


Community Education Series

The Recovery Village and Advanced Recovery Systems





Presentation Topic:
Self-Soothing and Distress Tolerance
DBT Skills for Stressful Times



Speaker:

Ritu Anand, LCSW

Founder of Creative Healing Collective, LLC

About the Speaker:

Ritu Anand,
LCSW



- Ritu Anand, LCSW has over 15 years of experience working in a variety of nonprofit environments with different populations including immigrant families and adults, children with disabilities, college students, families experiencing domestic violence, and adults with severe and persistent mental illness. Ritu also has a background as a clinician, trainer, and supervisor in the fields of community mental health and crisis intervention. Ritu is the founder of Creative Healing Collective, LLC: www.creativehealingcollective.net

Clinical Experience

- Provide 1:1 and group therapeutic support in an Assertive Community Treatment (ACT) and Intensive Psychosocial Rehab (I-PSR) setting with clients at high risk of recurrent inpatient hospitalization due to Severe and Persistent Mental Illness (SPMI)
- Many clients also had a diagnosis of Borderline Personality Disorder (BPD) which is a diagnosis that can benefit from DBT interventions
- Attended intensive training on utilizing DBT interventions
- Used DBT interventions in individual 1:1 therapy and weekly group skills training

Training Objectives

1. Provide some core foundational knowledge of Dialectical Behavioral Therapy to clinicians and community members with the goal of increasing knowledge about the clinical intervention
2. Explain how using self-soothing and distress tolerance techniques can ease stress, increase relaxation, and improve emotional regulation in everyday life and times of stress
3. Provide tools to those who attend the webinar on how to implement practices and tools for self-soothing and distress tolerance in their clinical practice and/or personal life

Why this presentation?

While these skills originally were developed to treat chronic suicidality and persons diagnosed with Borderline Personality Disorder (BPD), many of these behaviorally based interventions can be helpful to cope with the unprecedented circumstances that Americans and global citizens have been facing in 2020 to present day



Why this presentation?

- Global health crisis/pandemic and associated stresses (COVID-19)
- Changes in our day to day life, coping skills, and access to support systems, and access to our usual coping skills/methods of self-soothing as a result of COVID-19
- Recent events of civil, racial, and political unrest



Why this presentation?

- Though these treatments were originally developed as a treatment for women at high risk of death by suicide, these are skills that can benefit many of us, especially in times of stress, crisis, and uncertainty such as during this unprecedented COVID-19 pandemic
- These skills can be used and developed in calmer times as well but can become even more valuable in times of uncertainty, stress, and crisis in which we might be more emotionally vulnerable or have higher levels of emotional distress

What is DBT?

- DBT is an abbreviation for Dialectical Behavior Therapy
- DBT is a clinical intervention developed by Psychologist Marsha Linehan, PHD
- Linehan was originally developing an intervention for those with the diagnosis of Borderline Personality Disorder and focused on treating suicidal and self-injurious behavior
- Linehan's approach was to evaluate the current literature on effective psychosocial treatments for other disorders including: anxiety disorders, depression, and other emotion related difficulties

Source: Psychiatry (Edgmont). 2006 Sep; 3(9): 62–68. Published online 2006 Sep.

Development of DBT

- Linehan originally assembled a package of evidence-based, cognitive-behavioral interventions that directly targeted suicidal behavior
- Linehan noticed that interventions solely focused on changing cognitions and behaviors (Cognitive Behavioral Therapy) led to clients feeling criticized, misunderstood, invalidated, and many patients dropped out of treatment due to these factors

Source: Psychiatry (Edgmont). 2006 Sep; 3(9): 62–68. Published online 2006 Sep.

Linehan's Theory of Suicidal Behavior

- “Linehan’s biosocial theory (1981, 1988, 1993a) states that suicidal behavior is a learned method for coping with acute emotional suffering. Suicidal behavior is viewed as a skill deficit; i.e., people are thought to seek death as the solution for their intense suffering because they can think of no other effective options.”

Source: Brown, M.Z. (2006). Linehan's theory of suicidal behavior: Theory, research, and dialectical behavior therapy. In: T. Ellis (Ed.), *Cognition and Suicide: Theory, Research, and Practice*. American Psychological Association

What populations are treated with DBT?

This evidence-based treatment was originally developed as an intervention for patients diagnosed with Borderline Personality Disorder with recurrent self-harm and suicidal behaviors but have also been found to be an effective treatment for:

- patients with BPD and substance use disorders (SUDs)
- persons who meet criteria for binge-eating disorder
- depressed elderly patients

Who is Marsha Linehan?

- History of mental illness and inpatient hospitalizations
- Motivated by her own circumstances to build upon behavioral interventions used in CBT and to add principles such as radical acceptance, mindfulness, and skills training as a way to minimize self-harm behaviors and provide tools for emotional regulation

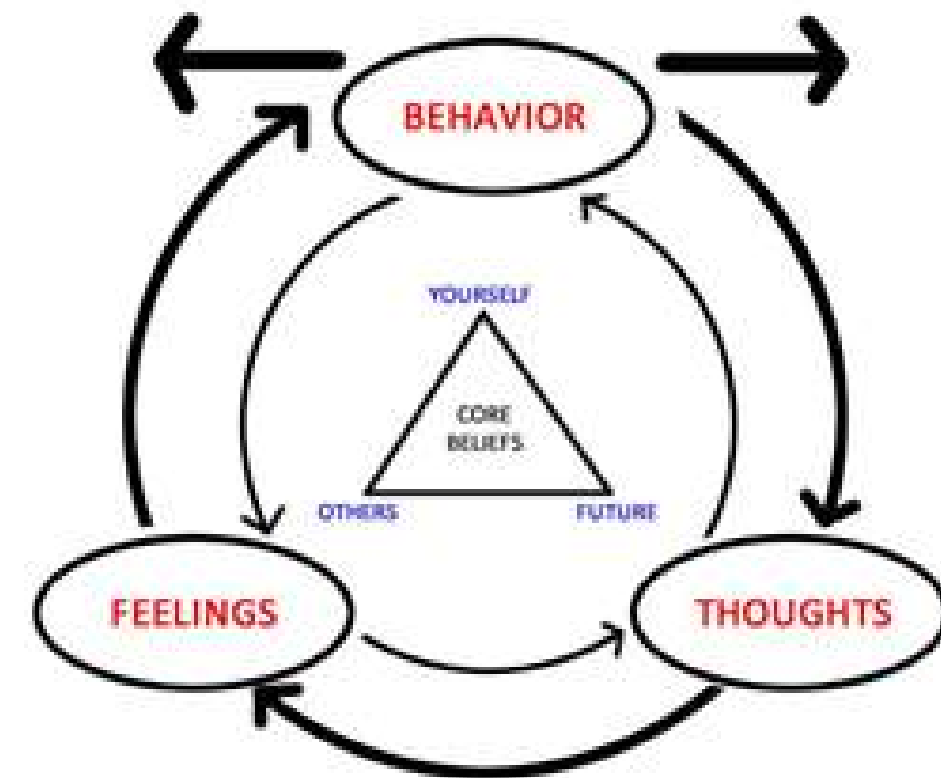
Source: <https://www.nytimes.com/2011/06/23/health/23lives.html>

DBT versus CBT?

DBT has many similarities between other cognitive-behavioral approaches such as CBT, there are some components of DBT that are unique including:

- DBT serves five functions of treatment
- Biosocial Theory: Emphasizing emotions in treatment
- Dialectical Philosophy
- Mindfulness and Acceptance-oriented interventions

Source: Psychiatry (Edgmont). 2006 Sep; 3(9): 62–68. Published online 2006 Sep.



5 Functions of DBT Treatment



Enhancing capabilities

Assumption that patients need assistance in developing critical life skills including emotional regulation skills, mindfulness skills, navigating interpersonal situations effectively, and tolerating distress and surviving crisis without making situations worse

Generalizing Capabilities

Generalizing treatment gains to the patient's natural environment by providing homework assignments to practice skills and troubleshooting regarding how to improve upon skills practice

Improving Motivation/Reducing Dysfunctional Behavior

Improving patients' motivation to change and reducing behaviors inconsistent with a life worth living primarily is accomplished in individual therapy.

5 Functions of DBT Treatment



Enhancing and maintaining therapist capabilities and motivation

Maintaining the motivation and skills of the therapists who treat patients with BPD

Structuring the Environment

Structuring the environment to reinforce effective behavior/progress and does not reinforce maladaptive or problematic behavior and structuring the treatment in a manner that most effectively promotes progress

Source: Psychiatry (Edgmont). 2006 Sep; 3(9): 62–68. Published online 2006 Sep.

Biosocial Theory



- Through this lens, those who develop Borderline Personality Disorder are biologically disposed toward emotional vulnerability (low threshold for responding to emotional stimuli, intense emotional responses, difficulty returning to a baseline level of emotional arousal)
- Due to lack of skillful parenting (social development), the child has difficulty regulating intense emotional reactions and thus does not develop the skills to effectively regulate emotions as an adult

Biosocial Theory



- Clinical Interventions are thus focused on behavioral skills that specifically aim to teach patients how to recognize, understand, label, and regulate their emotions (i.e., the emotion regulation skills)

• Source: Psychiatry (Edgmont). 2006 Sep; 3(9): 62–68. Published online 2006 Sep.

Dialectical Thinking

- Reality consists of opposing, polar forces that are in tension: the push to apply change-oriented treatment strategies creates tension by increasing patient's desire to be accepted rather than changed
- Each opposing force is incomplete on its own: Focusing completely on change-oriented strategies is incomplete as these lack acceptance, focusing only on acceptance is also incomplete and ineffective as people at high risk of self-injury and suicide often require extensive changes in their lives to reduce suicidal behaviors and thoughts and feelings that contribute to them.

Dialectical Thinking

- Both/and instead of either/or
- More open-minded, nuanced thinking
- Less viewing things as black or white, more shades of grey
- Less viewing things as always/never
- Holding space for contradictions

Dialectical Thinking

“I am feeling challenged and I can see some benefits of what I am going through”

“The world is suffering but a lot of growth is happening through this change as well”

“I am feeling frightened and I am also feeling brave and resilient”

“I accept myself and I want to make changes”

Mindfulness and Acceptance Oriented Interventions

Mindfulness

- Skills that assist us to be in the here and now
- Observing the present moment in a non-judgmental fashion

Radical Acceptance

- Accepting the experience of the present moment for what it is, without struggling to change or resist it
- Does not mean you like or condone something, simply that you accept it for what it is
- Avoid labeling something as good or bad

Radical Acceptance

- Helps us to understand what is in our control
- Healthier way of viewing a situation that is out of your control
- Can reduce feelings of stress and anxiety and other negative emotions

Typical thinking: “It’s unfair that COVID-19 has been going on for more than a year and I am not able to spend time with my family and friends”

Radical Acceptance: “I’m unhappy that we are in a global pandemic that restricts what I am able to do but I am going to take precautions to stay as safe as I can and figure out how to get the vaccine as a way to reduce my risk”

Radical Acceptance

Serenity Prayer

“God/Universe/Higher Power/...

Grant me the SERENITY to ACCEPT the things that I cannot change,
the COURAGE to CHANGE the things that I can,
and the WISDOM to know the difference.”



What is Distress Tolerance?

- Ability to tolerate and manage painful, overwhelming, or intense emotions
- Ability to use techniques to manage or reduce emotional intensity of emotions and enhance emotional regulation and coping skills
- Being able to identify our emotions is an important precursor to this skill

Identifying Feelings

- Feelings are not good or bad
- Feelings are information
- Feelings are not facts

Identifying Feelings

- We can learn to identify feelings by paying attention to bodily sensations or signals
- Using Feeling Charts
- Journaling
- Mindfulness/Slowing Down/Meditation

Distress Tolerance Techniques

- Acceptance
- Distraction
- Improving the Moment (Self-Soothe)

Distraction

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

Improving the Moment

Self Soothe with the 5 senses: Find a pleasurable way to engage with your 5 senses

Using your senses can help GROUND you in the present, slow down and relax your nervous system, be more mindful and in the moment.

Improving the Moment

Sight: scenic walk, lava lamp, relaxing or calming video

Touch: warm blanket, soft laundry, pet animals

Sound: music you like, sounds of nature, calming sounds

Taste: small treat, piece of chocolate

Smell: scented candle, essential oil/diffuser, perfume/cologne

Emotional Regulation Skills

- Opposite Action
- Check the FACTS
- P.L.E.A.S.E
- Paying Attention to Positive Events

Emotional Regulation Skills

Opposite Action

Your body may impact how you react when you are emotional (nervous system responses)

If you feel angry, you might: shut down or yell at someone.

Do the opposite of what you feel and how you usually behave.

If you usually yell when angry, talk politely. If you usually withdraw socially when sad, call a friend.

Emotional Regulation Skills

Check the FACTS

Ask yourself:

What event triggered my emotion?



Am I making assumptions or interpretations of the event?

Does my emotion and the intensity of my emotion match the facts of the situation or my assumptions/interpretations?

Emotional Regulation Skills: Mind Body Connection

- PL: Treat Physical Illness
- E: Eat Healthy
- A: Avoid Mood-Altering Drugs
- S: Sleep Well
- E: Exercise



Emotional Regulation Skills

Paying Attention to Positive Events

It's human nature to focus on a single negative event versus positive events (We get one critique among much praise and remember the critique)

Refocus on positive events when focusing on negative

Add positive experiences into your routine

Homework! (P.L.E.A.S.E and Self-Soothing)

- What is ONE basic health-related routine that can I improve upon?
- What is one small action I can incorporate into my day to day to improve?
- Am I hydrated?
- Am I getting sunshine? Movement? Consistent showers?
- Can I add some nutritious foods to my diet?
- Can I improve my sleep habits?
- (SMART goals: Realistic goals)

Homework! (P.L.E.A.S.E and Self-Soothing)

- Self Soothing Using the Senses:
- Sight: scenic walk, lava lamp, relaxing or calming video
- Touch: warm blanket, soft laundry, pet animals
- Sound: music you like, sounds of nature, calming sounds
- Taste: small treat, piece of chocolate
- Smell: scented candle, essential oil/diffuser, perfume/cologne

**How can I
learn more?**

Resources

Sources

<https://www.ncbi.nlm.nih.gov/pmc/articles/PMC2963469/>

(source: <https://www.nytimes.com/2011/06/23/health/23lives.html>)

Questions?

THANK YOU

