USING DBT SKILLS TO REDUCE EMOTION DYSREGULATION AND REACTIVITY IN CHILDREN/ADOLESCENTS AND PARENTS

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ADAA National Conference
April, 14, 2012
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How DBT began

- Marsha Linehan found that a purely cognitive behavioral approach was ineffective in changing the behaviors of suicidal individuals; she searched for a more effective treatment and added several Zen skills to her treatment approach:
  - A focus on the present moment
  - Acceptance of the individual in the moment
  - She learned that acceptance was necessary for change.
  - Mindfulness practice and acceptance became distinguishing characteristics of DBT
“The central aim of DBT as a whole is to replace ineffective, maladaptive, or unskilled behavior with skillful responses” (Linehan, 1993)

• In DBT, problem behaviors are seen as LEARNED RESPONSES to unbearable pain; impulsive behaviors are actually highly effective emotion regulation strategies.

• “A belief in the client’s essential desire to grow and progress, as well as a belief in her inherent capability to change, underpins the treatment” (Linehan, 1993)

• DBT focuses on doing what is “effective” – what helps the person reach his/her goals.
  - The mental health professional says, “Tell me where you want to go and I will tell you how to get there”

This framework provides hope for parents and lessens their sense of hopelessness and helplessness.
MINDFULNESS PRACTICE

WRITE YOUR NAME
S.L.O.W.L.Y

How do you hold your pencil?
How much pressure do you use?
Do your fingers?
Does your whole hand move?
What is your other hand doing?
Mindfulness Exercise Follow-up

How did it feel?
What did you notice?
What did you learn?
Did you recognize something you did not expect?

Parents who practice this exercise learn to observe interactions and slow down their responses, giving them time to find an effective response.
MINDFULNESS

Mindfulness is paying attention in a particular way; on purpose, in the present moment, and non-judgmentally.

– Jon Kabat-Zinn
States of Mind

Emotion Mind

Reasonable Mind

WISE MIND
MINDFULNESS

• Reasonable Mind
  ▪ Plans and evaluates logically;
  ▪ Is planful in actions; thinks things through;
  ▪ Is easier to maintain when you are feeling good.

• Emotion Mind
  ▪ Thinking and behavior are controlled primarily by emotions;
  ▪ Logical thinking is difficult;
  ▪ Facts may be distorted to fit with the affect.
• Wise Mind

- Emotions cannot be controlled by intellect or vice versa – they need to be integrated;
- Intuitive – something that “feels right”, that “feels” like the truth;
- Being able to see the whole picture very clearly;
- When you can feel at peace with a decision – feel “centered”.

Pat Harvey, LCSW-C
• Adolescents
  ▪ Are driven by what they feel they need in Emotion Mind
  ▪ Might “mask” their emotions or otherwise appear competent in reasonable mind
  ▪ Think about the most effective way to handle a situation in Wise Mind

• Parents
  ▪ React in Emotion Mind
  ▪ Lecture or give explanations in Reasonable Mind
  ▪ Respond in Wise Mind

▪ We ask clients to ask themselves what Wise Mind would do and wait for the answer.
What Skills

• **Observe** - attend, experience in the moment – without words
  ▪ Let thoughts come in and go out,
  ▪ Noticing, sensing, attending.

• **Describe** - apply verbal labels – necessary for communication and self-control,
  ▪ Use words, label what is observed, but do not judge,
  ▪ Describe a thought – recognize that it is a thought, not a fact,
  ▪ Use words to represent what you observe.

• **Participate** - without self-consciousness, with attention.
  ▪ Throw oneself totally into something,
  ▪ The ultimate goal: entering wholly into an experience.
How Skills

• **Nonjudgmentally** — do not evaluate,
  - Can look at consequences vs. being evaluative about the behavior,
    - Your behavior is awful vs. your behavior is hurting me.

• **One mindfully** - focus on one activity at a time with awareness,
  - Focus attention on only one thing in the moment – washing dishes, talking on the phone, listening to music

• **Effectively** - doing what works – what helps reach goals,
  - Do not focus on what might be “right” vs. “wrong”, “fair” vs. “unfair”,
  - Reacting to the reality of the situation, not what we wish the situation was.
  - Enables parents and their “children” to assess and not judge their own and each other’s behaviors based on whether or the behaviors help them reach their goals.
NON-JUDGMENTAL LANGUAGE: NON BLAMING ATTITUDE

- The language we use is important in determining how we perceive people and their behaviors and how we feel about them. The words we use impact:
  - The tone of our work;
  - Our feelings about and responses to clients;
  - Parents feelings about and responses to his/her child.

- Changing language helps to change attitudes and feelings.
  - Judgmental language makes us angry, frustrated disappointed
  - When you are less judgmental, you will feel calmer and more accepting
Non-judgmental language:

• Is non evaluative - does not carry positive or negative connotations.
• Describes in detail – does not label.
  ▪ Describes the behavior or situation in front of you so that someone else can see it the same way you do
  ▪ You can only describe what you can observe.
    o No one has ever observed:
      • Other’s intentions
      • Other’s thoughts
      • Other’s feelings
      • Causes
      • Reasons
      • Meanings
• Judgments are often short-hand for stating consequences: giving up judgments does not mean denying consequences

• Non-judgmental language does:
  ▪ Look at the consequence of the behavior. For example:
    o “When you act that way, I feel sad.”
    o “If you behave that way, you may be suspended.”
    o “If you do not change your behavior, you may not get what you want or meet your goals.”
  ▪ Allow for preferences and opinions
Non-judgmental language also:

- Does not make assumptions about individuals, behaviors or motives;
  - Does not assume the intent of the behavior;
    - Does not assume that the intent of behavior is to impact someone else in a negative way;
  - Separates the *effect* of the behavior from its assumed *intent*;
    - Regardless of how the observer FEELS because of the behavior, assumptions cannot be made about the INTENTION of the behavior.

- Is important for clinicians and for parents to learn and practice; it minimizes feelings of anger, frustration and disappointment.
DIALECTICS

• In Dialectical Behavior Therapy an individual:
  ▪ Learns that two things that seem contradictory can both be true
  ▪ Learns to move from thinking in polarities, black and white (either/or) and extreme thinking to finding ways to entertain and integrate contradictory thoughts — that include:
    o The need to accept oneself AND the need to change;
    o Getting what one needs AND not losing what one needs if one becomes more competent;
    o Maintaining personal integrity and validating one’s own view of oneself and one’s suffering AND learning new skills that enable one to move beyond suffering.
  ▪ Finds ways to accept BOTH sides of a situation and find a synthesis that does not negate the reality of either.
    o "The middle path is not halfway between extremes but a completely new path"
    o The middle path is very important in families – between parents and children and between each of the parents.
BALANCING ACCEPTANCE AND CHANGE

• This is DBT’s Core Dialectic and using it is key to effectiveness
  ▪ DBT balances Two Truths
    o You can accept an individual as he/she is in this moment AND
    o Expect him/her to change and make his/her life better

• In DBT, there will be a focus on:
  ▪ Helping clients to increase their ability to accept and tolerate painful feelings, their current life situations and themselves AND
  ▪ Helping clients learn new skills and behaviors that will enhance life.

• Acceptance is necessary for change
  ▪ This is true for the parents as well as for the adolescent
Balanced Thinking – Avoids all or none, accepts “both”

• Acceptance and hope
  ▪ (Parents often feel that if they accept they give up hope; this dialectic needs to be re-enforced so they do not become hopeless)

• Independence and assistance

• Choices and limits

• Giving in and choosing priorities

• Firmness and gentleness
Balanced language – avoids extreme words

• Avoid extreme words
  ▪ Minimize use of always, never, everyone, nobody
  ▪ Use sometimes, occasionally

• Help clients to use less extreme or absolute words

• When you change language and minimize absolute language, parents and kids are less angry, disappointed and frustrated.

• There is more possibility of hope
As a professional you balance understanding your clients’ behavior in the context of their life AND helping them to learn skills to manage their behaviors better.

- An emphasis either on acceptance or on change is usually ineffective.

In DBT, clients are told: “I see how you feel that way. Now what can we do to make things different or to help you feel better?”

- It is important to remember, and to remind your clients, that behaviors have been learned; they can be unlearned and new behaviors can be learned to replace them.

*The acceptance that someone is doing the best he/she can in the context of his/her life is as true for parents as for the adolescent.*
VALIDATION

"To Move to Change, You Have to First Accept"

- **Validation means letting someone know you:**
  - Are listening;
  - Understand how he/she feels;
  - Are taking him/her seriously;
  - Are understanding his/her behavior within the context of his/her life circumstances;
  - Accept him/her.
  - That you have found what genuine and valid (the "kernel of truth") in his/her communication

- Validation does NOT mean that you agree or that you like what the person is doing, feeling or saying.

- **Validation is a communication of empathy and acceptance.**
• Fruzetti Research (presented in 2005)
  ▪ Validation is highly associated with healthier family and individual functioning.
  ▪ Validating and invalidating parent behaviors predict the adolescent’s self-esteem, awareness of emotion, family satisfaction, level of depression etc.
  ▪ Mothers in the study had reduced depression and increased relationship satisfaction.
  ▪ Validating responses are soothing.
  ▪ Invalidating responses are aggravating.
  ▪ Reducing invalidating behavior in one family member:
    o Increases positive affect in the other;
    o Decreases negative affect in the other;
    o Increases self-disclosure (emotional expression).

• A person’s emotional arousal can get in the way of validating responses.
• Validation serves to de-escalate emotional situations
Validate a child/adolescent’s experiences by:

- Communicating that you are listening and not judging or blaming;
- Acknowledging how hard it is when his/her emotions seem to spin out of control he/she feels powerless to control them.
- How painful it must feel to behave in ways that he/she may regret later or that upset others.
- Acknowledging how difficult and even embarrassing it is to be “different” when he/she wants to be like everyone else.
- Recognizing and acknowledging that each member of the family is effected by every other member of the family in a transactional way.
- Acknowledging the difficulty in his/her lives and letting him/her know you accept him/her in this moment even while you are helping him/her to change his/her behaviors.
- Accepting that the child/adolescent is doing the best he/she can with the circumstances and difficulties in his/her life and the ways he/she have learned to manage their difficulties.

- If kids feel validated, they will be better able to receive feedback and change their own behaviors.
Validate a parent’s experiences by

- Being accepting and non-judgmental
- Recognizing and acknowledging that each member of the family is effected by every other member of the family in a transactional way
- Acknowledging that they have faced difficulties in their home due to the behaviors of a child with intense emotionality that they care for 24/7.
- Recognizing that their fears for the child might make it hard to make changes in how they parent
- Recognize that they may have been given contradictory and different opinions about what to do.
- Acknowledge that others blame them for the behaviors of their child.
- Acknowledge that they are doing the best they can even while they are learning to parent more effectively.
Validating and Invalidating behaviors in families:

Validating Behaviors

• Paying attention

• Helping the other person to clarify what he/she is thinking, articulating what the other person MIGHT feel

• Normalizing the other person’s feelings or behaviors

• Empathy, acceptance of the other person, treating the other person as you would anyone else

• Offering self-disclosure/vulnerability in the context of the other person’s vulnerability

Invalidating Behaviors

• Not paying attention, being distracted, being anxious to end the conversation

• Telling the other person what he/she DOES feel or SHOULD feel

• Pathologizing or criticizing what the other person thinks or feels

• Patronizing, condescending or treating the other person as fragile or incompetent

• Not responding to or validating the other’s self-disclosure

adapted from Dimeff and Koerner (2007)
PROS AND CONS OF BEHAVIORS

• A way to evaluate choices between behaviors, to assess what behavior will be the most effective in the long run

• Look at Pros and Cons of each possible choice.

  - **For the adolescent** - to use safe or unsafe behaviors
    - Evaluate the pros of using familiar behaviors which may be unsafe or dangerous
    - Evaluate the cons of using the familiar behaviors – what is the long-erm consequence of this behavior?
    - Look at the pros of a more skillful behavior – will they be safer
      - Is it more effective in reaching goals even if it less effective in managing pain in the moment?
    - What are the cons of the safer behavior – why is it difficult to use it?
      - Does it work in the short-term to alleviate stress?
• **For the Parent** – to use the same or different behaviors, to say yes to what the adolescent wants or set a limit or expectation
  - Pros of continuing to respond to their child in the same/familiar/automatic way
    - Does it feel less stressful?
    - Does it create less emotionality in their child?
  - Cons of responding to their child in the same way
    - Is it effective in the long-term – does it lead to the changes the parent wants?
  - Pros of changing behaviors and attempting to respond differently
    - Will a different response or different choice lead to a different behavior in their child?
    - Will a different response be more effective in the long term?
  - Cons of trying new behavioral responses
    - How will the adolescent respond in the short term to the changes in the parents?
    - What are all the possible outcomes of a change in the parents’ behaviors?

• This process can also be used in making decisions and choices that are difficult.
For adolescents: Evaluating how to manage distress

Familiar, Possible Unsafe Behaviors

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<thead>
<tr>
<th><strong>Pros</strong></th>
<th><strong>Cons</strong></th>
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<tbody>
<tr>
<td>Immediate relief</td>
<td>Loss of trust</td>
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Safe, Adaptive Choices

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<tr>
<th><strong>Pros</strong></th>
<th><strong>Cons</strong></th>
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<tbody>
<tr>
<td>Self-esteem</td>
<td>Feel the pain</td>
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For Parents: Evaluating how to respond to the adolescent

**Familiar – responding in the way the adolescent wants**

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<tr>
<th><strong>Pros</strong></th>
<th><strong>Cons</strong></th>
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<tbody>
<tr>
<td>Less emotions from child</td>
<td>NO change in patterns, or in adolescent</td>
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<tr>
<td>Feel more comfortable in role</td>
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**Responding Differently, Setting Different Limits or Expectations**

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<thead>
<tr>
<th><strong>Pros</strong></th>
<th><strong>Cons</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td>Possible change in adolescent’s behaviors</td>
<td>Increase anxiety</td>
</tr>
<tr>
<td>Feel more effective</td>
<td>Possible dangerous behavior in adolescent</td>
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The lessons of Pros and Cons:

• “Ineffective” behaviors have a purpose – They provide immediate relief from pain.
• “Effective” choices have drawbacks – The student has to sit with the discomfort of the distress.
• The desire for immediate relief of anxiety and pain is present for parents and children and is hard to let go of.
• Individuals need to accept some pain and discomfort in order for change to occur.
• Mental health providers need to understand and validate the pain and support the individuals through it.

• DBT is about long term change, not short-term relief.
Adolescents and Emotion Dysregulation

- Mood dependent behaviors (driven by a desire to escape or avoid painful emotions) that might include:
  - Self-harm and suicidality
  - Aggression, threatening
  - Eating disorders
  - Substance abuse
  - Risk taking behaviors
    - Including risky sexual behaviors
  - Delinquent behaviors
    - Including stealing from parents, shoplifting
    - Running away
  - School refusal or failure
  - Unrelenting crises
  - Anxiety
Impact on Family

• On Parents
  - Constant fears and anxiety about safety
    - The Dialectic of trying to keep their child safe while knowing that they cannot control their behaviors or stop someone who has a strong intent to die
  - Dialectically trying to decide what is “normative” and what is “pathological”
    - Trying to keep their child safe and monitor their behaviors while also trying to avoid ongoing power struggles and aggressive reactions
    - Trying to figure out where and how to set limits and have expectations when a child may be unsafe, engaging in risky behaviors, and/or demanding increasing privileges
  - Trying to get their kid to partake in treatment and take recommended medications
    - Searching for services that are effective
  - Feeling blamed, feeling responsible, feeling guilty
• **On Siblings**
  - Sense of loss that their family is not like other families, their sibling is not like other siblings
  - Fears, Anxiety about the aggression in the house
    - Concerns and fears about what is happening to their parents
  - Feelings about “unfairness” when they have to do chores their sibling does not have to do
  - Not getting attention when it is needed or feeling guilty when they need or want attention
    - Wondering if they have to be “sick” to get their needs met – recognizing that meeting expectations means not getting as much attention
  - Guilt over having success that their siblings may not have

• **Parents have to find a way to balance the needs of all their children while maintaining the safety of everyone.**
DISTRESS TOLERANCE SKILLS

• Crisis Survival Skills
  - Help someone get through the moment of pain/distress without making the situation worse
    - Distract
    - Self-soothe
    - IMPROVE
    - Pros and Cons
  - Treatment providers should know which skills help their clients

• Accepting Life in the Moment Skills
  - Help someone to accept “what is”.
  - Accepting life as it is, rather than resisting or trying to change reality, helps individuals to suffer less.
    - Radical Acceptance
    - Turning the Mind
    - Willingness and Willfulness
• Distress Tolerance Skills are:
  ▪ “...ways of surviving and doing well in even terrible situations without resorting to behaviors that will make the situation worse.”
  ▪ Skills for accepting life as it is in the moment.
    o This reduces suffering which occurs when fighting reality and refusing to “accept”
  ▪ Ways to bear pain skillfully.
  ▪ Necessary to manage the stress of change so that the client does not resort to impulsive actions that will interfere with movement toward change
  ▪ Ways to get through the situation even while continuing to work on changing the situation
Crisis Survival Skills

• Each crisis survival skill is a method for coping with overwhelming emotions and tolerating situations.
• These are strategies for getting through a situation; they are not cures.
• Crisis survival skills will provide the client only a short term benefit
  ▪ Those short term benefits are a major feat and can lead to tremendous life changes.
  ▪ Short-term benefits will allow the client to continue to find long-term solutions.
Distracting – reducing contact with emotional stimuli

• Wise Mind ACCEPTS:
  ▪ Activities – keeping attention on other things
  ▪ Contributing – taking care of others
  ▪ Comparisons – to worse situations
  ▪ Emotions – opposite to what one is feeling
  ▪ Pushing Away – decrease contact with painful cues
  ▪ Thoughts – thinking of other things
  ▪ Sensations – intense other sensations interfere with the physiological component of current negative emotions
Distract

- **Do** something else
- **Im**agine something else
- **S**ense – generate sensations to interrupt your focus on pain
- **T**hink about something else
- **R**emember times when things were better
- **A**ccept that pain is part of life
- **C**reate meanings
- **T**ake opposite action. Do the reverse of what you feel.
Self-Soothing - comforting, being kind and gentle to one self, doing things that feel good,

- Find ways to relax and calm using the 5 senses - Vision, Hearing, Smell, Taste, Touch
  - May include taking a warm bath, using lotions or incense, listening to music, drinking warm tea;
  - This is individualistic – what soothes one person may not soothe another;
  - It is helpful to have a list of soothing activities;
    - It may be hard to remember what to do when emotionally dysregulated – looking at the list helps someone to remember.
    - Sharing the list with others allows them to coach and remind someone what is helpful.
    - Clinicians should know this list as well so they can coach in a crisis.
• Nurturing, comforting and being gentle with yourself.
• Sometimes, when people go through a crisis, they beat themselves up with self criticism.
• The skillful approach to getting through a crisis is to be gentle with yourself so that when the crisis is over you are not in worse shape than when it began.
Issues in Teaching Self-Soothing

• Self thoughts such as “I don’t deserve it.”
• Teach clients to self soothe as a way to lower their emotional baseline and to decrease emotional vulnerability. Don’t wait until you are in crisis to use these skills.
• Some people self soothe frequently as a way of avoiding dealing with problems.
• Encourage clients to practice using various senses rather than limiting themselves to one sense that might be more natural to them.
• For people who binge eat, it is best not to use triggering foods for self soothing since the effects often back fire.
Improve the Moment - replacing immediate negative events, thoughts, responses with more positive ones

• IMPROVE — find the skill that works:
  ▪ Imagery – take oneself to a different, and safe, place
  ▪ Meaning – create or find meaning in one’s life
  ▪ Prayer – opening of oneself to the moment (not begging or “why me?”)
  ▪ Relaxing – changing how the body responds to stress, accepting with one’s body can aid accepting with one’s mind
  ▪ One Thing in the Moment – focusing can provide time to settle down — stay focused on the present, not on all of the pain of the past or future
  ▪ Vacation – retreat into oneself for a brief time or have someone else take care of one
  ▪ Encouragement – cheerlead oneself through the crisis as if one is helping someone else
Accepting life in the Moment Skills

“The skills to build a life when the life you have is not the life you want” (Linehan)

- Acceptance of “what is” will
  - Bring a sense of calm
  - Allow for more effective problem solving,
  - Allow you to see opportunities in the situation that you were not able to see when you were “fighting reality”.
  - Enable you to see more opportunities for change and hope.
“The curious paradox is that when I accept myself just as I am, then I can change”

-Carl Rogers
Guidelines for Accepting Reality: Ways to get one’s body ready so that one’s mind can begin to accept what “is”.

- **Breathing/Observing one’s breath exercises:**
  - Focus on breathing, helps to relax;
  - Helps individuals to accept and tolerate themselves, the world and reality as it is.

- **Half-smiling exercises:**
  - Relax face, neck and shoulder muscles and half-smile;
  - Accepting and tolerating with one’s whole body.

- **Awareness exercises:**
  - Helps with acceptance;
  - Become aware of simple things.
Accepting life in the Moment Skills

• Turning the Mind –
  ▪ An active process to accept what is, choosing to accept

• Willingness vs Willfulness:
  ▪ WILLINGNESS (doing what works in the situation, responding to what “is”) VS. WILLFULNESS (imposing one’s will on reality, refusing to do what is needed in the moment).

• Radical Acceptance:
  ▪ Letting go of fighting reality;
  ▪ Acceptance turns suffering that cannot be tolerated into pain that can be tolerated;
  ▪ Acceptance does not mean approval.
Radical Acceptance

• Willingness
  ▪ You allow the world to be what it is
  ▪ You agree to participate with the world
  ▪ You play the hand you’re dealt
Radical Acceptance

- **Willfulness**
  - When willfulness shows up:
    - Notice it
    - Radically accept it
    - Turn your mind towards acceptance and willingness
    - Try a willing posture
    - Ask yourself, “What’s the threat?”
      - We may feel threatened
      - WILLINGNESS is what you will need to overcome it!!
Radical Acceptance

• Radical
  ▪ Complete and total

• Acceptance
  ▪ Acknowledgement of what is
  ▪ Accept with your mind, your heart, and your body

A feeling that a burden has lifted
A feeling of freedom
A feeling you are ready to move on

Radical acceptance transforms suffering into ordinary pain. Suffering is the nonacceptance of pain.
Radical Acceptance

- Options for painful problems
  - Solve the problem
  - Change how you feel about it
  - Accept it
  - Stay miserable
DISTRESS TOLERANCE SKILLS

• Help Clients to learn:
  ▪ How to take care of themselves when they want or need to;
  ▪ The importance of using skills to get through crises; of learning how to calm themselves
  ▪ To radically accept their life as it is;
    o Helps them to “suffer less”;
    o Helps them to be more effective in their responses.
  ▪ That acceptance leads to seeing more opportunities for change and hope.
EMOTION REGULATION SKILLS

• In DBT, difficulties in regulating painful emotions are central to the behavioral difficulties;
  ▪ From this perspective, painful feelings are “the problem to be solved”;
  ▪ Dysfunctional and destructive behaviors are often behavioral solutions to intolerable pain;
    ○ They do, in fact, regulate emotions.

• The goal of Emotion Regulation is to reduce suffering, not get rid of emotions.

• In order to manage emotions more effectively, one needs to be able to observe, understand, and express emotions.
The Story of Emotion

- Feelings do not come out of nowhere. They do not directly follow an event. They are not caused by something that happened, or by someone else.
- FEELINGS ARE CAUSED BY A PERSON’S BELIEF SYSTEM/BY A PERSON’S INTERPRETATION ABOUT SOMETHING THAT HAPPENED.

Prompting event → Belief or Interpretation of the Event → Emotion/Feeling

Thoughts → Feelings → Behaviors
Vulnerability/Contributing Factors

- Recent history that causes one to focus on the negative or that depletes the energy necessary to stay out of Emotion Mind.

- *How were you feeling before the event happened?*
  - Did you get enough sleep?
  - Did you already have emotions from something else going on?
Prompting Event

• The event that triggered the response – may come from inside the individual or may be something in the environment.

• What happened?
  • What happened to cause you to feel something?
Interpretation/Beliefs about the Event

• Thoughts, feelings, or beliefs ABOUT the event.

• What did you THINK about what happened?
  • Did the event trigger memories, thoughts about similar situations?
  • How did your past effect how you viewed this situation?
Biological Changes/Body Sensations

• Facial muscles; body changes (heart rate etc.); Brain changes; “sensing”; action urges;
  • One has to “sense” his/her body in order to regulate emotions;
  • One cannot “quit feeling”;
  • The urge – but not the behavior – is part of the emotion.

• How did your body begin to feel?
  • Do you find yourself clenching your fists? Tensing your shoulders? “Butterflies” in your stomach?
Communication/Expression and Action

• Find a way to express or NAME what one is feeling?
  • May be verbal or non-verbal;
  • May include body language, words, action, facial expression.

• How do you or can you express what you are feeling?
  • Is there an action that can represent your feelings?
  • Is there a word that describes what you are feeling?
  • Will you follow the action urge or inhibit it and behave differently?
Aftereffects/Secondary Emotions

• The effects that intense emotions have on memories, thoughts, thinking, physical functioning and behavior.

• *What did you think or do after the emotion? What did you feel about the emotion you have or had?*

• Did your emotion prompt another emotion or another event?
• The Story of Emotion for Parents and Adolescents often overlap
  ▪ The aftereffect of the behavior of the parent may be a trigger for an adolescent
  ▪ The behavior of an adolescent may be a trigger for a parent

• Parents’ effectiveness depends on being mindful of
  ▪ When they are vulnerable and when their “child” is vulnerable
    ○ To avoid difficult situations at those times, if possible
  ▪ What triggers them and what triggers their child
    ○ To avoid the triggers or prepare when they are inevitable
  ▪ How they and their child interpret events
    ○ To be aware of how their child may be perceiving a situation
• Parents’ effectiveness depends on being mindful of
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  ▪ What triggers them and what triggers their child
    o To avoid the triggers or prepare when they are inevitable
  ▪ How they and their child interpret events
    o To be aware of how their child may be perceiving a situation
  ▪ When body and nonverbal cues are signaling that their “child is distressed and when their body sensations are signaling that something is going on for them
    o So that they can de-escalate emotionality
  ▪ Using wise Mind to respond to triggers from their child
Opposite Action: Changing Emotions by Acting Opposite:

- Evaluate the emotion and the prompting event. Ask:
  - Do you want to change the emotion? Does the emotion promote short-term or long-term well-being?
  - Do the facts of the situation justify the emotion?
- Teach replacement behaviors
- Teach the client to act OPPOSITE to what he wants to do and reinforce him/her for doing so
  - Walk away rather than abuse someone
  - Approach something he/she is afraid of
  - Do something active when you want to do nothing
  - Talk about something that he/she feels ashamed of
  - Watch a funny movie when he/she feels sad
Reducing Emotional Vulnerability: ABC PLEASE

ABC

• **A** — Accumulate Positive Emotions:
  ▪ Increase positive experiences and pleasant activities;
  ▪ Build a “Life Worth Living” by making long term changes that make more positive events more possible;
  ▪ Be mindful of positive experiences;
  ▪ Be “unmindful” of worries;
    ○ DO NOT THINK ABOUT when something will end, whether or not it is deserved or how much will be expected now.

• **B** — Build Mastery:
  ▪ Do things that create a sense of accomplishment.

• **C**— Cope Ahead of Time with Emotional Situations:
  ▪ Figure out effective responses in advance of situations.
PLEASE - A DBT guide for “Living Well” and “Staying Healthy” – taking care of one’s mind by taking care of one’s body:

• Treat PhysicaL Illness – being sick lowers resistance to negative emotions;
• Balance Eating – eat what helps you feel good;
• Avoid Mood Altering Drugs – alcohol and drugs reduce resistance to negative emotions;
• Balance Sleep – get the right amount of sleep;
• Get Exercise – aerobic exercise, done consistently, is an anti-depressant.
The role of the Therapist/Coach: Coaching in Crisis

• The role of the adolescent’s therapist is to:
  ▪ Assess safety, suicidality and make sure that a safety plan is in place; to notify parents if there is a suicidal plan
  ▪ Coach the adolescent to use skillful ways (distress tolerance skills) to manage their emotions, to tolerate his/her affect
  ▪ Validate the adolescent’s feelings and concerns
  ▪ Lessen the emotionality in the situation

• The role of the parents’ coach is to
  ▪ Get the parent into Wise Mind, to lessen emotionality
  ▪ To assess safety and get parents to make sure the adolescent is safe
  ▪ To develop a safety plan and strategize about future plans
When working with Children/Adolescents and Parents:

• Use Mindfulness Exercises to help them to slow down and focus on the work of the session – to let go of all the things that distract them from the work of the session;
• Do not judge them, use descriptive language; Validate the “kernel of truth”
• Notice, and help them to notice, whether they are “in emotion mind” or “wise mind” – help them to find their “wise mind”;
• Define their behaviors in terms of their “effectiveness” – DOING WHAT WORKS
• Help them to stay “one mindful” and focused;
• Help them to experience their life fully in the present moment without worries about the future or feelings about the past.
• Help them to understand that they need to stand back and “observe” in order to change.
“IN THE WORDS OF as an adolescent client...”

“DBT is an important factor of my every day life... it is with me everywhere I go... not only do I use them (skills) myself, but I teach them to others... in therapy here, I was made aware that it is ok to have feelings, yes, even ‘negative’ ones. It is just how you express it. I do feel as though I have come a long way since I first walked through that front door.”
“IN THE WORDS OF a parent…”

“In the past, I have felt consistently overwhelmed by the grinding force of circumstances and problematic behavior patterns that are operating within my family. Concurrently, I felt a considerable lack of confidence in my ability to negotiate successfully these day-to-day conversations and events within my family. I am responding very positively to the educational model you are using to teach DBT skills. For the first time in years, I'm aware that I occasionally feel confident in my ability to acquire the DBT skills and believe that appropriate application of the skills will lead to more effective communication with my family and others in my world.”