

DEALING WITH DISTRESS: An Overview of DBT Distress

Diane Bigler, LCSW, LSCSW

Tolerance Skills

www.dianebiglertraining.com

"We are never devoid of distresses; our peace of mind depends on our heart's way of accepting the strife."

— Munia Khan

Learning Objectives:

- Explain distress tolerance skills within the DBT model.
- Identify at least three distress tolerance skills to use with clients.
- Discover the value of integrating DBT-informed treatment with clients to improve their distress tolerance.

CRASH COURSE IN DBT

- DBT was developed in the 1970's by Dr. Marsha Linehan to treat non-suicidal selfinjury and Borderline Personality Disorder (BPD).
- Dr. Linehan had personal experience with mental illness
 - Received CBT treatment but found it ineffective and missing key components (validation and behavior focus)
- DBT was the first psychotherapy to formally incorporate mindfulness.
- DBT is effective and appropriate for populations outside of BPD.
- DBT has roots in: CBT, stoicism, humanism, Eastern philosophies and practices, and dialectics.

Mindfulness

Distress Tolerance Interpersonal Effectiveness

Emotional Regulation

WHAT ARE DIALECTICS?

- "A synthesis or integration of opposites"
 - -Marsha Linehan
- Two opposing things can be true at the same time
- DBT is centered on one main dialectical principle:

Acceptance AND Change

 Linehan found that her clients (especially those w/BPD) needed a dialectical therapeutic approach to increase successful outcomes.

- Assumptions:
 - All things are interconnected.
 - Change is constant and inevitable.
 - Opposites can be integrated to the middle path.
- Dialectical statement examples:
 - I am doing my best and can do better.
 - I am angry at that person and still respect them.
 - Some people are safe and some people are unsafe.
 - I can accept myself and change.

HANDOUT:

Distress
Intolerance
SelfAssessment

DISTRESS INTOLERANCE

Perceived inability to fully experience unpleasant, aversive or uncomfortable emotions, and is accompanied by a desperate need to escape the uncomfortable emotions.

VIDEO

- The more we fear, struggle with, and try to avoid any form of distress, generally the worse that distress gets. "Struggle Switch" ->
- Distress intolerant beliefs?



I can't stand this · It's unbearable · I hate this feeling · I must stop this feeling · I must get rid of it · Take it away · I can't cope with this feeling · I will lose control · I'll go crazy · This feeling will keep going on forever · It is wrong to feel this way · It's stupid and unacceptable

It's weak · It's bad · It's dangerous

UNHELPFUL COPING STRATEGIES

- Spending time thinking about past pains, mistakes and problems
- Getting anxious worrying about future pains, mistakes and problems
- Isolating oneself to avoid distressing situations
- Making oneself numb with alcohol or drugs
- Taking feelings out on others by being angry or controlling them

- Engaging in dangerous or self-harming behaviors
- Engaging in unsafe sexual activities or relationships
- Using food to punish or control oneself
- Attempting suicide or making suicidal gestures
- Avoiding pleasant activities
- Surrendering to pain and resigning oneself to an unhappy and unfulfilling life

CASE STUDY

Jessica is a 54-year-old Hispanic woman who lives with her husband. She has had long standing anxiety and depression, with her most recent PHQ-9 score of 10 (mild) and GAD-7 score of 15 (moderate). Jessica had breast cancer 10 years ago and has been in remission for eight years. She has a substance use history and has been clean for nine months.

Jessica's chief complaints are:

"There's nothing I can do when I'm in pain."

"My husband and I always argue about me lashing out at him and everyone else when I'm stressed."

"I'm worried about cancer returning."

DISTRESS TOLERANCE

Video: Pain vs Suffering

https://youtu.be/N-

"DBT emphasizes learning to bear pain skillfully. The ability to tolerate and accept distress is an essential mental health goal for at least two reasons.

First, pain and distress are a part of life; they cannot be entirely avoided or removed. The inability to accept this immutable fact itself leads to increased pain and suffering.

Second, distress tolerance, at least over the short run, is part and parcel of any attempt to change oneself; otherwise, impulsive actions will interfere with efforts to establish desired changes."

- Marsha Linehan



When we see that suffering or some pe coming up, we don to run away from fact, we have to go and take care

-Thich Nhat Hanh, Th Thich Nhat Hanh of Communicating

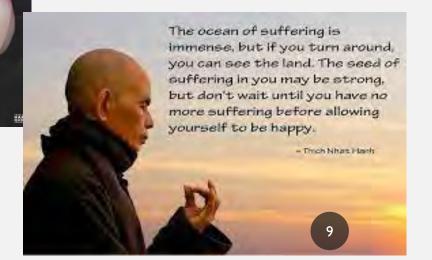
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thing - including love, hate, uffering - needs food to lue. If suffering continues, it's ise we keep feeding our ing.

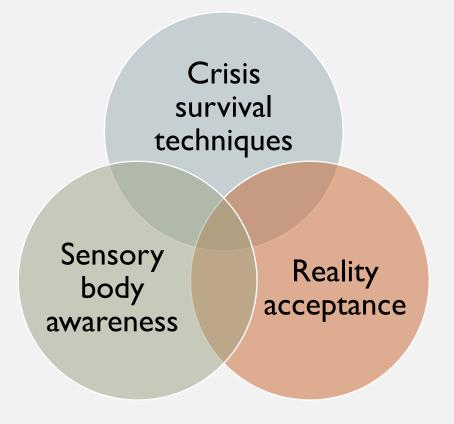
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DISTRESS TOLERANCE SKILLS CATEGORIES





BENEFITS OF DISTRESS TOLERANCE SKILLS

- Creates short term relief in a crisis or when suffering
- Minimizes the risk of impulsive actions (i.e. self-harm, suicide attempts, aggression)
- Techniques for self-soothing and relaxation

- Encourages reality acceptance:
 - Painful events, memories and thoughts are universal experiences and cannot be avoided
- Techniques for promoting acceptance of painful events
- Techniques for distracting attention from overwhelmingly painful feelings → more time and space available to plan productive coping responses

Helpful Resource!

https://dialecticalbehaviortherapy.com/distress-tolerance/

DISTRESS TOLERANCE SKILLS

Self-soothing techniques (five senses)

TIPP skills

The STOP skill (to stop yourself from engaging in impulsive behavior)

Pros and cons

Radical acceptance

Distraction

IMPROVE the moment

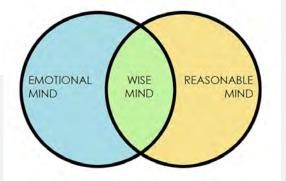
ACCEPTS

IMPROVE AND ACCEPTS

Do clients have to use acronyms?

- •I Imagery
- •M Meaning
- •P Prayer
- •R Relaxation
- •O One thing at a time
- •V Vacation
- •E Encouragement

- •A Activities
- •C Contributing
- •C Comparisons
- •E Emotions use opposite
- •P Pushing Away
- •T Thoughts
- •S Sensations



TIPP

Video:
Radical Acceptance
https://youtu.be/ZsaGjnY6wvM

RADICAL ACCEPTANCE

Distress Tolerance Skill 1: TIPP



TEMPERATURE

Change your body temperature. Splash your face with cold water, hold an ice cube, let car AC blow on your face, take a cold shower



INTENSE EXERCISE

Do intense exercise to match your intense emotion. Sprint to the end of the street, do jumping jacks, push ups, intense dancing



PACED BREATHING

Try Box Breathing: Breathe in for 4 seconds, hold it for 4 seconds, breathe out 4, and hold 4. Start again, and continue until you feel more calm.



PAIRED MUSCLE RELAXATION

Focus on 1 muscle group at a time. Tighten your muscles as much as possible for 5 seconds. Then release & relax. Repeat with other muscle groups.

@the.love.therapist

- The present moment is the only one I have control over.
- Fighting my current emotions and thoughts only gives them more fuel to thrive.
- The present is a result of thousands of variables from the past.
- This moment is precisely as it should be even though I might not like it.
- I cannot change what has happened in the past.
- I accept this moment as it is.
- Although my emotions are uncomfortable, I will get through it.
- It's not helpful for me to fight the past.

DISTRESS TOLERANCE: FOUR STEPS

Behavioral Assessment Make the Pitch

Choose a Strategy, Homework Follow up, Evaluate, Problem Solve

HANDOUT:

Distress
Tolerance Action
Plan

DT ACTION PLAN

Distress Exposure Ladder

Triggers	Warning signs
Accept distress	Avoid escape methods
•	
Improve distress	

Goal: Tolerate distressing emotions while watching a complete movie.	Distress 0-100
Listen to an emotional song.	25
Watch the news, don't change channel when sad story comes on.	35
Watch a short video of someone crying or upset.	40
Watch an emotional TV show.	55
Read an emotional book – 20 mins a day.	60
Watch an emotional movie – in 30 min intervals.	70
Watch an emotional movie in two sittings.	80
Watch an emotional movie in one sitting.	90

REVISITING JESSICA'S CASE STEP I: BEHAVIORAL ASSESSMENT

1. Triggers

- Intense back pain flares for hours
- Tends to overdo things when feeling better

2. Response

- Bedbound
- Does not eat or hydrate
- isolates self
- yells at husband

3. What Made it Worse

"I feel so guilty after I yell at my husband. He's just trying to help"



JESSICA'S CASE STEP 2: MAKE THE PITCH

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

The goal is to not make things worse. This is very different than 'feeling better.' DT skills help you bring down your emotions so you think more clearly. You've told me things are worse when you **yell at your husband."**

JESSICA'S CASE STEP 3: CHOOSING STRATEGIES

Yells at husband

Does not eat or drink

Isolates self

Bedbound

- Distraction: watch TV, listen to music, play with pet, crossword puzzle
- Self-soothe: sit in comfortable chair, breathe, lavender lotion, cozy clothes, snack, "chug" water
- IMPROVE the moment: call a friend, smile/laugh, imagery, prayer, neutral affirmations

MAKE A SPECIFIC PLAN

- When planning, consider:
 - Date or days of the week
 - Reminders
 - Time of day
 - For how long?
 - With whom?
 - What is Plan B?
 - Motivation, encouragement visuals

- Ask patient:
 - How likely are you to do this?
 - What will you do if you don't feel like doing it?
 - What may get in the way of you doing this?

The more detailed the plan, the more likely it will be followed

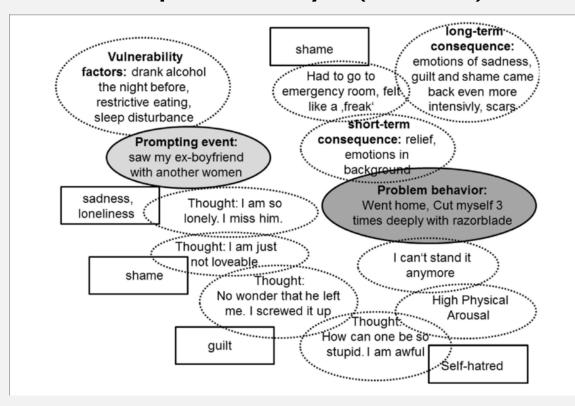
JESSICA'S CASE STEP 4: FOLLOW UP

- Jessica has expressed ambivalence in following through with using DT skills.
- Ambivalence is common and should be validated first before exploring.
- Let's look at using the pros and cons skill to address
 Jessica's ambivalence.

	Pros	Cons
Making it worse by: • Staying in bed and isolating	 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: • Distracting with activities, self soothing, or choosing to IMPROVE the moment	 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

BEHAVIOR CHAIN ANALYSIS

Example chain analysis (Self-harm)



- 1. Complete a Chain Analysis
- 2. Evaluate emotional vulnerabilities
 - 1. Did he eat enough?
 - 2. Did he sleep enough the night before?
 - 3. Is he in physical pain?
 - 4. Did he use any substances?
- Assess attempts to be skillful
 - What did he already do or attempt to do to try to manage his emotions?
 - 2. Was it effective?
 - 3. What could he do in the future to become more skilled?

DISTRESS TOLERANCE AND TRAUMA

TOM: Thought, Opposite, Middle

I am such an idiot and can't do anything right.

There are some things that I'm good at, and there are some things that I need to grown in. "The Middle Path"

I'm an absolute genius at everything. I'm perfect.

- What are the pros and cons of doing things my usual way vs. the pros and cons of using one of my skills?
- Coping card: lists concrete and preferred strategies for managing anxiety, a crisis or distress (must be simple and accessible at all times)
- "Cope ahead": Don't wait for a crisis to use your skills!

RESOURCES FOR YOU!

- Distress tolerance toolkit: https://www.cci.health.wa.gov.au/-/media/CCI/Consumer-Modules/Facing-Your-Feelings---04---Tolerating-Distress.pdf
- Borderliner Notes (Linehan videos): https://borderlinethefilm.com/project/linehan/
- Distress tolerance worksheets:
 https://caps.unc.edu/sites/caps.unc.edu/files/documents/Distress%20Tolerance%20worksheets%20%281%29.pd
- Dealing with Distress toolkit: https://www.getselfhelp.co.uk/docs/DealingwithDistress.pdf
- DBT Manual for Teens: https://cmhconline.com/wp-content/uploads/2016/10/DBTAsolescentrathus-forms.pdf
- Distraction techniques (self-harm): http://www.selfinjury.bctr.cornell.edu/perch/resources/distraction-techniques-pm-2.pdf
- "Back From the Edge" (BPD documentary): https://www.youtube.com/watch?v=967Ckat7f98
- Annie's Story: A Healing Journey with DBT: https://newroadstreatment.org/annies-story-a-healing-journey-with-dbt/
- Chain analysis worksheet w/instructions: https://cls.unc.edu/wp-content/uploads/sites/3019/2014/10/Behavior-Chain-Analysis-Information-1.pdf
- Coping Card template: https://caps.ucsc.edu/resources/coping-card-anxiety-emotions.pdf

DBT CHEAT SHEET - Coping Skills

The following highlights the Dialectical Behavior Therapy (DBT) tools to use to manage or regulate the many challenging emotions we feel. Try out some of these tools in your day-to-day life. Visit https://dbt.tools/ for more information.

DBT CHEAT SHEET

How to use these skills:

Awareness Acceptance Action

Mindfulness

How skills:

- One-mindfully
- Non-judgmentally
- Effective

What skills:

- Observe
- Describe
- Participate

Distress Tolerance

Activities Contributing Comparisons **Emotion opposites** Pushing away **Thoughts** Sensations

Imagery Meaning Relaxation One thing at at time Vacation Encouragement

Temperature Intense Physical Exertion Paced breathing

Emotion Regulation Skills

- Understand emotional experience
- Reduce emotional vulnerability
- Decrease emotional suffering

Emotion Regulation

P&L Physical Illness (treat) Eating (balance) Altering drugs (avoid mood-altering drugs) Sleep (balance) Exercise (get)

build MASTER y

Mindful to emotion Act opposite to emotion Self-validation Turn the mind Experience building positives Radical acceptance

Interpersonal **Effectiveness**

Describe Express Assert Reinforce

Mindful Appear confident Negotiate

Gentle Interested Validate Easy Manner

Fair Apology-free Stick to values **Truthfulness**

Problem Solving

- 1. Identify problem
- 2. Gather data
- 3. Analyze data
- 4. Find solution

Validate

Imagine Take small steps Applaud yourself Lighten your load Sweeten the pot

Setting Goals Specific Meaningful **A**chievable

Recordable Timeline plan

Relapse Prevention

- Practice skills daily
- Enhance positive states
- Disregard social pressure

Thought Modification

- Turn the mind
- Radical acceptance
- Willingness

Behaviour Chain Analysis

- 1. Prompting event
- 2. Problem thought
- 3. Problem emotion
- 4. Target behavior
- 5. Short-term relief
- 6. Long-term consequences

Self-soothe with the senses

Taste Hearing Smell Sight Touch

Pros & Cons

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feelingsmind Rescor milities iteleleite 1/e knowederning wee mind is when they work logate with munion

kalilatiya salila k Noncephanic Comment Situation without emotion of Mene Lens tolks what is happening with a out trying to change it.

SPIDASONISI XXXXXXXXX on it begained be event without its covertor

STANCE: Avoid labelling Semathingers good or describe participate.

(Magaangayay) l ocusion what works. Kelebalitayan milikula objectives

moment Focus all of your senses on the one thing you are doing/thinking at a particular moment if you notice other thoughts entering your mind, follow: tieni builettien go

Am I Distress Intolerant?

If you are still a bit unclear as to whether distress intolerance is a problem for you, take a look at the following statements. Put a tick next to the statements you <u>strongly agree</u> with.

Engling distracted or upset is uphasmble to me	
Feeling distressed or upset is unbearable to me	<u> </u>
When I feel distressed or upset, all I can think about is how bad I feel	
I can't handle feeling distressed or upset	
My feelings of distress are so intense that they completely take over	
There is nothing worse than feeling distressed or upset	
I don't tolerate being distressed or upset as well as most people	
My feelings of distress or being upset are not acceptable	
I'll do anything to avoid feel distressed or upset	
Other people seem to be able to tolerate feeling distressed or upset better than I can	
Being distressed or upset is always a major ordeal for me	
I am ashamed of myself when I feel distressed or upset	
My feelings of distress or being upset scare me	
I'll do anything to stop feeling distressed or upset	
When I feel distressed or upset, I must do something about it immediately	
When I feel distressed or upset, I cannot help but concentrate on how bad the distress actually feels	
The shave statements are an adoptation of the District Telegraphy Scale (Simons & Cabou 2005)	

The above statements are an adaptation of the Distress Tolerance Scale (Simons & Gaher, 2005)

If you find yourself agreeing with a lot of the above statements, then this can be a sign of having difficulties with tolerating emotional distress.

To get an even better idea if distress intolerance is a problem in your life, keep a tally over the next week or so of any negative emotions you feel. Then make a rating of how intolerable (i.e., unbearable, unmanageable) these feelings were for you. Also note how you reacted to these emotions (i.e., Did you frantically try to stop the feeling? Did you ride it out? Did you do things that seemed helpful or unhelpful to coping with the emotion?). You could use a notepad to keep track of these things, and it might look something like the example below. After having tuned in closely to how you tolerate negative emotions, you may then be in a better position to assess if distress intolerance is a problem for you.

Day/Time	Negative Emotion	Intolerable (0-5)	My reaction to the emotion
		0 tolerable – 5 intolerable	
Monday 8am	Anxíous	4	Stopped the anxiety by calling in sick to work. This was unhelpful given how many sick days I have had, and I will just have to face work tomorrow
Monday 2pm	Angry	3	Did some breathing, watched TV, the feeling passed
Monday Spm	sad	5	Drank, felt worse, hungover

Distress Tolerance Action Plan - example

My Triggers (external or internal)

Any relationship, friendship or family problem. Arguments. Thinking negatively about myself, the past or the future.

My Warning Signs (feelings, thoughts, physical sensations, urges or actions)

Sadness, Hurt, Despair, Depression

Thinking this is "hopeless", "unbearable", "unchangeable", "what's the point to anything"

Low energy, heavy, tired, want to cry

Isolate myself from everyone, urge to drink to dull pain

My Commitment to Dropping Escape Method(s) & Doing the Opposite Action

1 will stay with this feeling, rather than isolating myself and trying to escape with alcohol

Accepting My Distress (personalised mindfulness of discress script) Recognise & Allow Emotion:

Aha! I'm feeling sad. This is a normal emotion to have. I can allow myself to have this feeling... I don't have to be afraid of it or try to get rid of it.

Watch Emotion:

I can just watch this feeling...make space for it...see what it does...I don't have to get caught up in it. I notice the emotion in my stomach and shoulders. I notice my body feels lethargic and heavy.

This is just an emotion, just a feeling to be felt, nothing more and nothing less. I am not my emotions, I am the watcher of my emotions.

I can just observe the feeling like a cloud floating past in the sky - it will just hang around of its own accord until it drifts out of sight.

Be Present:

I will turn my attention back to the task I am doing now ...noticing what I can feel...hear... see... smell... taste...OR to my breath - noting each in and out breath

Deal with Emotional Comebacks:

I feel the sadness returning...that's OK, that's what emotions do, they like to rear their head again. I will just go back to watching it again...it is just another cloud in the sky...

Note: remember if the distress I experience is extremely intense unbearable emotional pain, such that I am currently unable to apply the acceptance strategies, then skip ahead to the next step of 'improving'. This is particularly relevant for people who engage in self-harm, or drug and alcohol use to manage their distress, as it is more important to avoid engaging in behaviours that are damaging to myself.

Improving My Distress (active & soothing distress improvement activities, words of self-encouragement, problem solving if relevant)

Walk around block

Enjoy sunshine

Get out of house - beach, park, shops, friends

Singing

Clean the kitchen

Shower

Water the garden

Baking

Pat my dog

Focus on any positive aspects in my life

Plan and make a nice dinner

Laugh out loud

call best friend

Favourite energetic music

Encourage myself: "I can get through thís", "Thís feelíng will pass".

Is it a situation I can control? If yes then problem solve: what's the problem, list all possible options for solving, look at pros and cons, pick a solution(s), break into steps, plan when to do each step, take action, revisit options if needed.

Note: remember that if I am dropping the following escape methods - situational avoidance, reassurance seeking or checking, distraction & suppression - then it is best to leave doing any distress improvement activities until after I have faced the distress and experienced it naturally subside. In this way the distress improvement activities become a reward for approaching rather than avoiding my distress.

My Distress Tolerance Action Plan

My Triggers (external or internal)
My Warning Signs (feelings, thoughts, physical sensations, urges or actions)
My Commitment to Dropping Escape Method(s) & Doing the Opposite Action
Accepting My Distress (personalised mindfulness of distress script) Recognise & Allow Emotion:
Watch Emotion:
Be Present:
Deal with Emotional Comebacks:
Note: remember if the distress I experience is extremely intense unbearable emotional pain, such that I am currently unable to apply the acceptance strategies, then skip ahead to the next step of 'improving'. This is particularly relevant for people who engage in self-harm, or drug and alcohol use to manage their distress, as it is more important to avoid engaging in behaviours that are damaging to myself.
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Dealing with Distress Worksheet

breathe	Stop, step	breath	Take a	
action urge?	What's the emotion I'm		observe - minarully	المادة
Regulation or Interpersonal Regulation or Interpersonal Reflectiveness skills) PLEASE MASTER DEAR MAN Reduce the emotion? (Distress Tolerance skills) ACCEPT IMPROVE	Change the situation or	will help most? WISE MIND	CHOOSE the most	Dealing With Dis
take a break, new thoughts, helping others	E.g. opposite action,		ACI - Do the skiil/s	Dealing With Distress Worksneet
could I have done differently?	What helped? What didn't help?		Outcome	>. L

Dealing with Distress Worksheet 2 Prompting Event – What was happening? Where? When? Who with? **Interpretation** – What meaning was I giving the situation? **Body Sensations** – What did I feel in my body? Body Language - What did my body do? How did it move? (posture, facial expression, body movement, gestures etc) Action Urge - What did I feel like doing? (Running away, attacking, withdrawing) Emotion Name - Anger, sadness, fear, guilt etc Choose action - What will help most? Can I, or do I need to, change this

Choose action – What will help most? Can I, or do I need to, change this situation? If not, how can I reduce the distress? What will be most effective and most appropriate?

Outcome – What helped? What didn't help? What could I have done differently?

Distress Tolerance Behavioral Assessment Grid

Step 1: Behavioral Assessment	Step 2: Make the Pitch
Ask Three Questions:	Explain the concept of distress tolerance
1. What triggers the distress?	- "These are skills to help you with (1. triggers).
– Be behavioral (i.e., talking with a family	You've told me you tend to (2. response)."
member, thinking a thought)	Explain the goal of distress tolerance skills
2. How did the patient respond to distress?	- "The goal is to not make things worse. This is
 Be behavioral (i.e., yelled/started a fight, 	very different than 'feeling better.'"
stayed in bed all day)	 "DT skills help you bring down your emotions so
 Listen for helpful and destructive behaviors 	you think more clearly."
3. How did their response make things worse?	"You've told me things are worse when you (3.
- From the patient's perspective (not yours	what made it worse)."
as the	
provider)!	
Step 3: Choosing Strategies	Step 4: Follow up, Evaluate, and
Distress Tolerance skills	Problem Solve
Distract	ALWAYS ask about homework at follow up
Self soothe	Expect patients might not do the homework
IMPROVE the Moment	– What barriers stopped them from doing so?
How to choose a strategy	Do not judge
Patient preference	
What has worked in the past?	

Distress Tolerance tips

Tip 1: Match Skill to Level of Distress

• Make sure the DT skill chosen is appropriate for the intensity of the distress – If you have the urge to die, ironing is probably not going to help!

Tip 2: Match Skill to Situation

- Distracting with Sensations doesn't last long If crisis continues, 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

Tip 3: Be Wary of Overusing DT Skills

- This can make things worse
- Soothing by taste is not a good choice if you eat compulsively or are gaining weight
- Taking too many vacations = neglecting tasks
- Distracting with TV or novels can take over your life

Tip 4: Don't Distract When You Can't Avoid the Situation

- Distraction can seem like the only way to cope when you can't solve the problem
- Sometimes you need to stay with the crisis e.g., staying in class, at your worksite, or with your children or clients
- Remember to Self Soothe and IMPROVE the moment as much as Distract in these situation

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	Dealing with Negative Emotions – Quick Reference Sheet

		Dealing with Negative Emotions – Qu	Quick Reference Uneet	
		• <u>STOPP</u> ! Take a breath.		
What emotion am I		www.getselfhelp.co.uk/stopp.htm	Do what works!	Where do you feel this emotion in y
feeling?	What can I notice in	What am I reacting to? What's pressing	What will be the	body? If this feeling had a colour, w
)	my body?	my buttons here? What does this	consequences of my action?	would it be? What shape is it? How
(C)	 Where do I feel it? 		What will be the most	is it? What consistency is it?
		Where is my focus of attention?	 What will be best for me, for 	
6		How could I see things differently?	others and for this situation?	The consistency? Notice that feelin,
What am I thinking?		What would I say to someone else in this situation? How important is this?	 Is this in keeping with my principles & values? 	now.
	**************************************	ls my reaction in proportion to the		
		event?		
		Take the helicopter view!		
Emotion	Body	Thinking differently	Doing differently	lmagery
	> 1	What am I reacting to?	Take a breath. Do the best	Visualise yourself handling this situat
Anger	Body's alarm system.	Am I over-reacting? Is my reaction in	and for the situation. Walk	respecting the rights and opinions of
It's not fair.	Energised for fight or	proportion to the actual event?	away?	everyone involved.
Others are bad.	flight	How important is this?	When teeling calm, it still	
stand for		maybe they didn't mean it that way. Am	about it in a calm, non-	balance. Breathe in green/blue & ore
F.F		I misreading things? What's the best thing to do here?	aggressive but assertive way.	out red.
		Is this threat a real one or is it really	How will doing this affect me in	Imagine yourself coping in a situation
Anxiety	Rody's alarm system	the threat? Am I microading things?	the long term? Don't avoid	you feel anxious about. See the situation
 Something bad is going 	Energised for fight or	I feel bad, but that doesn't mean things	Problem solve or make plans if	milos grand a supplemental complemental.
to happen.	flight	really are so bad.	necessary. Take things slowly	Visualise blue for calm. Breathe in
I won't be		I can cope with these feelings, I've got	or gradually.	and breathe out red.
cope Cope		What would someone else say about	- external rather than internal	
		this? What would be a more helpful way of looking at things?	focus.	
		It's okay to feel sad about this situation,	Do things anyway – in spite of	In your mind's eye, see yourself doin
Depression	Slowed down	I'm looking through it.	Get up. Get out.	enjoying the things you used to or wo
 I'm useless, I'm 	Do less	again.	Do something enjoyable or	what you need to do.
worthless.	Stay in bed/home	This doesn't mean I'm a worthless	useful.	
• Everything	Disinterest	person. What would be a more helpful way of looking at things?	Be with or contact others.	Province orange for positive energy
is inoperated		If I do something anyway – I'll feel	and my situation.	blue/black
		petter.		

Coping Skills

indigo daya

Coping skills help us get through difficult times - they can give us an important break from mental and emotional distress, and sometimes they are literally life-saving.

Keep this list of coping skills handy for when you need it... folded up in your wallet or bag or post it up on the wall somewhere handy at home.

Make this list work for you

Use a highlighter pen to mark the
skills that work best for you & bad
your own ideas over the page.

Distraction

Absorb your mind in something else

Conversation, listen to talk radio, read, do puzzles, TV, computer games, jigsaws, solve a problem, make a list, learn something new, cleaning & tidying, gardening, arts & crafts.

Pros

Gives your heart & mind a break.

Great for short term relief.

Great to get through a crisis.

Cons

Can't do it for too long. Doesn't resolve any underlying issues. Meds can make it hard to concentrate.

Grewneline

Get out of your head & into your body & the Use body & senses: smell fragrances, slowly taste food, notice the colours around you. Walk on the grass barefoot, squeeze clay or mud, do yoga, meditate, exercise.

Pros

Helps slow or stop 'dissociation' (feeling numb, floaty or disconnected).

Reduces physicality of anxiety.

Cons

Sometimes it's better to stay a bit dissociated (that's how your mind protects you).

Emotional Release

Let it out!

Yell, scream, run! Try a cold shower. Let yourself cry... and sob. Put on a funny DVD and let yourself laugh! Try boxing, popping balloons, or crank up some music & dance crazy!

Pros

Great for anger and fear.

Releases the pressure of overwhelming emotion.

Cons

Hard to do in every situation. Feels odd.
Some people might think you're acting 'crazier' (be selective with how & where you do this)

Self Love Massage hands with nice cream, manicure your nails, cook a special meal, clean your house (or just make your bed), bubble bath or long shower, brush hair, buy a small treat.

Pros

Become your own best friend, your own support worker.

Great for guilt or shame.

You deserve it!

Cons

Sometimes can feel really hard to do, or feel superficial (but it's not).

Thought challenge

Write down negative thoughts then list all the reasons they may not be true. Imagine someone you love had these thoughts – what advice would you give them?

Pros

Can help to shift long-term, negative thinking habits.

Trying to be more logical can help reduce extreme emotion.

Cons

The more emotional you feel, the harder this is to do. In particular, feelings of shame can make this very hard.

Access your higher self Help someone else, smile at strangers (see how many smiles you get back), pray, volunteer, do randomly kind things for others, pat dogs at the local

Pros

Reminds us that everyone has value and that purpose can be found in small as well as large things.

Cons

Don't get stuck trying to save everyone else and forget about you!

Your Personal Coping Skills List

Use this page to write your own list of coping skills. You might take some from my list, some that you already know, and others may still be out there for you to discover...



Distraction	
Absorb your mind in	
something else	
Grounding	
your head & into your body	
Emotional 7	
Release	
Let it out	
Self	
Love	
Thought challenge	
	DI SHE
	All Co
	STREET, STORY STREET
	Princes.
Access your	Contraction for
your higher self	Market States
SEIL	

Changing the way we think

As thoughts play such an important role in our distressing emotions, it can be very effective to notice these thoughts, and learn to think differently, or to think about thoughts in a different way. When you start to feel upset

Questions to ask yourself when you feel distressed

STOPP! (page 38) Pause, take a breath, don't react automatically

SIOFF: (page 30) rause, take a breatil, don't react automatica

STOP

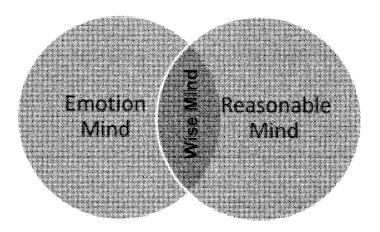
Ask yourself:

- What am I reacting to?
- What is it that's really pushing my buttons here?
- What is it that I think is going to happen here?
- What's the worst (and best) that could happen? What's most likely to happen?
- Is this fact or opinion?
- ❖ Am I getting things out of proportion?
- * How important is this really? How important will it be in 6 months time?
- What harm has actually been done?
- Am I expecting something from this person or situation that is unrealistic?
- Am I overestimating the danger?
- Am I underestimating my ability to cope?
- Am I using that negative filter? Those gloomy specs? Is there another way of looking at it?
- What advice would I give to someone else in this situation?
- Am I spending time ruminating about the past or worrying about the future? What could I do right now that would help me feel better?



- Am I putting more pressure on myself, setting up expectations of myself that are almost impossible? What would be more realistic?
- Am I mind-reading what others might be thinking?
- Am I believing I can predict the future?
- Is there another way of looking at this?
- What advice would I give someone else in this situation?
- Am I putting more pressure on myself?
- Just because I feel bad, doesn't mean things really are bad.
- Am I jumping to conclusions about what this person meant? Am I mis-reading between the lines? Is it possible that they didn't mean that?
- Am I exaggerating the good aspects of others, and putting myself down? Or am I exaggerating the negative and minimising the positives? How would someone else see it? What's the bigger picture?
- Things aren't either totally white or totally black there are shades of grey. Where is this on the spectrum?
- ❖ This is just a reminder of the past. That was then, and this is now. Even though this memory makes me <u>feel</u> upset, it's not <u>actually</u> happening again right now.
- ❖ What do I want or need from this person or situation? What do they want or need from me? Is there a compromise?
- What would be the consequences of responding the way I usually do?
- ❖ Is there another way of dealing with this? What would be the most helpful and effective action to take? (for me, for the cituation, for the other person)

Wise Mind Worksheet



Emotional Thoughts

Based on and driven by our opinions and personal interpretation of events. What went through my mind? What disturbed me? What is it that is making me feel this way? What am I reacting to? What's the worst thing about that, or the worst thing that could happen? What do I want to do or to happen? What am I feeling?

Rational Thoughts

Based on factual evidence. What would be more reasonable? What am I thinking I should do? What advice would I give to a friend, or what would a caring friend say to me? Is this <u>really</u> as important as it seems? What evidence is there about what I think is likely to happen? I've felt this way before and I've got through it.

Wise Mind

STOPP! Take a breath. What does Wise Mind make of this? What's the bigger picture? What will the consequences of my reaction be? (short and long term) What can I change about this situation? If I can't change the situation, what is within my control? What skill can I use for this situation? What's going to be the best response to this situation — best for me, for others, for the situation. What will be most helpful and effective, all things considered?

DISTRESS TOLERANCE HANDOUT 9A

Sensory Awareness, Step by Step

Find a comfortable position. Staying in this position, listen to the questions below, listening for your response after each question. If you do not have a recording of these questions, you can make one for yourself (or ask a friend to make one), recording each question with about 5 seconds between each question.

- 1. Can you feel your hair touching your head?
- 2. Can you feel your belly rising and falling as you breathe?
- 3. Can you feel the space between your eyes?
- 4. Can you feel the distance between your ears?
- 5. Can you feel your breath touching the back of your eyes while you inhale?
- 6. Can you picture something far away?
- 7. Can you notice your arms touching your body?
- 8. Can you feel the bottoms of your feet?
- 9. Can you imagine a beautiful day at the beach?
- 10. Can you notice the space within your mouth?
- 11. Can you notice the position of your tongue in your mouth?
- 12. Can you feel a breeze against your cheek?
- 13. Can you feel how one arm is heavier than the other?
- 14. Can you feel a tingling or numbness in one hand?
- 15. Can you feel how one arm is more relaxed than the other?
- 16. Can you feel a change in the temperature in the air around you?
- 17. Can you feel how your left arm is warmer than the right?
- 18. Can you imagine how it would feel to be a rag doll?
- 19. Can you notice any tightness in your left forearm?
- 20. Can you imagine something very pleasant?
- 21. Can you imagine what it would feel like to float on a cloud?
- 22. Can you imagine what it would feel like to be stuck in molasses?
- 23. Can you picture something far away?
- 24. Can you feel a heaviness in your legs?
- 25. Can you imagine floating in warm water?
- 26. Can you notice your body hanging on your bones?
- 27. Can you allow yourself to drift lazily?
- 28. Can you feel your face getting soft?
- 29. Can you imagine a beautiful flower?
- 30. Can you feel how one arm and leg are heavier than the other?

Note. Items 29 and 30 are adapted from Goldfried, M. R., & Davison, G. C. (1976). Clinical behavior therapy. New York: Holt, Rinehart & Winston. Copyright 1976 by Marvin R. Goldfried and Gerald C. Davison. Adapted by permission of the authors.

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CASE STUDY: Steven

Steven is a 35-year-old pansexual black cisgender man, and he is diagnosed with schizoaffective disorder and has a history of multiple hospitalizations for manic episodes and suicide attempts.

Sometimes he self-harms in the form of cutting his legs and punching himself to try to get his voices to stop. Steven works full-time as a library assistant at the local library and lives in a multi-generational household with his family.

He has support from his parents and grandparents, but they're feeling burned out with him due to the highs and lows of his behavior and moods recently. He currently has a partner, and their relationship is also up and down.

Steven comes into your most recent session and shares that he got into a screaming fight with his mother that morning. Before the fight, he became suspicious that his family had bad intentions toward him. That happened after he saw his mom wringing her hands.

After the fight, he began hearing voices or auditory hallucinations criticizing him and telling him what a bad person he is, and he decided to cut himself.

What is the first thing you would do with Steven?

Diane Bigler, LCSW, LSCSW

Clinician · Trainer · Consultant

Diane Bigler, MSW, LCSW, LSCSW, is a Licensed Clinical Social Worker in Missouri and Kansas. She has over 20 years of experience in the fields of psychology, social work and mental health. Prior to her career in social work, Diane was a Criminal Investigator for the Robertson County District Attorney's Office in Tennessee, on a Child Fatality Task Force, where she completed investigations in child abuse, human trafficking, missing persons, sexual assault, and homicide. Diane completed two field internships at the FBI Academy in Quantico, Virginia; one while obtaining her associates and bachelor's degrees in Criminal Justice, and one during postgraduate work.

Diane was an Adjunct Professor of Social Work at The University of Kansas, School of Social Welfare, for over 10 years. She obtained her master's degree in Social Work from KU in 2006, with clinical concentrations in Children & Families and Mental Health. Diane taught classes in the Clinical Master's program, which included: Clinical Social Work Practice, Loss and Grief, Cognitive Behavior Therapy, Family Therapy, Advanced Standing Practice, and Mental Health & Psychopathology. Diane was also a practicum Field Instructor, Field Liaison and Community Education trainer for the School of Social Welfare.

Diane has over two decades of clinical experience in psychiatric hospitals, outpatient clinics, and in the provision of in-home and community-based therapy. She has also functioned in leadership and supervisory positions as a teacher, mental health consultant, clinical supervisor, and program coordinator. In addition to her clinical background, Diane has experience in the EAP behavioral health and corporate arena providing employee and leadership trainings, along with coaching and mediation.

Diane has facilitated hundreds of trainings to mental health professionals, physicians and nurses, teachers, police officers, business personnel, and local City Council members. Diane enjoys the creativity that comes with envisioning and designing trainings, and aims to provide trainings that are informative, engaging and skill-building. She has customized and facilitated leadership and corporate trainings to EAP clients on wellness and business topics.

Available Services:

- ✓ Continuing education training for mental health professionals (any length, virtual and inperson)
- ✓ Corporate employee and leadership webinars (any length, virtual and in-person)
- ✓ SME webinar and workshop content development
- ✓ Consultation or small workshop groups for employees and supervisors

Business Phone: (816) 550-3069 E-mail address: diane4ku@yahoo.com

Please reach out to Diane if you are interested in discussing your needs for any of the above services!