

RIENNA RIEKO
'The ABCs of DBT'
Mental Health Symposium June 18th 2016

[2016/06/18 12:58] LV (lorivonne.lustre): Hello everyone.
Today's presentation is being transcribed so those without audio or who
require text only can participate in real time.

A little explanation about this service.

Voice-to-text transcriptionists provide a translation of the key ideas discussed,
NOT a word for word transcription.

Voice-to-text services provide an in-the-moment snapshot of ideas and
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Transcription is provided by Virtual Ability, Inc.

The transcriptionists are:
LoriVonne Lustre
Carolyn Carillon

The following initials in the transcription record will identify the speakers:
RR: Rienna Rieko

[2016/06/18 12:59] LV (lorivonne.lustre): Rienno will be using a teleprompter

<< transcription begins >>

[2016/06/18 13:03] Slatan Dryke: Hello and welcome to the Virtual Ability
Mental Health Symposium.
The title of this session is "The ABCs of DBT."
My name is Slatan Dryke. I am from Italy. I joined Second Life in 2007. I
discovered Virtual Ability in 2009, and became a member in 2011.
I suffer from PTSD (Post Traumatic Stress Disorder) and for me, voicing is a
big challenge but is also part of my personal therapy.
I am a Mentor, Linguist, Artist and Photographer. I began my Mentoring
career when the Mentoring program was officially managed by Linden Labs.
I love to share my skills in several groups but a special mention goes to
Virtual Ability with the unique purpose to simplify Second Life for those

residents with different abilities, giving weekly classes and tours with distinct topics.

It gives me great pleasure to introduce to you Rienna Rieko.

Rienna has a Bachelor's Degree in Psychology and worked as a sober companion for a substance abuse treatment facility, that specializes in Amino Acid protocols.

In her time there, she used her skills in DBT (Dialectical Behavior Therapy) with her clients and taught them how to put them into practice.

She has used DBT in her own life for ten years and enjoys teaching the skills to everyone she knows, because everyone can benefit from learning how to use them.

Please hold your questions until the talk is over.

Thank you.

[2016/06/18 13:05] Carolyn Carillon: RR: Thank you for that wonderful introduction

[2016/06/18 13:05] Rienna Rieko: Welcome to the ABCs of DBT: Dialectical Behavior Therapy in a Nutshell

At the Mental Health Symposium 2016

Part of the "Down but not Out" series

Saturday June 18, 2016

At the Sojourner Auditorium on Virtual Ability Island

In Second Life

Today, we will be covering

An Overview of Borderline Personality Disorder (BPD)

The Components of DBT

We'll discuss Who can benefit from DBT

We'll discuss Developing the ability to think dialectically

We'll talk about Mindfulness

I'll explain the Skills training individually and in groups

We'll talk about how DBT offers support for therapists, for family

We'll discuss Helping families to apply DBT in their interactions with loved ones and

I'll explain current research findings and applications

Borderline personality disorder (BPD) is a serious mental illness that centers on the inability to manage emotions effectively.

The disorder occurs in the context of relationships: sometimes all relationships are affected, sometimes only one. It usually begins during adolescence or early adulthood.

While some persons with BPD are high functioning in certain settings, their private lives may be in turmoil.

Most people who have BPD suffer from problems regulating their emotions and thoughts, impulsive and sometimes reckless behavior, and unstable relationships

other disorders, such as depression, anxiety disorders, eating disorders, substance abuse and other personality disorders can often exist along with BPD.

Historically, the term “borderline” has been the subject of much debate. BPD used to be considered on the “borderline” between psychosis and neurosis.

The name stuck, even though it doesn’t describe the condition very well and, in fact, may be more harmful than helpful. The term “borderline” also has a history of misuse and prejudice—BPD is a clinical diagnosis, not a judgment. Current ideas about the condition focus on ongoing patterns of difficulty with self-regulation (the ability to soothe oneself in times of stress) and trouble with emotions, thinking, behaviors, relationships and self-image.

Some people refer to BPD as “Emotion Dysregulation.”

The diagnosis of BPD is frequently missed and a misdiagnosis of BPD has been shown to delay and/or prevent recovery.

Bipolar disorder is one example of a misdiagnosis as it also includes mood instability.

(There are important differences between these conditions but both involve unstable moods.

For the person with bipolar disorder, the mood changes exist for weeks or even months. The mood changes in BPD are much shorter and can even occur within the day.

Officially recognized in 1980 by the psychiatric community, BPD is more than two decades behind in research, treatment options, and family psycho-education compared to other major psychiatric disorders.

BPD has historically met with widespread misunderstanding and blatant stigma. However, evidenced-based treatments have emerged over the past two decades bringing hope to those diagnosed with the disorder and their loved ones.

Incidence

BPD affects 5.9% of adults (about 14 million Americans) at some time in their life

BPD affects 50% more people than Alzheimer’s disease and nearly as many as schizophrenia and bipolar combined (2.25%).

BPD affects 20% of patients admitted to psychiatric hospitals

BPD affects 10% of people in outpatient mental health treatment

Research on the causes and risk factors for BPD is still in its early stages. However, scientists generally agree that genetic and environmental influences are likely to be involved.

Certain events during childhood may also play a role in the development of the disorder, such as those involving emotional, physical and sexual abuse. Loss, neglect and bullying may also contribute.

The current theory is that some people are more likely to develop BPD due to their biology or genetics and harmful childhood experiences can further increase the risk.

Research has shown that outcomes can be quite good for people with BPD, particularly if they are engaged in treatment. With specialized therapy, most people with borderline personality disorder find their symptoms are reduced and their lives are improved.

Although not all the symptoms may ease, there is often a major decrease in problem behaviors and suffering. Under stress, some symptoms may come back. When this happens, people with BPD should return to therapy and other kinds of support.

Many individuals with BPD experience a decrease in their impulsive behavior in their 40's.

Dialectical Behavior Therapy was originally developed by psychologist Dr. Marsha Linehan in her work with women who had been hospitalized after attempting suicide or serious self-harm.

Dr. Linehan initially practiced Cognitive Behavioral Therapy (CBT), a type of treatment that promotes changing thoughts, feelings, and behaviors in order to manage and reduce anxiety.

CBT is typically considered a gold standard in anxiety treatments. However, Dr. Linehan found that standard CBT wasn't working with her clients.

CBT's emphasis on changing thoughts and behaviors did not do enough to support her clients in accepting where they are right now.

The CBT techniques alone were too invalidating to people, who often found concepts such as cognitive distortions to imply that their thoughts and feelings were wrong.

Dr. Linehan found that something different was needed - a method that acknowledges and supports the truth upon which clients' experiences are based.

This is where DBT comes in: Dialectical Behavior Therapy is a type of Cognitive Behavioral Therapy, but what makes it unique is its emphasis on mindfulness and dialectical thinking.

Rather than only treating symptoms as problems to be solved, DBT places an equally important emphasis on acceptance of experiences as they are in this moment.

Emotions serve important functions in our lives. Primary emotions linked to anxiety, such as fear, can at times make perfect sense - when there is a threat to our life, health, or well-being, fear can motivate us to act and protect ourselves.

At times, however, emotions like fear arise when they are not helpful or productive. These emotions can be difficult to cope with and manage, leading to anxiety and distress.

DBT works through the process of learning emotional and cognitive skills (acquisition), and subsequently applying those skills to your life (generalization).

Generally, DBT tackles difficult and distressing emotions and it can help you improve your capacity for emotional regulation, that is, your ability to control the emotions you have, when you have them, and how you experience and express them.

DBT can also benefit people who aren't struggling with a diagnosed psychological disorder.

Business people and managers can benefit from the stress reducing practices of Mindfulness and can also use the skills taught in the Interpersonal Effectiveness portion when dealing with subordinates, superiors or colleagues.

Interpersonal Effectiveness skills are often taught to business people by their companies in an effort to improve employee relations

Mindfulness is a skill that came out of Zen Buddhism and has been adopted by the spiritually minded community at large.

Dialectical behavior therapy (DBT) treatment is a cognitive-behavioral approach that emphasizes the psychosocial aspects of treatment.

The theory behind the approach is that some people are prone to react in a more intense and out-of-the-ordinary manner toward certain emotional situations, primarily those found in romantic, family and friend relationships.

DBT theory suggests that some people's arousal levels in such situations can increase far more quickly than the average person's, attain a higher level of emotional stimulation, and take a significant amount of time to return to baseline arousal level

People who are sometimes diagnosed with borderline personality disorder experience extreme swings in their emotions, see the world in black-and-white shades, and seem to always be jumping from one crisis to another.

Because few people understand such reactions — most of all their own family and a childhood that emphasized invalidation — they don't have any methods for coping with these sudden, intense surges of emotion.

DBT is a method for teaching skills that will help in this task.

~Characteristics of DBT~

Support-oriented: It helps a person identify their strengths and builds on them so that the person can feel better about themselves and their lives.

Cognitive-based: DBT helps identify thoughts, beliefs, and assumptions that make life harder for example:

"I have to be perfect at everything." "If I get angry, I'm a terrible person" DBT helps people to learn different ways of thinking that will make life more bearable such as:

"I don't need to be perfect at things for people to care about me", "Everyone gets angry, it's a normal emotion.

Collaborative: It requires constant attention to relationships between clients and staff. In DBT people are encouraged to work out problems in their relationships with their therapist and the therapists to do the same with them. DBT asks people to complete homework assignments, to role-play new ways of interacting with others, and to practice skills such as soothing oneself when upset.

These skills, a crucial part of DBT, are taught in weekly lectures, reviewed in weekly homework groups, and referred to in nearly every group.

The individual therapist helps the person to learn, apply and master the DBT skills.

Generally, dialectical behavior therapy (DBT) may be seen as having two main components:

1. Individual weekly psychotherapy sessions that emphasize problem-solving behavior for the past week's issues and troubles that arose in the person's life.

Self-injurious and suicidal behaviors take first priority, followed by behaviors that may interfere with the therapy process. Quality of life issues and working toward improving life in general may also be discussed.

Individual sessions in DBT also focus on decreasing and dealing with post-traumatic stress responses (from previous trauma in the person's life) and helping enhance their own self-respect and self-image.

Both between and during sessions, the therapist actively teaches and reinforces adaptive behaviors, especially as they occur within the therapeutic relationship.

The emphasis is on teaching patients how to manage emotional trauma rather than reducing or taking them out of crises. . . . Telephone contact with the individual therapist between sessions is part of DBT procedures. (Linehan, 1993)

During individual therapy sessions, the therapist and client work toward learning and improving many basic social skills.

2. Weekly group therapy sessions, generally 2 1/2 hours a session and led by a trained DBT therapist,

where people learn skills from one of four different modules: interpersonal effectiveness, distress tolerance/reality acceptance skills, emotion regulation, and mindfulness skills are taught.

Through the DBT skills training group, clients learn skills such as mindfulness and distress tolerance techniques that aid in being able to accept the present moment with willingness, rather than fighting reality.

These techniques could include breathing exercises, counting to ten, or holding an ice cube in order to bring awareness and acceptance to the present. Exercises like this encourage us to choose to accept what is happening in the moment.

DBT's emotion regulation skills include observing and describing emotions, along with a systematic toolkit for altering emotions you want to change.

These tools include checking the facts of a situation, acting opposite to the action urge of the emotion, and problem solving to change the event prompting a particular emotional reaction.

In DBT, there are several levels and types of validation. The most basic level is staying alert to the other person.

This means being respectful to what they are saying, feeling, and doing.

Other levels of validation involve helping the service user regain confidence both by assuming that their behavior makes perfect sense (e.g. of course

you're angry at the store manager because he tried to overcharge you and then lied about it) and by treating the other person as an equal (i.e., as opposed to treating them like a fragile mental patient). In DBT, just as service users are taught to use cognitive behavioral strategies, they are also taught and encouraged to use validation. In treatment and in life, it is important to know what about ourselves we can change and what about ourselves we must accept (whether short term or the long term). For that reason, acceptance and validation skills are taught. DBT teaches a host of skills so that service users can learn to stand still instead of running away. DBT also teaches clients how to work to understand why their lives are so hard.

"Dialectics" involves several assumptions about the nature of reality:

- 1) every thing is connected to everything else;
- 2) change is constant and inevitable; and
- 3) opposites can be integrated to form a closer approximation to the truth (which is always evolving).

DBT also involves specific dialectical strategies to help clients get "unstuck" from rigid ways of thinking or viewing the world.

Understanding Dialectics

The term Dialectics refers to opposing forces that create a whole or synthesis. DBT focuses on finding a balance in opposing forces. Opposing forces needing a balance can be found in many things all around us, for example: the sun and the moon, the seasons

DBT as Treatment

Changing and influencing emotions is a central goal of DBT, but before you can get to this step it is critical to understand and know where these emotions are coming from and why they arise.

The "understanding and acknowledging" step of DBT is one of the main facets that separates it from regular CBT: this approach supports the mindful and non-judgmental observation and description of emotional experiences.

The addition of this aspect makes DBT effective across a range of mental health problems, including anxiety disorders, because the skills you learn help you differentiate emotions from facts, allowing you to work with and manage emotions effectively.

Cognitive behavioral therapy uses a wide variety of techniques to help people change behaviors that inhibit a "life worth living." In DBT, as in CBT, service users are asked to change.

Service users work with their therapist to identify how they are rewarded for maladaptive behavior or punished for adaptive behavior.

They expose themselves to feelings, thoughts or situations that they feared and avoided, and they change self-destructive ways of thinking.

What we have just described in layman's terms are the four main change strategies: Skills Training, Exposure Therapy, Cognitive Therapy, and Contingency Management.

It is about learning to change while treating ourselves and each other with respect and kindness.

The most important of the overall goals in DBT is helping service users create "lives worth living." What makes a life worth living varies from person to person. For some people, a life worth living is getting married and having kids. For others, it's finishing school and finding a life partner. Others might find it's joining a religious or spiritual group and buying a house near a place of worship.

While all these goals will differ, all have service users in common the task of bringing problem behaviors, especially behaviors that could result in death, under control. For this reason, DBT organizes treatment into four stages with targets.

Stage I: Moving from Being Out of Control of One's behavior to Being in Control

Reduce and then eliminate life-threatening behaviors (e.g., suicide attempts, suicidal thinking, intentional self-harm).

Reduce and then eliminate behaviors that interfere with treatment (e.g., behavior that "burns out" people who try to help, sporadic completion of homework assignments, non-attendance of sessions, non-collaboration with therapists, etc.).

This includes reducing and then eliminating the use of hospitalization as a way to handle crises.

Decreasing behaviors that destroy the quality of life (e.g., depression, phobias, eating disorders, non-attendance at work or school, neglect of medical problems, lack of money, substandard housing, lack of friends, etc.) and increasing behaviors that make a life worth living (e.g., going to school or having a satisfying job, having friends, having enough money to live on, living in a decent apartment, not feeling depressed and anxious all the time, etc.).

Learn skills that help people do the following:

- a) Control their attention, so they stop worrying about the future or obsessing about the past. Also, increase awareness of the "present moment" so they learn more and more about what makes them feel good or feel bad.
- b) Start new relationships, improve current relationships, or end bad relationships.
- c) Understand what emotions are, how they function, and how to experience them in a way that is not overwhelming.
- d) Tolerate emotional pain without resorting to self-harm or self-destructive behaviors.

Stage 2. Moving from Being Emotionally Shut Down to Experiencing Emotions Fully

The main target of this stage is to help service users experience feelings without having to shut down by dissociating, avoiding life, or having symptoms of post-traumatic stress disorder (PTSD).

In DBT, we say that service users entering this stage are now in control of their behavior but are in “quiet desperation”. Teaching someone to suffer in silence is not the goal of treatment.

In this stage, the therapist works with the service users to treat PTSD and/or teaches the service users to experience all of their emotions without shutting the emotions down and letting the emotions take the driver’s seat.

Stage 3. Building an Ordinary Life, Solving Ordinary Life Problems

Service users work on ordinary problems like marital or partner conflict, job dissatisfaction, career goals, etc. Some service users choose to continue with the same therapist to accomplish these goals.

Some take a long break from therapy and work on these goals without a therapist. Some decide to take a break and then work with a different therapist in a different type of therapy.

Stage 4. Moving from Incompleteness to Completeness/Connection

Most people may struggle with “existential” problems despite having completed therapy at the end of stage 3. Even if they have the lives they wanted, they may feel somewhat empty or incomplete.

Some people refer to this as “spiritual dryness” or “an empty feeling inside.”

DBT focuses on life threatening behavior first.

However, if the service user is staying alive but is neither coming to therapy nor doing the things required in therapy, they won’t get the help needed to solve non-life threatening problems like depression or substance abuse.

For that reason, treatment-interfering behaviors are the second priority in stage I.

But coming to treatment is certainly not enough. A service user stays alive and comes to therapy in order to solve the other problems which are making them miserable.

To truly have a life worth living, the service user must learn new skills, learn to experience emotions, and accomplish ordinary life goals. Therapy is not finished until all of this is accomplished.

Some core differences between DBT and CBT:

CBT focuses on change, whereas DBT focuses on Dialectic acceptance and change.

CBT focuses on exposure to distress and DBT focuses on exposure to stress with acceptance of distress

CBT is focused on specific problems whereas DBT is more broad and inclusive and uses hierarchy to focus on problems.

Dialectics of continuously balancing and integrating Acceptance and Change

DBT uses

Acceptance based strategies such as:

Validation

Distress Tolerance

And utilizes change based strategies:

Opposite action

Some DBT skills

The components of DBT Treatment are:

Skills training and application in individual therapy and in groups

Developing ability to think dialectically

Mindfulness

Support and consultation for the therapist, for the team and [when appropriate] for the family

The Four Modules of Dialectical Behavior Therapy

1. Mindfulness

The essential part of all skills taught in skills group are the core mindfulness skills.

Observe, Describe, and Participate are the core mindfulness “what” skills.

They answer the question, “What do I do to practice core mindfulness skills?”

Non-judgmentally, One-mindfully, and Effectively are the “how” skills and answer the question, “How do I practice core mindfulness skills?”

2. Distress Tolerance

Most approaches to mental health treatment focus on changing distressing events and circumstances. They have paid little attention to accepting, finding meaning for, and tolerating distress.

This task has generally been tackled by religious and spiritual communities and leaders.

Dialectical behavior therapy emphasizes learning to bear pain skillfully.

Distress tolerance skills constitute a natural development from mindfulness skills.

They have to do with the ability to accept, in a non-evaluative and nonjudgmental fashion, both oneself and the current situation.

Although the stance advocated here is a nonjudgmental one, this does not mean that it is one of approval: acceptance of reality is not approval of reality.

Distress tolerance behaviors are concerned with tolerating and surviving crises and with accepting life as it is in the moment.

Four sets of crisis survival strategies are taught: distracting, self-soothing, improving the moment, and thinking of pros and cons. Acceptance skills include radical acceptance, turning the mind toward acceptance, and willingness versus willfulness.

3. Emotion Regulation

Borderline and suicidal individuals are emotionally intense and labile – frequently angry, intensely frustrated, depressed, and anxious.

This suggests that borderline clients might benefit from help in learning to regulate their emotions. Dialectical behavior therapy skills for emotion regulation include:

Identifying and labeling emotions

Identifying obstacles to changing emotions

Reducing vulnerability to “emotion mind”

Increasing positive emotional events

Increasing mindfulness to current emotions
Taking opposite action
Applying distress tolerance techniques

4. Interpersonal Effectiveness

Interpersonal response patterns taught in DBT skills training are very similar to those taught in many assertiveness and interpersonal problem-solving classes.

They include effective strategies for asking for what one needs, saying no, and coping with interpersonal conflict.

Borderline individuals frequently possess good interpersonal skills in a general sense.

The problems arise in the application of these skills to specific situations.

An individual may be able to describe effective behavioral sequences when discussing another person encountering a problematic situation, but may be completely incapable of generating or carrying out a similar behavioral sequence when analyzing their own situation.

This module focuses on situations where the objective is to change something (e.g., requesting someone to do something) or to resist changes someone else is trying to make (e.g., saying no).

The skills taught are intended to maximize the chances that a person's goals in a specific situation will be met, while at the same time not damaging either the relationship or the person's self-respect.

Module 1: Mindfulness

Mindfulness

. . . is not a matter of explaining and solving, but of experiencing and describing.

Everything begins with lucid indifference.

Albert Camus

Core Mindfulness means learning how to control your own mind without letting your mind control you.

What is mindfulness? Awareness plus Acceptance of the current moment

Focusing on one thing, in that moment, without judgment

The ability to have awareness of one's sensory and cognitive experience

The ability to discern emotions, verbal descriptions of events, appraisals and judgments of events, memories, perceptions of events from each other

And more

Mindfulness focuses on the States of Mind

There are three basic states of mind. Reasonable Mind, Wise Mind, and Emotional Mind

The central concept of DBT is mindfulness. The concept of mindfulness comes from both Western and especially Eastern (Zen) meditation and spiritual practices.

Mindfulness means being in the present, being aware of what is happening and what you are doing, observing what is going on, participating fully in what is going on around you.

It is a skill that is practiced and learned throughout DBT, little bit by little bit. By learning to live in the present, you can have a life that is more in tune with your feelings and your activities.

The three primary states of mind are:

Reasonable Mind

Emotion Mind

Wise Mind

Reasonable Mind

A person is in Reasonable Mind: when they are approaching things intellectually, thinking logically, planning behavior, paying attention to empirical facts (facts that can be observed or measured or counted),

focusing their attention, and when they are "cool," that is, not emotional in their approaches to solving problems.

Some examples of Reasonable Mind might be:

Calling the bus station to find out the bus schedule, instead of just walking over and hoping to find a bus

Planning for an outing several days before

Measuring the ingredients to bake a cake

Asking a saleswoman the details about something you want to buy

Studying for a test

Looking up information on the Internet

Emotion Mind

A person is in Emotion Mind when their thinking and behavior are controlled mostly by their emotions.

Logical thinking and planning are difficult, facts may be distorted or made larger or more important, thoughts and behaviors might be said to be "hot," and the energy of the behavior tends to match the intensity of the feelings.

Some examples of emotion mind might be:

Having a fight with someone you disagree with

Going on a trip on an impulse, without planning

Cuddling a puppy

Making love

Going out to fly a kite just for the fun of it

Snapping at a salesperson because they don't have the item you want

Putting an expensive item on your credit card just because you like it

Wise Mind

Wise Mind is the coming together, the overlap of Reasonable Mind and Emotion Mind.

But when they come together or overlap, they produce something bigger than either of them were separately.

What is added is intuition, a feeling of "knowing" what's right, a felt sense, a sense that some people feel in their body (head, heart, stomach or somewhere else) that something is just right, the right thing to do or the right way for things to be.

You can experience intuition about what's right or appropriate without thinking about it, without knowing it intellectually, just feeling it.

Practicing Mindfulness

Observe [just notice]

Describe [put words to an experience]

Participate [be involved in what you're doing]

Learn how to notice without necessarily reacting

Distinguish between thoughts and facts

Bring non-judgment [neither good nor bad]

Be one-mindful [in the moment]

Be effective [focus on what works]

Mindfulness Summary

You can use these skills to re-center, calm yourself, better understand your emotions, reflect, or train your brain to stay in the present.

You can sit with your anxiety instead of pushing it away, and re-center, observe your thoughts;

listen to yourself; acknowledge your fears, or apprehensions . . .

In practicing these skills, you can avoid getting caught up in power struggles with another,

avoid taking things personally, listen more fully and understand others . . .

Next we will talk about Distress Tolerance Skills

These include: Crisis survival strategies and guidelines for accepting reality

DBT uses Crisis survival strategies to distract with concepts like "Wise Mind"

ACCEPTS

Activities

Contributing

Comparisons

Emotions

Pushing away

Thoughts

Sensations

Distress Tolerance self soothes with the FIVE SENSES

Vision

Hearing

Smell

Taste

Touch

The pros and cons of distress tolerance

Distress tolerance is more effective in the long run but it is harder in the short run.

Not tolerating distress is easier in the short run but creates more problems in the long run.

Radical Acceptance

Guidelines for accepting reality

Observing your breath - makes you more present

Half smiling - makes you more willing

Awareness - makes you more present

Radical Acceptance - turns suffering into normal tolerable pain

Turning the mind - keeps you off the emotional train

Willingness - makes you more open and accepting

Families can help their loved ones who suffer with a psychological disorder by:

Remembering that change is difficult to achieve and fraught with fears.

Being cautious about suggesting that “great progress” has been made, because progress evokes fears of abandonment.

Lower your expectations

Set realistic goals that are attainable.

Work on one thing at a time.

Keep things cool and calm.

Express appreciation and validation.

Maintaining family routines. There’s more to life than problems, so don’t give up the good times.

Finding time to talk about light or neutral matters.

Managing crisis: Pay attention, but stay calm.

Self destructive acts or threats require attention. Don’t ignore. Don’t panic.

ALWAYS involve family member in problem solving.

Be consistent enough without being rigid.

Share concerns about medications or therapist interventions. If you have financial responsibility, you have the right to address your concerns to therapist or doctor.

Set limits, but be careful and direct.

Do not protect family member from natural consequences of their actions.

Do not tolerate abusive treatment.

Be cautious about threats and ultimatums. They are a last resort.

Let's discuss the research on DBT

Controlled studies show that the cost of DBT is approximately 50% of treatment than usual methods.

Significantly fewer inpatient days.

Fewer and less severe self harm behaviors.

Seven well-controlled randomized clinical trials with varying research teams have established DBT as a valid and effective treatment for Borderline Personality Disorder.

Experts suggest that when standard treatment for eating disorders fails to produce results,

it's often because patients may have multiple eating disorder diagnoses along with comorbid Axis 1 or 2 disorders; thus, progress may be impeded by more serious emotional dysregulation, more complicated eating pathology, and impulsive and self-destructi [sic]

According to Lucene Wisniewski, PhD, FAED, cofounder of the Cleveland Center for Eating Disorders and an adjunct assistant professor at Case Western Reserve University, some individuals with eating disorders are "supremely emotionally sensitive" and may self-harm as a way to regulate emotion. She says data suggest that 40% to 50% of individuals with eating disorders have depression, 30% to 40% have anxiety, and about 33% have personality disorders.

Because DBT is intended to help patients develop more adaptive ways to regulate emotion and to analyze and restructure behaviors that arise from emotional dysregulation, it can be a very effective method of helping a person to overcome eating disorders.

To that purpose, it focuses on skills training and helping patients to increase mindfulness, appropriately regulate emotion, and safely tolerate distress. Its name derives from the dialectical tension between acceptance and change, each being important components that are integrated into the therapy.

Used in inpatient, residential, and outpatient treatment, DBT, a multimodal cognitive-behavioral approach, has since been adapted in several ways for people with eating disorders who, like those with BPD, may have difficulty regulating their emotions.

It's been used as a treatment for the complex cases of eating disorders described above and also in a modified form for less complicated cases in which other first-line approaches alone have been unsuccessful.

Here are the resources and references for this presentation.

Thank you for joining us today for our discussion of Borderline Personality Disorder and Dialectical Behavior Therapy.

We will now take time for questions.

[2016/06/18 13:43] Carolyn Carillon: QUESTION: Rienna, will Virtual Ability be posting your slides, or will you make them available on SlideShare?

[2016/06/18 13:43] Carolyn Carillon: RR: I believe they will be posting them. I still have to make the handouts but I will get that done

[2016/06/18 13:43] Gentle Heron: Thank you so much for your highly informative session, Rienna. It's always good to look at a variety of programs because there's no program that is right for everyone. QUESTION: How does DBT compare to 12-step programs?

[2016/06/18 13:44] Carolyn Carillon: RR: DBT & 12 Step programs work hand in hand
DBT focuses on skills development

12 Step programs are more about things people have to do
DBT is cyclical
You do the skills
and then you do them again
DBT focuses a lot on acceptance
helping people to manage their emotions
12 Step Programs focus on other issues

[2016/06/18 13:44] Gentle Heron: QUESTION: I think the most important thing you said was "acceptance is not approval." Please say more about that. People with disabilities often ask for tolerance from people who do not have that disability. How does that fit?

[2016/06/18 13:45] Carolyn Carillon: RR: That's a great question
Just because I accept that reality is reality
does not mean that I approve
One example Dr. Lenahan gives
Let's say there's a child
they're riding a bike
a driver hits the child
and the child is killed
parents can't accept that
but physically it was what had to happen
it happened for a reason
but we don't have to approve of it

[2016/06/18 13:47] Anya (anya.ibor): One can accept the reality of a situation, but one does not have to like it.

[2016/06/18 13:47] Carolyn Carillon: RR: To me that's the biggest key is learning about DBT

We have to accept reality as it is
And you have to work through your pain
your suffering

[2016/06/18 13:47] Gentle Heron: Pain is a sensation; fear of pain creates suffering.

[2016/06/18 13:48] MatildaMoontree: so, DBT wants to teach me that there is a reason for, say, a child to die in a wreck?

[2016/06/18 13:48] Carolyn Carillon: RR: I think what I'm trying to say about that example

We don't like it

It's not ok

But because of how physics works

it was unavoidable

it's an extreme example

but that's the example she gives

[2016/06/18 13:49] iSkye Silverweb: "face the facts"

[2016/06/18 13:48] Carolyn Carillon: QUESTION (from iSkye): I was going to ask if DBT could be considered a type of behaviour modification therapy

[2016/06/18 13:49] Carolyn Carillon: RR: I believe DBT is a behaviour modification strategy
because you're learning to manage your emotions
there's an idea called turning the mind
you're training your brain
to react differently to events
if I'm afraid there's a tiger in the room
I've gone in there before
there was a tiger
that's normal
but if I'm afraid every time
I need to face my fears
and process those emotions
and not hide

[2016/06/18 13:50] Stefano (stephanos.kowalski): I don't understand why the religious and spiritual groups have a problem with DBT

[2016/06/18 13:51] Carolyn Carillon: RR: I come from a religious background and the people I went to church with as a child probably wouldn't like DBT because of the zen buddhism
but if you look at it analytically
it makes sense
it's about being present
not worrying about the past or the future
people from religious groups may not understand it
they may just be making a judgement

[2016/06/18 13:52] Anya (anya.ibor): Many Western Judeo-Christian dogmas do not like even yoga--because it is foreign to them. It's a matter of education, publicly about "Eastern" practices to focus the mind.

[2016/06/18 13:53] Carolyn Carillon: RR: yes Anya that's exactly correct

[2016/06/18 13:53] Gentle Heron: Isn't the point of prayer to focus the mind?

[2016/06/18 13:53] Carolyn Carillon: RR: it's a difficult thing to explain to someone with a judeo christian background

[2016/06/18 13:52] Amy Waverider: DBT is mainly steps to help you move through a situation and not be stuck in it? Is that correct?

[2016/06/18 13:53] Carolyn Carillon: RR: yes absolutely because it focuses on accepting
once you accept
you can let go of your emotions
and you're no longer stuck
that was the biggest thing to me
just to acknowledge my emotions
through DBT you're able to learn to feel those emotions
and not be afraid of them
acknowledge them & then let them go

[2016/06/18 13:54] Amy Waverider: I don't see that is religion based. I see yes, that is very important.

[2016/06/18 13:54] Carolyn Carillon: RR: DBT teaches you how to look at life differently than you have in the past
how to change your reaction to the things that happen to you

[2016/06/18 13:55] Stefano (stephanos.kowalski): maybe it is not religion based, but some groups may perceive it as competition ;)

[2016/06/18 13:55] Anya (anya.ibor): It is about re-framing one's perception of reality and present/past problems and worldviews.

[2016/06/18 13:56] Amy Waverider: How can it be competition when your helping someone or getting help to move through something that may have profound affect on their lives or others
It appears to me to be improving lives

[2016/06/18 13:57] Lucia TopHat: I come from a Christian background and am a Christian. I know very few people who have issues with yoga and none who have issues with mindfulness. Meditation is actually a Biblical practice as well.

[2016/06/18 13:57] Carolyn Carillon: RR : I think the biggest problem for religious groups
for example, Christianity teaches you to put your faith only in God to move forward with your problems but I don't feel that's enough
Like my mom has generalized anxiety disorder
she's a strong Christian but even her faith failed her
but DBT helped
religious groups can be so judgemental
DBT teaches you not to judge
there's no such thing as good or bad
that's a big thing
if you think about how we talk every day
we're constantly throwing judgements out there
but if we learned not to judge
we'd all be a little bit happier

[2016/06/18 13:59] Stefano (stephanos.kowalski): you may see religions as a way to help persons, but in practice the organized religions tend to act as competitors and some are very aggressive about that

[2016/06/18 13:59] Gentle Heron: This goes back to the US Calvinistic roots maybe. When we say "innocent bystander" we imply that there are "guilty bystanders" don't we? We need to look at our language.

[2016/06/18 13:59] Amy Waverider: My experience is you can't judge something you don't know. You don't know what somebody else is going through or every aspect of something so judging leads to harm in many ways

[2016/06/18 13:59] iSkye Silverweb: "Only this church has the whole truth..."
I have seen argued by different denominations, so yes, sometimes it does seem they compete

[2016/06/18 14:00] Stefano (stephanos.kowalski): so a new way of thinking and helping people may be perceived as a threat, specially from those religions that prey on the fragilized person

[2016/06/18 14:00] Stranger Nightfire: I recall the case of a group of fundamentalist Christians who were beating a small child to get him to repent and they beat him until he was dead

[2016/06/18 14:00] Anya (anya.ibor): That old "blaming the patient"

[2016/06/18 14:00] Gentle Heron: oh Stranger how awful

[2016/06/18 14:01] Carolyn Carillon: RR: I believe in God and the promises in the Bible

but it's been changed so much by organized religion over the years

I don't think we practice Christianity the way it was intended

[2016/06/18 14:01] Roxie Marten: I am Jewish and honestly this is the first time i ever heard of DBT, so not every religion has a bug about it

[2016/06/18 14:01] Carolyn Carillon: RR: We need to love each other, not judge each other

[2016/06/18 14:01] Anya (anya.ibor): There's spirituality, prayer, belief...and then there's dogma--which very few ppl can attain.

[2016/06/18 14:02] Amy Waverider: I think God would not disapprove of seeking a way to move forward just include him in it. I think DBT is a useful tool and should not be condemned just practice in your faith in conjunction with it maybe

[2016/06/18 14:02] Stranger Nightfire: the ones who are judgmental are ignoring what Jesus was actually teaching

[2016/06/18 14:02] Ruby Vandyke: great presentation, Rienna! you've given me a lot to think about!

[2016/06/18 14:02] Gentle Heron: I am constantly amazed by how interactive our audiences are. Thank you all.

And thanks to Rienna for sharing this important information today.

Please remember to click the poster by the podium to get the handouts from our presenters.

[2016/06/18 14:03] Amy Waverider: From what I heard today I think it could be very useful

[2016/06/18 14:03] LV (lorivonne.lustre): <<transcription ends>>