



UW PACC

Psychiatry and Addictions Case Conference

UW Medicine | Psychiatry and Behavioral Sciences

DBT DISTRESS TOLERANCE SKILLS

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GENERAL DISCLOSURES

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SPEAKER DISCLOSURES

None.

LEARNING OBJECTIVES

After this training, you will be able to:

- Determine when to use DBT's Distress Tolerance (DT) skills with your cases
- List the DT skills
- Integrate use of DT skills in your practice

Case Example: DS

54 y/o Hispanic woman, lives with husband, some college

Key complaints: “There’s nothing I can do when I’m in pain; I’m arguing with my husband all the time; I’m worried about cancer returning”

OUD. Stopped opioids x1 week.
Longstanding anxiety and depressive symptoms: Baseline PHQ-9=10 (mild depressive symptoms) & GAD-7=15 (moderate anxiety symptoms).

Buprenorphine-Naloxone
24-8mg qd
Venlafaxine XR 275mg qd

WHAT IS A CRISIS?

A crisis is when you have a serious problem but you can't solve it (at least not now).

In a crisis, there is a pressure to solve the problem and it is difficult to stop trying.

In a crisis, emotions are high so the problem is distressing and having high emotions generally makes things worse.

A crisis is short-term.

- If it is happening all the time, it isn't a crisis, *it's your life!*

CAN YOU SOLVE THE CRISIS?

If yes, **SOLVE IT**

- Stick with it, don't take your eye off the ball, and do what it takes.

If no (or not right now), **STOP** trying to solve it

- Trying to solve something you can't will often make it worse and send your emotions through the roof.
- Focus on distress tolerance skills during an unsolved crisis.

These skills are designed just for an *unsolved* crisis.

Distress Tolerance Skills are for...

Patients

face many stressors

- Pain flares
- Frustrations with medical care
- Intense emotions
- Family conflicts
- Housing
- Money
- Drugs and alcohol
- Dangerous neighborhoods
- Long waits for social services

Clinicians

face many stressors

- Large caseloads
- Difficult and sick patients
- Hearing many traumatic stories
- Inability to help their patients
- Lack of time or resources to help their patients
- Frustrating interactions with social services
- Unhelpful rules or regulations
- Paperwork

DISTRESS TOLERANCE IS SURVIVING WITHOUT MAKING THE SITUATION WORSE

- Don't expect distress tolerance skills to make you "feel better"
- The fact is that you often may feel better, but that is not the purpose of the skill.
- The skills are so you won't make the situation worse.
- If the skills prevent the crisis getting worse but don't make you feel better, DON'T STOP! If you do, things may get worse.



So, if you use
distress tolerance
skills,



you survive as well
as you can and
“live to fight
another day” on
your crisis.

The more you
learn to tolerate
a crisis without
making it
worse,



the more
competent and
confident you
will become.

AND...

DBT DT: THE 4 STEPS

Step 1:

- Behavioral Assessment: Answer 3 questions

Step 2:

- Explain the concept of distress tolerance → make the pitch

Step 3:

- Determine a small target for homework

Step 4:

- Follow-up: Evaluate outcome and problem-solve barriers

STEP 1: THREE QUESTIONS TO ASK

1. What **triggers** the distress? What caused the patient to feel distressed?
 - Be behavioral (i.e., a talk with a family member, looking at mail, thinking a thought)
2. How did the patient respond? What did **he/she do** while distressed?
 - Be behavioral (i.e., yelled and started a fight, went to their room and ruminated, laid in bed all day, used substances, avoided tasks)
 - Listen for helpful AND destructive behaviors
3. How did their response **make things worse?**
 - From the patient's perspective! (not the yours/provider's)

REVISITING OUR CASE - DS

Step 1: Behavioral Assessment

- Triggers: intense back pain flares for hours; when feels better tends to overdo it
- Response: bedbound; does not eat or hydrate; isolates self; yells at husband
- What made it worse: “I feel so guilty after I yell at my husband, he’s just trying to help”

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STEP 2: GIVING THE PITCH

Explain what DT
is:

- These are skills to help you with...
(triggers)
- You've told me you tend to...
(response)



Explain the Goal:

- The goal is to not make things worse, this is very different than “feeling better”
- Bring down your emotions so you think more clearly
- You've told me things are worse when you...
(makes it worse)

REVISITING OUR CASE – DS

STEP 2: GIVING THE PITCH

Explain what DT is:

- These are skills to help you with...
the intense pain flares you experience (triggers)
- You've told me you tend to...
need to stay in bed for many hours, do not eat or drink water, isolate yourself from your family, and yell at your husband (response)



Explain the Goal:

- The goal is to not make things worse, this is very different than “feeling better”
- Bring down your emotions so you think more clearly
- You've told me things are worse when you...
yell at your husband (makes it worse)

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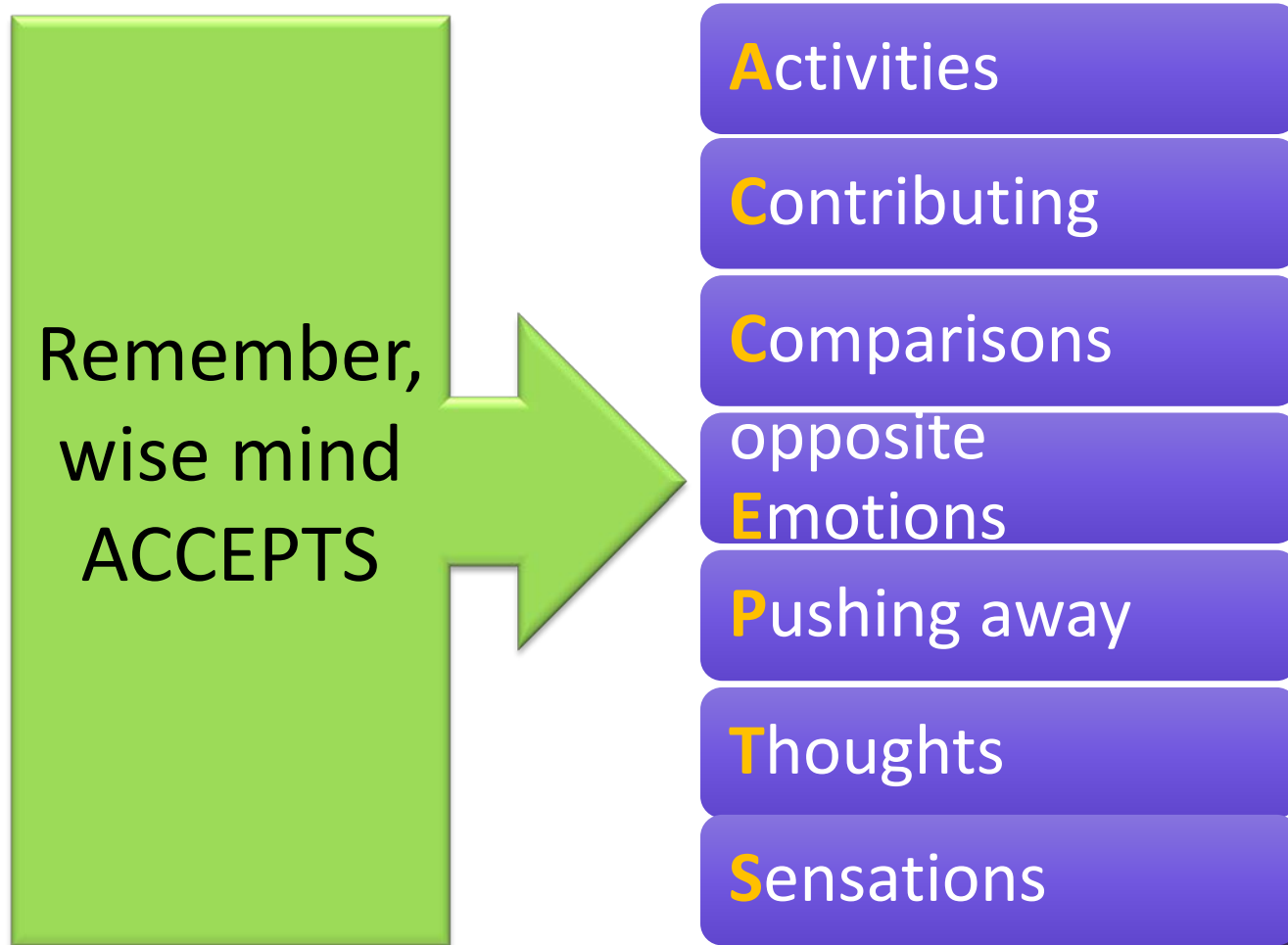
Step 4:

- Follow-up: Evaluate outcome and problem-solve barriers

So what are the Distress Tolerance skills?

- **Distract**
- **Self-Soothe**
- **IMPROVE the moment**

DISTRACTION IS DELIBERATELY TURNING YOUR ATTENTION AWAY FROM THE CRISIS.



SELF-SOOTHING

So what would you do if you lived with a loved one going through a crisis?

How would you soothe them?



That is what you want to do for yourself

Don't make a situation harder by being more uncomfortable than required


- For instance, don't wear tight shoes to the dentist

Self-Soothe with Five Senses



IMPROVE THE MOMENT

Skills to
accept pain
and reduce
suffering



Imagery

Meaning

Prayer

Relaxation

One thing in the
moment

Vacation

Encouragement

REVISITING OUR CASE – DS



Step 3: Choosing Strategies

- Distraction: watch movies, listen to music
- Self soothe: lay down
- Improve the moment: mini break from household chores, spending quality time with husband, relaxation, deep breathing

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STEP 4. FOLLOW-UP: EVALUATE THE OUTCOME AND PROBLEM SOLVE BARRIERS

ALWAYS ask about homework at follow up meetings.

Expect that patients might not do the activities. Do not judge.

If they don't try DT, ask 3 questions:



Do they have buy in to the treatment?



Did they simply forget?



Did they do the plan, but it didn't meet goal?

PROS AND CONS: A STRATEGY FOR DEALING WITH AMBIVALENCE

	PROS	CONS
Making it worse by: _____		
Tolerating distress by: _____		

CASE SCENARIO: INTENSE PAIN FLARE

	PROS	CONS
Making it worse by: <i>Stay in bed and isolate</i>	-won't have to be around others and try to control temper	-not being there for husband -not getting support from others -life "on hold"
Tolerating distress by: <i>Distracting with activities, self-soothing, or IMPROVE the moment</i>	-emotion may go in the background -quality time w/ husband -life continues	-may get more frustrated on top of hurting -temper may still be an issue

TIPS

Make sure the distress tolerance skill is close to the intensity of the distress

- If you have the urge to die, ironing is probably not going to help!

Make sure the timing of the skill matches the situation

- Distracting with Sensations is a great way to get started but doesn't last; so if crisis is long, pair with Activities or Contributing
- Distracting with Thoughts lasts for minutes to maybe an hour – good for the bus, traffic, staff meetings, or the line at the DMV
- Take a “vacation” for as long as time allows

TIPS

Any Distress Tolerance skills overused can make things worse

- Soothing by taste is not a good idea if you are a compulsive eater or are gaining weight
- Take too many vacations, you don't get anything done
- Distracting by watching a DVD, TV series, or reading novels can take over your life

Avoid Distraction when it is avoidance

- Often people see distraction - getting your mind off it - as the only way to cope when you can't do anything about the problem
- Sometimes you need to stay with the problem such as staying in class or on the worksite or with your children (or with your clients)
- Be sure to learn Self-Soothing and IMPROVE as much as Distract for this

**So those are the DBT
Distress Tolerance skills.**

Not new ideas –
**just conceptualized and organized in
systematic way**

INTERESTED IN READING MORE?

- Marsha Linehan's *Skills Training Manual for Treating Borderline Personality Disorder*
<http://behavioraltech.org/products/details.cfm?pc=GP04>
- Many on-line resources and handouts by searching for “DBT distress tolerance”

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