

Distress Tolerance – Enhancing Coping Skills for Adolescents

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Learning Objectives

- At the end of this workshop, participants will be able to:
 1. Discuss the DBT rationale for clients learning distress tolerance skills.
 2. Teach clients to apply at least 1 self-soothing and 1 distraction skill to rapidly reduce extreme arousal.
 3. Incorporate knowledge of traditional DBT skills to adolescents using illicit substances to diminish emotional pain.

Dialectical Behavior Therapy

- Dialectical Behavior Therapy (DBT) is a type of therapy to help people who have a hard time managing strong and intense emotions.
- DBT teaches skills to help...
 - Regulate emotions
 - Reduce worry about the past and future
 - Form more positive, healthy relationships
 - Tolerate distressing feelings and situations

DBT and Distress Tolerance

- DBT skills fall into 4 main categories:
 - Emotion Regulation
 - Mindfulness
 - Interpersonal Effectiveness
 - Distress Tolerance
 - Distress Tolerance skills should be used when an individual needs to tolerate distressing situations and emotional pain, especially when the problem cannot be solved right away.

Distress Tolerance Skills

- Distract with ACCEPTS
- Self-Soothe
- Pros & Cons
- Radical Acceptance
- Half Smile
- Urge Surfing (ride the wave)
- Alternate Rebellion
- IMPROVE the Moment
- Everyday Acceptance
- Willingness
- Problem-Solving
- Grounding Yourself
- Using SOLVED
- TIPP
- Bridge Burning

Self-Soothe With The Six Senses

Create relaxation with a mindful connection to the senses

- When in distress, strong emotions can get in the way of thinking of a solution to the problem or implementing a solution.
- Soothing our emotions through the five main senses (taste, smell, touch sight, sound) and the sixth sense of movement sets the stage for being effective in the future.

Teaching Self-Soothe With The Six Senses

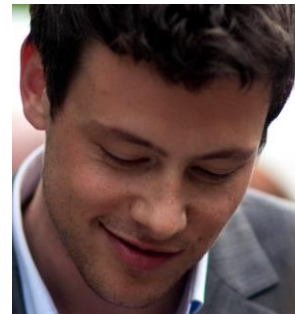
- Have a self-soothe kit of your own as an example
- Ask youth to name the 5 senses and name a calming experience associated with each of the senses. Also, mention movement as a sixth sense
- Create mini kits to give out
 - Hard candy
 - Scented wax melt or candle
 - Soft fabric or squeeze ball
 - Photo or picture of calm scene
 - List of websites with nice sounds (e.g., calm.com, rainymood.com) or list of sounds to listen for (e.g., wind in leaves, hum of electronics, own heartbeat)
 - Info graphics of stretches, yoga poses, standing exercises



Half Smile

Using the mind→body (and body→mind) connection

- When you feel angry, you scowl. When you feel sad, you look down. When you feel happy, you smile. Our emotions show on our face and similarly our facial expressions inform our emotions.
- In the middle of stress or a difficult situation, creating a comfortable posture and a relaxed facial expression can be one step toward acceptance and communicating to your brain greater physical calm and emotional contentment.



Teaching Half Smile

- When youth is already facing a difficult situation, validate first. Ask about their emotions and let them know it is okay to feel the way they do.
 - “I would feel angry in that situation too.” “I can understand why you would feel that way.”
- Ask about a time they couldn’t handle the situation they are currently dealing with and remind them they’ve come a long way.
 - “Was there ever a time you weren’t able to handle a situation like this? I think it’s really great that you’re handling it now. You’re doing a great job.”
- Ask youth about something they are grateful for or a time they felt calm
 - “What is one thing that makes you grateful or happy? When do you feel most calm?”

Teaching Half Smile (continued)

- Help youth imagine a happier or calmer state and ask about how their face feels. Describe times with friends, listening to music, doing something creative...



- Have youth practice first relaxing facial muscles then creating a small curl to their lips. Have them hold this facial expression for about 1 minute. Ask if they've noticed any change in their emotions.

Radical Acceptance

Acceptance decreases suffering

- There are times in life that we must experience suffering, whether due to a trauma, difficult life circumstances, or loss. There are five ways we might respond to suffering:
 - Change the situation that is causing us pain
 - Change the way you see or what you think about the situation
 - Radically accept the situation
 - Stay stuck in suffering
 - Make the situation worse

Teaching Radical Acceptance

Steps to accepting reality

1. Recognize if this is a situation that simply cannot be changed or solved (e.g., youth's family is moving, a friend or family member has died)
2. Emphasize that there are many ways to respond to a difficult situation and that sometimes the best way is to just *not respond at all* but rather to accept the situation. "You don't have to like or approve of the situation, but trying to change something that can't be changed or trying to feel differently about a bad situation will only make things worse and prolong the pain"
3. Help youth make the *choice* to accept reality as it is. "There are some things in life that we don't have control over, like other people and the environment. What we do have control over is ourselves, and the choice is ours as to how we control our thinking, feelings, impulses, and behaviors."

Teaching Radical Acceptance (continued)

Steps to accepting reality

4. Help the youth see that after making the choice to accept reality for what it is, they can focus on being who they need to be and acting how they need to act to be as effective as possible. "Now you can focus less on 'Why me?' and more on 'This is how it is.' Now that you've accepted the situation as it is, what is being called for from you?"
5. Have youth practice ways of accepting reality in the future:
 - a) Use mindful breathing to be in the moment and self-soothe
 - b) Use half-smile to accept reality with your face
 - c) Rehearse thoughts about what you would do if you just accept reality as it is
 - d) Make the choice to accept reality and figure out what the situation calls for

Using Dialectical Behavior Therapy for Substance Use Disorders

Why DBT for SUD?

- DBT is on SAMHSA's National Registry of Evidence-Based Programs and Practices (2014) as a treatment option for:
 - Suicide Attempts
 - Nonsuicidal self-injury (NSSI)
 - Psychosocial Adjustment
 - Treatment Retention
 - **Drug Use**
 - Symptoms of Eating Disorders

Why DBT for SUD?

- Studies show significant overlap of BPD and SUD (Linehan, 2010)
- BPD and SUD = troublesome combination
- Severe psychopathology upon hospital admissions predicts poorer outcome and early relapse among drug abusers (Saxon and Calsyn, 1995; McLellan et al., 1992, 1983; Woody et al., 1985)
- Substance abuse is a risk factor for suicide attempts and death by suicide (Rossow and Lauritzen, 1999)
- In a 6-year study of almost 300 BPD clients, the co-occurrence of SUDs was most closely associated with poorer outcome (Zanarini et al., 2004)

Research on DBT/SUD

4 Randomized Controlled Trials

- DBT vs. Treatment as Usual (Linehan, Schmidt, Dimeff, Craft, Kanter, & Comtois, 1999)
- DBT vs. Comprehensive Validation Therapy (CVT) with 12-Step (Linehan, Dimeff, Reynolds, Comtois, Welch, Heagerty, & Kivlahan, 2002)
- DBT vs. Treatment as Usual (Verheul, Van Den Bosch, Koeter, De Ridder, Stijnen, & Van Den Brink, 2003)
- DBT vs. Treatment as Usual (McMain, 2004)

DBT for BPD with SUD

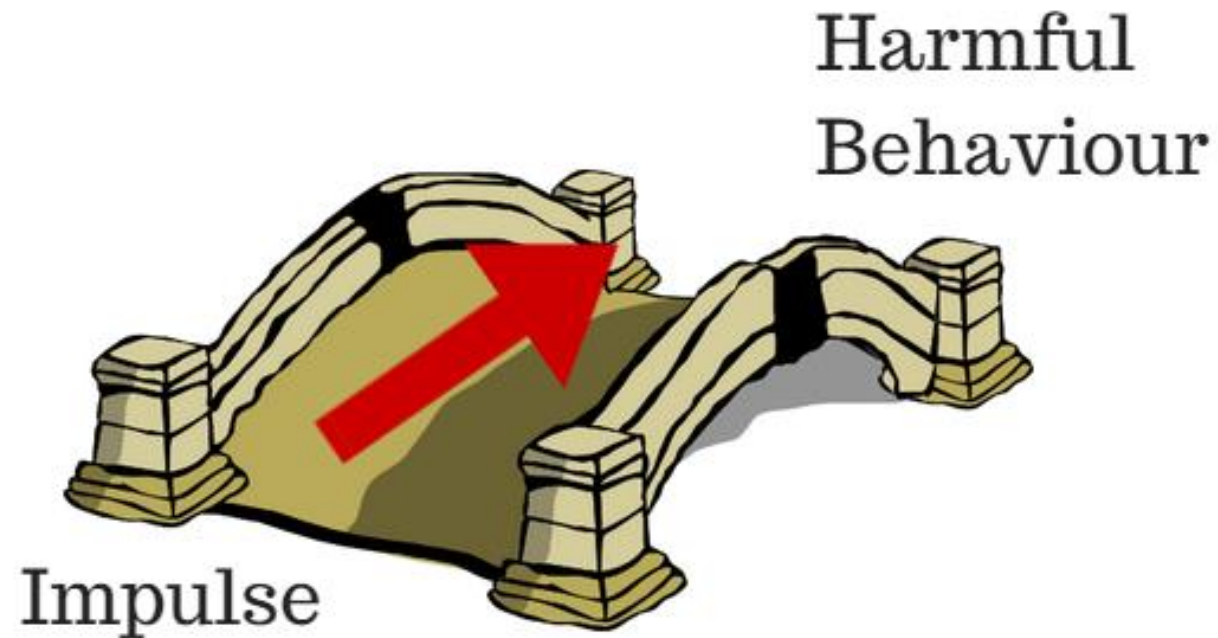
- Essentially same treatment with slightly different emphasis on:
 - Picking targets
 - Skills modifications and development of new skills for SUD patients
- Targets adapted for BPD with SUD:
 - Substance use (Goal is Abstinence + Functionality)
 - Lying
 - Teaching dialectic of emotional vulnerability and self-invalidation
 - Building a life worth living (overarching goal of DBT)

DBT Skills for SUDs

- Distress Tolerance
 - “Burning Bridges”
 - Urge Surfing
 - Alternate Rebellion
 - TIPP
 - Pros and Cons

DBT Skills for SUDs

- “Burning Bridges”



DBT Skills for SUDs

- “Burning Bridges”



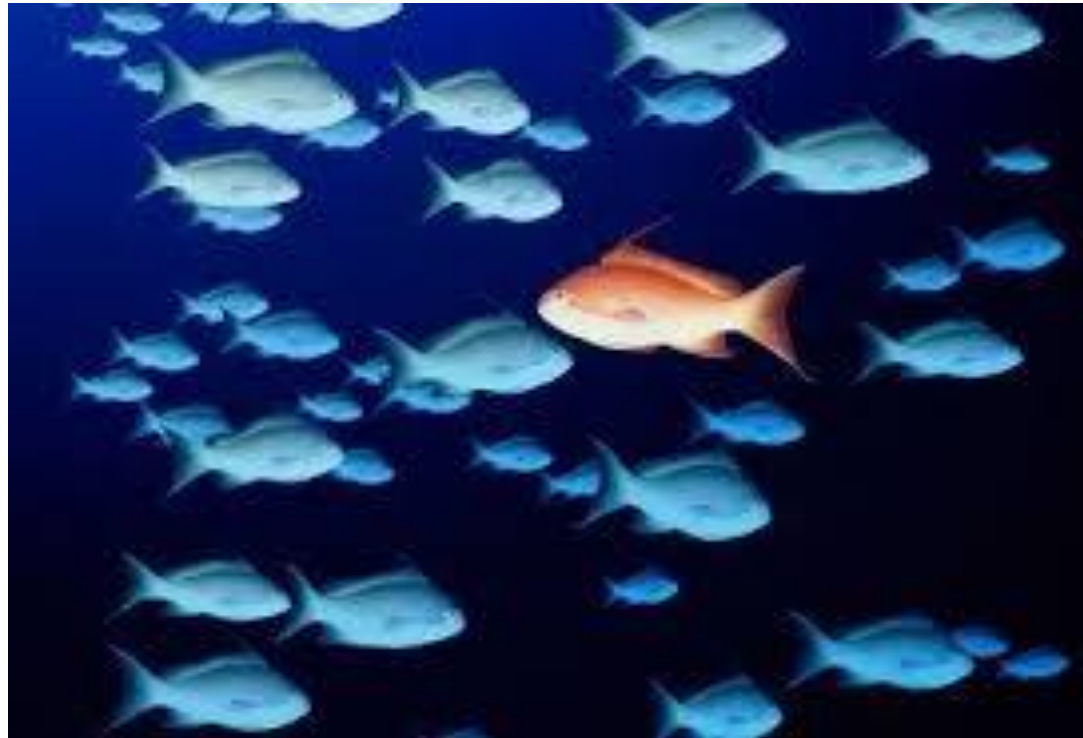
DBT Skills for SUDs

- Urge Surfing



DBT Skills for SUDs

- Alternate Rebellion



DBT Skills for SUDs

- TIPP
 - **T**ip your temperature
 - **I**ntensely exercise
 - **P**ace your breathing
 - **P**rogressively relax your muscles

DBT Skills for SUDs

- Pros and Cons

	Pros	Cons
Using Drugs		
Abstinence		

Case to Illustrate Application of DBT for BPD with SUD

- 25-year-old, single, Caucasian female
- Diagnosed with MDD, recurrent, in full remission, BPD, Alcohol and Cocaine abuse
- Frequency of cocaine use typically 3x/week
- Alcohol use on average: 5x/week, 1-5 glasses of wine.

Case #1: Party Crisis

- Options for Skills

1. Burning Bridges – Leaving the party immediately!
2. Urge Surfing – acknowledged the desire for a shot of vodka and reminded self it's a wave and it will pass.
3. Alternate Rebellion – double dip on food, leave the toilet seat up,
4. Think about the pros and cons of drinking alcohol
5. TIPP – Go dance intensely to the music

Is DBT Okay for SUD without BPD?

Pending clinical efficacy trials, consider the following:

- Be guided by empirical literature
- Consider the extent to which emotional dysregulation plays a role in continued drug use
- A reasonable approach for non-BPD multi-diagnostic individuals who have not succeeded in other evidence-based therapies for SUD
- A reasonable first-line approach for those with substance dependence who are chronically suicidal but do not meet criteria for BPD

References

- Pederson, L. (2012). *The expanded dialectical behavior therapy skills training manual: Practical DBT for self-help, and individual & group treatment settings*. Eau Claire, WI: Premier Publishing & Media
- Rathus, J. H. & Miller, A. L. (2015). *DBT skills manual for adolescents*. New York, NY: The Guilford Press