

TOPIC #5: ADOLESCENT DIALECTIC BEHAVIOR THERAPY: DISTRESS TOLERANCE PART I

The previous two articles in this series focused on the first module of the Dialectical Behavior Therapy (DBT) model: Mindfulness (Linehan, 1993). While the model of DBT suggests an alternative module following Mindfulness, our practice presents Distress Tolerance (DT) as the second module clients learn. The reason for this modification is that, according to Linehan, “Level I behaviors”, such as suicidality, self harm, or other impulsive and dangerous behaviors should be the first behaviors targeted in treatment. Because the DT module holds a focus on reducing these behaviors, we have decided to prioritize this module, and offer these skills earlier in the rotation. Although mindfulness can be a challenging module to start with because of the concrete thinking many youth have, ideally clients will have completed mindfulness before continuing on to other skills, as mindfulness is integrated throughout all four of the DBT modules.

The Foundation of Mindfulness

Mindfulness is the foundation of DBT for many reasons. With regard to the DT skills, mindfulness helps individuals become aware of what is going on inside and outside of themselves during a crisis. It is difficult to utilize the DT skills without mindfulness, and even if DT skills are practiced, without mindfulness the effectiveness of these skills will be drastically reduced.

For example, if a client is mostly in “Reasonable Mind” (see previous article for description of states of mind), he or she may be using logic and reason to think through the crisis situation, but cannot fully address, communicate or cope with the crisis without being aware of the emotions that he/she is experiencing. Similarly, in “Emotion Mind” an individual is focused on and/or consumed with feelings, to the point of being unable to think logically and reasonably enough to problem solve, and thus to use these skills to cope. In fact, sometimes individuals are not even facing a true crisis, but their “Emotion Mind” drives them to believe that it is a horrible, awful, and unbearable situation. The balanced state of mind, “Wise mind” (Linehan, 1993) exists when an individual can clearly identify his/her emotions and, at the same time, can think clearly enough to make sound decisions that are grounded in reality.

Defining a Crisis

Facing reality begins with defining the situation accurately. Although crises are an inevitable part of life from time to time, no one is in crisis all the time, just as no one gets through a lifetime without experiencing a few crises. DT skills are intended to be used in response to a crisis, as opposed to relying on them for everyday coping. Before the skills can be introduced and practiced, clients must be educated about what constitutes a “crisis”.

One of the earliest crisis intervention theorists, Gerald Caplan (1961) emphasized that crisis is not determined by the event, but by the person’s perception of

the event. This is evident in mass disasters or situations of war. While several people may experience the same event, some individuals may develop a trauma reaction, while others may not. Halpern (1973; as cited in Paol, 1990) widened Caplan's definition of crisis beyond a person's appraisal of a situation, to include a determination by the person that he/she lacks the coping skills needed to handle the situation. As clinicians, it is not our role to determine if an event is a crisis, rather it is our role to help a client who is experiencing a crisis reaction to minimize his/her distress and to implement healthy coping skills (Paol, 1990).

The purpose of providing a DT module is twofold for clients with Borderline Personality Disorder (BPD). First, educating clients about the difference between crisis and non-crisis situations is essential for addressing a BPD client's tendency toward high reactivity. Second, replacing unhealthy coping skills with healthy coping skills is necessary to reduce the high risk nature of their disorder. However, this is another aspect of DT that is vitally important for youth. Because youth's brains are still developing, they are often unable to distinguish between what is temporary and what is long term; often acting impulsively and exhibiting poor judgment (Packard, 2007). In addition, functional Magnetic Resonance Imaging (fMRIs) have shown that when making decisions, more activity in the adolescent brain comes from the amygdala, the emotion center of the brain (National Institute of Mental Health; NIMH, 2010), than adults, who show more activity from the prefrontal cortex, indicating more logic and reason is used to make decisions. As such, it is likely that youth will experience more crises than adults, in that they are developmentally more emotional and impulsive than adults.

Linehan (2003) emphasizes in DT not only what a crisis is, but how to decide whether or not to use these skills in a given situation. Table #1 describes three aspects of a crisis according to the DBT model:

Elements of a Crisis	When to use DT skills
1. A stressful event or traumatic moment	1. Must be a true crisis
2. Short term	2. Cannot be resolved right now
3. Want it resolved right now	3. Don't want to make it worse

Table #1: Summary of introductory concepts in Linehan's (2003) Distress Tolerance module.

A stressful event or traumatic moment: As mentioned earlier, crisis intervention models describe crisis as a client's interpretation of an event. DT is included in the DBT model because clients with BPD are what are referred to as "crisis-prone clients" (DaTillio & Freeman, 2007), or clients who seem to be in crisis more often than they are not. Furthermore, even non-diagnostic adolescents can display high reactivity to events. This reactivity often leads adults to feel frustrated, powerless, and tempted to say things like, "Stop being so dramatic", or "You're making a big deal out of nothing". However, these kinds of statements only escalate the situation, as they are experienced by adolescents as invalidating, and are not productive to the therapeutic process (the concept of validation will be discussed more in articles pertaining to the Emotion Regulation module). More appropriate interventions would be to direct youth to use alternative DT skills, and to provide support even if the problem does not seem like a crisis to an adult.

Short term: In addition to internal reactions to an event, what defines a crisis is that it is a short term or temporary situation. Clients who are experiencing crisis are often having difficulty seeing beyond the crisis, to the “light at the end of the tunnel”. In particular, the cognitive limitations of youth are such that seeing into the future or considering consequences are often beyond their capabilities. Thus, it is vital to convey to youth the short term nature of crisis, and to remind them that a crisis is not the same as their everyday life. This encouragement serves as guidance in helping them learn when it is appropriate to use their DT skills, and gives them a clear, concrete intervention for handling these moments in time.

Want it resolved right now: If we think back to the crises we have had in our lives, one of the first things we think of is how uncomfortable we were at the time. We would be hard pressed to remember a crisis where we were emotionally, physically, cognitively, and spiritually comfortable. It is this uncomfortability that makes us want to resolve the crisis immediately. If we determine that the crisis is truly a crisis, and not just everyday reality, then we need to consider if the crisis **can** be resolved. For instance, if a youth is in crisis about a boy/girlfriend breaking up with him/her, maybe he/she needs to apologize for something or reach out to the person to talk it over. If there is no resolution in sight, the person may have chosen in the past to make the situation worse, by getting high, running away, threatening or stalking the ex, or isolating and avoiding life. Often, we barter in our head, with our higher power, or with others to “just let me come through this”, “let this end”, or “let me wake up and find out this was all a dream”. Of course this magical thinking is not going to work to resolve the crisis, and neither will the DT skills, however the DT skills can help us survive it.

Core Distress Tolerance Skills

There are three core distress tolerance skills; distracting, self-soothing and improving the moment. These core skills are very concrete, practical skills intended to act as alternative skills to replace unhealthy coping skills. As mentioned above, these skills are intended to be used in a situation that cannot be resolved right now, and to help individuals survive a crisis without making the situation worse.

Distracting Skills: Distracting skills come with the caveat that they are to be used only in a crisis situation. If the problem can be resolved, distracting ourselves from our problems will likely be making the situation worse. Using distracting skills then is a healthy alternative to using destructive coping skills in a situation that cannot be resolved right now.

Take the example of a bad grade. Youth are under more pressure than ever to do well in school, and many of them put tremendous stress on themselves with regard to academic performance. Let’s say that a youth studied really hard for a test, and then got an “F”. Clinicians operating from a DBT model will guide the youth through the following process: 1.) Problem-solve: One option is to talk to the teacher and see if it was a mistake, or if there is an alternative to accepting the grade, such as re-taking the test or extra credit. 2.) If the problem can’t be resolved, survive it: Let’s say it is Friday

afternoon and the teacher has left for the weekend. Rather than having a horrible weekend, or acting out in a way that makes the situation worse, the client should be encouraged to use distracting skills, until the teacher can be contacted.

The acronym for remembering Distracting skills is Wise Mind ACCEPTS. Table #1 summarizes these skills, however most are self explanatory and do not need further discussion here. There are two modifications my practice has made in the final category, "Sensations". The first is that for the adolescent group, the alternative skill of "sex" has been removed, as it is not appropriate for all ages. The second modification is true for any age group. We have removed the skill of "snapping a rubber band hard against your wrist" for two reasons. One is because we do not teach clients to engage in self punishment of any kind, and this behavior is too similar to self harm to be encouraged. The other reason is that clients will often abuse this to the point of breaking skin, causing bruising, or causing bleeding that could potentially get infected. I do not agree with transferring self harm from one method to another, and therefore have chosen to remove this item altogether.

Self Soothing Skills: These skills are divided up by our senses, and are crucial for even non-crisis situations. Self soothing comes with a lot of myths and distorted thinking that can interfere with a client's ability or willingness to adopt these skills. For example, many clients believe that they are not worthy of feeling good. Others believe that it is selfish to care for themselves when other's are more important. At the other extreme, some clients self soothe too much, where they are frequently overindulging in things like alcohol, food, or sleep in order to avoid their pain.

Self soothing skills are useful in a crisis in that they help us to tolerate painful moments or situations. Take the earlier example of a youth worrying about a grade on a test. If he/she is having trouble relaxing because of fear of failing, a cup of hot tea, a soothing bubble bath, or a look through pictures of a fun vacation can help the youth feel better in the moment, despite being in the midst of a crisis. This example makes it clear how important mindfulness is, in that one can either look at pictures while worrying, or can choose to put all of his/her energy into looking at the pictures, being fully in the moment. The outcome will be drastically different if mindfully engaged in the moment.

Improving the Moment: The final core set of DT skills is "Improving the Moment", which again is intended to do just that. Although the moment may be difficult, painful, or scary, we can choose to improve it just a little bit. The benefits of these skills are that they are what I refer to as "take anywhere" skills. Most of them can be done no matter where a youth is, even if they are in a classroom or on a road trip with the family. Things like prayer, deep breathing, finding meaning in a situation, or encouraging one's self to tolerate the moment are skills that youth can do silently and fairly privately.

Summary

Distress Tolerance, the second module of DBT, is important to introduce early on in the DBT rotation, in order to provide youth with healthy replacement skills for unhealthy and often dangerous behaviors. Before introducing these skills, it is

necessary to educate clients about the difference between crisis and daily life. The three core DT skills are discussed here, Distracting, Self-Soothing and Improving the Moment, and are summarized in a handy table in order to help with application. The next column in this series will focus on the remainder of the Distress Tolerance skills, primarily, acceptance.

Table #2: Remembering the Core Distress Tolerance Skills.

Core Distress Tolerance Skills	Examples of Types of Skills
<p><u>Distracting</u>- Wise Mind “ACCEPTS” is the acronym used to remember these important skills when one is in a crisis situation</p>	<p><u>Activities</u>-Playing a computer game or watching TV <u>Contributing</u>-Donating your old clothes or helping someone around the house <u>Comparisons</u>-To those less fortunate than us <u>opposite Emotions</u>- Watch a movie, read a book or arrange a meeting with a person that makes you feel an emotion that’s different <u>Pushing away</u>-Mental imagery; putting problems in a box and up on the shelf <u>Thoughts</u>-Counting; mentally challenging activities <u>Sensations</u>-holding ice in your hands, drawing on yourself with a red pen, very loud music, hot shower</p>
<p><u>Self-Soothing</u>- Broken down into our 5 senses, these are skills that are good to use even in non-crisis situations, and highlight the importance of self care</p>	<p><u>Vision</u>-Look at pretty scenery or pictures, watch a candle flame, look at lake, pond or stream or a tabletop waterfall or fishtank <u>Touch</u>-Pet your pet, cuddle up in a warm and soft robe or blanket, use a handheld massager on your legs, arms or back, put silky smooth lotion or oil on your skin <u>Taste</u>-Enjoy a cup of tea or cocoa, suck a piece of candy or a lollipop, have a ripe piece of fresh fruit <u>Smell</u>-Spray some perfume, light a smelly candle, go outside and smell the crisp air, bake something <u>Sound</u>-Listen to the radio, ipod or tv; play an instrument or see a band play; put on a sound machine; listen to someone’s conversation; call a friend or family member</p>
<p><u>Improving the Moment</u>-These skills spell out “IMPROVE” and can be used almost anywhere</p>	<p><u>Imagery</u>-Imagine a safe place; Imagine the situation working out for the best; Imagine a time when you weren’t in crisis <u>Create Meaning</u>-Ask yourself “What is the purpose of this?”, “Why am I going through this?” Reading spiritual books or speaking with spiritual advisors can help us find meaning as well <u>Prayer</u>-Asking for help from a higher power; communicating with or asking for help from; reading or reciting prayers; opening oneself up to communication from a higher power <u>Relaxation</u>-stretching, yoga, deep breathing, sitting or lying in a relaxing position, getting a massage <u>One thing in the moment</u>-Focusing on one thing at a time, one second at a time. Slowing down; dealing with only a thought, emotion, or conversation... <u>Vacation</u>-Taking a drive for a few minutes, hours, or days, pulling the covers over your head for 5 minutes, putting a responsibility off until the next day <u>Encouragement</u>-Cheerleading yourself, telling yourself you can do it, you can survive...; talking to someone who encourages you; finding a support website for the issue you are dealing with</p>

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People are in a state of crisis when they face an obstacle to important life goals—and obstacle that is, for a time, insurmountable by the use of customary methods of problem solving.”

--Caplan, 1961

Caplan, G. (1961) *Prevention of Mental Disorders in Children*. New York: Basic Books.

the mechanisms that worked in the past can be used in the present situation.

Albert R. Roberts (2005) *Crisis Intervention Handbook: assessment, treatment and research*, Oxford University Press, Oxford.

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Caplan suggests that the essential factor determining the occurrence of a crisis is an imbalance between the perceived difficulty and importance of the threatening situation and the resources immediately available to deal with it; the crisis refers to the person's emotional reaction not to the threatening situation itself.

