When Comprehensive DBT Isn’t An Option (yet): Effective Interventions with People Suffering from Borderline Personality Disorder or Emotion Dysregulation.

Gail Efroymson, LICSW
She/Her
Harborview Mental Health and Addictions

Antonia Caliboso, LICSW
She/Her
Kaiser Permanente

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What is comprehensive DBT?

- Weekly DBT Skills Training
- Weekly Individual Psychotherapy
- Between-session phone/text Coaching
- Weekly DBT consultation team
- Duration: 6 MONTHS TO 1 YEAR

Emotion Dysregulation

HIGH EMOTION VULNERABILITY

INABILITY TO REGULATE EMOTIONS

EMOTION DYSREGULATION

Biosocial Theory of DBT

OVER TIME LEADS TO

Multiple Problems

(Chronic Emotional Dysregulation)

CASE CONCEPTUALIZATION

USING A TRAUMA INFORMED LENS

BELIEVING IN YOUR CLIENT’S (AND YOUR OWN) CAPABILITIES.

LIMITS, BOUNDARIES, AND MANAGING EXPECTATIONS.

Types of trauma: impersonal, interpersonal, attachment

- Impersonal- man-made, natural disasters, military
- Interpersonal- child abuse, rape, physical assault, DV, bullying, human trafficking, refugees and torture
- Mass interpersonal- terrorism, school shootings
- Attachment- cultural or intergenerational ex. Racism, genocide, communism or dictatorships, first or second generation immigrants, adoption
- Medical trauma- surgeries, illness

(Allen, 2005)
12 Core concepts for understanding traumatic stress responses in childhood from NCTSN


1. Traumatic experiences are inherently complex.
2. Trauma occurs within a broad context that includes children’s personal characteristics, life experiences, and current circumstances.
3. Traumatic events often generate secondary adversities, life changes, and distressing reminders in children’s daily lives.
4. Children can exhibit a wide range of reactions to trauma and loss.
5. Danger and safety are core concerns in the lives of traumatized children.
6. Traumatic experiences affect the family and broader caregiving systems.

7. Protective and promotive factors can reduce the adverse impact of trauma.
8. Trauma and post-trauma adversities can strongly influence development.
10. Culture is closely interwoven with traumatic experiences, response, and recovery.
11. Challenges to the social contract, including legal and ethical issues, affect trauma response and recovery.
12. Working with trauma-exposed children can evoke distress in providers that makes it more difficult for them to provide good care.

The importance of culture and spirituality

Remember Concept #7 and 10?

Protective and promotive factors can reduce the adverse impact of trauma.

Culture is closely interwoven with traumatic experiences, response, and recovery.

IDEAS!

- What are your preferred pronouns?
- Would you like me to connect you with resources in the LGBTQ community?
- Would you like me to show you where the gender neutral restrooms are?
- Do you identify with any specific religion?
- Are religion and/or spirituality as a source of strength or comfort to you?
- Are there any specific cultural or spiritual practices that you engage in?
- Would you like help to find a place of worship?

Believing in your client’s (and your own!) capabilities.

CLIENT

THERAPIST

- Radical Acceptance
- Movement
- Humility
- Balance Change and Acceptance

Limits, boundaries, and managing expectations.

“You never answer when I call.”
“Why can’t I see you every day?”
“I need you to do this for me today.”
“Why can’t you just do this for me now?”
“If you don’t do X, then I’m going to do Y.”

**Limits**
- Setting limits
- Examples include frequency of appointments, number of phone calls answered in a day, and “doing things for the client”, number of bus tickets given in a month, number of clothing vouchers in a specific time period.

“Contingencies create capabilities.”

**Boundaries**
- Physical boundaries.
- Gifts and assistance from personal funds.

Setting boundaries is not mean. It’s providing the realistic structure of the world (and DBT).

**Managing expectations**
- Time frames
- Agency services available
- Multiple problems?

Working with People who Struggle with BPD or Emotional Dysregulation

**Interventions**
- Validation
- Psychoeducation about stress and skills
- Reinforcement of Functional Behavior
- Reduce harm
- Explore Ambivalence
- Consultation to client
- Family and other loved ones

**Intervention: Validation!**

What is validation?

Nail Video: https://www.youtube.com/watch?v=4EDh9APfOR

Video recommendation- Celeste Headlee Ted Talk- 10 ways to have a better conversation
SUBJECTIVE UNITS OF DISTRESS SCALE (SUDS)

- 100: Highest distress/fear/anxiety/discomfort that you have ever felt
- 90: Extremely anxious/distressed
- 80: Very anxious/distressed, can’t concentrate
- 70: Quite anxious/distressed, interfering with performance
- 60: Moderate anxiety/distress, uncomfortable but can continue to perform
- 50: Minimal anxiety/distress
- 40: Mild anxiety/distress, no interference with performance
- 30: Alert and awake, concentrating well
- 20: Totally relaxed

Biology influences temperament

4 categories of DBT skills

- Mindfulness
  - Increase control of your mind
  - Be in the present moment

- Distress Tolerance
  - Survive crisis situations without making things worse
  - Acceptance skills - Accept reality

- Emotion Regulation
  - Change (unwanted) emotional responses

- Interpersonal Effectiveness
  - Being skillful with others

Linehan, (1993)

Intervention: Skills!

Mindfulness
- Let’s Practice!

Distress Tolerance
- TIPP

Emotion Regulation
- Opposite Action: The opposite of going with ineffective urges

Linehan, (1993)

Intervention: Reinforcement!

Flip the script!
Reinforce effective behavior

Setting stage for future treatment

- Harm reduction
  - Safety plan
- Motivational interviewing
  - Encourage client to talk about their own thoughts about reasons they may want to change, what level of commitment they have to changing
  - Explore ambivalence

Linehan, (1993)
Attention to the environment

Consultation to Client

- This is a DBT concept but this doesn’t need to wait for DBT treatment

Resources for loved ones

- Seattle- Harborview family group
- NEA BPD- Family Connections/Teleconnections, videos
- Loving Someone with Borderline Personality Disorder by Shari Manning (2011)

Importance of self-care

A combination of three processes:
- Self-awareness
- Self-regulation
- Balancing connections between self, others, and the larger community.

(Barcia, 2003)

Why is self-care critical?

Remember Concept #12?

Working with trauma-exposed clients can evoke distress in providers that makes it more difficult for them to provide good care.

Biosocial Theory applied to the clinician

“Following DBT’s biosocial theory, we can identify three features of the person factor, the therapist’s patient-related emotional vulnerability: 1) high emotional sensitivity to patient-related cues, 2) high emotional reactivity once the emotions are elicited, and 3) slow return to emotional baseline. (Swenson, 2016).”

How to get self-care at work.

EXCERPT FROM THE SELF-CARE ASSESSMENT

Workplace or Professional Self-Care

- Take a break during the workday (e.g., lunch)
- Take time to chat with co-workers
- Make quiet time to complete tasks
- Identify projects or tasks that are exciting and rewarding
- Set limits with clients and colleagues
- Balance my caseload so that no one day or part of a day is “too much”
- Arrive at work space as it is comfortable and comforting
- Get regular supervision or consultation
- Negotiate for my needs (benefits, pay raise)
- Have a peer support group
- If relevant, develop a non-trauma area of professional interest


My Maintenance Self-Care Worksheet

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THANK YOU!

GAIL EFROYMSON, LICSW: GEFROY@UW.EDU
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REFERENCES


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http://socialwork.buffalo.edu/content/dam/socialwork/home/self-care-kit/Maintenance%20Self-Care%20Worksheet%20NEW%206.15.pdf

SUDS SCALE https://at-ease.dva.gov.au/professionals/client-resources/subjective-units-distress-scale
When Comprehensive DBT Isn’t an Option (Yet): Effective Interventions with People Suffering from Borderline Personality Disorder or Emotion Dysregulation

Gail Efroymson, LICSW gefroy@uw.edu, 206-744-9666
Antonia Caliboso, LICSW antonia.caliboso@gmail.com

Emotion Dysregulation

Comprehensive DBT

Biosocial Theory

Case Conceptualization

- Trauma Informed Lens
- Importance of culture and spirituality
- Believe in client’s (and your own) capabilities
- Limits, boundaries and managing expectations

Interventions

- Validation
- Psychoeducation about stress and skills (*handouts*)
- Reinforcement of functional behavior

Setting the stage for future treatment (hopefully comprehensive DBT!)

- Reduce Harm
- Explore Ambivalence

Attention to the Environment

- Consultation to the patient
- Resources for loved ones

Importance of Self-Care (*handouts*)
The distress thermometer – Subjective Units of Distress Scale (SUDS)

Try to get used to rating your distress, fear, anxiety or discomfort on a scale of 0-100. Imagine you have a ‘distress thermometer’ to measure your feelings according to the following scale. Notice how your level of distress and fear changes over time and in different situations.

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TIP Skills: Changing Your Body Chemistry

To reduce extreme emotion mind fast.

Remember these as TIP skills:

**TIP THE TEMPERATURE** of your face with COLD WATER*  
(to calm down fast)

- Holding your breath, put your face in a bowl of cold water, or hold a cold pack (or zip-lock bag of cold water) on your eyes and cheeks.
- Hold for 30 seconds. Keep water above 50°F.

**INTENSE EXERCISE***  
(to calm down your body when it is revved up by emotion)

- Engage in intense exercise, if only for a short while.
- Expend your body’s stored up physical energy by running, walking fast, jumping, playing basketball, lifting weights, etc.

**PACED BREATHING**  
(pace your breathing by slowing it down)

- Breathe deeply into your belly.
- Slow your pace of inhaling and exhaling way down (on average, five to six breaths per minute).
- Breathe out more slowly than you breathe in (for example, 5 seconds in and 7 seconds out).

**PAIRED MUSCLE RELAXATION**  
(to calm down by pairing muscle relaxation with breathing out)

- While breathing into your belly deeply tense your body muscles (not so much as to cause a cramp).
- Notice the tension in your body.
- While breathing out, say the word “Relax” in your mind.
- Let go of the tension.
- Notice the difference in your body.

*Caution:* Very cold water decreases your heart rate rapidly. Intense exercise will increase heart rate. Consult your health care provider before using these skills if you have a heart or medical condition, a lowered base heart rate due to medications, take a beta-blocker, are allergic to cold, or have an eating disorder.

Using Cold Water, Step by Step

COLD WATER CAN WORK WONDERS*

When you put your full face into cold water . . . or you put a zip-lock bag with cold water on your eyes and upper cheeks, and hold your breath, it tells your brain you are diving underwater.

This causes the “dive response” to occur. (It may take 15–30 seconds to start.)

Your heart slows down, blood flow to nonessential organs is reduced, and blood flow is redirected to the brain and heart.

This response can actually help regulate your emotions.

This will be useful as a distress tolerance strategy when you are having a very strong, distressing emotion, or when you are having very strong urges to engage in dangerous behaviors.

(This strategy works best when you are sitting quietly—activity and distraction may make it less effective.)

TRY IT OUT!

*Caution: Very cold water decreases your heart rate. If you have any heart or medical condition, have a lowered base heart rate due to medications, or are on a beta-blocker, consult your health care provider before using these skills. Avoid ice water if you are allergic to the cold.
FEAR

Fear FITS THE FACTS of a situation whenever there is a THREAT to:

A. Your life or that of someone you care about.
B. Your health or that of someone you care about.
C. Your well-being or that of someone you care about.
D. Other example: ____________________________________________

Follow these suggestions when your fear is NOT JUSTIFIED by the facts or NOT EFFECTIVE:

OPPOSITE ACTIONS for Fear

Do the OPPOSITE of your fearful action urges. For example:

1. Do what you are afraid of doing . . . OVER AND OVER.
2. APPROACH events, places, tasks, activities, and people you are afraid of.
3. Do things to give yourself a sense of CONTROL and MASTERY over your fears.

ALL-THE-WAY OPPOSITE ACTIONS for Fear

4. Keep your EYES AND EARS OPEN and focused on the feared event.
   Look around slowly; explore.
5. Take in the information from the situation (i.e., notice that you are safe).
6. Change POSTURE AND KEEP A CONFIDENT VOICE TONE.
   Keep your head and eyes up, and your shoulders back but relaxed.
   Adopt an assertive body posture (e.g., knees apart, hands on hips, heels a bit out).
7. Change your BODY CHEMISTRY.
   For example, do paced breathing by breathing in deeply and breathing out slowly.

(continued on next page)
SADNESS

Sadness FITS THE FACTS of a situation whenever:

A. You have lost something or someone permanently.
B. Things are not the way you want or expected and hoped them to be.
C. Other example: ________________________________

Follow these suggestions when sadness is NOT JUSTIFIED by the facts or is NOT EFFECTIVE:

OPPOSITE ACTIONS for Sadness

Do the OPPOSITE of your sad action (or inaction) urges. For example:

1. Get ACTIVE; approach.
2. AVOID AVOIDING.
3. BUILD MASTERY: Do things that make you feel competent and self-confident.
   (See Emotion Regulation Handout 19: Build Mastery and Cope Ahead.)
4. Increase PLEASANT EVENTS.

ALL-THE-WAY OPPOSITE ACTIONS for Sadness

5. Pay attention to the PRESENT MOMENT!
   Be mindful of your environment—each detail as it unfolds.
   Experience new or positive activities you are engaging in.

6. CHANGE YOUR POSTURE (adopt a “bright” body posture, with head up, eyes open, and shoulders back).
   Keep an upbeat voice tone.

7. CHANGE YOUR BODY CHEMISTRY.
   For example, increase physical movement (run, jog, walk, or do other active exercise).

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Self-Care Assessment


The following worksheet for assessing self-care is not exhaustive, merely suggestive. Feel free to add areas of self-care that are relevant for you and rate yourself on how often and how well you are taking care of yourself these days.

When you are finished, look for patterns in your responses. Are you more active in some areas of self-care but ignore others? Are there items on the list that make you think, "I would never do that"? Listen to your inner responses, your internal dialogue about self-care and making yourself a priority. Take particular note of anything you would like to include more in your life.

Rate the following areas according to how well you think you are doing:

3 = I do this well (e.g., frequently)
2 = I do this OK (e.g., occasionally)
1 = I barely or rarely do this
0 = I never do this
? = This never occurred to me

### Physical Self-Care

___ Eat regularly (e.g. breakfast, lunch, and dinner)
___ Eat healthily
___ Exercise
___ Get regular medical care for prevention
___ Get medical care when needed
___ Take time off when sick
___ Get massages
___ Dance, swim, walk, run, play sports, sing, or do some other fun physical activity
___ Take time to be sexual - with myself, with a partner
___ Get enough sleep
___ Wear clothes I like
___ Take vacations
___ Other:

### Psychological Self-Care

___ Take day trips or mini-vacations
___ Make time away from telephones, email, and the Internet
___ Make time for self-reflection
___ Notice my inner experience - listen to my thoughts, beliefs, attitudes, feelings
___ Have my own personal psychotherapy
___ Write in a journal
___ Read literature that is unrelated to work
___ Do something at which I am not expert or in charge
___ Attend to minimizing stress in my life
___ Engage my intelligence in a new area, e.g., go to an art show, sports event, theatre
___ Be curious
Say no to extra responsibilities sometimes
Other:

**Emotional Self-Care**

- Spend time with others whose company I enjoy
- Stay in contact with important people in my life
- Give myself affirmations, praise myself
- Love myself
- Re-read favorite books, re-view favorite movies
- Identify comforting activities, objects, people, places and seek them out
- Allow myself to cry
- Find things that make me laugh
- Express my outrage in social action, letters, donations, marches, protests

**Spiritual Self-Care**

- Make time for reflection
- Spend time in nature
- Find a spiritual connection or community
- Be open to inspiration
- Cherish my optimism and hope
- Be aware of non-material aspects of life
- Try at times not to be in charge or the expert
- Be open to not knowing
- Identify what is meaningful to me and notice its place in my life
- Meditate
- Pray
- Sing
- Have experiences of awe
- Contribute to causes in which I believe
- Read inspirational literature or listen to inspirational talks, music

**Relationship Self-Care**

- Schedule regular dates with my partner or spouse
- Schedule regular activities with my children
- Make time to see friends
- Call, check on, or see my relatives
- Spend time with my companion animals
- Stay in contact with faraway friends
- Make time to reply to personal emails and letters; send holiday cards
- Allow others to do things for me
- Enlarge my social circle
- Ask for help when I need it
- Share a fear, hope, or secret with someone I trust

Other:
Workplace or Professional Self-Care

- Take a break during the workday (e.g., lunch)
- Take time to chat with co-workers
- Make quiet time to complete tasks
- Identify projects or tasks that are exciting and rewarding
- Set limits with clients and colleagues
- Balance my caseload so that no one day or part of a day is "too much"
- Arrange work space so it is comfortable and comforting
- Get regular supervision or consultation
- Negotiate for my needs (benefits, pay raise)
- Have a peer support group
- (If relevant) Develop a non-trauma area of professional interest

Overall Balance

- Strive for balance within my work-life and work day
- Strive for balance among work, family, relationships, play, and rest

Other Areas of Self-Care that are Relevant to You

- 
- 
- 

My Maintenance Self-Care Worksheet

Review the Self-Care Assessment that you just completed, which includes what you are doing now for self-care. On this maintenance self-care worksheet, list those activities that you engage in regularly (like every day or week) under “current practice” within each domain. Identify new strategies that you would like to begin to incorporate as part of your ongoing maintenance self-care—pay particular attention to domains that you have not been addressing in the past. On the last page identify barriers that might interfere with ongoing self-care, how you will address them, and any negative coping strategies you would like to target for change and how you will change them.

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| OTHER: _____              | OTHER: _____                   |
| Current practice         | Current practice               |
| New practice             | New practice                   |
### My Maintenance Self-Care Worksheet

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<th>How I will address these barriers and remind myself to practice self-care</th>
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<table>
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<tr>
<th>Negative coping strategies</th>
<th>What I will do instead</th>
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<td>I would like to use less or not at all</td>
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(Adapted by Shirley Reiser, LCSW and Lisa D. Butler, PhD from materials provided by Sandra A. Lopez, LCSW, ACSW, University of Houston, Graduate School of Social Work.)