Who are we, and what are we doing here?

- Who I am
- Who You are
- Why we care about DBT
Learning Objectives

- To learn what DBT is and how DBT informed treatment is applied
- To understand the primary skills of DBT and how to utilize them with survivors of sexual trauma
- To recognize challenges that arise when utilizing DBT informed practices and discussing ways to address these challenges

DBT...What is it?

- Dialectical Behavioral Therapy
- A Dialectic is a process of change whereby an idea or event (thesis) generates and is transformed into its opposite (antithesis) and is preserved and fulfilled by it, leading to a reconciliation of opposites (synthesis)
Say What?

“The term "dialectical" means a synthesis or integration of opposites. The primary dialectic within DBT is between the seemingly opposite strategies of acceptance and change. For example, DBT therapists accept clients as they are while also acknowledging that they need to change in order to reach their goals. In addition, all of the skills and strategies taught in DBT are balanced in terms of acceptance and change. For example, the four skills modules include two sets of acceptance-oriented skills (mindfulness and distress tolerance) and two sets of change-oriented skills (emotion regulation and interpersonal effectiveness).”

- The Linehan Institute

In other words...

Dialectical work accepts that contradictions occur in life. It emphasizes synthesis over either/or thinking.

Truths that appear contradictory can both be true.

- You are doing the best you can and you need to change.
- I am willing to give you freedom and there are some rules you have to follow.
Marsha Linehan

- Therapist
- Professor
- Researcher
- Author
- Leader in the field
- Diagnosed with schizophrenia in the 1960’s
- Hospitalized repeatedly after multiple suicide attempts
- Subjected to treatment via ECT and drugs such as Thorazine
- Developed DBT in the 1970’s
- Today, would have diagnosed herself as a Borderline
- Spoke publically about her history for the first time in 2011.

"In particular she chose to treat people with a diagnosis that she would have given her young self: borderline personality disorder, a poorly understood condition characterized by neediness, outbursts and self-destructive urges, often leading to cutting or burning. In therapy, borderline patients can be terrors — manipulative, hostile, sometimes ominously mute, and notorious for storming out threatening suicide.

Dr. Linehan found that the tension of acceptance could at least keep people in the room: patients accept who they are, that they feel the mental squalls of rage, emptiness and anxiety far more intensely than most people do. In turn, the therapist accepts that given all this, cutting, burning and suicide attempts make some sense.

Finally, the therapist elicits a commitment from the patient to change his or her behavior, a verbal pledge in exchange for a chance to live: “Therapy does not work for people who are dead” is one way she puts it."

-From the 2011 NY Times Article
 “Expert in Mental Illness Reveals her own Fight”
Marsha Linehan understood firsthand the reality of overwhelming emotions and the response of choosing unhealthy behaviors as an attempt to manage this pain.

According to Linehan:

"The central aim of DBT as a whole is to replace ineffective, maladaptive, or unskilled behavior with skillful responses"  
(Linehan, 1993)

In DBT, the therapist uses validation to show the client that they accept them as they are, and understand that their dangerous or frightening behaviors are attempts to manage their otherwise unbearable pain, while also teaching them healthier and safer ways to manage their pain and reduce further suffering.

Pain is inevitable, Suffering is not.
Why I love DBT

- Simplicity
- Structure
- Short Term
- Solution-Focused

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

-Carl Rogers
Standard DBT vs. DBT-Informed

- DBT Training: Behavioral Tech
  http://behavioraltech.org/

- DBT-LBC (Linehan Board of Certification)
  Begun July 2014

- DBT-Informed is what we practice at NOVA

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Four Components of DBT:

- Individual Therapy
- Skills Training Group
- Phone Coaching
- Therapist Consultation Team
Pre-Treatment:
Commitment and Agreement

- Stage One: Severe Behavioral Dyscontrol
  - Behavioral Control

- Stage Two: Quiet Desperation
  - Emotional Experiencing

- Stage Three: Problems in Living
  - Ordinary Happiness & Unhappiness

- Stage Four: Incompleteness
  - Capacity for Joy

Stage One:
Stability, Connection, & Safety

- Decrease Suicidal Behaviors

- Decrease Therapy-Interfering Behaviors

- Decrease Quality of Life Interfering Behaviors

- Increase Behavioral Skills
  - Mindfulness Skills
  - Interpersonal Effectiveness
  - Emotional Regulation
  - Distress Tolerance
  - Self-Management
Stage Two:
Exposure & Emotionally Processing the Past

- Decrease PTSD Symptoms
- Trauma Processing
  - The goal of trauma processing in DBT: Synthesis between “I know fully that happened to me then, and I know fully that now I am here and it is not happening.”

Stage Three:
Synthesis (Learning to Live)

- Increase Respect for Self
- Define Life Goals
- Work on Individual Goals
- Find Peace & Happiness
Stage Four: Finding Deeper Meaning

- Optional Stage
- Finding connection to a greater whole
- Exploring spiritual meaning & existence

DBT Skills

KEEP CALM AND USE YOUR DBT SKILLS
Validation

- Validation is a communication of empathy and acceptance.

- Validation does not mean that you like or agree with what the person is doing or saying.
Listening intently without judgment

Focusing all your attention in the moment on your client

Listening actively or reflectively by repeating what your client says (for example, "By that, you mean _____")

Asking your client if you are reflecting accurately (for example, "Did I get that right?")

Active listening by listening for the underlying emotion (for example, "Others in this situation might feel ____. Is that how you feel?")

Acknowledging in a non-blaming way why your client might be behaving this way given his history (for example, "It is understandable that you do _____, given your history.")

Encouraging your client by letting him know you believe in her capabilities

Meaning what you say—being genuine and reflecting your true reaction to your client (for example, "It impacts me in this ________ way when I hear you say _____.")

Believing in your client

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Non-judgmental Language

• Is non evaluative - does not carry positive or negative connotations
• Describes in detail – does not label
• Can state consequences, preferences and opinions
• "When you act that way, I do not want to spend time with you".
• "When you do that, it makes me sad"
• "I like what you are doing"

Non-judgmental language
• Does not make assumptions about individuals, behaviors or motives;
• Does not assume the intent of the behavior;
• Does not assume that the intent of behavior is to impact someone else in a negative way;
• Separates the effect of the behavior from its assumed intent;
• Regardless of how the observer feels because of the behavior, assumptions cannot be made about the intention of the behavior.

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Four Primary Skills of DBT

- Distress Tolerance
- Emotion Regulation
- Interpersonal Effectiveness
- Mindfulness

Leaves on a Stream
Distress Tolerance:
Creating Space Between Stimulus & Response

- Harm Reduction model
- Emphasis on widening your window of tolerance
- Freedom to choose (Frankl)
- I do not have to escape this situation. I do not have to escape these feelings.
Window of Tolerance

Wise Mind
(or, the Middle Path)
Wise Mind Accepts

Distract with:

- Activities
- Contributing
- Comparisons
- Emotions
- Pushing away
- Thoughts
- Sensations

Distress Tolerance: STOP

- Stop - do not react
- Take a step back
- Observe; notice what is going on in and around you
- Proceed mindfully; think about your goals
Distress Tolerance Exercise: Improve the Moment

I magery
M eaning
P rayer
R elaxation
O ne thing at a time
V acation
E ncouragement

Emotion Regulation

Emotions are not good or bad, they are simply signals in my body telling me about what is happening.
Emotion Regulation

- Recognizing emotions
  - Primary vs. Secondary emotions
  - Emotion log
- CBT Triangle
  - Emotions/Behaviors log
  - Changing our thoughts to change our feelings
- Reducing physical & cognitive vulnerability to overwhelming emotions
  - Nutrition, Sleep, D&A, Exercise, Illness, Pain, Stress

Cognitive Coping Statements

- This too will pass
- My feelings are like waves that come and go
- My feelings make me uncomfortable, but I can accept them
- I can take all the time I need to figure out how to cope with this
- My thoughts/feelings don't control my life; I do.
Emotion Exposure

Opposite Action

<table>
<thead>
<tr>
<th>Emotion</th>
<th>Emotion’s Action Urge</th>
<th>Opposite Action</th>
</tr>
</thead>
<tbody>
<tr>
<td>Sad</td>
<td>Be alone, stay in bed</td>
<td>Be around others, get active</td>
</tr>
<tr>
<td>Angry</td>
<td>Yell, attack, be</td>
<td>Be extra kind, no judgments,</td>
</tr>
<tr>
<td></td>
<td>judgmental</td>
<td>gently avoid</td>
</tr>
<tr>
<td>Frustrated</td>
<td>Give up</td>
<td>Try Even Harder</td>
</tr>
<tr>
<td>Betrayed</td>
<td>Hurt or revenge</td>
<td>Forgiveness</td>
</tr>
<tr>
<td>Worthless</td>
<td>Harm self</td>
<td>Help others</td>
</tr>
<tr>
<td>Fear</td>
<td>Run away, avoid</td>
<td>Stay and do what is fearful</td>
</tr>
<tr>
<td>Guilt</td>
<td>Repair transgression</td>
<td>Do what makes you feel guilty</td>
</tr>
<tr>
<td>Shame</td>
<td>Hide</td>
<td>Be public</td>
</tr>
</tbody>
</table>

"Shame cannot survive being spoken. It cannot survive empathy."

— BRENÉ BROWN, PHD, LMSW
“Shame corrodes the very part of us that believes we are capable of change.”

Brené Brown

ABC PLEASE

A - accumulate positive experiences
B - build competence
C - cope ahead

P - physical
L - illness
E - eating
A - avoid mood altering drugs
S - sleep
E - exercise
My relationships can be the source of my best support, or of my most significant pain. I get to choose which.

Interpersonal Effectiveness

- Relational Triangle
  - Objective (what you are looking for in the relationship)
  - Relational stability
  - Self-respect
Blocks to Interpersonal Effectiveness

- Old habits - of the aggressive kind
- Old habits - of the passive kind
- Overwhelming emotion
- Failure to identify your needs
- Fear
- Toxic Relationships
- Myths (It is selfish to ask for help; I won’t survive if someone thinks something bad of me)

Skills of Interpersonal Effectiveness

- Knowing what you want
- Modulating intensity
- Making a simple request (I statements)
- Making basic assertiveness scripts
- Using assertive listening skills
- Saying no
- Coping with resistance and conflict
- NegotiatingAnalyzing problem interactions
Masters vs. Disasters

- Relational Masters are looking for things to appreciate
- Relational Disasters are looking for things to criticize
- Dr. John Gottman’s “Four Relational Horsemen of the Apocalypse”:
  - Criticism
  - Defensiveness
  - Contempt
  - Stonewalling

Relational Masters will...

- Minimize intensity
- Gently state their needs
- Take responsibility
- Create a culture of appreciation, respect, and affection
- Self-soothe instead of stonewall
THINK

T hink about it from the other person's perspective
H ave empathy
I nterpretations?
N otice what the other person may be doing to help
K indness

ATTUNE

A wareness
T urning Toward
T olerance
U nderstanding
N on-defensive responding
E mpathy
Mindfulness is paying attention in a particular way

- On purpose
- In the present moment
- Without judgement

Mind Full, or Mindful?
Mindfulness Skills

“Mindfulness skills will help you focus on one thing at a time in the present moment, and by doing this you can better control and soothe your overwhelming emotions. Mindfulness will help you learn to identify and separate judgmental thoughts from your experiences. These judgmental thoughts often fuel your overwhelming emotions.”

–DBT Skills Workbook, p.66

Mindfulness Exercises

- Sitting with a single minute
- Focus on a single object
- Describe your emotion (Observe & Describe)
- Mindful breathing
- Mindful eating with Hershey kiss
- Mindful tooth brushing
RAIN

R - Recognize (thoughts, feelings, sensations)
A - Allow (it to be there)
I - Investigate (with kindness; nonjudgement)
N - Non-identification (this does not define you)

Developed by Tara Brach

Four Responses to Suffering

- Solve the Problem
- Change the way you feel about the problem
- Accept the problem
- Stay miserable
Radical Acceptance

- Freedom from suffering requires acceptance of what is.

- Pain is inevitable; suffering is not. Refusal to accept pain is what creates suffering.

- To radically accept something, you do not have to judge that it is good.

Radical Acceptance Coping Statements

- I cannot change what has already happened

- Fighting the past only blinds me to my present

- The present is the only moment I have any control over

- It is a waste of time/energy to fight what already is
Radical Acceptance Practice
Exercises

- Radically accepting traffic
- Radically accepting world events/political decisions
- Review past upsetting events in your mind and practice nonjudgement/radical acceptance
Turning the Mind

- Acceptance of reality as it is requires a choice

- You have to make an inner commitment to accept

- Commitment does not equal acceptance— it is just turning your mind towards the path

- You have to turn your mind and commit to acceptance over and over again.

Turning the Mind is like coming to a fork in the road and choosing the acceptance road instead of the rejecting reality road.

You may come to this fork in the road many times a day, maybe even many times an hour or minute.
Pema Chodron
Author, “When Things Fall Apart: Heart Advice for Difficult Times”

“You are the sky. Everything else – it’s just the weather.”
Pema Chodron