CALMING THE EMOTIONAL STORM

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Objectives

During this presentation, participants will:

- Look at emotion dysregulation in a more general sense, and how to apply DBT strategies and skills to a variety of client problems
- Develop a more in-depth understanding of some of the key skills to help manage emotions: validation, nonjudgmental stance, radical acceptance, self-validation, and opposite action
- Learn how these skills help to re-wire the brain, generating neuroplastic change

Objectives

During this presentation, participants will:

- Delve further into treatment planning – identifying skills deficits and deciding on skills to teach clients
- Trouble-shooting what to do when what you're doing isn't working
- Look at teaching skills in individual sessions versus in group and some of the pitfalls to this
- Learn about modifying DBT to fit the client or population you're working with

DBT: Not just for BPD

Have you already been using aspects of DBT for problems other than BPD? How?

If you haven't been, what do you think gets in the way?

Do you use the DBT skills yourself? How?

If you don't use the skills yourself, what do you think gets in the way?

Emotion Dysregulation

- DBT was originally created to treat BPD; the core feature and difficulty in BPD is pervasive emotion dysregulation (ED), with problem behaviours being either a consequence of ED, or an attempt at regulating emotions
- ED is defined as lacking the skills needed, or using maladaptive ways of regulating emotions (Neacsiu et al, 2013); when dysregulated, an individual is in a state of negative emotional arousal that is sufficiently high to disrupt cognitive and behavioural self-management (Fruzzetti et al, 2005)

Emotion Dysregulation

- Recent psychological literature has focused strongly on ED as the common element across most psychological disorders, with over 85% of diagnoses in the DSM-IV-TR involving excesses or deficits of emotions, or a lack of coherence among emotional components (Werner & Gross, 2010)

Emotion Dysregulation

- The characteristic behaviours and patterns of BPD (and in my opinion, problem behaviours that arise in most Axis I disorders) are seen as either problematic attempts to prevent or regulate emotions, or natural consequences of ED

Emotion Regulation

Emotion Regulation is the ability to influence which emotions you have, when you have them, and how you experience and express them

- this process can be conscious or unconscious

- ultimately, the goal is for emotion regulation to become mostly unconscious

The focus in DBT is on increasing conscious control of regulating emotions, and then on having clients practice, practice, practice, so they over-learn the skills to the point that the new behaviours become unconscious (to me it's obvious this isn't just about BPD!)

The BioSocial Theory

Clients with BPD have pervasive emotional dysregulation. This is the result of two main factors:

1. A biological predisposition to emotional vulnerability: a baseline of higher than average negative affect; reacts emotionally to things others wouldn't typically react to; has more severe emotional responses than what is warranted; and takes longer to return to baseline.

(this biological predisposition can be related to genetics, including mental illness, and/or trauma)

The BioSocial Theory

Clients with BPD have pervasive emotional dysregulation. This is the result of two main factors:

2. An ***Invalidating Environment****:* the individual receives messages that her internal experiences are invalid or flawed (e.g. the child expresses an emotion and is punished for this, the experience is minimized or ignored, etc.).

- Expression of emotional pain is punished
- Emotional escalation is reinforced
- Problem-solving is over-simplified

The BioSocial Theory

Consequences of the invalidating environment:

- The child doesn't learn to accurately label or trust her emotions, or therefore how to regulate these experiences
- The individual learns to search her environment for cues on how to think, feel, and act (as an adult, this is experienced as "emptiness" or a lack of self-awareness).

The BioSocial Theory

- Individual doesn't learn to accurately label and regulate emotions
- Tendency to vacillate between over-regulated and under-regulated emotional control (results in the individual learning extreme ways of getting others to take her seriously (e.g. self-harm, suicidal behaviors and threats))
- The individual doesn't learn to tolerate distress
- Leads to development of unrealistic goals, and self-invalidation ("I should be able to do this…!")

The BioSocial Theory

Thinking about a particular client (who doesn't have BPD) or population, how might the biosocial theory change:

- Your perspective of their difficulties?
- How you're working with them?

Dialectics

DBT is based on a dialectical philosophy:

- "Walking the middle path" (Miller et al, 2007)
- A more balanced way of thinking – getting away from Black & White and moving toward the Grays
- The only thing constant about reality is change! – being dialectical means being flexible

Dialectics

Video

How a Dialectical Worldview Informs Treatment Strategies in DBT

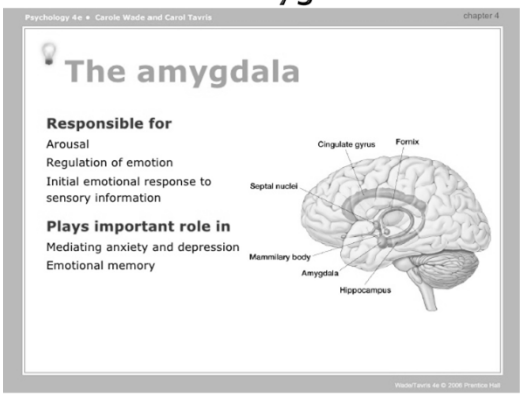
- There are no absolute truths (perspectives); each position has its own wisdom or truth, even if it's only a kernel of truth
- Opposites are interconnected and defined by each other; synthesizing these opposites is what leads to change (e.g. we need to accept the way things are AND move to change them)
- Sometimes we need to hold two (or more) truths at the same time, without trying to make one "right"

Dialectics

Dialectical thinking moves away from all or nothing thinking (e.g. "expressing emotions is good"; or "controlling emotions is good"), and toward a more synthesized, balanced perspective (e.g. "expressing *and* controlling emotions are both good")

And instead of *But*

The Amygdala



Emotion Regulation and the Brain

The amygdala is part of our 'threat system'. Its job is to keep us safe by alerting us to danger; by setting off an alarm in our body (the 'fight/flight/freeze' response) it gets us ready to act. Unfortunately it isn't very good at discriminating between real dangers and dangers that we are just thinking about: it responds in the same way, setting alarm off when we are thinking about an unpleasant memory from the past, even though the danger has passed.

The hippocampus helps us to store and remember information. It is like a librarian, and it 'tags' our memories with information about where and when they occurred. When our 'threat system' is active the hippocampus doesn't work so well; it can forget to tag the memories with time and place information, which means they sometimes get stored in the wrong place. When we remember them it can feel like they are happening again.

Effects of Acceptance on the Amygdala

The amygdala is regarded as a central processer of emotional arousal and intensity; amygdala modulation is therefore considered a neurobiological indicator for emotion regulation

Effects of Acceptance on the Amygdala

Herwig et al 2010 study: fMRI comparing subjects in three states:

1. "think" condition: directed to think about and reflect on the self, life goals, etc.
2. "feel" condition: directed to be aware of current emotions and bodily feelings
3. "neutral" condition: directed to do nothing specific, just await the neutral picture

Effects of Acceptance on the Amygdala

- A main finding of this study was that the left amygdala was found to be activated with the "think" condition; while the "feeling" condition was associated with a decreased activation of this area of the brain, indicating a decrease in emotional arousal
- The authors theorized that becoming aware of one's emotions may lead to an inner distancing from these feelings, leading to an improved ability to regulate these emotions

Emotion Regulation and the Brain

DBT alters emotion regulation and amygdala activity in patients with borderline personality disorder (Goodman et al, 2014):

> "findings have promising treatment implications and support the notion that DBT targets amygdala hyperactivity—part of the disturbed neural circuitry underlying emotional dysregulation in BPD."

How Does This Relate To Skills?

- What are your clients practicing?
- (and of course what are *we* practicing as clinicians?)

Main DBT Skills for Emotion Regulation

- (Mindfulness!)
- Validation
- Nonjudgmental Stance
- Radical Acceptance
- Self-Validation
- Opposite to Emotion Action

DBT Skills: Validation

Video

DBT Skills: Validation

What is validation?

- Communicating to the client that her responses make sense and are understandable within her current life context or situation
- Communicating acceptance of the client, taking the client's responses seriously and not discounting or minimizing them
- Validating responses are not necessarily warm or positive, and are not equivalent to agreement or approval; they only convey legitimacy and acceptance

DBT Skills: Validation

Why validate?

- Validating the emotionally aroused client helps to reduce the intensity of emotions, allowing for new learning and therapeutic change
- Provides a sense of safety for the client
- Gives the client a chance to feel an emotion, learn the feeling is tolerable and acceptable (exposure)
- Provides modeling for the client – you can sit with their distress (and manage your own), and not have to move in to "fix it!

DBT Skills: Validation

Validation helps people get unstuck; people often don't want to change until they feel understood

Increase Validation When:

- The client is having difficulties asserting herself, becomes shut-down/non-verbal, withdraws when pushed
- There is an increase in stress (in therapy or other areas)
- When addressing sensitive topics

Levels of Validation

1. Listening & Observing (listen mindfully, active listening)
2. Accurate Reflection (so what you're saying is…)
3. Articulating the Unverbalized (I would imagine you'd be feeling…)
4. Validate the current state based on history (e.g. of course you don't want to walk down the dark alley, you were assaulted in an alley)

Levels of Validation

5. Communicate the person's behavior makes sense and is reasonable for anyone (e.g. Of course you don't want to walk down the dark alley, dark alleys are scary and dangerous; example with my cousin)

Levels of Validation

6. Radical Genuineness: treating the person as valid (matter of fact, not treating client as fragile, direct and challenging)
   - This level of validation must come from the therapist's genuine self; at this level, almost any response by the therapist can be validating
   - Notice your natural, spontaneous reaction (versus the "Twilight Zone" therapist)
   - Not just verbal, but facial expressions and behavior as well

How Validation Helps

Dan Siegel: Name it to Tame it

Taking a Nonjudgmental Stance

Video

Taking a Nonjudgmental Stance

- The language we use really does have an effect on us emotionally: negative judgments tend to increase our emotional pain; they don't do anything productive; and they shut us down to possibilities.
- Changing the language that we use helps prevent us from triggering extra emotional pain; it improves relationships; and it keeps us more open-minded

Taking a Nonjudgmental Stance

Nonjudgmentally: stick to the facts of the situation rather than allowing yourself to fall into the automatic behavior of judging.

- State your opinion, be descriptive or talk about how you feel, but take the judgments out of it.
- Sometimes judgments are necessary (*evaluations* vs. *judgments*)
- What about positive judgments?

Taking a Nonjudgmental Stance

Judgments often increase the intensity of emotions – we need to watch for the judgments that stick to us! reducing these judgments will help us to reduce the painful emotions we're experiencing

**Note that this isn't about stuffing emotions or opinions, but rather helps us express these things more assertively

What about self-judgments? = guilt and shame

Taking a Nonjudgmental Stance

Exercise: Thinking about a frustrating, irritating, or annoying experience; talk about this with your partner as you normally would. Then, thinking about the same experience, do your best to share this experience nonjudgmentally.

Did you notice a difference?

Reality Acceptance

Reality acceptance (or Radical Acceptance) is a part of mindfulness, although it's a specific skill that helps people to accept reality, rather than continue to fight it, which creates painful emotions:

1. Radical Acceptance
   - "It is what it is"
   - "Acceptance" does NOT mean approval
   - RA reduces the amount of suffering in our lives
   - Understanding the causes can sometimes help us accept

Reality Acceptance

Four steps to RA:

1. First step is deciding to practice this skill
2. Next, making the commitment to yourself: as of this moment, I'm going to work on accepting this situation
3. Notice when you're not accepting, but fighting reality
4. Turn your mind back to acceptance

Reality Acceptance

Techniques to help your client get to Radical Acceptance:

1. Breathing
2. Taking an open posture
3. Half-Smile

Reality Acceptance: Problems Clients Often Encounter

- ACCEPTANCE DOES NOT MEAN APPROVAL!!!
- "Doesn't acceptance mean that I'm giving up or being passive?"
- "How can I accept that I will be alone for the rest of my life?"
- "How can I accept that I'm a bad person?"
- "Some things in life are just too awful to accept"
- Acceptance versus forgiveness

Radical Acceptance

Don't just practice RA with "big", painful situations; daily practice helps us to be more accepting of the "little" things that will occur in our daily lives that trigger fighting reality and emotional suffering; for example:

- Being stuck in traffic
- The weather
- Waiting in line
- Distracting noises during session

Radical Acceptance

Role-Play:

Think of a client you're struggling with – you'll play your client, your partner will play the therapist and will teach either Nonjudgmental Stance or Radical Acceptance

Suggestion: think of a client with grief, trauma, a specific difficult situation (e.g. divorce) lots of anger, difficulties in relationships because of judgments, etc.

Self-Validation

Self-Validation: The client must learn to validate herself, accepting her emotions, thoughts and experience in general rather than judging these; and learning to trust that her response is valid even if it's not what others want or expect.

Example: "Joe"

Self-Validation

Primary Emotions:

Situation – Interpretation – Primary Emotion

Secondary Emotions:

Situation – Interpretation – Primary Emotion – Interpretation – Secondary Emotion

- How you feel about your feelings
- Family of origin messages often feed into these patterns; identifying these messages can be helpful

Self-Validation

There are three ways to self-validate (Van Dijk, 2012):

1. **Acknowledging** the presence of the emotion: for example, "I feel anxious."
   - By just acknowledging the emotion, and putting a period on the end of that sentence rather than going down the road of judging it, you are validating your anxiety.

Self-Validation

There are three ways to self-validate:

2. **Allowing:** giving yourself permission to feel the feeling: for example, "It's okay that I feel anxious."
   - Here, not only are you not judging the feeling, but you're going one step further and saying "this is okay" – again, not that you like it or want it to hang around, but that you're allowed to feel it.

Self-Validation

There are three ways to self-validate:

3. **Understanding: t**his is the highest level of self-validation and the most difficult.
   - In this form of validating, not only are you not judging the emotion and saying it's okay to feel it, you're going one step further and saying you understand it: "it makes sense that I feel anxious being at home by myself, given the fact that I was at home alone when thieves broke in and threatened me with a gun."

Opposite Action

1. Identify the emotion and the urge associated with it;
2. Ask if the emotion is warranted (i.e. does it make sense to feel this way – check the facts)
3. If the emotion is warranted, you may want to act on the urge (e.g. run when afraid)
4. If the emotion is not warranted, deliberately act opposite to the urge in order to reduce the emotion.
5. Sometimes even when the emotion is warranted, we still want to decrease the emotion because it gets in the way – opposite action can help.

Opposite Action

Opposite to Emotion Action examples of when emotions are warranted (check the facts):

- Fear is warranted when your health, safety, or well-being is threatened; or when that of someone you care about is threatened
- Shame is warranted when you've done something, or there is something about you, that puts you at risk for being rejected by a community that is important to you – it protects you by keeping you connected
- Guilt is warranted when you've done something that goes against your morals

Opposite Action

Opposite to Emotion Action: Identify the emotion and the urge associated with it; deliberately act opposite to the urge in order to reduce the emotion.

Emotion	Urge	Opposite
Anger	Attack	Gently avoid/be civil
Anxiety	Avoid	Approach
Depression	Withdraw	Reach out
Guilt/Shame	Stop the behaviour	Continue the behaviour

What about pleasurable emotions?

Behaviour Theory: Definitions

- Respondent Conditioning: behaviour isn't learned, but is an automatic response; the unconditioned stimulus (US) requires no learning to elicit the unconditioned response (UR); the response is natural
  - E.g. the smell of food (US) causes our mouths to water (UR); a loud noise (US) causes us to flinch (UR)

Behaviour Theory: Definitions

- Operant Conditioning is when our behaviour comes under the control of consequences, and is therefore learned
- A previously neutral stimulus, that doesn't *naturally* elicit a response, now triggers a learned response (conditioned stimulus triggers a conditioned response)
  - For example: first time going to the dentist (US) causes pain (UR); next time going to the dentist for a routine check-up (CS) causes stress (CR); example of Oliver

Behaviour Theory: Definitions

It's important to determine if a behaviour is respondent versus operant because this will determine which interventions we'll use:

- If suicidal thoughts are Respondent, they're coming up automatically – e.g. for many clients a certain emotion (e.g. shame, loneliness) is so aversive the urge to suicide pops up; the client has no control over this. If this is the case, the intervention will be exposure therapy – helping the client learn to tolerate the emotion rather than having to do something about it; if you don't indulge the thoughts, they will be extinguished over time
- If suicidal thoughts are Operant, we don't use exposure, but contingency management – these thoughts are "indulgent", so we work on managing the reinforcers and punishers in order to extinguish the behaviour

Behaviour Theory: Definitions

- Something is *reinforcing* if it makes it more likely the behaviour will happen again (reinforcers can be internal or external).
- *Positively Reinforcing* a behaviour means that something the client sees as positive happens after a certain behaviour occurs.

Behaviour Theory: Definitions

- *Negatively Reinforcing* a behaviour means that something the client finds unpleasant is removed after a certain behaviour occurs
- *Intermittent Reinforcement* is when the positive or negative reinforcement occurs occasionally rather than every time the behaviour takes place; it is one of the most successful ways of reinforcing a behaviour, since the individual never knows when she'll be reinforced (e.g. the gambler)

Behaviour Theory: Definitions

- Non-contingent Reinforcement: providing reinforcement regardless of behaviour you want to decrease; the behaviour then decreases because it's not necessary to receive the reinforcement (e.g. Providing warmth and caring to your client just because that's you want to, not just to shape behaviour)

Behaviour Theory: Definitions

- Punishment – something is taken away (negative) or added (positive) in order to reduce a behaviour (e.g. no more video games; detention)
  - It's important to consider that punishment can be harmful to relationships, and doesn't teach new behaviour, although it may be necessary at times
  - Punishment may also have the result of causing the client to hide a behaviour, suppress it when the punisher is around, or become self-punishing

Behaviour Theory: Definitions

- Extinction – reinforcers are discontinued in order to reduce/extinguish a behavior
- Extinction Burst (behavioural burst) – generally occurs when reinforcers are discontinued

Behaviour Theory: Definitions

- Consequence: The outcome of something that occurred earlier. In other words, when looking at the consequences of an individual's behaviour, we're asking the question "what happened after the person acted?"
- Consequences can be positive or negative
- Natural consequences tend to work best – e.g. If a teen client isn't feeling safe, a natural consequence might be she can't go out with her friends tonight; if Chris engages in a TIB a natural consequence is that I withdraw warmth and engagement and feel angry

Behaviour Theory: Definitions

- Shaping: By reinforcing behaviours that are close to the desired, end behaviour, you can shape an individual's behaviour (e.g. eliminating physical aggression with anger; self-harm replaced with physical pain).
- Modeling: demonstrating a behaviour for someone else to imitate (e.g. validation!)

Behaviour Theory: Definitions

- A *contingency* is when there is a relationship between two events, so that if one event takes place, the other event is more likely to also occur
- *Contingency management* requires the therapist to organize their behaviour strategically, so that client behaviours representing progress are reinforced, and unskilful or maladaptive behaviours are extinguished or punished (main contingencies are often disapproval, interpersonal distance – e.g. Chris)

Behaviour Theory

Anything observable teaches someone something; we always have to be considering what we're teaching our clients

Questions to ask:

- Are we (or others) reinforcing behaviours we don't want?
- Are we (or others) providing negative consequences or punishers to behaviours we do want?
- How can we shape or model positive behaviours so that the client will eventually engage in these behaviours on her own?

Behaviour Theory: Examples of problematic contingencies to be managed

Behaviour:	Reinforcer:
Acting out in anger	Others withdraw
Dissociation	Increased attention, soothing
Self-harm	Emotional relief
Fantasies of suicide	Increased positive feelings

DBT With a BIG "B": Behaviour Theory

Video - Taylor

Dialectical Strategies: Reciprocal vs. Irreverent Communication

- Reciprocal Communication:
  - Give and take; equality
  - Warmth and genuineness; validating
  - Use of self-disclosure
    - To validate or normalize an experience
    - To problem-solve
    - To model for the client how to self-disclose
    - Self-involving self-disclosure
    - Guidelines

Dialectical Strategies: Reciprocal vs. Irreverent Communication

- Irreverent Communication: an unexpected, somewhat "off the wall" response to a client
  - Blunt, confrontational, honest, challenging
  - Off-beat sense of humor; irony
  - Relies on a good relationship with client; and must be surrounded with validation
  - (Marsha's example)

Dialectical Strategies

- Devil's Advocate
  - e.g. You say you want to stop bingeing, but you're not using skills; I'm not so sure you're really committed to working on this.
- Making lemonade out of lemons
  - e.g. So you're finding it hard to tolerate sitting in group listening to others talk about their problems – that's great, you can practice being nonjudgmental!
- Use of metaphors

DBT Skills Overview: The Four Modules

1. *Core Mindfulness Skills* – teach clients to focus on living in the present moment, reducing the painful emotions that come from constantly thinking about the past and the future.
   - *States of Mind (modifications for SUD)*
   - *"What" Skills*: Observe, Describe, Participate
   - *"How" Skills*: Nonjudgmentally, One-Mindfully, Effectively

DBT Skills Overview: The Four Modules

2. *Distress Tolerance Skills:*
- *Crisis Survival Skills:* help clients to cope with crises in ways that don't have negative consequences (e.g. suicide attempts, self-harm, substance use, over-spending, unhealthy eating, or lashing out at others).
- *Reality Acceptance Skills:* help clients learn to be more accepting, which reduces the number of crises they experience in the long-run

Emotion Regulation

1. *Understanding and Naming Emotions*
   - Look at the function or job of emotions (i.e. communication, motivation, validation)
   - Observing and Describing Emotions
2. *Reducing Painful Emotions*
   - Reducing vulnerability to emotion mind
   - Mindfulness to current emotion
   - Self-validation
   - Acting Opposite
3. *Increasing Positive Emotions*

- Increasing positive experiences through pleasurable events and goal-setting

DBT Skills Overview: The Four Modules

4. Interpersonal Effectiveness

- Skills to help clients be more assertive and get their needs met, as well as say no to others' requests
- Looking at the balance in clients' lives – are relationships healthy & satisfying? Do they have enough pleasurable activities versus responsibilities?

Formulation and Treatment Planning

- We're always on the look-out for what skills our client is missing – what skills-deficits need to be addressed?
- "Mini Treatment-Plans" (Kelly Koerner) can be helpful:
  - These cues…
  - Set off this emotion/these thoughts in you…
  - Which lead to these unhealthy means of coping and unintended consequences…
  - (Get the Head Nod)
  - Introduce the replacement behaviour

Formulation and Treatment Planning

- Mini Treatment Plan for Taylor

  These cues: having a disagreement with someone; sensing (whether accurate or not) that someone is angry with you…

  Set off: self-blame, self-judgment, anxiety and shame…

  Which leads to urges to cut and/or suicide…

  Replacement behaviours: observing and describing, interpersonal effectiveness skills to check out with other person, self-validation, radical acceptance, distress tolerance skills

Formulation and Treatment Planning

When there's an absence of skillful behaviour:

1. Does the client have the necessary skills? – if not, skills training.
2. Are circumstances reinforcing dysfunctional behaviour, or failing to reinforce functional behaviour? – if so, Contingency Management.
3. Are conditioned emotional responses blocking more skilful responding? – if so, Exposure Therapy.
4. Are effective behaviours inhibited by faulty beliefs and assumptions? – if so, Cognitive Modification.

DBT Skills: Steps in Skills Training

1. Skills Acquisition: assess, ask; if in doubt, teach – instruct, role-model
2. Skills Strengthening: Practice, Practice, Practice! – reinforce, provide feedback and coaching
3. Skills Generalization: homework, skills coaching

Helping Clients Get Unstuck

Dealing with objections to skills:

1. Validate! – frustration, hopelessness, disappointment, difficulty of skill
2. Review - the skill and how/when to use
3. Ensure relevance – clear link to goals
4. Problem-solve – did the skill match the situation? Need to use different skill? Need to modify the skill (e.g. Assess level of difficulty)
5. Generate hope, cheerlead
6. Get commitment to practice
7. Radically Accept – some clients will reject some skills; some skills won't work for some clients/situations; the skills won't always work!

Helping Clients Get Unstuck

Example:

"I tried to use the distress tolerance skills but they didn't work so I gave up and binged"

1. Validate! – "I know it's hard to break out of this pattern"
2. Review – "What do you mean the skills didn't work? What did you do?" (review the skill if needed)
3. Ensure relevance – clear link to goals
4. Problem-solve – long list of skills? Suggested time length for each item? Additional skills to help with urges? Is not bingeing at all too much to start?
5. Generate hope, cheerlead
6. Get commitment to practice skills/modifications
7. Radically Accept

Helping Clients Get Unstuck

Strategies to enhance motivation and commitment:

- Clarify/confirm the goal
- Be nonjudgmental! – recognize that the client has valid reasons to be stuck, find them and validate
- Behavioural analysis (or Missing Links)
- Link the skill to the client's goals
- Sell the skill:
  - Pros and Cons
  - Devil's advocate
  - Clarify contingencies – point out contingencies of effective and ineffective behaviour

Helping Clients Get Unstuck

Strategies to enhance motivation and commitment:

- Turn the tables/negotiate
- Inquire about wilfulness
- Use self-involving self-disclosure

Don't get stuck in a power-struggle – if there's no movement, identify this and agree to disagree – Radical Acceptance (you can always come back to it later!)

The Research

- Still very focused on BPD and on the full DBT model
- Marsha Linehan and her team now looking at adaptations, however: e.g. DBT for High Suicide Risk in Individuals with BPD: A RCT and Component Analysis – compared Standard DBT to DBT-Skills only and DBT-Individual only.
- Conclusion: "all treatment conditions resulted in similar improvements in the frequency and severity of suicide attempts, SI, use of crisis services due to suicidality, and reasons for living. Compared with the DBT-I group, interventions that included skills training resulted in greater improvements in frequency of NSSI".

The Research

- Neacsiu et al completed a pilot RCT using a DBT skills group for transdiagnostic emotion dysregulation: "DBT-ST is a promising treatment for emotion dysregulation for depressed and anxious transdiagnostic adults"

The Research

- A RCT on the 12-week DBT skills group for Bipolar Disorder I developed demonstrated a reduction in depressive symptoms, an increase in self-efficacy, and an increase in one's ability to manage one's emotions; hospitalizations and ER visits were also reduced in the 6 months post-group compared to 6 months prior to group (*Journal of Affective Disorders*, March 2013)

DBT Group Versus Individual?

GROUP

- Skills taught regardless of what's happening in the client's life
- Anxiety often gets in the way of clients attending; higher attrition rate (ERP for those who stay)
- Validation of group experience; helps to reduce stigma
- Richer learning environment for skills
- More financially feasible

INDIVIDUAL

- Can personalize skills needed for a particular client, and rate of learning
- Less difficult to monitor for episodes and to help client learn to do this
- Better sense of skills practice since not all clients will share in group

Individual vs. Group: Considerations

- Skills training in individual sessions is very doable but can also be quite challenging depending on the client
  - Change the space
  - Allocate specific time for "psychotherapy versus skills training"
  - Allows more room for flexibility/tailoring
  - Use of videos

Modification Examples

Bipolar Disorder Group:

Session 1 & 2: psychoeducation regarding bipolar disorder; introduction to mindfulness and states of mind
Session 3: Medication Session
Session 4: STRONG skills (reducing vulnerability)
Session 5: Nonjudgmental Stance
Session 6: Radical Acceptance
Session 7: Distracting, Self-soothing, Pro's and Con's, Urge Management
Session 8: Facts about emotions, functions of emotions, self-validation
Session 9: Opposite Action
Session 10 & 11: Interpersonal Effectiveness
Session 12: Skills review, resources, wrap-up

Modification Examples

Emotion Regulation Skills Training Group:

- 13 weeks (including an orientation session before joining group)
- Open group, with new members joining every 1 - 2 weeks after completing an orientation session
- Transdiagnostic, with a focus on helping people manage emotions more effectively versus a specific diagnosis: mindfulness, states of mind, reducing vulnerability to emotions, observe, describe, participate, nonjudgmentally, effectively, radical acceptance, distress tolerance, function of emotions, opposite action, self-validation, accumulating positives

DBT for Depression

Skills to use (e.g. Liz):

- Opposite Action – behavioural activation; use goal-setting, contingency management
- Self-soothing skills – self-care
- Mindfulness to increase enjoyment of pleasant experiences
- STRONG skills to reduce vulnerability to EM
- Nonjudgmental stance to change negative thinking (help clients write out coping/cheerleading statements)
- Radical acceptance with events and situations that are keeping them stuck

DBT for Anxiety

Skills to use (e.g. Ed):

- Mindfulness to increase ability to tolerate the experience of anxiety
- Validate the client and help her learn to validate herself to prevent escalation
- Opposite Action – act opposite to the anxiety and approach instead of avoid; point out the contingencies that maintain the avoidance behaviours
- STRONG skills to reduce vulnerability to EM
- Radical acceptance with events and situations that increase anxiety

DBT for Bipolar Disorder

- The complexity of bipolar disorder is quite similar to the complex nature of BPD
- Use Mood Charts to monitor mood, and/or Tracking Sheets to monitor when there are a number of problem behaviours
- Assess what skills the individual is lacking
- Focus overall should be on managing emotions more effectively

DBT for Bipolar Disorder

Skills to use (e.g. Monica):

- Mindfulness to increase self-awareness of mood states and possible signs of oncoming episodes
- Opposite Action – with whatever unhealthy mood state is presenting
- STRONG skills to reduce vulnerability to EM
- Radical acceptance of past events and situations that continue to cause painful emotions (e.g. things they've done while manic)
- Nonjudgmental stance toward self with regard to illness and problem behaviours

DBT with Grief

Skills to use (e.g. widow):

- Mindfulness to reduce dwelling on the past and increase acceptance of the loss
- STRONG skills – self-care will help to reduce vulnerability to emotion mind
- Self-validation (grief is different for everyone, this is what it is for me right now)
- Radical Acceptance of the loss

DBT with Anger

Skills to use (e.g. Anna):

- Mindfulness to reduce dwelling on the past
- STRONG skills – self-care will help to reduce vulnerability to emotion mind
- Assessing the function of the emotion – what purpose is it serving?
- Assess whether the individual seems to be labeling emotions accurately – confusing anxiety with anger?
- Assess communication style – if the client is typically passive, has a hard time saying no, etc., they'll be more likely to explode at times
- Nonjudgmental stance
- Radical Acceptance

DBT with Low Self-Esteem/Shame

Skills to use (e.g. Taylor):

- Mindfulness to reduce dwelling on the past and to increase awareness of self-judgments
- Assess communication style – if the client is typically passive, has a hard time saying no, etc., this feeds into low SE; developing healthier relationships and increasing assertiveness increases SE
- Opposite Action (anxiety is likely preventing them from being more assertive, and/or from forming new relationships)
- Building mastery – healthy activities and a sense of fulfillment will increase SE
- Nonjudgmental stance with a focus on self-judgments
- Radical Acceptance with situations they continue to feel guilt/regret over

DBT with Substance Abuse

Skills to use (e.g. Katie):

- Mindfulness to reduce dwelling on the past and future (often need Radical Acceptance to help with regret/guilt over past behaviours)
- Distress tolerance skills and Urge Management to help reduce acting on urges to use
- Building mastery to increase activities and fulfilment so the individual has more in her life
- Assess for low SE and use skills to assist in improving
- Assess purpose of the substance – to avoid emotions (including alleviate boredom), to soothe, to help socialize, etc. and address these problems
- Assess relationships and other possible factors that are maintaining the behaviour
- Dialectical Abstinence
- (also modifications to DBT for substance use)

Thank You!!!