

Dialectical Behavior Therapy: A Visual Review Part 2

Part 2

☞ The following presentation is the continuation of:

Dialectical and Behavior Therapy: A Visual Review: Part 1

☞ It will cover DBT Skills Training and a Review.

☞ Played on auto with narration it lasts 45 minutes.



We've reviewed the Individual Therapy component in DBT including the target hierarchy, dialectics, and the secondary targets or dialectical dilemmas). The next section presents the skills training component, which is generally taught in a group format.

Skills Deficit

1. Fear of Abandonment
2. Chaotic Relationships
3. Identity Disturbance
4. Impulsivity
5. Suicidal or Self-harm
6. Mood Instability
7. Feelings of Emptiness
8. Intense Anger
9. Stress-related Paranoia or Dissociation

5 of 9



Remember our diagnosis of BPD is based on 5 of these 9 criteria. These 9 criteria can be organized into areas to target the acquisition of behavioral skills.

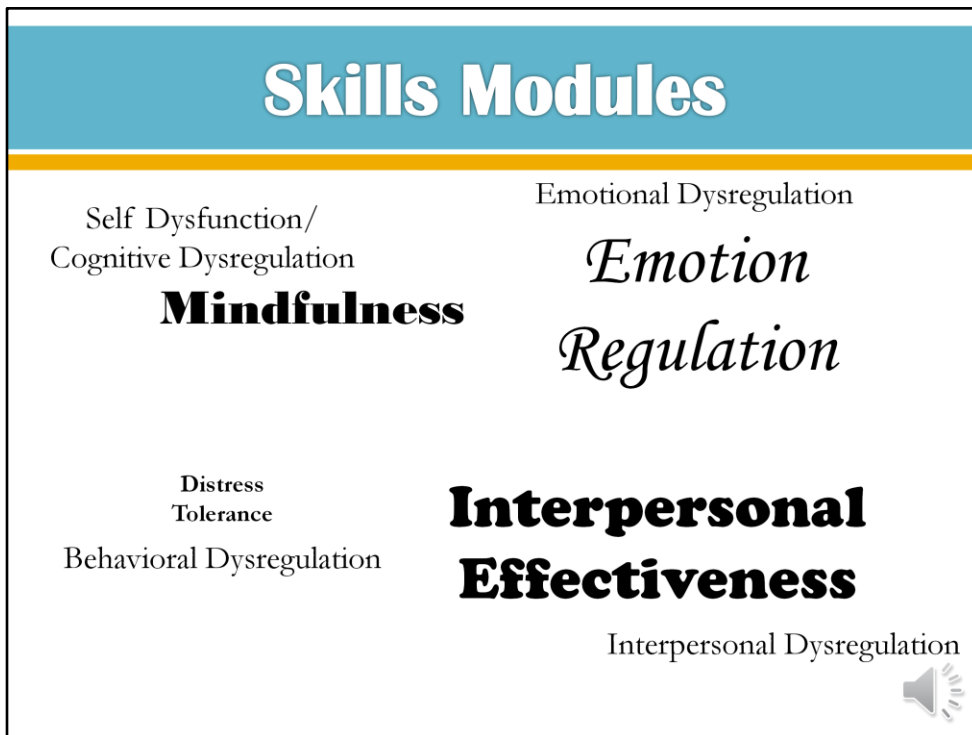
DBT and BPD

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- A diagram mapping 9 criteria of BPD to 5 systems of dysregulation. The criteria are listed on the left, and the systems are on the right. Yellow lines connect the criteria to their respective systems: 1. Fear of Abandonment and 2. Chaotic relationships connect to Interpersonal Dysregulation; 3. Impulsivity and 4. Suicidal or self-harm behavior connect to Behavioral Dysregulation; 5. Mood instability and 6. Intense anger connect to Emotional Dysregulation; 7. Feelings of emptiness and 8. Identity disturbance connect to Self Dysfunction; 9. Stress-related paranoia or dissociation connects to Cognitive Dysregulation.
1. Fear of Abandonment
 2. Chaotic relationships
 3. Impulsivity
 4. Suicidal or self-harm behavior
 5. Mood instability
 6. Intense anger
 7. Feelings of emptiness
 8. Identity disturbance
 9. Stress-related paranoia or dissociation
- Interpersonal Dysregulation
- Behavioral Dysregulation
- Emotional Dysregulation
- Self Dysfunction
- Cognitive Dysregulation



In DBT, Borderline PD is conceptualized as a disorder of regulation in 5 systems that are key to survival and healthy functioning. At its core, BPD is a dysregulation of the emotional system. This accounts for the intensity of emotional expression and the extreme sensitivity to emotional feelings, in particular negative emotional states. You can see this Emotion Dysregulation expressed directly through the criteria of mood instability and intense anger. Emotion dysregulation also sets up dysregulation in other areas. Interpersonal Dysregulation includes chaotic social supports and environments as well as fears of abandonment. Behavioral dysregulation includes impulsivity and parasuicidal behaviors that are often seen as ways to regulate emotional states at least temporarily. Self-dysfunction includes problems with identity and feelings of emptiness; and finally Cognitive Dysregulation includes dissociation and paranoia.

Skills training is divided into four sections each targeting a different system.



The skills are a crucial component of DBT. By framing dysfunction as a skills deficit, the blame and stigma that clients so often feel and believe is reduced. It also instills hope, because a lack of skills can be rectified by teaching skills!

We continually remind clients that they are doing the best they know how and that they have to keep doing better. The amount of improvement we have seen in clients after they've learned the skills is truly amazing.

The four skills modules that are taught in the group setting are:

Mindfulness, which is the practice of being fully aware and present in the present moment without judgment.

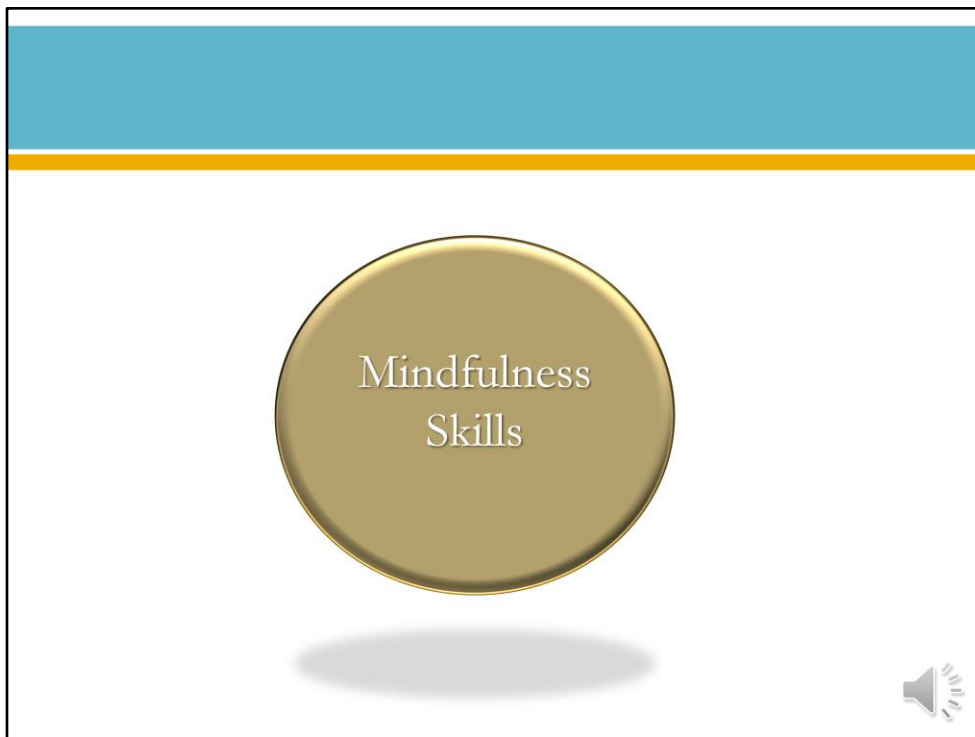
It can address the Self Dysfunction and Cognitive Dysregulation.

Distress Tolerance: How to tolerate pain in difficult situations, without making the situations worse, until emotions decrease which addresses Behavioral Dysregulation.

Interpersonal Effectiveness: how to ask for what you want and say no while maintaining self-respect, relationships with others, and getting what you want and need. Here we reduce Interpersonal Dysregulation.

And finally,

Emotion Regulation: how to change the emotions or their intensity that you want to change which applies to Emotional Dysregulation.

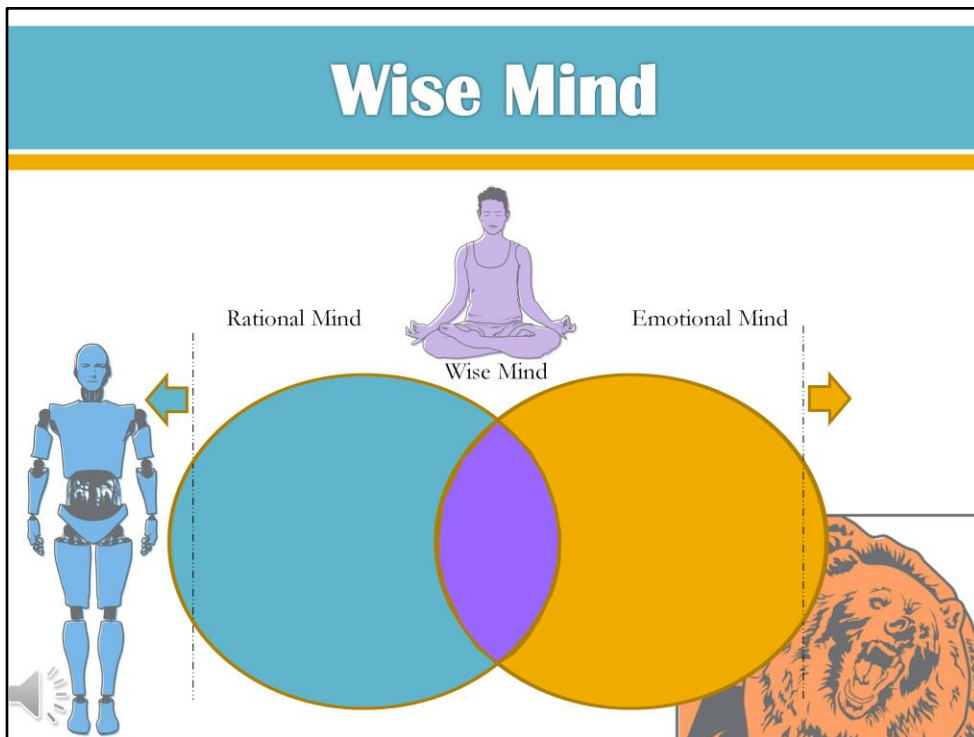


Mindfulness might be seen as one of the most fundamental skills in DBT (and life in general!).

In our groups we put it in-between every other module. So we have mindfulness, then emotion regulation, mindfulness again, then distress tolerance, then mindfulness, etc etc. That's how important it is and how necessary it is to maintain frequent practice.

Having a strong core in mindfulness permits the understanding and awareness needed to use all the other skills. Without being able to slow down and attend to the present moment, it is very difficult for clients to notice their emotions in emotion regulation for instance, or realize their distress has increased during distress tolerance.

There are an array of mindfulness exercises that can be found in several therapies such as Acceptance and Commitment Therapy or Mindfulness Based Therapy for Depression. We teach mindfulness skills with an emphasis on developing Wise Mind which we will focus on in this presentation.



One of the main goals of mindfulness and indeed the ultimate goal of DBT is to develop a balanced approach to thinking and reacting to the world around us. Toward that end, we start the mindfulness section with a discussion about 3 states of mind. Stated differently there are three ways that we can see and react to the world.

On one extreme is a Rational Mind. This part of us approaches the world rationally and logically. We have many descriptive terms to demonstrate this side of us. It is the cold, distant, unreactive side of us. It is fundamental to problem-solving and planning for the future. For instance, if we have \$300 dollars for the month but \$450 in bills to pay, we rely on our rational mind to come up with a plan to make ends meet. It often involves developing alternative plans and then coldly and calmly weighing the pros and cons of each specific plan before settling on a solution. At it's best, this side of us helps us save money, delay gratification, and generally shape our future. Too much reliance on this side can make us seem distant and uncaring or it can make us anxious and lack spontaneity. Sometimes when we are encouraging people to adopt more of a Reasonable Mind, individuals with BPD are worried that we are asking them to become robots without feelings and joy. It's important to convey to them that we are looking to strike a balance in our way of thinking rather than asking them to remove emotion.

Opposite the Reasonable mind is the other extreme. We call this the Emotion Mind. This is the reactive side of us. We describe it to people as "hot, quick, and reflexive."

This is the side of us that responds to the world based on the way we are feeling inside. Along with an emotional feeling almost always there is an urge inside of us to react. This is an important part of us and necessary to navigating the world around us, however, patients with BPD often feel they are at the whim of every emotion that passes through their body. They are impulsive and feel the Emotional Mind has been largely responsible for their suffering. However, emotion mind is essential to survival and happiness. For instance, if we are walking alone in the woods and a bear jumps out at us, we need our Emotion Mind to quickly and efficiently organize our behavior and body to run, fight or play dead. Information sent to us from our Emotional Mind also tells us when people and events are healthy for us to approach. For instance when someone shares our values and goals, the emotion of Love tells us to stay close and share our thoughts and feelings. Emotion Mind is also what makes us uniquely human and is largely responsible for creating Art and Culture. Like Reasonable Mind, the problem with Emotional Mind is when it is relied on too strongly.

Mindfulness – Wise Mind



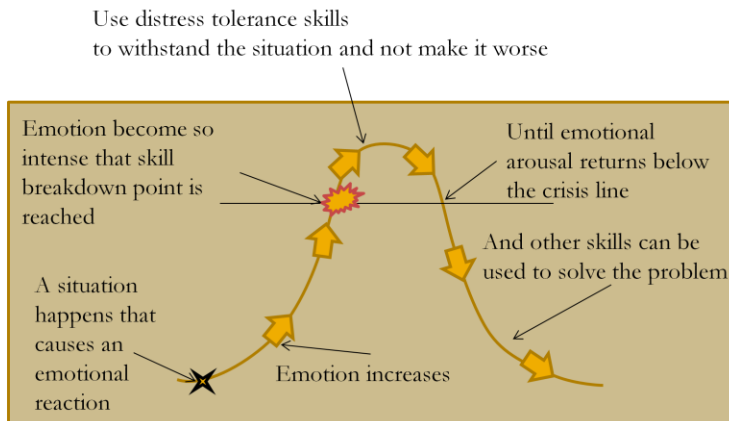
Wise Mind is found at the intersection of one's Emotional Mind (animalistic, raw, hot) and one's Rational Mind (robotic, logical, cold). Either extreme is unhealthy, but both aspects are needed. A cool/warm middle ground is ideal in which one uses their rational mind in congruence with their emotions.

As we've discussed previously, individuals with BPD tend to see the world in extremes and they vacillate from living in extremes themselves. An overarching goal of DBT could be said to always seek the middle. The concept of Wise Mind nicely illustrates this idea of the middle path. It is the center of all of the dialectical dilemmas and shows how we don't want to invalidate or completely disregard either side, but instead to incorporate both for the wisest decisions. Again this gives us a language to use with clients to determine if they're making choices from their "wise mind".



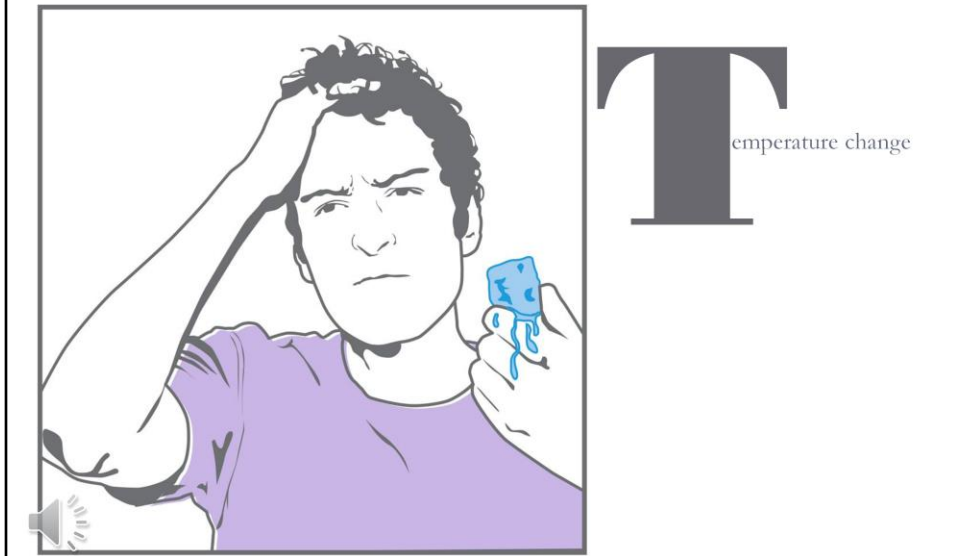
The second module of skills training is Distress Tolerance, which is the ability to get through a crisis without acting impulsively.

4. Distress Tolerance



This is a graph that we show clients to point out the best time to use distress tolerance skills. A situation will happen for a client that causes an emotional reaction. Their emotion increases and there is a point on the emotional intensity curve in which they become too overwhelmed to regulate emotions or be effective interpersonally. At this crisis cutoff point we teach clients to use distress tolerance skills in order to survive the moment without making it worse. They can then tolerate the emotion until it goes back down past the crisis line. At that time they can use problem solving skills to manage the initial problem or regulate the initial emotion further.

Distress Tolerance - TIPP



The first series of distress tolerance skills are referred to as the TIPP skills. TIPP stands for Temperature change, Intense Exercise, Paced Breathing, and Progressive Muscle Relaxation. When negative emotions are extreme they can be powerful and distressing. Often the distress is felt at a physiological level such as painful feelings in the gut or extreme tension in the muscles and face. Sometimes negative emotional states produce more of a psychic distress such as when shameful thoughts and condemnation run through your mind. The TIPP skills offer patients a concrete way to change their physiological state so that sensations associated with the negative emotion are relieved.

There are several other series of Distress Tolerance skills that can be helpful but the TIPP skills are best for immediate relief from overwhelming negative emotions because they tap into the physiological states that are producing the aversive sensations.

The T in TIPP stands for Temperature. Individuals with BPD are taught that holding ice in their hand can create powerful pain sensations similar to cutting but without the damage to their body. Another way that relief can be felt with temperature change is by placing a bag of ice water on your forehead and eyes. This technique relies on the Dive Reflex, which all mammals have to presumably protect them when they fall into water. The Dive reflex is an automatic process that causes your blood pressure, pulse and respiration to decrease when the face is exposed to cold water. We teach patients

that this can be especially helpful when their thinking is being distorted by their negative mood state such as when they lie awake all night worrying. This is referred to as “middle of the night” thinking. By engaging the Dive Reflex with cool water to the face, they may experience a more calm state and can see their worries with the perspective that comes from having a calm emotional state.

Individuals with cardiovascular problems should consult with their doctor before attempting this skill.

Distress Tolerance - TIPP

I

ntense Exercise



The second TIPP skill is Intense Exercise. Sometimes referred to as a runner's high, individuals experience a relaxed and subjectively comfortable state after 20 minutes of intense exercise that raises respiration and pulse rate. Most individuals have experienced this sensation and can identify with its calming effects. It is important, however, to remind them that relief is usually not felt until after they have exercised 20 minutes and then had an additional 20 minutes after the exercise has taken place. Therefore you may need to incorporate other distress tolerance skills such as distraction until the "runner's high" kicks in.

Distress Tolerance - TIPP

Breathe in through your nose.



P

aced Breathing

Breathe out through your mouth.

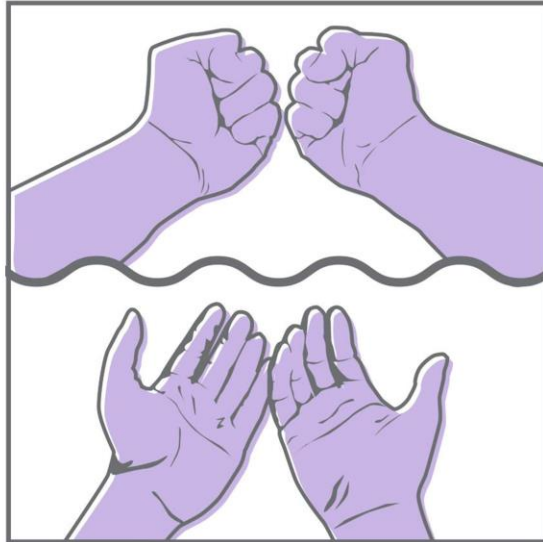


The first P in TIPP stands for Paced Breathing. Controlled breathing and particularly finding a rhythm where the out breath is a second or two longer than the in-breath can initiate a calming feeling in the body. Veterans in particular can relate to this technique because they are often taught paced breathing as a technique to relax their body to improve their target practice. Additionally, they may be taught paced breathing as a way to remain calm and focused in a combat situation. There are many online apps that can be found that will measure your natural breathing and then suggest a certain pace for inhalation and exhalation in order to obtain maximal benefit.

Distress Tolerance - TIPP

P

aired Muscle Relaxation



The final P in the TIPP skill stands for Paired Muscle Relaxation. Muscles become maximally relaxed after a brief period of tension. In this skill patients are taught to tense certain muscle groups starting with the feet and working the way up to the forehead. After the initial phase of tension they are to relax the same muscle group and notice the sensation of relaxation that naturally takes over. Each muscle group is done twice before moving on to the next muscle group. Gradually as they practice this over time, patients can remove muscle groups and attain the same level of relaxation throughout the body. With enough practice they may have trained their body to the point where it habitually relaxes when tension seeps into the muscles.

Distress Tolerance - TIPP



When you've reached the crisis point of emotional dysregulation, think TIPP for Distress Tolerance.



As mentioned earlier in the presentation where the criteria of BPD were reviewed, the hallmark symptom of BPD is mood reactivity and dysregulation. Patients may feel as if they are a rudderless ship in the midst of an emotional storm, unable to right themselves against the waves of negative feelings that wash over them. Many individuals emotional systems are acquisitively sensitive due to exposure to trauma or invalidating emotional environments, others due to genetic differences, and often the cause for the emotion dysregulation is a combination of both. Regardless, it is unfortunate, the in school or home life growing up, most children are not taught basic skills to regulate emotion and reduce their vulnerability to negative emotional states. This skills training module first seeks to teach individuals about the role emotions play in leading a healthy life and in adapting to the world's changing conditions. That is to say, before being taught anything else in this module, they are taught to understand what emotions are and why they are important to our survival.

Second individuals are taught three basic strategies to regulating their emotions in the long run or developing a balanced emotional system. Often we first ask them to think of the emotion they would most like to focus on first and then make a commitment to applying these skills to those particular emotions. Typically with our patients they like to either begin with anger or fear. The three skills taught are "check-the-facts" which is basically cognitive therapy. However, due to the invalidating environments that these individuals have often been brought up in, it is important that their thoughts not be

challenged too intensely, rather they are encouraged to look at other ways of seeing a situation to objectively evaluate their ability to cope with negative situations that due occur. Because simply changing thoughts is not sufficient to always change powerful emotions, they are taught a second skill, opposite action, that teaches them to develop an alternative response to an emotion that then results in a lower intensity of emotions. Finally, patients are taught problems solving skills for those instances where emotions are giving the important information about situations that legitimately need resolution.

Finally, patients are taught the basic principles of proper nutrition, sleep and activity level in order to promote a resiliency to negative emotional states. As part of this section, they are taught that developing a valued direction and creating action plan to move themselves in a valued direction is key to building a Life Worth Living. In this presentation we will only review the portion of this module that relates to Understanding emotions and one skill that is central to emotion regulation— opposite action.

Emotions

Motivate

**Communicate
& Influence Others**

**&
Communicate to Ourselves**



In understanding our emotions, the central message to patients is that emotions are a necessary part of life. Without them we would neither survive nor have a Life Worth Living to survive in. We do not want to rid ourselves of emotions but make them work for us and not against us.

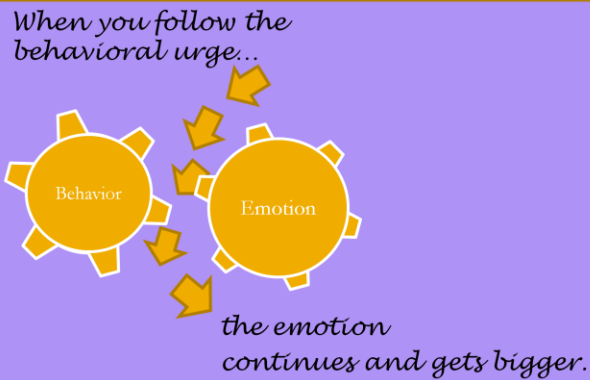
Emotions have 3 important functions. First, emotions motivate us to take necessary action and organize our attention and behavior to react to our environment. Take for instance Fear. When we are fearful our attention goes only to threats around us, our body shuts down all process that are not important to survive the immediate moment, and conserves our energy. We become physically faster and stronger and perhaps most importantly we don't have to take the time to ponder how to react. In life threatening situations we often experience a strong urge to react without having to take the time to problem-solve our way to safety. Another example is Anger. When barriers present themselves in life we often experience anger. Anger provides us with energy and focus, even at the end of a long hard day, to attack whatever is standing in our way of reaching our goals.

The second function of emotions is to communicate and influence others around us. Like it or not, our expression of emotions is hard wired into our body, especially our faces. Because of this, emotion can often be hard to hide and when another person picks up our emotional signals, most people will have a hard time not automatically

responding to your emotional expressions. By influencing others with our emotions, whether we like it or not, people will often respond to us in helpful ways. For instance, when sad, people will comfort you or help out in other ways. When angry, people will generally move out of your way. When your fearful, others will often pick up on your fear and look around to see if they need to protect themselves too (fear is contagious you know).

The third and final function of emotions is to communicate important information to ourselves. That is, our emotions can often serve as early warning detectors or radar systems to provide us with valuable information not available to our conscious awareness. People have been known to experience inexplicable sensation of fear just before something dangerous happens. Or sometimes they may get a sensation of joy when they participate in a group that is promoting healthy values. Thus their emotions are telling them to participate more in this activity. The problem with this final function of emotions is that emotions can give off false signals. We have to learn to check out our emotions and more importantly learn to trust our own ability to check out our emotions so that we get a sense of confidence in our ability to handle what the world throws at us.

Opposite Action



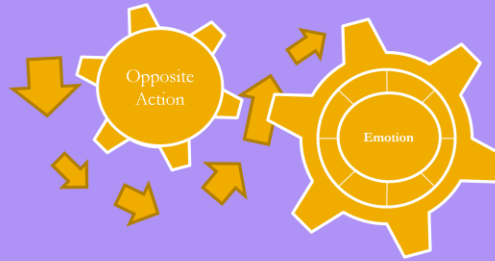
We start off explaining the emotion regulation skill of opposite action by stating that, “Emotions love themselves”. That is the more you act on an emotion the stronger it grows. If you want an emotion to go down in the long run, you have to start acting in ways opposite to the urge the emotion is creating inside of you. Patients also need to know that when emotions and the intensity of the emotion that you are feeling is justified by a situation, acting on the emotion is generally helpful. If a poisonous snake just landed on the floor in front of you, you should act on the fear you are feeling and run out of the room. However, if the snake in front of you is made of plastic and you feel fear, running out of the room will only increase your overall fear of snakes.

So the first thing we teach people is when emotions are justified and should be acted on. Fear is justified when your wellbeing is in danger or the wellbeing of someone you love. Anger is justified when there is a barrier in your way or a goal is being blocked. For instance, someone cuts in front of you and your goal was to get out of the grocery store before your kids get home in 10 minutes. Anger is a special case of opposite action, where even when an anger is justified by the situation you may want to reduce it because it can cause more problems such as being attacked by someone else, having guilt over your actions, or even legal problems. The second step with opposite action is to identify the urge that goes with the particular emotion you are feeling. With fear, the urge is usually to run or avoid a situation. With anger it is usually to attack. Finally you have to act opposite to the emotion and do it “all the way”, for the emotion to go

down.

Opposite Action

If you practice Opposite Action...



the emotion will get smaller.



If you practice Opposite Action, the emotion will get smaller.



Lets review opposite action for anger and go through the skill step-by-step. Anger ranges in intensity from frustration at the low end to rage at the high end. You may want to completely get rid of anger, or you may simply need to get the intensity down b/c rage is almost never helpful.

The first step is to ask yourself when is anger justified and is it justified in this situation. With anger, you may also want to ask yourself, even if it is justified now, would it be helpful to get rid of if now or at least get it down to a manageable level. If the answer is that no it is not justified, or no it is not helpful, then the second step is to ask yourself what urge accompanies the emotion of anger.

Anger

⌘ Action Urge:

- Attack

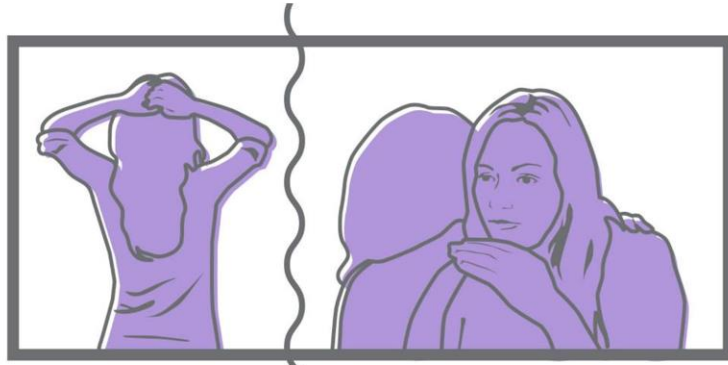


With anger the urge is generally to attack physically or verbally. Sometimes the urge is not to attack directly, but to be opposition and undermine the other person's goal (always showing up late to pick up your friend from work).

Anger

⌘ Opposite Action

- Step 1: Gently avoid
 - Take a time-out
- Step 2: Do something a little bit nice, have empathy.




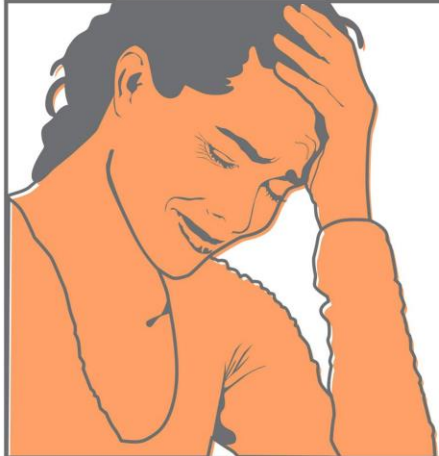
The third thing to do is to ask yourself what the opposite action would be for the urge that goes with anger. In this case, the opposite of attack is to gently avoid whatever you are angry at. However, if you are someone that is easily angered you may end up missing your whole life if you avoided everything that made you angry; so often the better opposite action for attack is to be kind to someone else.

Now for the final step, which is to do the opposite action all the way. With anger, you can be kind to someone and continue to have angry thoughts about them. Being kind to someone but having hateful thoughts would not be doing opposite action all the way. Instead, you have to act kind and have kind thoughts about the person. Often the trick to this is trying to understand why they are acting the way they are. While you may not agree with their reasons, often if you understand where they are coming from it is easier to be nice.

Sadness

Justified:

Loss



For our second example let's apply the skill of opposite action to the emotion of sadness. Again the first step is to identify when sadness is justified by the situation. Sadness is justified when someone experiences a loss. This can be loss of a job, person, marriage, or even ability you once had. The urge that goes with sadness may initially be to seek out comfort but over time, sadness will generally make us have the urge to isolate, stay at home, and even crawl in bed and never get out. Sadness can be helpful if it influences other to provide support either emotional or physical and to comfort us. It can also be helpful when we have lost a significant part of who we are in that isolating provides us time to figure out a new plan or course for life. That is to figure out our new identity without this particular thing and what new direction to head. Sadness is no longer justified if it is now discouraging others from helping and comforting or if we are stuck in grief and cannot move forward again in life.

Sadness

⌘ Action Urge:

- Withdraw



The second step to opposite action for sadness is to identify the urge that goes with it. As stated above, the opposite action for sadness is to seek out comfort or isolate.

Sadness

↻ Opposite Action:

- Engage



The third step is to identify the opposite action to those urges. In the case of sadness, the opposite action would be to get yourself moving again, identify goals, and increase your self reliance. Finally, to do opposite action all the way for sadness, you would have to set your sites on goals that are attainable and not set yourself up for failure only to say, “see I told you this won’t ever work.” All the way opposite action might also include going to more crowded places where you can be sociable, getting out of the house and only doing activity in isolation would not be all the way opposite action.

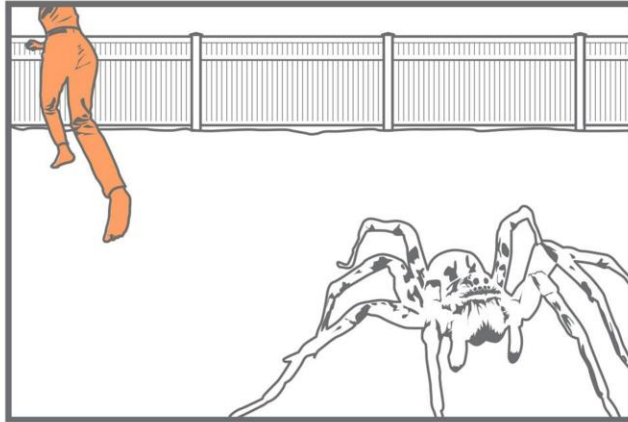


As mentioned earlier, fear is can be a particularly insidious emotion that starts out small and grows and grows over time and even spread to others. Often times individuals start off finding it difficult to talk in public and after years and years of acting on fear of speaking in public there fear for social situations has grown so intense that they avoid going anywhere.

Fear

⌘ Action Urge:

- Avoid



The first step for opposite action of fear is to identify when fear is justified. Fear is justified whenever a situation can harm you or puts you and your loved ones in danger. Situations such as combat, dealing with dangerous animals, having unprotected sex are all situations where fear is justified. However, the most common fears such as phobias and difficulty with public speaking are almost always not dangerous. Even in public situations where we believe we will be made fun of or our reputation is at stake, often times feared outcome of participating in the situations is unrealistic. For example numerous individuals have had embarrassing moments in public but go on to have a healthy reputation and are successful. In fact, it is often the fear itself and our acting out of fear that can be more harmful to our success and reputation in these instances.

Fear

⌘ Opposite Action

- Approach



If we've determined that fear is not justified in a particular situation, this is where you ask what is the action to go with fear and the answer is almost always to avoid. Either to avoid by leaving or not thinking about a particular problem or situation. In fact, some mental health researchers even believe that worry is a way to avoid thinking about a fear producing situation long enough to come up with a solution. Now that you know what the action is for fear, the opposite of avoid is to gently or gradually approach the situation that is producing fear. If you fear giving public speeches, start practicing talking to one person each day and then slowly find ways to build up the number of people you talk to until your fear is low enough that you can move on to giving small public speeches. Finally, in order to make opposite action work for fear, you have to do it all the way. There are many ways people can act like they are approaching a feared situation and still avoid in their mind. For instance, going into public by never talking to anyone. Worrying about an assignment you have due in a week but never sitting down and writing it. There are all kinds of ways people have learned to "half-way" approach feared activities.

Joy or Love

Justified:

**Life
Improved**



It's hard to imagine but even pleasant emotions such as Joy and Love can cause suffering when they are experienced in certain situations. Joy and Love are helpful and justified when the activity we are participating in or the people we are with are healthy, improve our lives, and move us in a direction in life that we genuinely value. For instance, experiencing joy when you are spending time with your newborn baby encourages you to continue to engage in activities that promote bonding with the young child. Love is experienced when you spend time with someone that shares the same values and goals in your life and generally is supportive of you. Love encourages us to think about a person, spend time with them, and try to give things that are helpful to them.

Joy or Love

⌘ Action Urge:

- Repeat



Joy and Love are not justified when an activity causes us health problems, such as smoking or drug use, or when we are spending time with someone that encourages us to go against our values. They may even be harmful to us physically or emotionally. The urge that goes with joy and love is to repeat the activity, or approach and think about the person or activity. We may keep mementoes of those activities and people. We may constantly look at pictures that remind us of them even when that causes us pain and reopens old wounds.

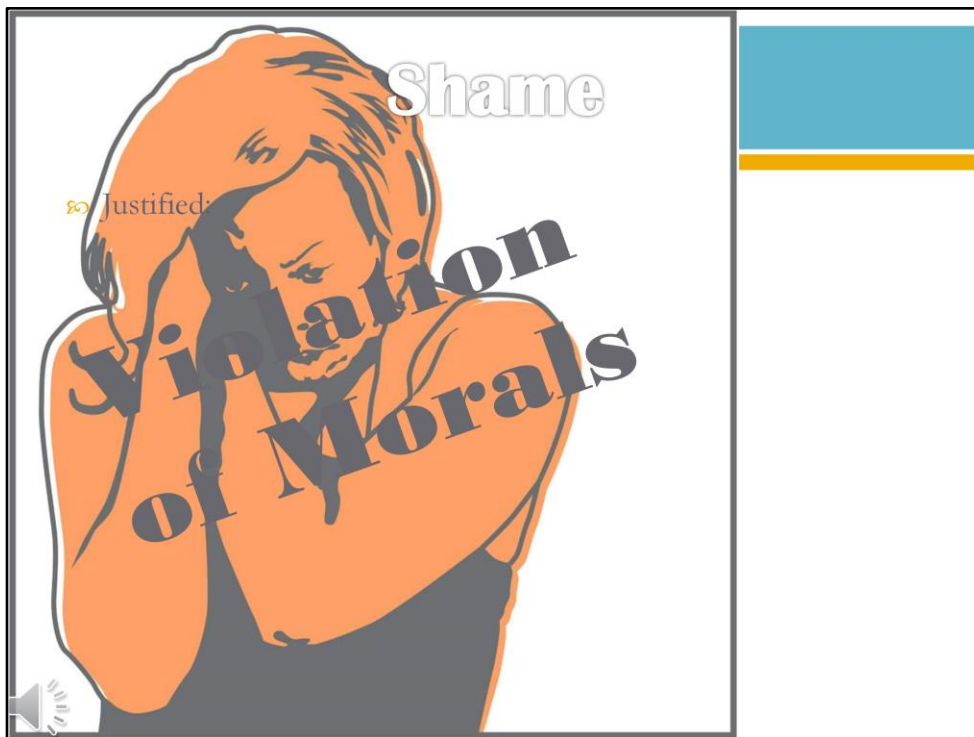
Joy or Love

⌘ Opposite Action:

- Avoid
- Ignore
- Distract



The opposite action for unjustified Joy and Love is to avoid the activity or person. To put away pictures and reminders where we cannot easily get to them.



Shame and Guilt can be particularly problematic emotions for patients with BPD. They seem to be felt much more intensely and often lead to the most impulsive and dangerous behaviors. Shame and guilt can lead to thoughts of being a burden on others and worthlessness, The thoughts lead people to have negative judgments of themselves that seem to shape a person's core identify as bad, at fault for their own problems and perhaps the problems of those they love. Shame and guilt often lead into a complex and confusing pattern of emotions of anger, acting out, and then more sadness and guilt for harmful behaviors.

Many people confuse the terms shame and guilt. Shame is experienced when the group you are in does not approve of your beliefs, values or behaviors. Guilt is experienced when the individual themselves does not approve of their beliefs, values or behaviors. Often times shame and guilt are experienced together- someone committing a violent act may later feel guilt that they harmed someone and experience shame as a result of being rejected by society.

Shame & Guilt

🔗 Action Urge:

- Hide



Shame is justified when the group you are in will not approve of your values or behaviors. Shame may be justified even in situations where a person has done nothing harmful or wrong. For instance, people recovering from alcoholism may find it beneficial to talk about their illness and progress they've made towards recovery. However, if they come from a overly strict and moral family, it may not be acceptable to discuss this with the family. It may be useful to experience shame if these individuals talk extensively about their recovery at Thanksgiving dinner. Even though the they would have done nothing wrong by bringing it up at the dinner table, shame sends the message that their behavior is not acceptable to the group and hopefully encourages them to find a group where their behavior is accepted unconditionally. Alcoholics anonymous would be such a place. In fact, AA encourages opposite action for shame and guilt by having people stand up proud in front of the group and acknowledge they are a recovering alcoholic.

Shame & Guilt

🔗 Opposite Action:

- Show up, be proud



With shame, the urge is to keep secret or avoid those that know what you are feeling shame about. If you are in a group of individuals that will accept your behaviors then shame is not justified. The opposite action for shame is to talk about and even possibly be proud of your behaviors, in a group of people that will accept you, such as a support group or therapist's office. In instances where you have enough support and the value is held dearly to the individual, they may even want to start to talk about it publicly in order to promote social change.

The feelings of guilt are similar to those of shame, however, guilt is felt whenever you violate your own set of values and principles. With guilt, the urge is to apologize and make amends. When you have done nothing against your values, or you have already apologized and made amends, the opposite action is to stop apologizing and stop ruminating over the harm you caused.

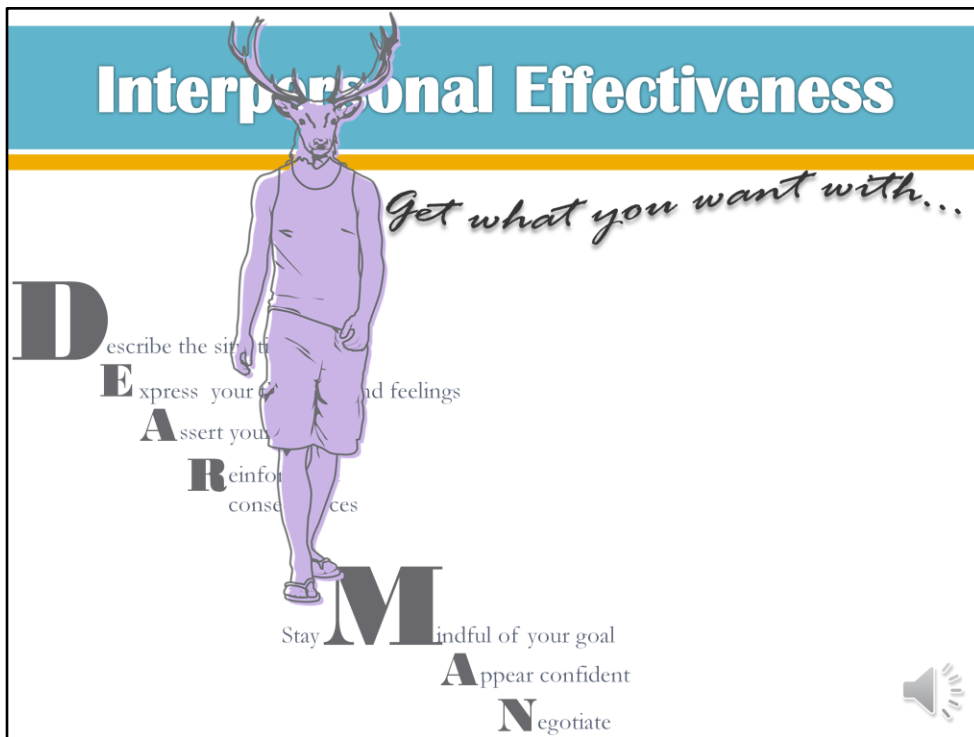
Emotion Regulation- Opposite Action



The take home message for Opposite Action is that every Emotion has an Action Urge and to reduce the intensity of that Emotion you should do the Opposite Action.



The last DBT skills module is Interpersonal Effectiveness. When individuals with BPD have been wrestling with intense emotions and invalidation all their lives, they have hardly had time to learn good people skills. Their invalidating environments likely didn't teach them how to relate well to others and their intense emotions likely have gotten in the way of healthy relationships. The Interpersonal Effectiveness module in DBT skills training teaches very concrete methods of interaction so that individuals are more likely to have success in their social worlds.



Interpersonal Effectiveness is divided into three different skills that target different goals. If one's goal is to obtain an objective, the skill of Dear Man is used. It helps individuals to be respectfully assertive.

Step one is to objectively describe the situation in concrete terms.

"Mary I loaned you money last week, you said you'd pay me back by Monday and you haven't yet."

Step 2, Express how you feel due to the situation.

"I'm feeling frustrated about this and I'm anxious that I might not be able to pay my own rent this week."

Step 3, Assert exactly what you want to happen.

"I'd like you to get the money back to me by the end of the day."

Step 4, Reinforce what good things will happen if you get what you want, and what negative consequences will happen if you don't.

"If you are able to repay the money then I'll be so relieved, and there won't be any issues between us. If you don't keep your word then I'm going to be in a real bind, and it will be hard for me to loan you anything in the future."

M is to stay mindful and not be distracted from your purpose. Be a 'broken record' by stating one simple phrase over and over again.

If Mary starts talking about how busy she's been don't go down that path. Keep stating, "I know it's been hard for you, and I've really got to get that money back today."

A is to appear confident and don't undermine your own message.

Don't be apologetic, don't wring your hands or stare at the floor.

And N is to negotiate so the other person doesn't feel like they're the only ones working towards a solution.

"If you can get me half the money today, then I could wait until tomorrow to get the rest and we'd still be good."

Clients will often say that they've tried this, but on closer inspection they usually only try one or two of the components at any one time. When all 7 aspects are combined the results are surprisingly effective. Like all of the skills we clinicians have found ourselves using this in our own lives on a frequent basis.

Interpersonal Effectiveness

Keep your relationships!



Gentle
Interested
Validating
Easy manner



Individuals with BPD tend to interact in extremes when it comes to relationships, either being overly dominant or overly submissive. These communication skills help them find a balanced way of communicating. Dear Man helps individuals be assertive when they're too meek and mild. The Give skill helps them be soft and gentle when they're too harsh.

When the goal is to keep a relationship, clients are taught to use Give.

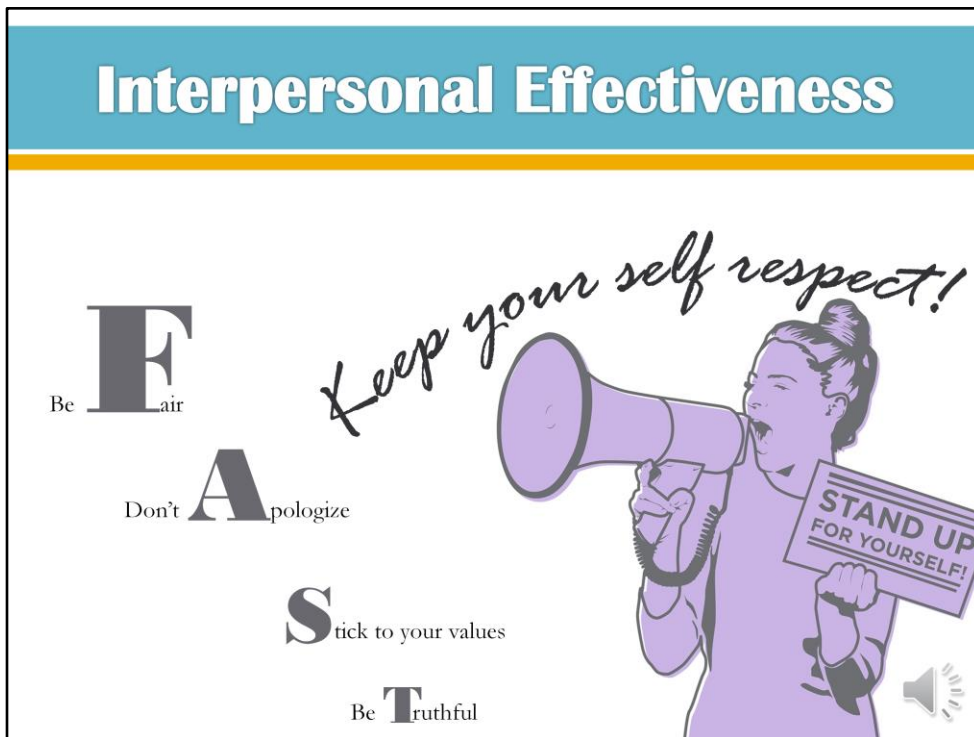
It stands for be Gentle, no attacks, threats, judging, or non-verbal cues of eye rolling or smirking.

I is to act Interested. Don't interrupt, maintain good eye contact

V is to validate. Here we teach clients how to be empathic and give validating responses. This can be hard for them if they've been trained in an invalidating environment all of their lives. We practice in group by conducting an exercise in which clients give validating responses to each other's statements.

And E is to keep an easy manner, stay light hearted and smile.

Using the Give skill teaches clients to walk lightly and not push others away by being too aggressive and dominant when their relationship is at stake.



While Dear Man is for assertiveness in reaching an objective, and Give helps clients be gentle and keep important relationships, the Fast skill helps them maintain their self respect. This skill outlines how to interact with others in a way that will help clients maintain their pride and integrity. It helps clients identify and validate their own feelings, needs, and wants.

We teach clients that:

F stands for being fair, both to yourself and the other person. Be careful not to fall into the trap of invalidating your own feelings.

A is a reminder to not apologize for existing, or for making a request. This part again emphasizes the validity of asking for one's needs to be addressed.

S means to stick to your values. By doing values work ahead of time clients can remind themselves that they are practicing this hard skill for a reason and have a higher set of principles that they're using to back up their requests.

And T means to be truthful. Don't act helpless if you're not (as in active passivity), don't exaggerate, and don't make up excuses.

As we've seen, shame is a huge factor in so many of the problematic areas in the lives of those with BPD. The Fast skill helps combat that by reinforcing the clients innate right to stand up for themselves and maintain their self respect. It validates their needs and wants and encourages them to play an active role in addressing them.

Interpersonal Effectiveness - Dear Man, Fast, Give



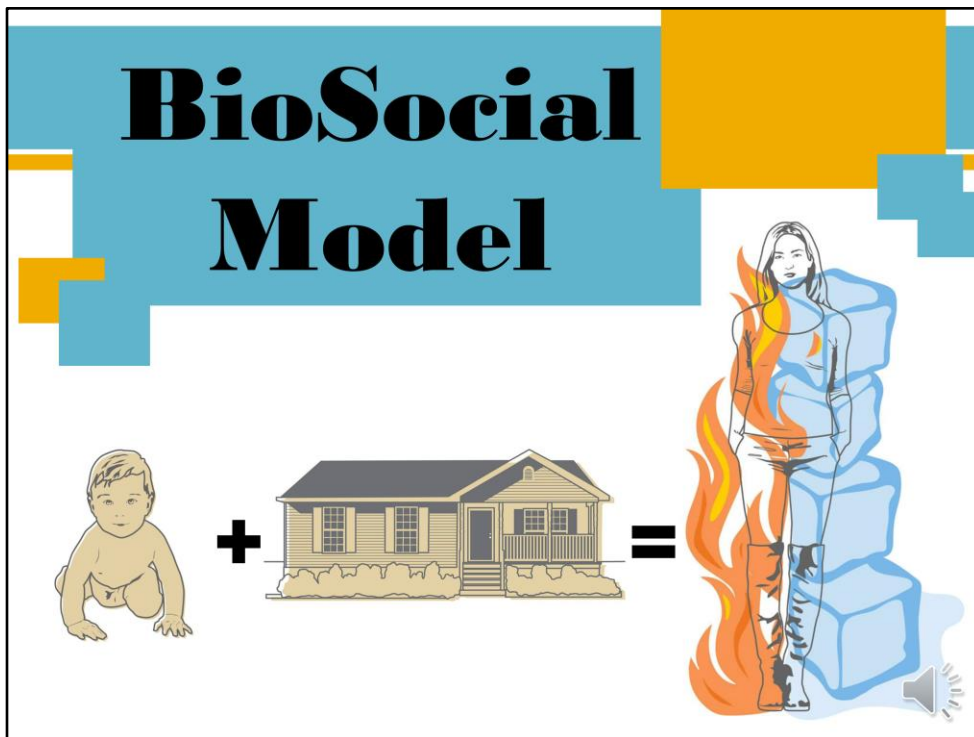
In some of the skill modules we only reviewed a portion of the skills taught, but in the Interpersonal Effectiveness module we were able to review the three main components. Remember these skills help clients engage in a healthier and more productive manner. By using these skills they're more likely to get what they want (using Dear Man), while keeping their relationships (using Give), and maintaining their self respect (with Fast).



We've given a brief overview of both the components of BPD and those of DBT, let's look one more time at what we know.



Borderline Personality Disorder is about emotional dysregulation and imbalance.



The BioSocial Model is DBT's way of explaining how BPD develops in an individual. It combines nature (the sensitive itty bitty baby) with nurture (an invalidating environment) and results in an emotionally dysregulated individual who has developed a set of unhealthy coping skills to manage their dysregulation.

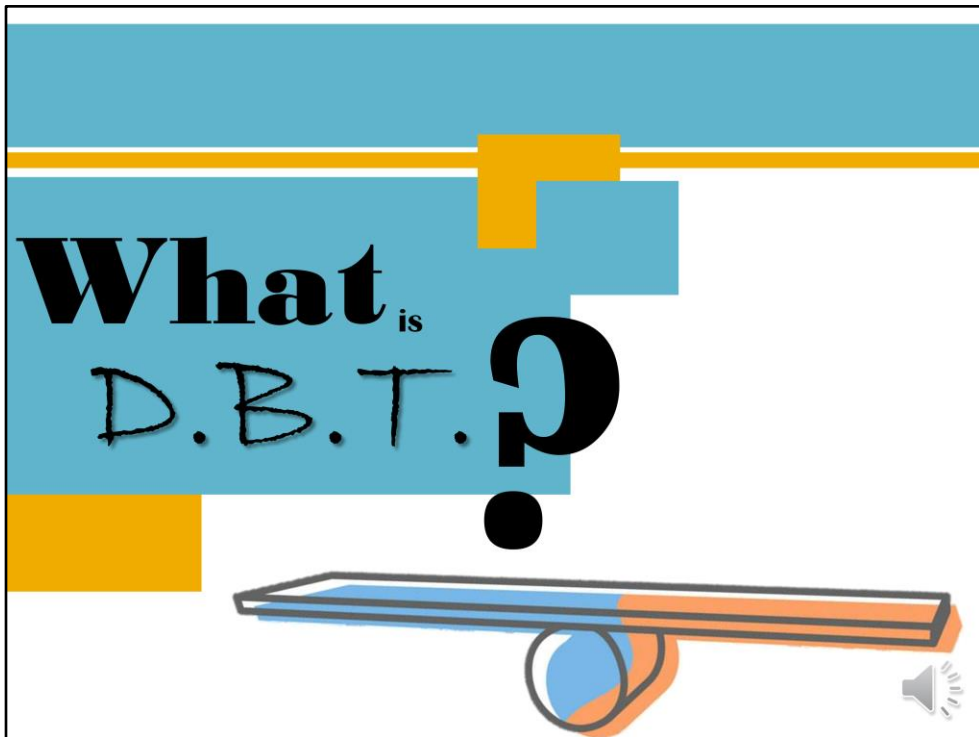
Borderline Personality Disorder

1. Abandonment
2. Chaotic relationships
3. Identity disturbance
4. Impulsivity
5. Suicidal or self-harm
6. Mood instability
7. Feelings of emptiness
8. Intense anger
9. Stress related paranoia or dissociation

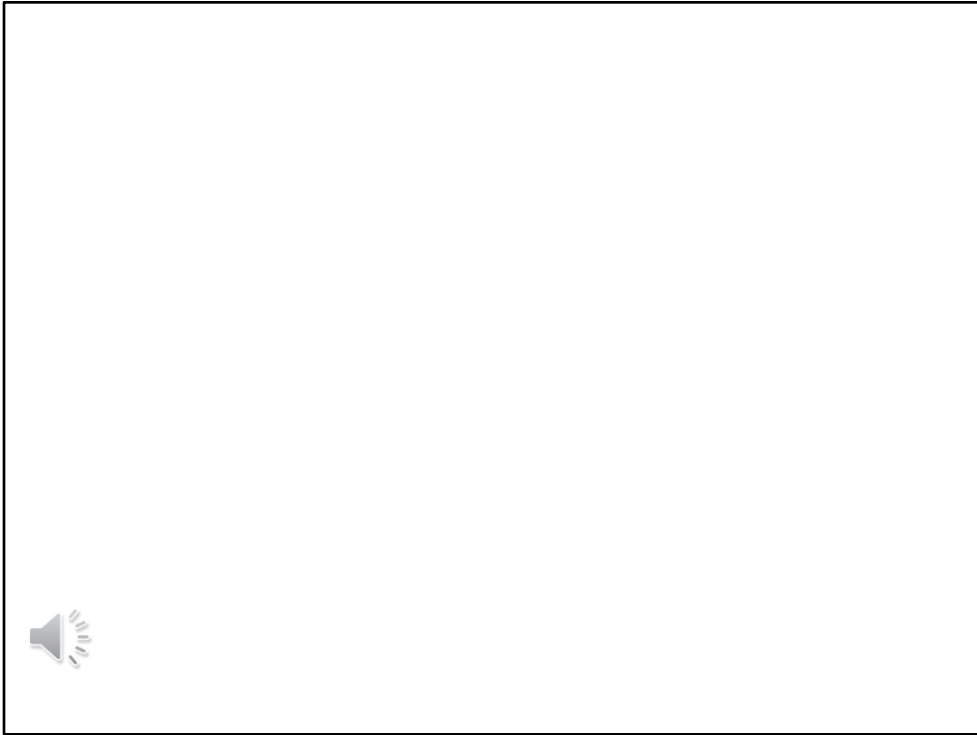
5 of 9



These unhealthy coping skills are seen as the 9 points that the DSM uses for a diagnosis of BPD. In DBT we assume that these symptoms are either the direct effects of unregulated emotions or are the unhealthy coping mechanisms that individuals have learned to manage those intense emotions.



DBT combines acceptance and change strategies to help emotionally dysregulated individuals find balance.



The four components within DBT treatment are:

Individual Therapy

- Usually weekly sessions for one year, using diary cards to monitor progress, and using the treatment targets and hierarchy to organize sessions.

Consultation Team

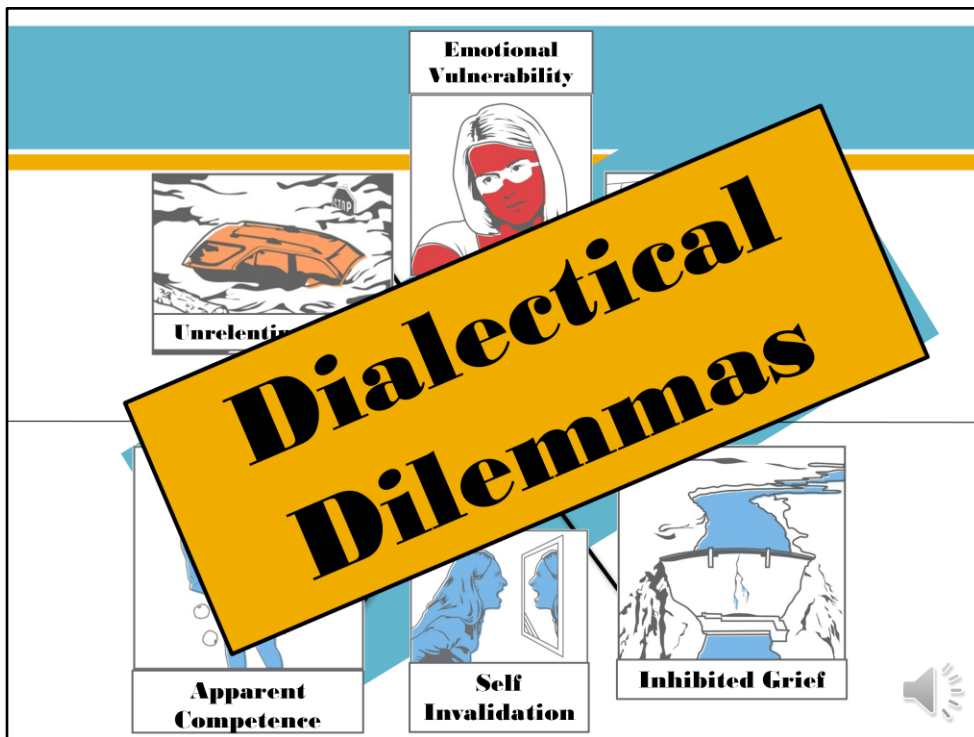
- A weekly meeting for all DBT therapists that helps manage the stress of therapists, lets them seek feedback from peers, and helps them maintain fidelity to the model.

Telephone Consultation

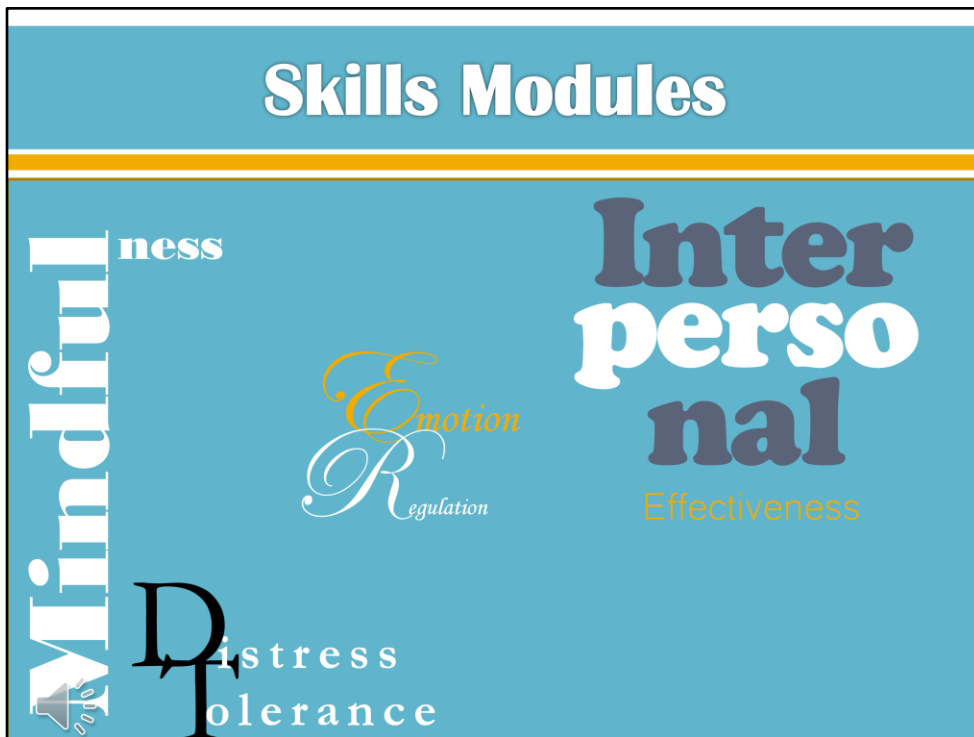
- Helps clients generalize skills in their everyday lives, helps them during crises, and helps them repair the relationship with their therapist when needed.

Skills Group

- Two DBT therapists facilitate weekly group sessions for one year using a psychoeducational format that teaches the four skills modules.



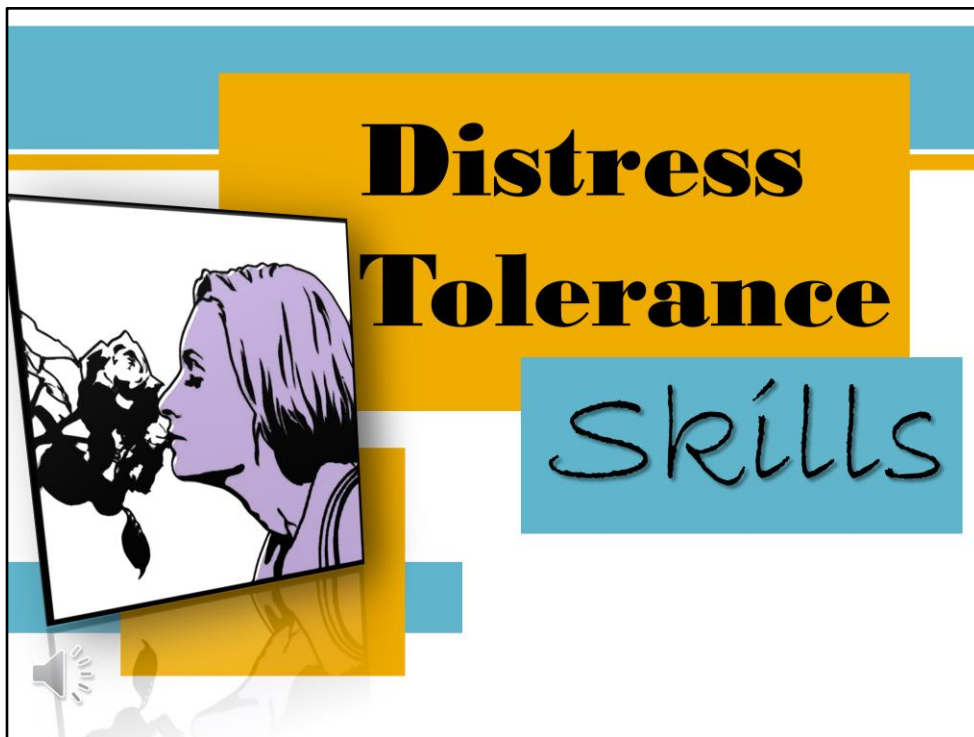
The Dialectical Dilemmas are also called Secondary Targets meaning they are patterns of behavior typically seen in an individual with BPD. They represent the vacillation between extremes. The top three are the hot, emotionally under-regulated aspects while the bottom opposites are the cold over controlled over-corrections to those behaviors. We have Emotional Vulnerability with its' fully expressed emotion flipping over into Self Invalidation in which the individual shames themselves for having any emotion. Inhibited Grief is the unwillingness to have emotions or process trauma which overflows into Unrelenting Crises which then results in even more grief and loss that is stuffed down. And finally Active Passivity is seeking solutions to life's problems from the environment in an indirect manner which then turns into Apparent Competence which is the denial that any assistance from the environment is needed at all. Together these six aspects are seen as Dialectical Dilemmas.



In order to regulate emotions and find balance in life we believe that clients must overcome their skills deficit. To help with this we teach four skills modules in group sessions: Mindfulness, Distress Tolerance, Emotion Regulation, and Interpersonal Effectiveness.



Mindfulness skills help individuals acknowledge the present moment without judgment. They provide a working base from which any other skill can be applied.



Distress tolerance skills help individuals cope with extremely painful dysregulation without making situations worse. Once they have survived the crest of their emotional waves and they have become more regulated, they can employ other skills to solve problems.



Emotion regulation skills teach individuals what emotions are, when and why they are useful, and how to modify them if they are not useful or if they are too extreme.



And finally Interpersonal Effectiveness skills teach clients how to initiate or maintain healthy relationships.



And now we've reviewed it all! We hope that this presentation has given you a brief understanding of Dialectical Behavior Therapy and how it addresses Borderline Personality Disorder. We use all of the metaphors within this presentation with our clients and have found them very helpful, we also use the graphics to visually portray the information to our clients.

You are welcome to use any of the material in this presentation in your own work if that would be helpful. You can find further resources and links to the raw material and poster presentations on the following slides. If you have any questions or feedback we'd love to hear from you. You can contact us at: stephanie.johnston@va.gov or stephen.mccandless@va.gov.

Our Appreciation

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And to MIRECC, which supported this project through a Clinical Educator's grant.

- Department of Veterans Affairs, South Central Mental Illness Research, Education, and Clinical Center (MIRECC), 2015.



Thanks for taking the time to watch this presentation. We'd like to send our special thanks to our graphic designer, Kevin Cates who created all of the images in the presentation for us, and to the South Central MIRECC for allowing the project to happen. We also appreciate the expert advice we've received from Dr. Kelly Koerner and of course we appreciate Dr. Marsha Linehan for initiating this therapy that has improved our own clinical work and most importantly has helped to ease the pain and improve the lives of our clients.

Resources

- ☞ Koerner, Kelly (2011). *Doing Dialectical Behavior Therapy: A Practical Guide*. New York: Guilford Press.
- ☞ Linehan, M. M. (1993a). *Cognitive Behavioral Treatment of Borderline Personality Disorder*. New York: Guilford Press.
- ☞ Linehan, M. M. (1993b). *Skills Training Manual for Treating Borderline Personality Disorder*. New York: Guilford Press.
- ☞ Linehan, M.M. (2014a). *DBT Skills Training Manual* (2nd ed.). New York: Guilford Press.
- ☞ Linehan, M.M. (2014b). *DBT Skills Training Handouts and Worksheets* (2nd ed.). New York: Guilford Press.

Handouts and Graphics

☞ For links to the handouts, graphics, and these presentations please go to the South Central MIRECC website at:
<http://www.mirecc.va.gov/visn16/clinicalEducationProducts.asp>

☞ You may also email: VISN16SCMIRECCEducation@va.gov

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DBT: A Visual Review

