



UW PACC

Psychiatry and Addictions Case Conference

UW Medicine | Psychiatry and Behavioral Sciences

MANAGING DISTRESS TOLERANCE - HOW CAN I IMPROVE MY PATIENT'S DISTRESS TOLERANCE?

KARI A. STEPHENS, PHD

UNIVERSITY OF WASHINGTON



GENERAL DISCLOSURES

The University of Washington School of Medicine also gratefully acknowledges receipt of educational grant support for this activity from the Washington State Legislature through the Safety-Net Hospital Assessment, working to expand access to psychiatric services throughout Washington State.

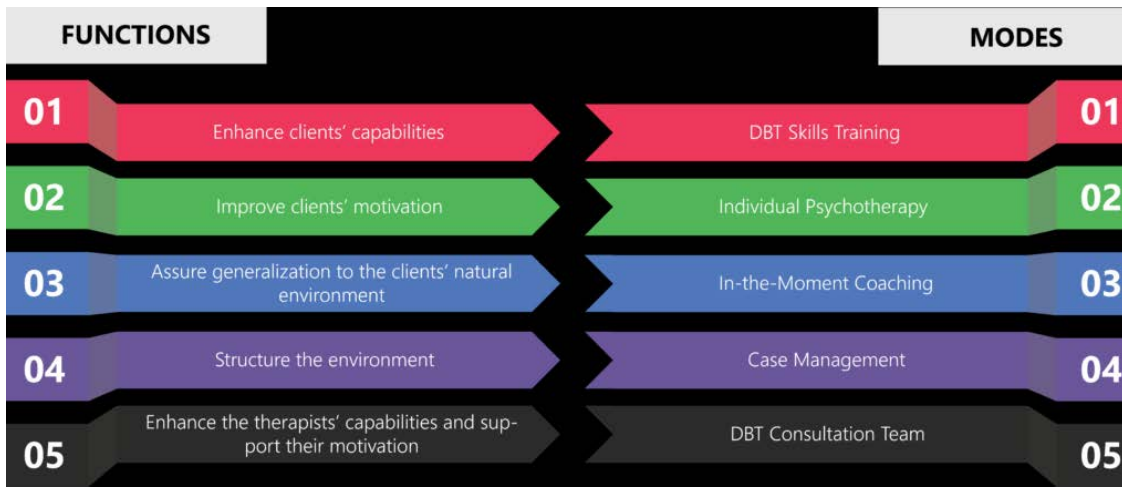
SPEAKER DISCLOSURES

✓ Any conflicts of interest?

OBJECTIVES

1. Describe DBT's Distress Tolerance skills.
2. Identify techniques you can use in your practice with distressed patients.

DIALECTICAL BEHAVIOR THERAPY



CBT therapy with individual psychotherapy and group skills training classes

<https://behavioraltech.org/>

Skills

- Mindfulness
- Emotion Regulation
- Distress Tolerance
- Interpersonal Effectiveness

Target Populations

- **Borderline Personality Disorder
- Substance dependence, depression, PTSD, and eating disorders
- Emerging for:
 - ADHD, Bipolar Disorder, anger issues
 - Improved effectiveness of pharmacotherapy (naltrexone) for OUD
 - Perinatal women with emotion dysregulation

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!*

DISTRESS TOLERANCE SKILLS ARE FOR...

Patients

face many stressors

- Housing
- Money
- Drugs and alcohol
- Dangerous neighborhoods or bus lines
- Trouble finding and keeping work
- Long waits for social services
- Medical problems and chronic pain
- **Feeling acutely suicidal

Clinicians

face many stressors

- Large caseloads
- Difficult 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

How can
you make a
crisis
worse?

Yelling at
someone

Using drugs
or alcohol

“Retail
therapy” with
money you
can’t afford to
spend

Eating too
much or too
little

Complaining
so much folks
don’t want to
talk to you

Giving up on
leading their
life

DISTRESS TOLERANCE IS SURVIVING WITHOUT MAKING THE SITUATION WORSE.

Tolerating distress is not solving the problem.

- There are other skills for problem-solving.



Remember

- Don't hit your head on a brick wall by trying to solve a crisis that can't be solved now.
- Figure out another way to solve the problem.
- Then practice distress tolerance until that other way can work.

DISTRESS TOLERANCE IS SURVIVING WITHOUT MAKING THE SITUATION WORSE.

Tolerating distress is not removing – or sometimes even reducing – distress.

- There are other skills for reducing emotions.



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.

STEPS FOR USING DBT DT SKILLS

- Do a good behavioral assessment
- Pitch using DT skills
 - Emphasizing the goal is to be skillful, which doesn't necessarily mean feeling better
- Iterate a small target for homework with the patient
- Follow-up and practice, practice, practice
 - Recognizing distress when it happens
 - Choosing to be skillful – trial and error
 - Using Pros/Cons if ambivalent about using the skills

HOW TO DO A GOOD ASSESSMENT

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)
3. How did their response make things worse?
 - From the patient's perspective!! (not the provider's)

So what are the Distress Tolerance skills

- Distract
- Self-Soothe
- IMPROVE the moment
- Pros and Cons

DISTRACTION IS DELIBERATELY TURNING YOUR ATTENTION AWAY FROM THE CRISIS.

Remember,
wise mind
ACCEPTS

Activities

Contributing

Comparisons

opposite **E**motions

Pushing away

Thoughts

Sensations

SELF-SOOTHE WITH FIVE SENSES

Vision

Decorate your space, go somewhere inspiring

Sound

Music, soothing voices, nature sounds

Smell

Cooking, lavender, the beach

Touch


Comfortable clothes, pet animal, foot massage

Taste

Favorite food, hard candy or mint, good cup of coffee

IMPROVE the moment

Skills to
accept pain
and reduce
suffering



Imagery

Meaning

Prayer

Relaxation

One thing in the moment

Vacation

Encouragement

PROS AND CONS

	Pros	Cons
Making it worse by: _____		
Tolerating distress by: _____		

SCENARIO: 10PM SUN NIGHT AND YOU FOUND AN EVICTION NOTICE ON YOUR DOOR

	Pros	Cons
Making it worse by: <i>getting drunk</i>	<ul style="list-style-type: none">-get to relax-won't have to think about it	<ul style="list-style-type: none">-won't be able to function tomorrow when have to call guy back
Tolerating distress by: <i>self-soothing</i>	<ul style="list-style-type: none">-get some relaxation-will be clear minded tomorrow	<ul style="list-style-type: none">-will be worried all night-probably won't sleep

SCENARIO: THURS AFTERNOON, LAST APPT, AND YOU HAVE A TOUGH NEW REFERRAL

	Pros	Cons
Making it worse by: <i>just go through the motions</i>	<ul style="list-style-type: none"> -don't have to focus when tired -don't get my hopes up 	<ul style="list-style-type: none"> -self-fulfilling prophesy -person will think you don't care
Tolerating distress by: <i>IMPROVE with meaning, self-sooth, and encouragement</i>	<ul style="list-style-type: none"> -feel proud of the quality of my work -have hope -treatment more likely to work 	<ul style="list-style-type: none"> -takes a lot of effort -may be disappointed (again)

**SO THOSE ARE THE DBT
DISTRESS TOLERANCE SKILLS.**

NOT NEW IDEAS –
**JUST CONCEPTUALIZED AND
ORGANIZED IN SYSTEMATIC
WAY.**

FEW 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

FEW 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 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

INTERESTED IN READING MORE?

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