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“Dialectical Behavior Therapy (DBT)”

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Dialectical Behavior Therapy (DBT)

3 CEU Credit Hours

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Course Description:

This course provides an intensive overview of Dialectical Behavior Therapy (DBT), offering solution-focused brief therapy treatment methods for specific populations, including Borderline Personality Disorder, and discusses Distress Tolerance Training, Skills Training, Emotional Modulation and Mindfulness approaches.

Course Objectives:

- Describe the core modalities of dialectical-behavioral therapy
- Demonstrate core mindfulness skills
- Structure a therapy session using skills training
- Train clients in emotional modulation
- Assess client outcomes after implementation of DBT

Purpose of this course:

The purpose of this CEU course is to provide discussion relevant to the mental health counselor on treatment issues utilizing Dialectical Behavior Therapy.

Course Outline:

Part 1: Course organization, Documentation and Introduction.

Part 2: Reading of the course materials (this document)

Part 3: Administration and Completion of the Evaluation of Learning Quiz

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3 Clock Hours / CE Credits



Your instructor is **Richard K. Nongard**, a Licensed Marriage and Family Therapist, Certified Clinical Hypnotherapist and a Certified Personal Fitness Trainer.

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Dialectical Behavior Therapy (DBT)

Course Outline

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Preface

The *Dialectical Behavior Therapy (DBT)* course has been developed for mental health therapists and other helping professionals who wish to develop a deeper understanding of how to integrate DBT techniques into psychotherapy treatment planning.

There is an abundance of research which supports the benefits of DBT across various populations who have a range of mental health issues. However, DBT is best known for treating borderline personality disorder (BPD) which is characterized by emotional dysregulation, impulsive behavior and self-injurious acts.

Dialectical Behavior Therapy is a structured treatment program usually delivered via weekly group sessions over a twelve month period in conjunction with individual therapy.

This course has been designed to teach skills in DBT to helping professionals in fields such as psychology, social work and family therapy across various client populations. DBT is a successful intervention approach that is helpful in working with personality disordered individuals and people who display difficulties managing negative emotions.

The course includes an introduction to DBT which explores the basic principles of the approach, the history, and evidence-based research which supports the efficacy of the DBT model.

The second module of this course takes a snapshot look at borderline personality disorder-characteristics, comorbidity and suicidal behavior. It also looks at the specific role of the therapist in a DBT program working with individuals who have borderline personality disorder.

To enhance skill development in DBT, specific skill building techniques are covered in the remaining modules of the course. Typical session structure and the treatment goals for each stage of therapy are included. The four core skills taught to participants in a DBT program are mindfulness, interpersonal, emotion regulation and distress tolerance.

By the end of this course, therapists will have a better understanding of Dialectical Behavior Therapy and how this approach can be integrated into existing psychotherapeutic practice. Therapists will also learn specific techniques that they can use with clients to enhance skill development.

1. Introduction to Dialectical Behavior Therapy

In this module, therapists will be introduced to the Dialectical Behavior Therapy (DBT) framework, its origins and the research supporting its effectiveness.

1.1 What is DBT?

Dialectical Behavior Therapy (DBT) is a form of therapy which combines cognitive-behavioral techniques and mindfulness to teach patients skills to regulate their emotions, tolerate distress and improve relationships. It was originally developed to treat the complex psychological condition- borderline personality disorder. It has since seen success in treating individuals with addictions and eating disorders.

Dialectical Behavior Therapy was originally developed by psychologist researcher Marsha Linehan in Washington. She recognized that the established cognitive behavior therapy (CBT) structure had a limited effect on treating the core problems in personality dysfunction such as borderline personality disorder. She recognized that CBT was missing something, particularly when dealing with individuals who engage in self-injurious behavior and have recurring suicidal thoughts. The additional techniques of mindfulness teach people with borderline personality disorder to regulate their emotions more effectively and help them to deal with overwhelming negative emotions which are characteristic of this disorder.

In contrast to CBT, DBT offers patients an extended therapeutic framework rather than the traditional brief therapy approach. DBT is conducted more intensively usually for one or more years and involves both individual and group therapy. Similarly, DBT utilizes behavioral techniques for change.

1.2 History of DBT

Dialectical Behavior Therapy is bio-social model of treatment originally designed for individuals with borderline personality disorder. It is an approach that reflects both dialectical and behavioral attitudes to therapy.

The term ‘dialectical’ in DBT is derived from traditional philosophical thoughts where a form of argument exists and a claim is consequently made about the specific issue. The differing position on the issue is then prepared which results in synthesis of the two positions and resolving contradictions that arise between the two. The dialectical approach to therapy is ‘acceptance’ from one viewpoint and ‘change’ from the other. The DBT approach incorporates techniques of not only acceptance (mindfulness) but also of change (skills training). DBT is a behavioral approach that focuses on the present without ignoring the past.

DBT is now a well known method that is used to treat borderline personality disorder and other individuals who experience difficulties in managing their emotions and tolerating distress.

1.3 Research supporting DBT

As a structured therapeutic program, DBT has been well researched and implicated as an evidence based approach to therapy. Individuals who complete a DBT program have been found to be less likely to engage in deliberate self-harm and suicidal attempts over a year of observation. Participants in DBT have been found to have less inpatient psychiatric stays than those who had not engaged in the program and this was largely maintained at one year follow up.

Individuals with borderline personality disorder, who underwent DBT, were reported to have lower depression scores, less deliberate self-harm attempts and there were improvements in feelings of anger, hostility, hopelessness and dissociation.

In recent years, DBT has been found to be a useful approach to treating substance dependent individuals and those with eating disorders. During treatment and at follow up, substance abusing individuals had significant reductions in their use and in improvements in their overall functioning.

DBT continues to be supported by research as a successful method of treating individuals with emotion dysregulation problems and difficulties tolerating distress.

2. Borderline Personality Disorder (BPD)

This module will explore in greater detail borderline personality disorder features and how DBT has been the most effective treatment in improving the quality of life in these individuals.

2.1 What is BPD?

Borderline personality disorder is a long-term psychological condition with a large proportion of sufferers developing a destructive coping style from disorganized parenting or childhood trauma, in particular sexual abuse. According to the Diagnostic and Statistical Manual of Mental Disorders (DSM IV TR) which is the renowned psychology guideline for diagnostic classifications- individuals who have borderline personality disorder are characterized by:

- Preoccupation and fear of abandonment
- Unstable interpersonal relationships
- Disturbed sense of identity
- Impulsive behavior
- Recurring suicidal thoughts and/ or attempts or deliberate self-harm
- Reactive mood
- Persistent feelings of emptiness
- Difficulties controlling anger
- Paranoid ideas or dissociative symptoms

Individuals with borderline personality disorder often experience feelings of emptiness in conjunction with depression, insomnia, destructive relationships, suicidal thoughts and urges and impulsive behavior. They are also preoccupied with underlying fears of abandonment by intimate partners, friends and family. They cannot tolerate being alone and need to have people with them; however they struggle with intimacy and intense emotions. To avoid abandonment they react impulsively with angry outbursts or self-mutilating behavior. In intimate relationships, individuals with BPD initially have minimal boundaries and may share a lot of personal information with the person and spend a lot of time with them and idolize their partner. Thereafter they may switch their idealism and instead push their partner away for they expect to be rejected or abandoned eventually.

BPD typically emerges during adolescence and the symptoms exacerbate during early adulthood and without treatment will persist throughout the lifespan. It is thought that borderline personality disorder develops as a consequence of a vulnerable child being raised in an emotionally invalidating environment. A child who is vulnerable to emotional difficulties reacts excessively to low levels of stress and takes longer to return to a baseline once the stress dissipates. This vulnerability can be due to prenatal exposures or a genetic vulnerability to be sensitive to stress. When raised in an emotionally invalidating environment where they experience their emotions as invalid or unimportant, the child does not learn how to manage their emotions effectively, let alone understand them. The child may learn that they need to dramatize their behaviors to have their feelings acknowledged and this is apparent in intimate relationships during adulthood. An individual with borderline personality disorder may threaten

to kill themselves whilst in a fight with an intimate partner to communicate underlying feelings of anger, hurt, rejection or abandonment. This behavior is sometimes reinforced by those in the environment who will then respond to these extremities in behavior.

A pattern of deliberate self-harm behavior tends to develop with individuals who have BPD as a means of coping with intense and distressing emotions. Suicide attempts may express that at times they do not feel that life is worth living.

There has been much debate about the label 'borderline personality disorder' and in an upcoming revision of the DSM (DSM V), mental health professionals are likely to experience a different way of categorizing the range of behaviors and symptoms typically seen in this diagnosis.

BDP is characterized by a diminished sense of identity and self esteem and they are likely to suffer from a range of other psychological disorders such as eating disorders, substance abuse, depression and anxiety. BPD is more commonly prevalent in females than males.

2.2 Challenges for clinicians

Clinicians who have a therapeutic relationship with individuals with borderline personality disorder may face many challenges. The fragile nature of the therapeutic relationship can be the source of fear for a BPD sufferer. They may delve into therapy quickly to develop a level of intimacy that they require, often idealizing the therapist and giving praise and compliments. When fears of abandonment or rejection are triggered either by therapy or from feeling overwhelmed by the intimate relationship they may push away from the therapist or provoke instability within the relationship. The therapist may be blamed for stressors in their life or make claims that the therapist does not care enough or does not want to help. It is important that clinicians enforce strict boundaries with the client so a sense of predictability and trust can develop. Clinicians need to be strict with the length of sessions, frequency and how often the client can contact the clinician in between sessions. Frequent supervision is recommended when working with this population as a clinician can easily be pulled into the drama and feel inadequate in treating the client. If more than one clinician is involved with the client, ensure that communication is open (with client's consent) and be careful of splitting- the client finding ways to separate the clinicians decision making.

The clinician is responsible for instilling clear boundaries in the therapeutic relationship. People with borderline personality disorder often do not have effective emotional boundaries because this was not modeled to them in their early experiences. The therapist needs to make the following clear to the client: therapeutic and personal encounters, length and frequency of sessions, appropriate touching, phone calls and interventions for assaults and suicidal gestures. A clinician needs to put appropriate boundaries in place because the clients are unable to create personal boundaries themselves. Therapeutic boundaries provide safety and comfort to the client and therapist.

Threats of suicide and deliberate self-harm are common in individuals with BPD and this poses an ongoing dilemma for clinicians. Although, suicidal behavior will sometimes lead to

successful suicide in some individuals, usually the motive for deliberate self-harm is to release negative emotions quickly. They can deal with physical pain more easily than emotional pain. Suicide risk assessments should form part of routine therapy with this population and it needs to be made clear that when they do communicate they have thoughts and intentions to hurt themselves that there will be consequences, i.e. emergency mental health interventions or hospital admissions.

When working with individuals who have BPD, it is important that clinicians have clear boundaries, frequent supervision and protocols for suicide risk assessments.

2.3 DBT and BPD

DBT targets the core pathology of BPD including emotion dysregulation, distress intolerance and interpersonal instability.

Individuals with BPD have unstable patterns of intense relationships. They idealize and are unable to follow through with effective emotional boundaries. They switch between wanting intimacy (often becoming quite intense with people very quickly) and pushing people away for fear of abandonment.

BPD sufferers have difficulties regulating their emotions and especially have trouble dealing with negative emotions. They are often emotionally reactive and may experience intense irritability, anger or anxiety over a prolonged period of time. Individuals with BPD become quickly overwhelmed by negative emotions and may react impulsively by engaging in risk taking behavior such as substance abuse or deliberate self-harm.

DBT aims to prioritize immediate issues that need to be addressed such as suicidal behavior and stressors.

Individuals with BPD who engage in DBT effectively will acquire the skills to regulate their emotions and lessen overwhelming negative feelings. Often BPD sufferers feel empowered to deal with various psychosocial issues once successfully undertaking a DBT program.

3. Skills Training: Basics

This skills training module aims to provide therapists with information about the structure of a DBT program and the stages of therapy, which provide a backdrop for the four skill building components which will be explored later.

3.1 Session structure

Dialectical Behavior Therapy involves two components; individual and group.

1. Individual therapy: This component of therapy involves the therapist and patient having ongoing discussions about issues that come up during the week and recording it in a journal. Deliberate self-harm and suicidal behaviors are the first priority for individual therapy. The skills learnt during group therapy are further reinforced during individual therapy. Individual therapy usually occurs weekly at the outset and then tapers off during the first 12 months.
2. Group therapy: In general it is provided on a weekly basis for 2.5 hours over a twelve month period. Some groups may run biweekly sessions. Skills training are the main focus of group therapy along with the underlying group dynamics and cohesion.

DBT offers clients the benefits of one on one therapy as well as an interactive skills training component in the group sessions. Group therapy evolves to become a safe and consistent environment for participants.

3.2 Stages of therapy

DBT incorporates a model of treatment that involves four key stages. This approach prioritizes the problems that require urgent addressing at various points in therapy. Problems such as self-harming behavior or volatile relationships can be life-threatening or can seriously impact on the patient's quality of life. One of the core goals of DBT is to help clients create a life that is worthwhile to them at the same time as dealing with the task of gaining control over problem behaviors especially those that are self-destructive.

There are several problems being addressed within each stage of the DBT program:

Stage 1: Gaining control of one's behavior

The first part of DBT involves moving from uncontrollable behavior to becoming in control of behavior. In brief here are the target behaviors that are addressed during stage one of DBT:

- Suicidal behavior
- Behaviors that interfere with therapy
- Behaviors that impact on quality of life
- Skills training

Firstly, DBT aims to target behavior's that are self-destructive and life-threatening such as suicidal thoughts and attempts and deliberate self-harm. Therapy aims to reduce and eliminate the behaviors that could lead to the client's death and so the goal becomes life expectancy for the client.

Secondly, DBT aims to address the behaviors that interfere with treatment and could lead to early termination. Interfering behaviors could be those the client engages in or the therapist unconsciously engages in. It is important to address the behaviors that could lead to therapist 'burn out' as well as effectively handling crisis situations. The goal in this case would be to keep the client in therapy. Pretreatment is included in this target area where the client and therapist collaboratively determine a therapeutic contract. The patient is required to be a voluntary participant for DBT to be engaged successfully.

Thirdly, the initial stage of DBT involves decreasing behaviors that damage the client's quality of life with the goal of improving the client's life satisfaction. These behaviors may be associated with comorbid mental illnesses such as depression, anxiety, eating disorders or substance misuse. They may also be related to work, school, physical health, financial circumstances and standard of living. Behaviors that may improve life satisfaction include good physical health, attending school or work, having friends and satisfactory finances and housing.

Lastly, stage one involves teaching the client new skills to help them develop awareness, improve relationships, understand their emotions and tolerate emotional pain. The four main skill training components that will be discussed in later modules include:

- Core mindfulness skills
- Interpersonal effectiveness skills
- Emotion modulation skills
- Distress tolerance skills

These skills aim to move the client from feeling like they are out of control towards feeling confident in their ability to manage their thoughts, emotions and behaviors.

CBT strategies are also incorporated into DBT such as self monitoring, behavioral analysis, solution analysis, didactic and orienting strategies, contingency management, cognitive restructuring, skills training and exposure procedures. It will be assumed that participants of this course will be familiar with CBT strategies and so this will not be focused on in this course.

Stage 2: Experiencing emotions fully

The second stage of the DBT program aims to help clients experience negative feelings without reverting to dissociative or avoidant behavior or being overwhelmed with symptoms of trauma. The therapist works with the client in this stage to teach them how to experience all of their emotions without letting the emotions take over. It helps them to experience negative emotions without being overwhelmed and relapsing into impulsive and destructive behaviors. Symptoms of post-traumatic stress disorder (PTSD) are treated during this stage when the client has learnt

some basic skills of self-control. The goal is to help the client to connect to the environment and to have emotional experiences that are not traumatizing.

Stage 3: Managing everyday problems

When the client has learned to manage their emotions and control their behavior, they can work towards managing ordinary everyday problems such as those associated with relationships, work, study and finances etc. The client is given more space from therapy to try their skills out in the real world. This provides them with the space to synthesize the skills they have learnt and develop healthy problem solving strategies. Stage three aims to increase the client's self-respect, self-efficacy and improve quality of life.

Stage 4: Being connected

The final stage of DBT involves assisting the client to feel complete and connected to their world. Some clients may find that even though they have moved through stages one to three and have their life the way they want it, they may still feel empty or disconnected. This stage involves synthesizing the success of the former three stages into the client's identity.

Progress through the stages is not linear and will overlap at times during the therapeutic alliance. The purpose of DBT is to encourage the patient to acquire a set of skills to a sufficient level that they will have a satisfactory quality of life and control over their behavior.

4. Skills Training: Core Mindfulness Skills

Mindfulness techniques originated in eastern Buddhist traditions and have become a skills training technique that is not only popular in psychology but also successful in treating various mental health disorders. Mindfulness techniques are designed to increase the client's awareness and their ability to stay in the present moment. In DBT mindfulness helps the client to let go of the mental struggle of shutting out unwanted thoughts and emotions. Mindfulness helps the client to experience more fully the present moment while focusing less on painful experiences from the past or frightening possibilities in the future. Mindfulness will also give clients tools to overcome habitual, negative judgments about themselves and others.

Mindfulness teaches the client to control their attention and stop worrying about the future or dwelling on the past. It helps them focus on the present moment and so they begin to better understand their thoughts and emotions.

Mindful exercise

There are various mindfulness exercises that are used in DBT from meditative mindfulness to everyday mindfulness. A simple mindfulness technique involves a brief meditative exercise. This is used in individual and group therapy components.

In general, the client follows these directions:

- Sit comfortably and close your eyes
- Focus on your breathing, the sensation of the breath entering and leaving your body.
- If a thought or emotion arises, that is okay just acknowledge that it is there and then return your focus to your breathing.
- The purpose is not to relax but to be mindful of your state.
- Don't judge the thoughts or feelings. They are just thoughts, and just feelings. Just because you feel worthless does not mean you are. Thoughts are not facts.

These are the general messages for a mindful exercise and it is not designed for a client to be 'successful' at it. There is no goal of mindfulness other than participating in mindfulness. The goal is not to relax. Mindfulness allows us to notice whether we are relaxed or not relaxed and either way it does not matter.

Conscious breathing is an important part of mindfulness as it is a great starting point for focused attention on sensations in the body. When this skill is learnt, the client can move onto other sensations in the body such as anxiety, discomfort or an itch.

Mindful meditation teaches you to do one thing at a time and focus your attention. It draws the client away from worries of the future or guilt about the past and helps them focus on the here and now. Individuals with borderline personality disorder tend to spend a lot of energy avoiding negative emotions and thoughts that they are unable to focus on the present moment and mindfulness teaches them to do this.

There are three primary states of mind that mindfulness addresses:

1. Reasonable mind- This is when a client approaches things logically and engages in planning behavior and focused attention when approaching problems. For example: Planning for an event in advance. This mind state can be overrepresented in those who experience anxiety.
2. Emotion mind- A client in the emotional state of mind when their thoughts and behavior are heavily influenced by their feelings. Planning and logic may be difficult as there is too much emotional energy to focus their attention. For example: impulsive behavior, fighting or affection. This mind state can be overrepresented in those who have difficulties managing their emotions such as those with borderline personality disorder.
3. Wise mind- When a client is in this stage the reasonable mind and emotional mind are integrated. They have intuition and a have a sense of what feels right and wrong.

4.1 Mindfulness skills

In DBT there are three main mindfulness skills- observe, describe and participation that will be covered. They are referred to as “what” skills in Marsha Linehan’s DBT manual for treating borderline personality disorder. A further three skills- non-judgment, one-mindfully and effectively are also looked at briefly in this section.

1.Observe

Mindfulness teaches the client to observe their experience in the current moment. In mindful exercises the client is encouraged to notice what sensations arise in the body, what emotions surface and any thoughts that appear. They take notice of these experiences without reacting or becoming absorbed in them. Thoughts, emotions and sensations are encouraged to come under the client’s observation without judgment and then to disappear again.

This technique requires the client to control their attention but not the experience. They simply focus on the experience as it comes to them and then when it slips away. The mindfulness technique of observation is useful for individuals with borderline personality disorder and those with a trauma history as it allows them to take notice of sensations in the body and mind and begin to learn to regulate their emotions. It helps to reduce dissociative states where emotions become too overwhelming.

2. Describe

The next part of learning mindfulness is to describe the experiences that come into awareness. So, when a thought or emotion arises the client learns to put words to it. For example “I am feeling sad” or “A thought of... has entered my mind.” The client is encouraged to put their experiences into words and describe what is happening internally. A thought becomes a thought and a feeling just a feeling, they learn not to get caught up in the content of the thoughts. Rather than becoming absorbed in what they find worrying, the client learns to acknowledge that they are worrying and then let it go.

Individuals with borderline personality disorder can learn through mindfulness to put words to their thoughts and feelings and this empowers them to gain a sense of control and mastery over them. Often they do not have the ability to name different emotion states and they become overwhelmed by them. The first step in learning new coping strategies is to know what feelings arise. For example if they feel anxious and they name this then they can do something about it- such as a relaxation exercise.

3. Participation

To develop mindful awareness the client needs to practice these skills. Through DBT they are encouraged to use mindfulness in everyday life and to focus on the present moment. Through practice and actively participating in mindfulness then the client learns to change how they react to situations and become more accepting of themselves.

When the client can participate in life with awareness then they can stay in the present moment and be more in control of their lives. This is a useful tool they can employ when they are in distress.

When people participate in life without mindful awareness they are more vulnerable to mood disorders and other mental health problems.

4. Non-judgmental stance

When learning mindful awareness, clients are taught to approach the experience with non-judgment. This means they can focus on the 'what' and not their interpretation of the sensation. For example, if a client observes the feeling of sadness, they simply label the emotion as 'I am feeling sad.' Judgmental evaluation of the emotion may be 'I shouldn't feel sad' or 'I have no right to feel sad' and this is not helpful. Rather than evaluating the sensation, the client learns to observe it with non-judgment. This is a difficult skill to learn for individuals who view themselves negatively and have a poor self-image. Through mindful practice the client can learn to view their thoughts and feelings neutrally.

4. One-mindfully

This is a core mindfulness skill that teaches clients to focus only on the present moment and at one thing at a time. Attention is not given to the regrets of the past or the worries of the future; rather the focus is on what they are doing or who they are with in the present moment. Distractions may arise and this is okay, but the purpose of mindfulness is to observe the distraction and then let it go rather than becoming absorbed in the content.

5. Effectively

This teaches the client to focus on what works, on what is effective. Avoid judgment and act on what needs to be done in that particular situation. They can become aware of the objective and what they need to do to get there.

Core mindfulness skills are also incorporated into interpersonal effectiveness , emotion regulation and distress toleration skills training. Mindfulness skills form the 'acceptance' state of the DBT model. It provides the client with a foundation for learning new skills.

5. Skills Training: Interpersonal Effectiveness Skills

In DBT relationship building skills are known as ‘Interpersonal Effectiveness Skills’ which involve learning to negotiate interpersonal challenges in particular conflict and confrontation. DBT clients learn new tools to express their needs, set boundaries, negotiate and problem solve in a way that promotes healthy relationships and respectful behavior.

Often people, who undergo DBT, have difficulty asking for things and initiating discussion. They also have trouble being assertive and saying no to unreasonable requests whilst resisting pressure and maintaining their standpoint. This module will explore how DBT can teach effective interpersonal skills to clients to overcome these limitations.

There are various situations where interpersonal effectiveness can be used.

- **Attending to relationships:** Effective interpersonal skills can be used to end damaging relationships, ask others for help, say no to situations, resolve conflicts and address problems before they become overwhelming.
- **Balancing priorities vs. demands:** Learned skills help the client to prioritize more effectively and reduce or defer things that are a lower priority. It also allows them to ask for help when needed and say no if they are feeling overwhelmed.
- **Balancing the Wants and ‘Shoulds’:** There are various things the client may want to do because it will instigate change or it is enjoyable. There are also things that they should do because it needs to be done or they feel it is expected of them.
- **Building mastery and self-respect:** Skills will help the client to feel competent and effective when interacting rather than helpless or dependent. They will be assertive and heighten their self-respect.

5.1 Interpersonal skills

There are three main goals in relationships and interpersonal effectiveness skills training:

1. Objective effectiveness

The goal of objective effectiveness is for the client to use interpersonal skills to obtain something that they want. Although it is not a guarantee that they will get what they want, it does teach clients to be assertive and resolve interpersonal conflict as well as have their opinion taken seriously.

Objective effectiveness skills can be taught using the DEARMAN acronym.

D Describe
E Express
A Assert
R Reinforce
M Mindful
A Appear confident
N Negotiate

Describe – Describe the facts of the situation without using judgmental statements.

Express- Express your opinions and feelings about the situation. These need to be communicated otherwise the other person will not be aware.

Assert- Assert your wishes by asking what you want out of the situation. Tell them exactly what it is that you want by asking a question or saying ‘no’ clearly.

Reinforce- Reinforce or reward the positives in the situation. Let the other person know what they will gain from complying with your request. This may be as simple as a ‘thank you.’

Mindful- Keep focused on the objectives and don’t be distracted by other topics that arise in the situation. It is helpful to be a ‘broken record’ in some instances where you keep stating your request and maintain your position. Also remember to ignore the other persons’ attacks or threats and do not react to them or the other person will then take control of the situation.

Appear confident- Speak in a calm, confident tone of voice. Use appropriate eye contact and body language.

Negotiate- Explore alternate solutions or you may have to reduce your request. Sometimes you have to give a little to get what you want. However, if your response is no then you maintain this however you can offer to do something else or solve the problem in a different way.

Using these skills, clients learn to effectively communicate their needs in interpersonal situations.

2. Relationship effectiveness

The goal of relationship effectiveness is to use skills effectively to maintain or improve a relationship. Clients learn that they can get what they want whilst maintaining a relationship with someone. Relationship effectiveness involves:

1. Behaving in a way that makes the other person want to comply with your request
2. Behaving in a way that makes the other person feel good even though you have said no to their request.
3. Balancing short-term goals in terms of what is best for the relationship

The goal may be to have the other person stop rejecting them or to approve of them and in these cases relationship effectiveness aims to do this in a way that improves (not damages) the relationship.

To balance short term goals with the longevity of the relationship requires interpersonal effectiveness. Attacking someone or being verbally abusive towards someone is a short term relationship gain that would risk the relationship in the long term. Relationship effectiveness skills can be taught using the GIVE acronym.

G Give

I Interested

V Validate

E Easy manner

Be **Gentle**- Avoid attacking, judging or threatening another person. People are more likely to respond to a gentle manner than a threatening or hostile manner. This also includes not guiltting the other person or threatening to harm yourself.

Act **Interested**-Other people are more likely to respond better if they feel that you are interested in them and you listen to what they have to say. Communication skills such as not interrupting the other person, patience and being sensitive to their opinion are part of this effectiveness skill.

Validate-Validate how the other person feels about the situation and try to figure out what they other person's problem may be. Then acknowledge their feelings or thoughts. This skill can also be practiced in a situation where there is no conflict as this can positively affect the quality of your relationships.

Use an **Easy manner**- Don't be bullying or pushy as people tend not to like this. Try smiling, being lighthearted or using a little humor.

The **GIVE** skills can be used in conjunction with the **DEAR MAN** when dealing with interpersonal relationships. The aim of relationship effectiveness skills is to maintain, improve or develop new relationships.

3. Self-respect effectiveness

The goal of self-respect effectiveness skills is for the client to effectively maintain self-respect. This aims to maintain and improve the client's positive feelings about themselves and respect their own values and beliefs. In the context of getting their needs met they learn to act in ways that fit with their morals and make them feel worthy. Self-esteem effectiveness skills can be taught using the FAST acronym.

F Fair

A Apologies

S Stick to value

T Truthful

Be **Fair**- This refers to being fair to not only yourself but to the other person as well in your aim to have your objectives met. The aim is not to take advantage of the other person to get what you want.

No **Apologies**- Only apologize when it is warranted, do not over apologize as this implies that you are wrong. Apologizing is an important skill and will be respected by other people if it is used appropriately.

Stick to values- Be clear about your values and keep them in mind when you try to get what you want.

Be **Truthful**- Be honest and you will earn respect from other people. However, if you lie or exaggerate you may lose your self-respect.

DEAR MAN can help clients improve their self-respect and sense of mastery as they learn to balance what they want with the other persons needs. **GIVE** skills will also enhance the client's self-respect.

These skills can be used at different times or in conjunction with each other, however clients will need to prioritize what they want to get out of a situation such as getting what they want, maintaining the relationship or having self-respect.

Learning these skills will help the client take better care of their relationships, balance their priorities and build self-respect.

5.2 Factors that reduce interpersonal effectiveness

There are several factors that can reduce interpersonal effectiveness and include:

- **Worrying thoughts:** Worrying about the confrontation or the situation can get in the way of the client using interpersonal skills that will help them get what they want. Worrying thoughts can cloud their mind and cause them to lose perspective. CBT and mindfulness skills can help reduce worrying thoughts.
- **Unskilled:** Lacking skills in interpersonal effectiveness and not practicing can result in impaired interpersonal interactions.
- **Emotions:** Strong emotions such as anger, anxiety or rejection can impact on interpersonal effectiveness. Emotion regulation skills can help in overcoming this.
- **Indecisiveness:** When a client has difficulties making decisions then it can be hard to communicate what they want. Problem-solving skills training can help with indecisiveness.

- **Environmental:** Factors in the environment such as noise, other people and interruptions can also impact on interpersonal effectiveness.

Everyone has some level of interpersonal effectiveness skills; however the degree of competency may vary in different situations. Some people may be quite confident saying no to work colleagues but not to family members. Part of skills development involves learning what skills to use and when to enhance interpersonal effectiveness.

6. Skills Training: Emotion Modulation Skills

People who have emotion dysregulation experience overwhelming, intense emotions and shifts in mood. They have difficulties controlling their emotions and understanding triggers and how to express their feelings in a more constructive manner. When feelings become out of control it can become really distressing for the client. Emotion regulation problems are a core symptom of borderline personality disorder.

Individuals with borderline personality disorder find it really distressing that they cannot manage their emotions effectively and feel that their emotions are unpredictable and in control of them. When they experience a strong emotion they become consumed by it and this can damage their relationships and self-esteem when they respond reactively by lashing out or being abusive. These individuals may prefer to feel no emotions than negative emotions and tend to engage in avoidant coping behavior such as substance abuse or deliberate self-harm.

There are various causes of emotion dysregulation such as high emotional reactivity trait, history of trauma and an emotionally invalidating environment. These are further explained:

- **High emotional reactivity:** There has been research that suggests that some people are more vulnerable to high emotional reactivity which is where emotions are experienced more strongly and quickly than in other people without this vulnerability. Because their emotions overwhelm them they are more likely to experience emotion dysregulation.
- **History of trauma:** Early childhood trauma can damage the development of emotion regulation skills.
- **Emotionally invalidating environment:** This means that the person's emotions were not validated as a child. Emotion dysregulation can emerge from an emotionally invalidating environment. For example a child may have been told by their parent that crying makes them weak and so the child learns to keep their negative emotions to themselves and not cry. Children in an emotionally invalidating environment learn to suppress their feelings and so when emotions do arise they are confusing and scary. This can continue into adulthood, when they ignore their feelings until it reaches an overwhelming level and then they feel consumed by them. When this happens, it just reinforces that negative emotions are scary and should be suppressed and so the cycle continues to be reinforced.

Emotion dysregulation can emerge in various presentations, from overt anger to internalized depression. Through emotion regulation skills training, clients with these problems can learn to manage their emotions more effectively.

6.1 Emotion modulation skills

In order to modulate their emotions, clients in DBT learn to understand what emotions are, how they function and how to experience them without becoming overwhelmed. Emotion regulation skills also help the client to recognize more clearly what they feel and they learn to observe each emotion without becoming overwhelmed by it. Emotion regulation skills are designed to substitute destructive coping strategies. The goal is to modulate their feelings without behaving in reactive, destructive ways.

The main skills in emotion regulation training include:

1. Understanding emotions
2. Learning how emotions function
3. Experiencing emotions
4. Reduce emotion vulnerability
5. Build positive experiences
6. Opposite- to emotion action
7. Check the facts
8. Cope ahead
9. Problem solve

Each of these skills is discussed below and how they are utilized in a DBT program.

Understanding emotions

When understanding emotions, clients in DBT learn that there are two types of emotions- primary and secondary emotions. Primary emotions are followed by secondary emotions and it is important for individuals to identify what emotions is each.

For example, the client may get angry at her partner for calling her a name. Anger is the secondary emotion; the primary emotion is feeling hurt that her partner has been abusive. The client may feel other secondary emotions such as feeling ashamed because she got angry. The client learns to get back to the original problem and try to solve it. In DBT, participants learn about the various types of emotions and why we experience them. Emotions are explored in a non-judgmental way.

In DBT, clients learn to describe the event that prompted the emotion. For example a friend has canceled a lunch with them. They then learn to interpret the event with how they view the situation. The interpretation in this situation may be that the friend doesn't want to spend time with them. The feelings that follow the interpretation is hurt and anger. The client then learns to identify changes in their body as a result of the feelings for example increased heart rate, clenched fists etc. The client then can identify what action the emotion prompts such as yelling at the friend or punching a wall. In this scenario, DBT teaches the client to express their feelings and reflect on their interpretation of the event.

Functions of emotions

DBT teaches clients that there are three main functions of emotions:

1. Emotions are used to communicate and influence others

Emotions are communicated to other people verbally and nonverbally through the use of facial expressions, posture and body language. DBT teaches that verbal and nonverbal communication needs to be congruent for other people to understand how they are feeling. Individuals with borderline personality disorder or other people who experience emotion dysregulation problems may not be congruent because they tend to hide their emotions until they are too intense. Other people misunderstand how they are feeling because of this.

2. Emotions serve to organize and motivate action

Emotions prompt us to act as well as help us to overcome barriers in our environment. An example of when an emotion can prompt us to act is when we sense danger; the fear motivates us to get into a position of safety. This is sometimes an automatic action with little thoughts occurring prior to acting. The emotion of fear can prompt us to act to keep safe. Another example of when an emotion can prompt us to act is when we experience anxiety prior to an exam. The anxiety is a motivator to study prior to the exam.

3. Emotions serve to be self-validating

Emotions also have a self-validating purpose as they can give us information about an event or situation. Emotions are always valid but they are not necessarily factual. People with borderline personality disorder have often been raised in an emotionally invalidating environment where they learn not to trust their own emotions. Sometimes our feelings about a situation can be unconscious and when the event occurs our emotions are validated.

Experiencing emotions

Clients learn to experience negative emotions without becoming overwhelmed through learning about them and describing them. In conjunction with mindfulness skills, clients learn to experience negative emotions and then to let them go without acting on them in a destructive manner. They learn to get some distance from their emotions and to observe them. When they separate themselves from the emotion they can understand them and see them more clearly.

Reduce emotion vulnerability

In DBT, participants also learn how to reduce their vulnerability to experiencing negative emotions by targeting biological factors. These skills can be remembered with the phrase **PLEASE MASTER**.

Treat **P**hysical illness
 Balance **E**ating
 Avoid mood-**A**ltering drugs
 Balance **S**leep
 Get **E**xercise
 Build **M**ASTERy

There are a variety of biological factors that can influence our mood and emotions. If a client feels sick, tired, and hungry or is inactive or using drugs then they are more likely to be vulnerable to negative emotions or to engage in experiences in a negative way. Maintaining a healthy lifestyle and being in a more positive state of mind can lead clients to have a sense of mastery and accomplishment over their experiences.

Build positive experiences

In order to create a worthwhile life, people need to be part of positive events. Clients in DBT are encouraged to make changes in their life so that positive experiences will occur more often. The long-term goal is for life to be more worthwhile and they can achieve this in the short-term by engaging in pleasant activities that are possible in the here and now. Clients try to incorporate enjoyable experiences into their lives.

Opposite- to emotion action

When clients experience a strong emotion they are encouraged to act opposite to that current emotional urge. For example if they are feeling really tense and angry, acting opposite to this emotion could be to stretch out their arms and legs away from the body. It is difficult for the body to remain tense in this position. This empowers the client to have a sense of control over their emotions and how emotion states can vary depending on how they respond to them.

Check the facts

Clients learn to check whether their understanding of the situation fits the facts. Emotional reactivity to a situation without knowing the real situation can create prolonged distress that may actually be bypassed if all the facts were known. Different thoughts and assumptions to fit the facts of the situation may help them change their emotional reactions.

Cope ahead

This teaches clients in DBT to cope ahead of time for emotional events. If they can rehearse or prepare ahead of time then they may cope more skillfully in the emotional situation. This is helpful for clients who may be waiting on an outcome of a situation and there are a few known possibilities. The client could practice how they may cope with each of the possible outcomes to the situation.

Problem solve

The ability to solve emotional problems in a consistent manner will reduce the intensity and frequency of negative emotions. When a client is able to weigh up all the facts of a situation with the possible outcomes they can make gains towards solving the emotional problem.

Emotion modulation skills in DBT teach clients to understand and identify their emotions. It also gives them permission to feel, and they learn to pay attention to their emotions and use constructive coping strategies.

7. Distress Tolerance skills

Some people are able to survive a crisis with strength whilst others are overpowered by the emotions that arise in the circumstances. They become debilitated by emotion and try to escape the pain by engaging in destructive and impulsive behaviors.

For individuals with borderline personality disorder, they feel that the emotions triggered by an event are intolerable. So they engage in a behavior to try and reduce this emotion such as substance abuse or self-harming behavior.

Unfortunately, this behavior is reinforced as they do feel better temporarily. However, once the short-term effects wear off, they end up feeling worse because the distress they felt about the situation has not gone away and they may also feel ashamed about their destructive behavior.

Distress tolerance skills training in dialectical behavior therapy teaches clients to manage extreme emotional suffering often associated with crisis. It helps them cope better with painful situations by building up their resiliency and giving them new ways to deal with the effects of distressing events. It aims to teach clients to tolerate emotional suffering without resorting to self-destructive behaviors such as deliberate self-harm.

Distress tolerance skills are designed to provide clients with short-term strategies for managing the turmoil associated with crisis. These skills are essential to help them get through those difficult events in their lives.

There are two types of distress tolerance strategies

1. **Acceptance:** Develop the ability to accept the situation and themselves without judgment. This strategy assumes that emotional suffering is part of life and that avoiding this reality leads to increased emotional suffering. Acceptance is learnt through breathing and awareness exercises.
2. **Crisis:** These strategies focus on finding new ways to survive and manage the moment without resorting to problem behaviors. There are four sets of crisis survival skills that clients learn in DBT: distracting, self-soothing, improving the moment and thinking of the pros and cons.

7.1 Distress tolerance skills

Acceptance strategies for distress tolerance are generally addressed with mindfulness techniques which were discussed in an earlier module. Each of the crisis management strategies will be discussed below which incorporate acceptance principles.

Distraction

A useful way for clients to remember the distraction techniques are with the acronym ACCEPTS.

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

Activities

Clients are encouraged to distract themselves with pleasant activities such as engaging in hobbies, going for a walk, cooking, gardening, watching a movie and playing sport. It is helpful for them to write a list of pleasant activities so they can access them when in crisis.

Contributing

Clients are encouraged to distract via contribution. They can engage in volunteer work, do something nice for a friend, or offer to help someone. It is helpful if they plan in advance and this helps to focus their attention on someone else rather than their own pain.

Comparisons

Clients compare themselves to people who are coping at a similar level or less than them. They can also compare themselves to how they were coping one or five years prior. They are encouraged to compare their suffering to others' by watching movies and reading about disasters. This strategy isn't helpful for everyone but can help put the distressing situation into perspective.

Emotions

This strategy is for clients to distract themselves with opposite emotions. For example if they are feeling sad then they are encouraged to go and watch a comedy movie. The aim is to distract themselves with an emotion that is opposite to what they are experiencing. If they are feeling angry then listening to relaxing music may provide them with a different experience. Clients can watch movies, listen to music or read books that portray a different emotion to what they are struggling with.

Pushing away

Clients learn to distract themselves by pushing away a distressing situation and dealing with it later. They are taught to block the distressing situation from their mind and each time it comes

up they tell it to go away or replace their thoughts with something else. An imagery or practical exercise such as putting the distressing situation in a box to contain it and then putting it away. They can go back to the box and deal with the situation when they are feeling better able to tolerate the emotions that it triggers. Of course, avoiding the situation altogether is not healthy, but this strategy helps clients to function for part of their day without being consumed by the distressing experience.

Thoughts

Clients learn to distract themselves with thoughts other than negative and distressing ones. They may count to ten or focus on the stars in the sky, anything that keeps them focused away from their negative thoughts. This is a useful strategy in crisis situations when the client needs to access a strategy to manage the distress quickly. Other thought distractions include: reading, watching movies, writing a journal or doing crosswords.

Sensations

Clients are taught to distract themselves from emotional turmoil through other bodily sensations such as holding ice or flicking a rubber band on their wrist. These sensations produce shock and can distract them from the emotional pain. These sensation exercises are more helpful ways of managing distress than self-cutting or other self-injurious behavior. Other sensations could be listening to loud music or taking a cold shower. Following a sensation distraction, the client may then engage in an activity distraction described earlier.

These distraction strategies help clients cope with overwhelming negative feelings or intolerable events. It takes a lot of practice for these strategies to be used in replace of other automatic and destructive strategies. However, intolerable emotions become less difficult to manage when these strategies are well practiced in everyday life as well as crisis situations.

It is important that clients learn to find a balance between distracting themselves from the distress and experiencing the distress with acceptance. Distraction takes away that escalation of feeling overwhelmed by the negative feelings and allows the client to experience the distressing emotion at a lower intensity at a later time.

Self-soothing

Clients learn that self-soothing is the ability to comfort, nurture and be kind to themselves. In DBT, they learn that these techniques focus on the five senses as a way to self-soothe.

There are several reasons why self-soothing is difficult for individuals with borderline personality disorder. One of the main reasons is that these people tend to seek out other people to validate and soothe them and have never learnt the skills to self-soothe. Other reasons include that they feel they deserve to be in pain; their emotions become overwhelming so quickly they don't have the chance to self-soothe or they depend on others to comfort them. People with distress intolerance usually don't realize that they can do things to make themselves feel calmer as they are used to doing things that hurt them even more.

Here are some ways that clients can be taught self-soothing through the use of their five senses:

Vision

Clients learn what is visually soothing and calming for them. They may find nature scenes are calming or a fish tank or watching the ocean. If they need to be visually self-soothed quickly they could have a flower on hand or a movie with appealing scenery that they can utilize when they are feeling distressed or simply to take time out from the negative experience.

Hearing

Clients identify what they enjoy listening to and what sounds they find calming. It may be music or the sound of a waterfall or someone's voice. During a crisis they are encouraged to take a moment and listen to the background, listening mindfully and allowing the sounds to come and go from awareness.

Smell

Clients learn what smells are calming and pleasant for them. It may be a cooked breakfast, a favorite perfume, a scented candle or freshly baked bread. Clients can use smells to self-soothe and find out how they can use this when they are in crisis.

Taste

A pleasant taste can have a soothing effect also. Clients are encouraged to stimulate their taste buds with something simple and small such as a mint or bar of chocolate. Mindful eating involves savoring the food in the mouth and being aware of the sensation as it flows down the throat. It is a good distracting technique in a crisis situation as well as something that can have a soothing impact. This sense can be difficult for those with eating disorders or are emotionally invested in food; however a small taste such as a sweet can be used.

Touch

Soothing touch can have a calming and pleasant effect not only on the body but also the mind. Clients learn to identify what touch sensations are calming for them. For example having a warm bath, getting a massage, feeling a silk tie or floating in a swimming pool or ocean. The sensation of touch can have calming effects on individuals with borderline personality disorder.

It can take some time for clients to identify what is soothing to their five senses and to use it in a way that is pleasurable. People, who undertake DBT, generally don't believe they deserve these comforts or know how to do it themselves. When engaged in a DBT program, clients may be encouraged to create a self-soothing kit where they can keep comforting items in one place and use them when a crisis arises. They may also record these self-soothing techniques in a journal or create a check list that they can refer to when they feel emotionally overwhelmed. Clients are encouraged to engage in self-soothing activities even when they are not feeling distressed. Practicing self-soothing techniques will make it easier to use them when they are feeling overwhelmed,

When self-soothing techniques of the senses are used, clients learn to be mindful of the experience and bring the experience into their full awareness. Self-soothing is a useful tool to help clients deal with negative emotions and distressing situations.

Improving the moment

Another strategy for tolerating negative emotions is to ‘improve the moment’ by staying mindful. The **IMPROVE** acronym can be used to remember these skills.

- I** Improve
- M** Meaning
- P** Prayer
- R** Relaxation
- O** One thing in the moment
- V** Vacation
- E** Encourage

Imagery

Imagery involves imagining scenes or situations where everything is going okay. Clients imagine themselves coming through the crisis and being okay. They can also imagine hurtful comments or negative emotions flowing away, like the waves in an ocean. The purpose is to visualize how the situation can be different in the future. This allows the client to leave the situation and go to a safe, relaxing place. Clients identify an image that is relaxing for them and learn all the details of this situation. It may be a tropical island or a comforting room, but it needs to be comforting and pleasant that the client can focus their mind on when in a distressing situation. If the client can imagine that the situation is different, they will learn that they can make it different in reality and that they can cope. Imagery is practiced in therapy, so that the client can practice and become familiar with their comfort scene and can learn the skills to activate the imagery in times of distress. For example, if the client has lost their job they can imagine getting a new job, what that job would be and how they would go about getting the new job. This opens up options for them to explore a situation that is different to the one they currently find themselves in and they can handle it differently.

Create meaning

Clients can improve the moment by creating meaning. This involves finding some value or sense of growth in the distressing experience. This is not always easy and can take time but it can be very helpful and comforting in an upsetting situation. DBT teaches clients to make something good out of something that is not so good and this makes it easier to turn the situation around. For example, a client may experience a difficult relationship break up and have intolerable and distressing feelings. They may think that they will never be happy without the relationship or that they will never find another partner. Although this may be difficult for the client to turn around, they could have thoughts such as ‘well at least we won’t be fighting all the time now’ or ‘I can go through each day without being yelled at by my partner’ or ‘I now have time to finish that course I always wanted to do.’ Sometimes flipping the situation around can give the client some hope that the situation is not all bad.

Prayer

Clients may find that they can improve the moment by working on their spirituality and finding their place in the world. They don’t have to believe that there is a purpose to their suffering, as they can still create meaning without this. The client does not have to be religious or have a profound belief; rather the prayer element involves a God, higher power or even their own wise

mind (as discussed earlier in the mindfulness module). This is about opening up to something that is bigger than them and asking for the strength to get through the crisis. There are two different kinds of prayers that are referred to in a DBT program, firstly the ‘why me?’ prayer and the ‘distress’ prayer. In these prayers, the client is asking for something in particular such as being relieved of their distress or to be pitied on. An ‘acceptance’ prayer is another way to improve the moment by being present and aware of the distress, not fighting it or judging it.

Relaxation

Through relaxation techniques, clients can learn to improve the moment. There are various techniques such as progressive muscle relaxation or deep breathing exercises which are common in CBT treatment programs. Other forms of relaxation include, having a warm bath or listening to soft music. Relaxation exercises help people to feel better in the moment and to relax. When individuals are in distress, their body often becomes tense so the goal is to accept the changes in the body and try to relax the mind. A simple breathing awareness exercise that clients learn requires them to sit or lie down (whatever they find more comfortable), close their eyes and breathe through their nose. They direct their focus onto their breathing, noticing when the air enters the lungs and fills the rib cage and how it deflates as they exhale. This reduces anxious sensations in the body such as shortness of breath or chest pain. This can be done for several minutes. This exercise is also known as mindful meditation, when the mind is focused on the sensation of breathing. It is recommended that relaxation techniques are not only used in crisis but are practiced at other times as well. Relaxation is a skill that requires practice.

One thing in the moment

Improving the moment by focusing on one thing at a time is the same as the one-mindfully or core mindfulness skills discussed earlier. It keeps the client in the present moment, particularly in a crisis situation as it gives them a moment to calm down. Rather than worrying about the future or the consequences of the situation, the client just stays in the moment with the distress. Thinking about the past or worrying about the future can intensify emotions and so focusing on the present can keep a client grounded and reduce their suffering. This is a skill that needs to be practiced as it takes time to focus attention on one particular thing in the moment. The client uses mindfulness skills of scanning their bodily sensations and observing the emotions and thoughts that come into their awareness. They learn to notice the level of distress that they are experiencing- the emotions, bodily sensations and thoughts associated with the situation. This strategy can be accompanied by relaxation, imagery or prayer so the client can move away from the distress before it becomes overwhelming.

Vacation

Taking a vacation is not necessarily the literal sense of the word- packing up and going off on a holiday. It is the metaphorical sense of the word that is referred to for improving the moment. The client learns to take a brief vacation, which means they can get away from the situation in a small way by doing something different. It could be reading a book, eating chocolate or spending some time with friends. Something they can do that provides them with a brief escape from the crisis. The purpose is to find an ‘escape’ that does not involve destructive behavior or forgetting the situation altogether.

Encourage

The final part of the IMPROVE acronym teaches the client to encourage themselves to get through the crisis. Rather than having thoughts such as ‘I can’t do this anymore’ they learn to engage in positive self-talk by saying ‘I’m doing the best I can. I will be okay.’ This is a difficult skill to learn particularly for clients with low self-esteem and poor self-image. It takes practice to learn positive self-talk and encouraging statements that resonate with the client.

The **IMPROVE** acronym is a useful way to remember strategies to improve the moment, when in a crisis situation. Each strategy requires practice not only when in crisis but at other times of life as well. The more practice, the more likely the client will be able to use this skill when they are in distress.

Focusing on the pros and cons

To improve the moment clients in DBT learn to list the advantages and disadvantages of tolerating distress as well as a list of advantages and disadvantages for not tolerating the distress. This helps the client to focus on their long-term goals and what the gains will be once they get through the crisis. Rather than engaging in impulsive behaviors to avoid the pain of the situation, they can rationalize that engaging in this behavior in the past did not stop the emotional pain it just prolonged it. Rather, if they learn to tolerate the distress they will come out better at the other end of the crisis. This exercise requires the client to examine the consequences of potential choices.

For example if a client has just been told that their art class was cancelled. An action that does tolerate the distress involves acknowledging that they are upset and disappointed but they will be able to attend the class next week. An action that does not tolerate the distress involves the client yelling at the teacher and engaging in verbally abusive behavior. The consequence of the first action may be that they feel distressed for a brief period but get to attend the class the following week. The consequence of the second action may be that they feel ashamed afterwards and may be expelled from the class. So the long-term goal for the client is to stay in the class and they will recognize that tolerating the distress rather than engaging in impulsive behavior will be a better choice in the long-term.

Clients begin to learn this technique by focusing on less intense situations when they are not as emotionally involved. They write out the pros and cons of each option and make a decision based on this. It takes a lot of practice to be able to use this in times of distress but it helps to empower the client to make choices based on their long-term goals.

Radical Acceptance

This is one of the most difficult strategies to understand and employ in the DBT program. Radical acceptance is a term that describes the process of acknowledging what the situation is and letting go of fighting. It also stops problems being minimized or making situations worse than they already are. Radical acceptance acknowledges that the past cannot be changed and to

be able to move forward, clients need to accept things in their life as they are. In DBT, it teaches clients to use their energy and attention more productively by focusing on the present rather than ruminating over the past. Radical acceptance emerges through gaining skills in mindfulness and distress tolerance.

In DBT, through learning acceptance and crisis management strategies, clients learn to better tolerate distress in painful situations. Through distraction, self-soothing, improving the moment, focusing on pros and cons and striving towards radical acceptance, clients learn strategies that help them to tolerate distressing situations in their lives. These strategies are designed to reduce distressing events, help clients to nurture themselves, improve the way they think about the situation and to help them stay motivated to get through the crisis situation.

8. Summary

Throughout this course you have attained a greater understanding of the theoretical model of Dialectical Behavior Therapy (DBT) and how to apply practical techniques with clients. DBT can be integrated into psychotherapy treatment planning or used as a stand alone treatment approach.

DBT is a form of therapy which combines cognitive-behavioral techniques and mindfulness to teach clients to tolerate distress, regulate their emotions and improve their relationships. It was originally developed by psychologist Marsha Linehan in Washington to treat the psychological condition, borderline personality disorder (BPD). BPD is characterized by emotion dysregulation, distress intolerance, interpersonal difficulties and suicidal urges. There has been ample research which supports the effectiveness of DBT in treating borderline personality disordered individuals.

The dialectical approach to therapy is of 'acceptance' and change' and this is incorporated into the principles of the DBT program. The program is delivered through individual and group therapy components over a twelve month period. The following problems are addressed through each stage of the DBT program: gaining control over one's behavior, experiencing emotions fully, managing everyday problems and being connected. Clinicians are faced with various challenges in working with individuals who have borderline personality disorder and keeping them engaged in the DBT program.

There are four areas of skills training which form the DBT approach including: core mindfulness skills, distress tolerance, interpersonal effectiveness and emotion modulation.

Mindfulness teaches the client to control their attention on the present moment through observation, description, participation, non-judgment, one-mindfully and effectiveness strategies.

Interpersonal effectiveness teaches clients that there are three main goals in relationships: objective effectiveness, relationship effectiveness and self-respect effectiveness. Through learning skills taught by the DEARMAN, GIVE and FAST acronyms, clients learn to effectively communicate their needs, maintain and improve relationships and maintain self-respect.

Emotion modulation training helps clients to understand their emotions and how they function as well as how to experience them without becoming emotionally overwhelmed. Clients also learn how to reduce their emotional vulnerability, build positive experiences, act opposite to their emotions, check the facts of the situation, cope ahead through preparation and problem solve.

Distress tolerance training teaches clients to better tolerate negative emotions through distraction, self-soothing, improving the moment, focusing on pros and cons and radical acceptance. To remember distraction techniques the acronym ACCEPTS is used. To recall strategies to improve the moment the IMPROVE acronym is used.

These skills are learned over the course of a year or more through group and individual therapy. The skills require practice at times when they are in distress and also in their everyday lives.

This course has provided an introduction to Dialectical Behavior Therapy and how to integrate it into existing psychotherapeutic practice. You will now be better equipped to use DBT techniques in therapy to improve outcomes for your clients.

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Mail: PeachTree Professional Education, Inc.

15560 N. Frank L. Wright Blvd, #B4-118

Scottsdale, AZ 85260

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EVALUATION OF LEARNING QUIZ - PAGE 2 of 4

"Dialectical Behavior Therapy (DBT)"

3 Hours of Approved Continuing Education Credit

The purpose of the following Evaluation of Learning questions is to:

- A.) Verify that you have read the required course materials
- B.) Demonstrate an understanding of the practical application of the course materials
- C.) Officially document your participation and completion of this course

➔ PLEASE ANSWER THE 20 T/F EVALUATION OF LEARNING QUESTIONS.

- T F** 1. I have read all of the required reading material for this course.
- T F** 2. DBT is a form of therapy which combines cognitive-behavioral techniques and mindfulness to teach patients skills to regulate their emotions, tolerate distress and improve relationships.
- T F** 3. DBT is a behavioral approach that focuses on the present and has no concern or relationship to prior life events.
- T F** 4. DBT has been found to be a useful approach to treating substance dependent individuals and those with eating disorders.
- T F** 5. Individuals with borderline personality disorder often experience feelings of emptiness in conjunction with depression, insomnia, destructive relationships, suicidal thoughts and urges and impulsive behavior.
- T F** 6. The client is as responsible for instilling clear boundaries in the therapeutic relationship, as the therapist's role is to give as much as the client feels they need or want.
- T F** 7. BPD sufferers have difficulties regulating their emotions and especially have trouble dealing with negative emotions.
- T F** 8. Dialectical Behavior Therapy involves two components; individual and group.
- T F** 9. DBT incorporates a model of treatment that involves four key stages. This approach prioritizes the problems that require urgent addressing at various points in therapy.
- T F** 10. The first part of DBT involves moving from urban living to country living.
- T F** 11. CBT strategies are also incorporated into DBT, such as self-monitoring, behavioral analysis, solution analysis, didactic and orienting strategies, contingency management, cognitive restructuring, skills training and exposure procedures.

CONTINUED ➔

EVALUATION OF LEARNING QUIZ - PAGE 3 of 4**“Dialectical Behavior Therapy (DBT)”**

- T F** 12. The final stage of DBT involves assisting the client to feel complete and connected to their world.
- T F** 13. In DBT, mindfulness helps the client to let go of the mental struggle of shutting out unwanted thoughts and emotions.
- T F** 14. Mindful meditation teaches you to do one thing at a time and focus your attention.
- T F** 15. Non-judgment means they can focus on the 'what' and not their interpretation of the sensation.
- T F** 16. In DBT, relationship building skills are known as 'Interpersonal Effectiveness Skills,' which involve learning to negotiate interpersonal challenges - in particular, conflict and confrontation.
- T F** 17. The DEARMAN acronym stands for: Do, Eat, Accept, Right, Motivate, Ad-lib and No.
- T F** 18. The GIVE acronym Stands for: Give, Interested, Validate, Easy Manner.
- T F** 19. In order to modulate their emotions, clients in DBT learn to understand what emotions are, and how to self-magnetize without becoming overwhelmed.
- T F** 20. DBT does not effectively integrate with other treatment approaches.

GRADE THIS ONLINE COURSE! – Page 4

It is helpful to us if you return this form via snail mail or fax, along with your Quiz and Payment, if you are not completing the form online. Thank-you!

Participant Assessment of Home Study CEU Course

“Dialectical Behavior Therapy (DBT)”

3 Credit Hours

Please Rate the Following Statements from 1-5

(1 being the Lowest, 5 being the Highest.)

- _____ 1. I found the PeachTree Online Home Study Course Instructions simple to follow.
- _____ 2. I found the PeachTree Online Home Study Course materials to be of professional quality, and easy to read.
- _____ 3. I found the PeachTree Online Home Study Course materials to be of educational value, relative, and useful to my counseling practice.
- _____ 4. I completed the 3 Hour PeachTree Online Home Study Course in approximately 3 hours.
- _____ 5. I would take another PeachTree Online Home Study Course, and/or recommend them to a co-worker.

ADDITIONAL COMMENTS: