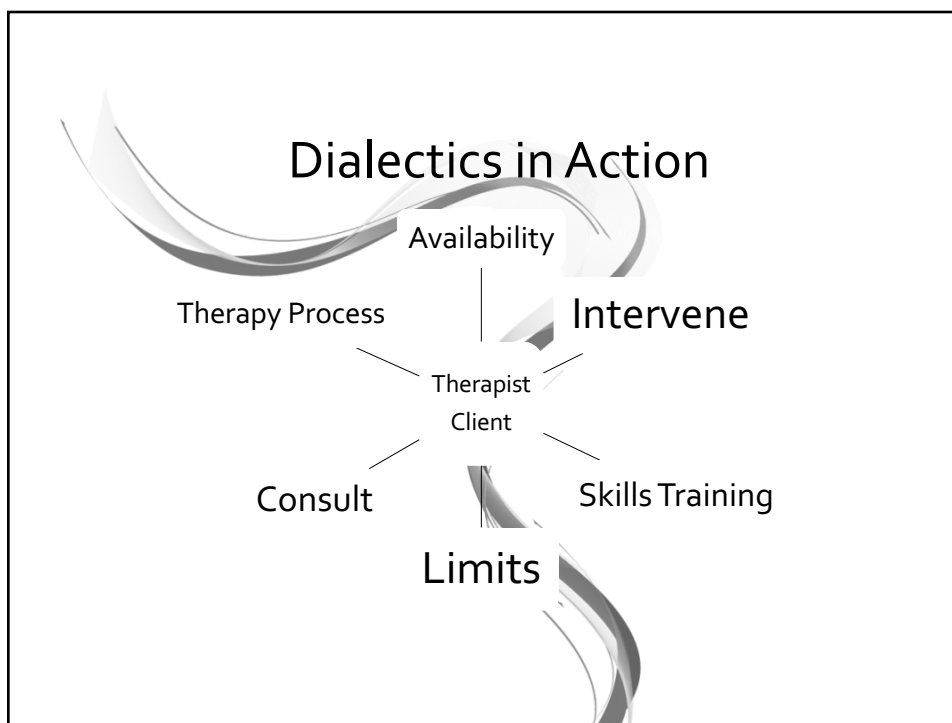
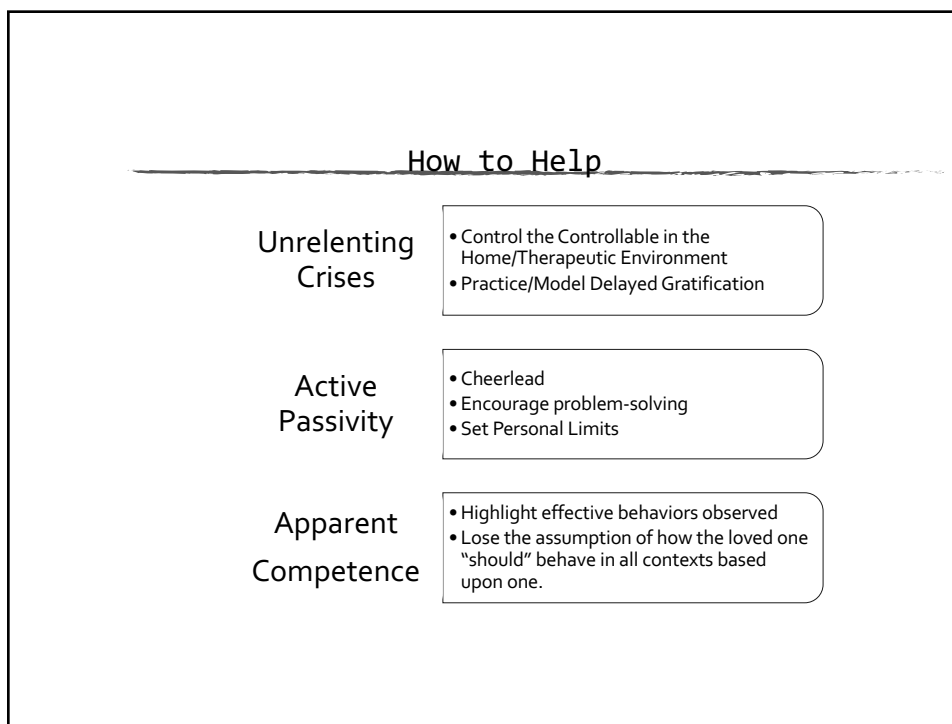
- Uncontrollable Events
- Crisis-Generating Behavior

Active Passivity

- Willfulness, Demandingness
- Helplessness

Apparent Competence

- Disconnect between verbal and non-verbal behavior
- Contextual Competence (mood/situational)



Ways Clients Can Practice Dialectics

- Balance of “old” self with “new” self
- Balance of “want-to’s” with “have-to’s”
- Balance of your wants/needs with others’ wants/needs
- Activating Wise Mind
- Considering alternative viewpoints and opinions
- Weighing pros and cons
- Choosing “middle path” behaviors
- Engaging willingness to shift from “stuck”

SEE YOU NEXT WEEK!

Naming to Tame: Emotion Regulation

Week 4

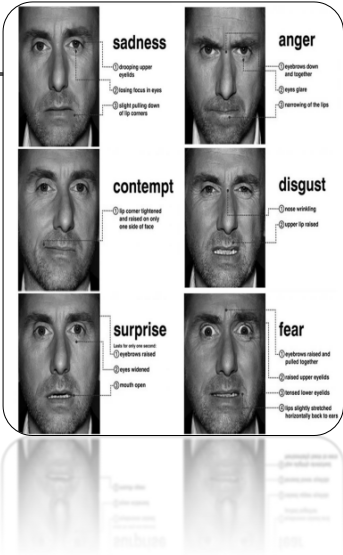
Today's Objectives

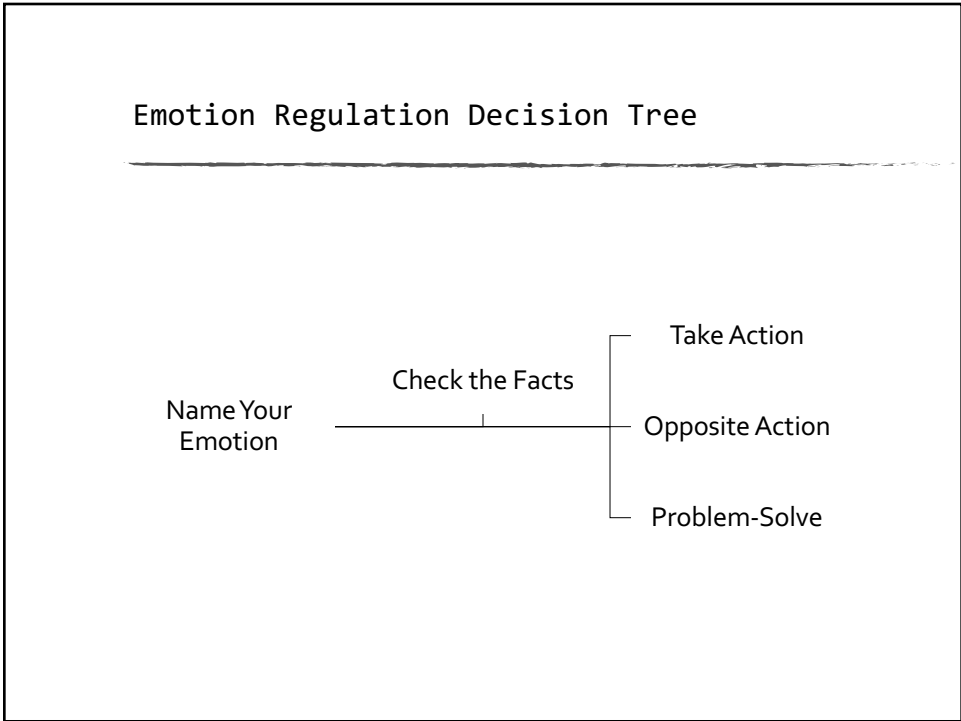
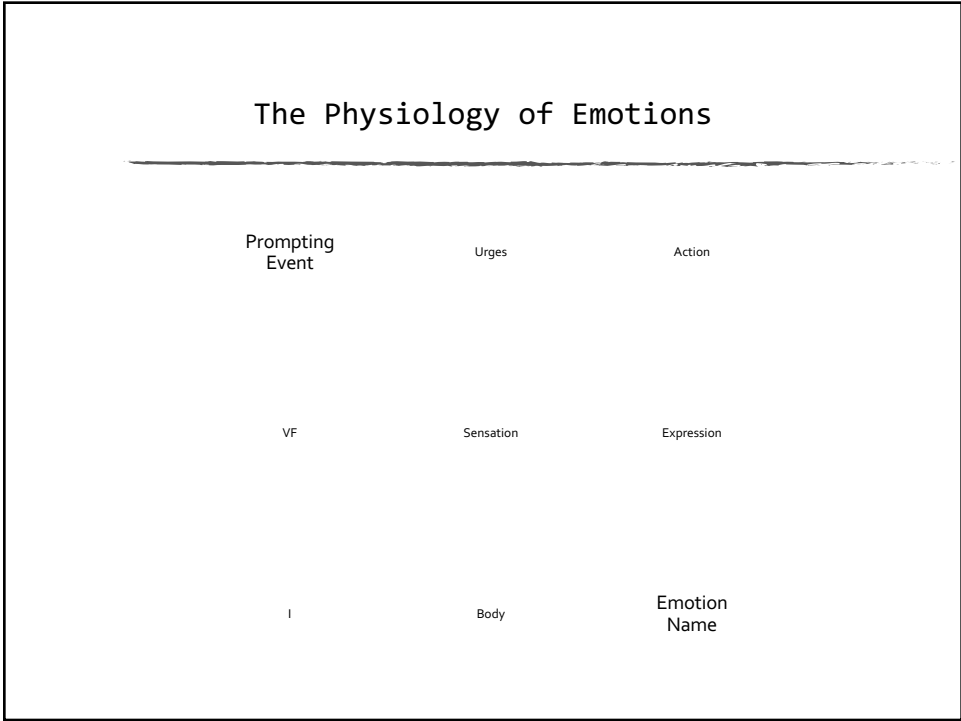
1. Learn and practice emotion regulation skills through practicing experiential exercises today.
2. Learn additional resources for clients to deepen their self-care practices outside of the therapeutic space.
3. Review the importance of reducing emotional vulnerability in regards to major mental health disorders.

Emotion regulation

Emotion Regulation

- Proactive skills
- Short and long term skills
- Understand how emotions work
- Reduce emotional vulnerability
- Increase events to create positive emotions
- Step out of ineffective mood congruent behaviors
- Develop and maintain emotional balance





Naming to Tame

Emotion Name	Action Urge
Anger	Fight, Attack, Confront
Disgust	Repel, Separate from
Envy	Obtain what is not ours, Obsess
Fear	Avoid, Escape
Guilt	Apologize, Make Amends
Happy	Maintain
Jealousy	Protect, Possess
Love	Connect
Sadness	Isolate, Withdraw
Shame	Hide, Conform

Check The Facts

- Check the intensity of our emotions, not the validity
- Intensity impacts both our emotional experience and how our thoughts are organized
- We check the facts to determine whether we are going to act on our emotional urges or act opposite to them.
- We are not looking for an opposite emotion as it does not exist.

Opposite-to-Emotion Action

- Break ineffective emotional cycles by acting opposite to behaviors that are mood congruent
- Opposite action may also create a different emotion
- Often a “gateway” skill
- Examples include activity when depressed, approaching when anxious, and being kind when angry

Regulating Emotions

Emotion Name	Action Urge	Opposite Action
Anger	Fight, Attack, Confront	Walk away, gently avoid
Disgust	Repel, Separate from	Confront, Approach
Envy	Obtain what is not ours, Obsess	Practice gratitude for what you have
Fear	Avoid, Escape	Approach, Attack
Guilt	Apologize, Make Amends	Make no apologies
Happy	Maintain	Let go
Jealousy	Protect, Possess	Trust, Focus on commitment
Love	Connect	Disconnect
Sadness	Isolate, Withdraw	Connect
Shame	Hide, Conform	Nonconformity, share your story

Let's Practice!

- ❖ Recall an event that is/was emotionally-charged for you.
- ❖ Close your eyes and see yourself in the situation with all the emotions and all the details.
- ❖ Wrap your arms around yourself, head down and allow whatever emotions you have to flow in until you hear the bell chime.
- ❖ After you hear the chime, sit up and place your hands palms up on thighs.
- ❖ Practice holding a half-smile.
- ❖ Eyes will remain open.
- ❖ Lift eyebrows and breathe fully.
- ❖ Continue recalling the emotionally-charged event until you hear the chime again.

Physical health

List resources and barriers (each area)

Eat three healthy, balanced meals

Avoid mood altering drugs

Sleep between 7 to 10 hours

Exercise at least 20 minutes

Daily

- Address Barriers
- Develop a plan/track on diary card

P
L
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D

Build Positive Experience

- **Must be planned/scheduled**
- **Must include mindfulness skills**
- **Address distractions that interfere with BPEs**
- **Address judgments that interfere with BPEs (e.g., not deserving, etc.)**
- **Address concerns about expectations**

Build Positive Experience

- **Short term**
Do pleasant things that are possible now
- **Long term**
Invest in relationships (Attend to Relationships-A2R)
Invest in your goals
Build a satisfying life
Take one step at a time

Build Mastery



- Engage in activities of daily living
- Accomplish tasks that need to be done
 - Take steps toward a challenging goal
- Build a sense of control, confidence, and competence
- Give yourself credit!

SEE YOU NEXT WEEK!

Distress Tolerance

Crisis Survival Skills

Today's Objectives

1. Learn and practice distress tolerance skills through practicing experiential exercises today.
2. Learn additional resources for clients to deepen their self-compassion practices outside of the therapeutic space.
3. Review the importance of tolerating pain and eliminate suffering.

Goals of Distress Tolerance

- **Ability to tolerate painful emotion**
- **Distraction without avoiding**
- **Paths to other skills**
- **Action instead of reaction**
- **Managing crisis without making it worse**



DISTRESS TOLERANCE

Effective Distress Tolerance leads to:

- **Less emotion-based coping (might work short-term, but often does not long-term)**
- **Fewer impulsive behaviors**
- **Decreased self-injurious urges/behaviors**
- **Decreased suicidal urges/behaviors**
- **Decreased crisis orientation to life AND**
- **Decreased chronic distress avoidance**

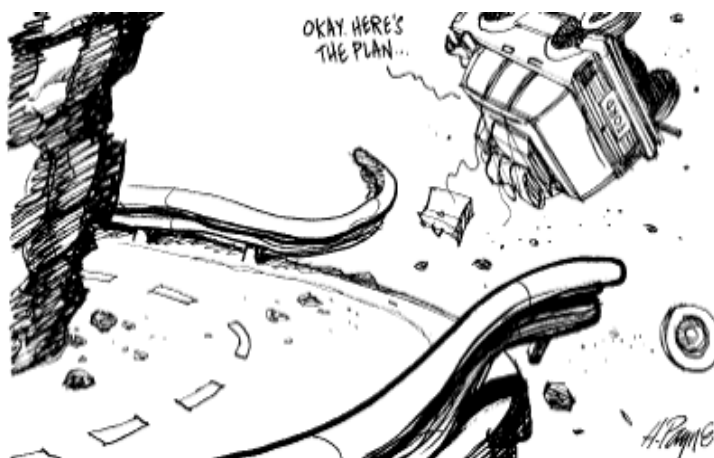


When To Use Distress Tolerance

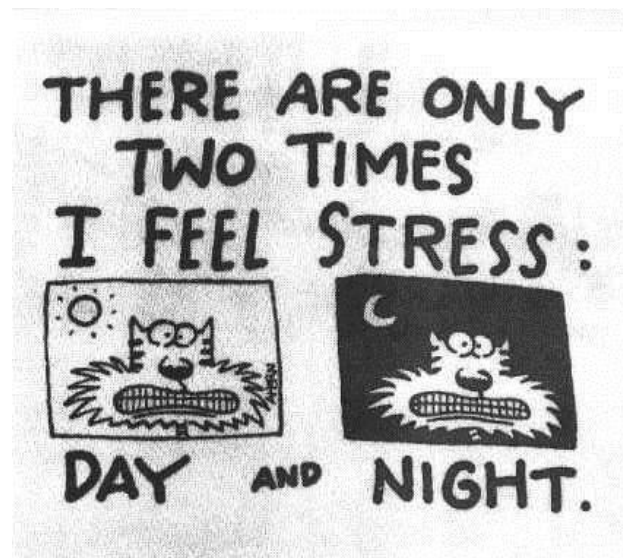
- Am I able to solve the problem (Y/N)?
- Is now a good time to solve it (Y/N)?
- Am I in Wise Mind enough to solve it (Y/N)?
- If “yes” to all three questions, solve the problem
- If “no” to any of the three questions, distress tolerance may help



Dealing with Distress Before...



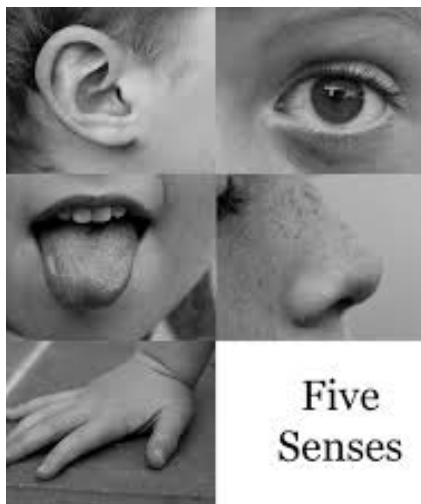
Practicing Daily Distress Tolerance



Self-Soothe

Mindful engagement of the senses to comfort:

- Vision
- Hearing
- Smell
- Taste
- Touch



Distract: Wise Mind ACCEPTS

- A Activities
- C Contributing
- C Comparisons
- E Emotions
- P Pushing away
- T Thoughts
- S Sensations



IMPROVE the Moment

- Imagery
- Meaning
- Prayer
- Relaxation
- One thing at a time
- Vacation (mini)
- Encouragement



- **Pros and Cons**
- List positive consequences
- List negative consequences
- Weigh short-term vs. long-term consequences
- Is it worth it?
- Make a decision
- Pros and cons are dialectical and activate Wise Mind

Pros and Cons (P&C) Application Example	
My Basic Choices Are: Using self-injury versus using skills	
Short-Term PROS of Self-Injury	Short-Term CONS of Self-Injury
<i>Numbed my feelings!</i> <i>Worked</i> <i>Blood grounded me know</i>	<i>Missed chance to use plan</i> <i>worried about upcoming group</i> <i>Had to hide it</i>
Long-Term PROS of Self-Injury	Long-Term CONS Self-Injury
<i>None really</i>	<i>Lost trust</i> <i>Lost self-respect</i> <i>More scars</i> <i>Shame sets me up</i>
Versus	
Short-Term PROS of Skill Use	Short-Term CONS of Skill Use
<i>No need to lie or cover up</i> <i>Feel good if I make it</i> <i>No hassle with blood and stuff</i> <i>NO CHANGE ANALYSIS!!</i>	<i>Hard and might not work</i> <i>Don't know</i> <i>Maybe more emotional pain</i>
Long-Term PROS of Skill Use	Long-Term CONS of Skill Use
<i>RESPECT!</i> <i>Learn to handle life and get</i> <i>somewhere</i>	<i>More expectations?</i> <i>Pressure, I don't know</i>

My Decision: Skills, I guess!!

Radical Acceptance

Self-Compassion

Choices When Life is Painful:

Radical Acceptance



- Change painful situations when you can
- Shift your perspective of the situation
- Radically Accept the situation
- Continue to suffer

Choices When Life is Painful:

- **Radical Acceptance**
 - Freedom from suffering requires acceptance of "what is" from within. Letting go of fighting reality ends suffering
 - Acceptance may still mean tolerating pain
 - *Acceptance frees psychological and emotional resources to move forward*
- **Turning the mind**
 - Continuously recommit to accepting reality...over and over again



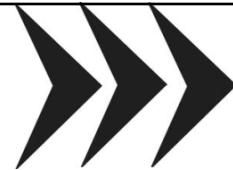
Accepting Reality Skills

Stages of Acceptance
(from Kubler-Ross)

- **Denial: not wanting to believe its real**
- **Anger: feeling that it is unjust and should not have happened or be happening**
- **Bargaining: trying to make a deal to escape the reality**
- **Depression: having reality set in and feeling the impact**
- **Acceptance: acknowledging the reality of “what is”**

No matter where you are, you are in the process

Willingness



(vs. Willfulness)

- **Willingness is doing what is needed, not sitting on your hands**
- **Willingness means dealing with reality, not what you wish it would be**
- **The concept contrasts our Western philosophy of “when there’s a will there’s a way”**
- **“Where there is willingness, there is a way” is the message**
- **What are you willing to do given the situation?**

Acceptance Mindfulness

Mindfulness Practice Acceptance

- "Everything is as it should be."
- Focus on an object in the room.
 - Breathe.
- As any area of thoughts, emotions, sensations, and/or feelings emerge, silently repeat the phrase above.
 - 3 minutes

Self-compassion

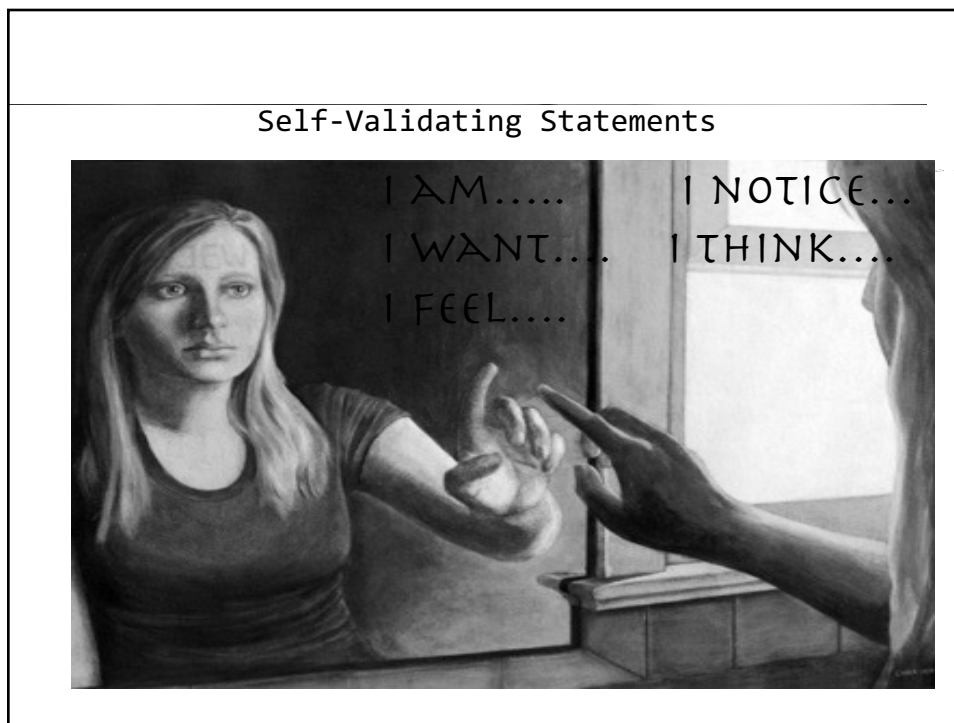
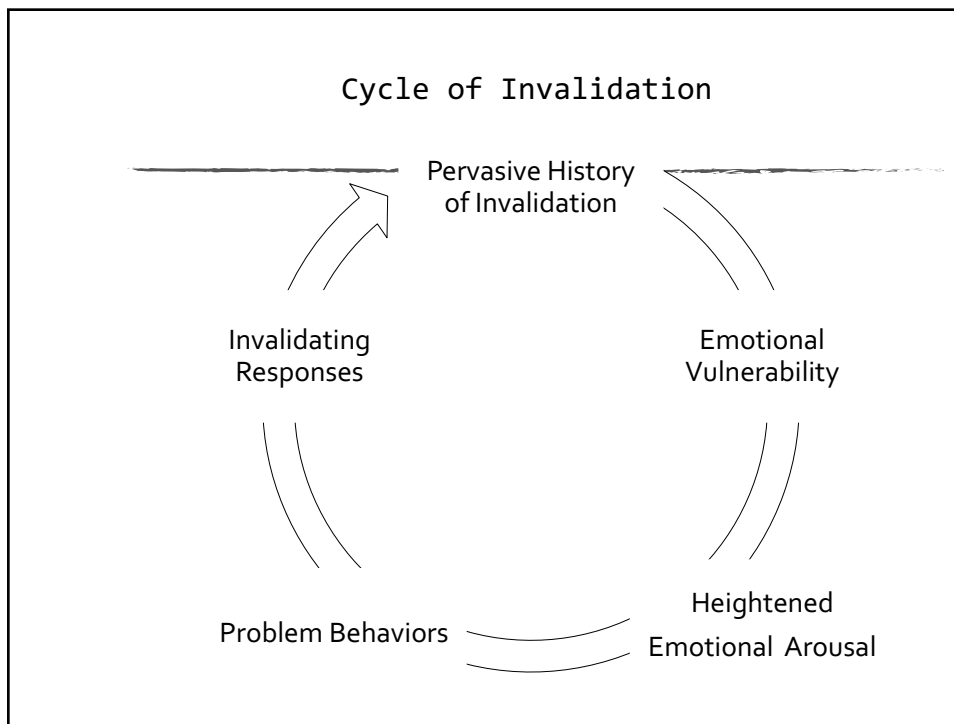
Supplemental module

Self-Validation Module

- Developed by: Dr. Alan E. Fruzzetti

Goals

- ① Separating *experiences* (e.g., feelings, thoughts, desires, sensations) from things that cannot be observed in the present.
- ② Separating *aspects* of an experience that are valid from those that are not (or may not be) valid in the present moment.
- ③ Being effective



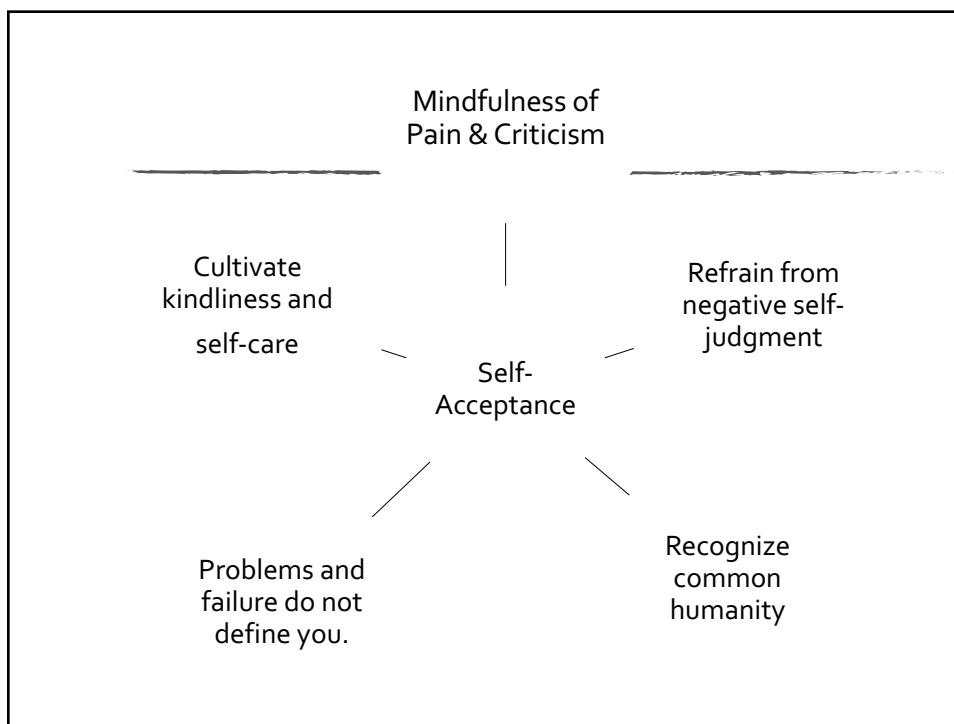


“Acceptance must come from deep
within.”

Marsha Linehan

Self-Compassion Module

- Goal-Decrease emotional suffering
- Developed by: Dr. Kristin Neff
- Module components:
 - ① Self-Compassion Scale
 - ② Using self-compassion skills to decrease emotional suffering
 - ③ Practicing self-soothing compassion
 - ④ Intrapersonal compassion skills (SACRED self)



SEE YOU NEXT WEEK!

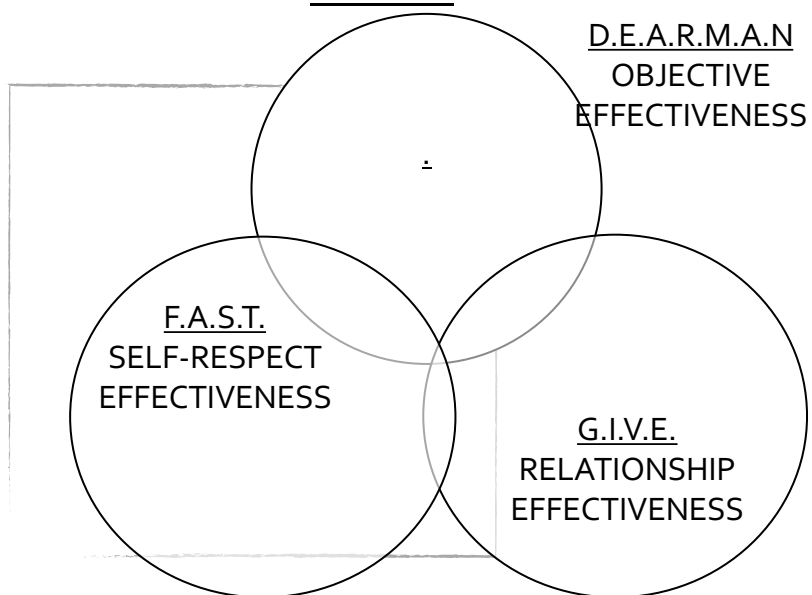
Interpersonal Effectiveness

Interpersonal Skills Module

- Effective Interpersonal Skills lead to:
- Increased ability to meet wants and needs
- Increased ability to set effective boundaries (limits)
- Increased ability to say “no”
- Increased ability to make and maintain positive relationships (including resolving conflict)
- Help clients to build self-respect because interactions are grounded in values



Interpersonal Effectiveness Skills



Self-Respect Effectiveness F.A.S.T.

Fair: be fair to self and to others

Apologies: no *unnecessary* apologies or apologies for your beliefs, opinions, or for being you

Stick to your values: know your values and what is non-negotiable.
Resolve value conflicts effectively

Truthful: Avoid exaggerations, excuses, and lies. Be accountable to yourself and others

BOUNDARY

Be aware

Observe others

Understand limits

Negotiate sometimes

Differences exist

Always

Remember your values

Your safety first

Boundaries (Limits)
Core Assumptions

- Clients often don't recognize boundaries
- Ineffective boundaries can create dysfunction in relationships
- Ineffective boundaries can create ineffective responses in therapists
- Clients want to learn about and practice effective boundaries for themselves
- Clients need to learn about and recognize the boundaries of others
- Therapists need to model effective boundaries

Common Types of Boundaries

- **Physical:** body and surrounding space, what is consumed or otherwise touches or enters our bodies, including sexual practices
- **Psychological:** topics of conversation, our “mental” space, our “information,” our values, who we “are” and what we share
- **Emotional:** our feelings, if and how they are shared, and their ability to be leveraged or manipulated
- **Spiritual:** ability to choose our own connections (or lack thereof)
- **Anything that defines and differentiates you as separate from others (and others from you)**
- **Anything that keeps you healthy and “safe” interpersonally and in the world**

Boundaries

- **Clients benefit from exercises that help them define their boundaries**
- **Clients need education about individual differences**
- **Clients often need to radically accept individual differences and to learn not to take differences “personally” (also a boundary)**
- **Effective teaching will result in healthier connections with less enmeshment, disengagement, and extremes**



Relationship Effectiveness: **GIVE**

Genuine: be authentic and real, and act from your true self

Interest: make eye contact, show interest to be interested, allow reciprocity in interactions

Validate: acknowledge what you heard without judging or fixing.
Focused on the other person!

Easy manner: use humor, smile, and be easygoing

DBT Agreements

1. Your loved one is doing the best he or she can.
2. Your loved one needs to do better, try harder, and be more motivated to change.
3. Your loved one wants to do things differently and make things better.
4. Your loved one must learn new behaviors in all important situations in his or her life.
5. Family members should take things in a well-meaning way and not assume the worst.
6. There is no absolute truth. [in relationships]

- Adapted from *Parenting a Child Who Has Intense Emotions* (Harvey and Penzo, 2009)

Validation:

The Keys to the Kingdom

- Validation is the non-judgmental acknowledgement of the client's experience
- Validation creates the conditions of acceptance that usually precede change
- As a rule, start with validating the client, and return to validation when the client is "stuck" (remembering that rules have exceptions)



VALIDATION

- **Value Others:** Seeking the inherent value in others is essential to validation.
- **Ask Questions:** Use questions to draw out others' experience.
- **Listen and Reflect:** Listen to others' answers to your questions and reflect back the major themes.
- **Identify with Others:** Work to see the world through the eyes of others.

VALIDATION

- **Discuss Emotions:** Talk about others' feelings and how they affect them from their perspective (not how it affects you).
- **Attend to Nonverbals:** Notice others' nonverbal communication to give you information about their experience.
- **Turn the Mind:** Validation does not mean that we agree with others. Turning the mind is especially important when it is difficult to relate and during conflicts.
- **Encourage Participation:** Validation can be a difficult process at times, so we need to encourage ourselves and others to be engaged with each other.

Balance of Validation and Change

- Validation opens clients to change:
 - Lets clients know you understand the nature of their issues and pain
 - Exposure to painful emotions create a qualitative difference in relating to emotions (decreasing ineffective escape and avoidance behaviors)
 - Exposure to painful emotions can create motivation to invest in change



Levels of Validation

(Linehan, 1997)

- Being acutely attentive (V1)
- Reflecting verbal communication (V2)
- Describing non-verbal communication (V3)
- Expressing how experience makes sense given history or biology (V4)
- Expressing how experience makes sense in the present moment and context (V5)
- Being in genuine, human contact (V6)



VALIDATION PRACTICE

“I went to the coffee shop with my sister and her friends. I was sad because I had just broken up with my boyfriend. I forced my sister to lie to our parents because I saw a guy I used to hook up with and wanted to have sex with him. Now my parents don’t trust me. I lost my driving privileges, my cell phone and can’t hang out with my friends. I thought I was over my ex but now I’m in so much trouble. I don’t want to eat and if my parents would leave me alone, I would find a knife to cut myself.”

VALIDATION PRACTICE

"I went to the store yesterday and I saw these Red Hot candies. I completely lost it and forgot what I went into the store to get. It reminded me of when I was little and my mom wanted to teach me about waiting. I had asked for some of those candies and she said no, but when she tucked me in that night, she forced me to eat a huge bag until my mouth and eyes burned. I thought I was past that, but I am having urges to cut myself again. I get so angry with myself. I keep myself from eating. If I had any pills, I'd take them...you know, just to numb out."

**Validation as an
Exposure Technique**

- Regulates emotions by decreasing their intensity
- Provides gentle, informal exposure to emotions with a sense of self-efficacy
- Allows for a more complete expression of emotions, cueing a fuller adaptive response





Objective Effectiveness: DEAR MAN

Describe the details of the situation

Express your emotions and thoughts

Assert by asking for what you want (or saying no)

Reinforce by rewarding, not punishing

Mindful: Stay focused on the issue

- Avoid attacks, distractions, and side tracking
- Broken record: assert again and again and again

Appear confident

- Talk, walk, and act with confidence (act “as if” if needed)

Negotiate

- Be willing to offer an alternative
- Be willing to ask for an alternative
- Turn the tables

Summary

- Understand that you have and are doing the best you can based upon what you have known.
- Set realistic expectations for yourself and your loved ones.
 - Mastery is not achieved overnight
- Validation is acceptance NOT agreement.
- Rehearse this at the end of every skills training session with the entire family.

Next Steps: Continuing Your Development as a DBT Therapist

- Assess your current understanding and skill level
- Seek ongoing supervision and/or consultation
- Find other interested therapists to create a consortium
- Pursue continuing education (preferably from different instructors)
- Review books, manuals, and research articles
- Seek out online resources
- Develop your own skills materials and worksheets (perhaps even a specialized manual for your population)
- Do periodic program development
- Professionals are ultimately responsible for their own development!

Resources

Marsha Linehan, PhD

www.behavioraltech.org

Self-Validation Module (Alan F. Fruzzetti, PhD)

**Associate Professor & Director, DBT Program
Department of Psychology 298**

University of Nevada

Reno, NV 89557-0062

Email: aef@unr.edu

Self-Compassion Module (Kristen Neff, PhD)

<http://www.self-compassion.org>

The Expanded Dialectical Behavior Therapy Skills Training Manual

by Dr. Lane Pederson, PsyD, LP, DBTC

Resources Continued..

- Behavioral Tech, LLC-Marsha Linehan's website:
<http://behavioraltech.org/index.cfm?CFID=54493378&CFTOKEN=48711039>
- Loving Someone with Borderline Personality Disorder: How to Keep Out-of-Control Emotions from Destroying Your Relationship-Shari Manning (2011)

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Thank-you for your time!