

Dialectical Behavioral Therapy When the Crisis is Addiction

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Objectives

- Participants will learn about the Dialectical Behavioral Therapy (DBT) skills for the crisis of addiction.
- Participants will learn about the stages of treatment and when addiction is treated in DBT.
- Participants will learn about the motivation and commitment skills to increase willingness in DBT.

What Does the Research Suggest

- Anxiety, Depression and Post Traumatic Stress
- Suicide & Self Harming Behavior
- Eating Disorders
- Borderline Personality Disorder
- Substance Use

- Behavioral Tech



Components in Standard DBT

- Group (individual) Skills Training-Highly Structured/To Enhance Capabilities
- Individual Psychotherapy-Address Motivation/Strengthen Skills
- Telephone Coaching with the Individual Therapist/Address Generalization of Skills
- Consultation Team Meeting/Keep Therapists Motivated/Keep Therapist Providing Effective Treatment

DBT Principles

- Clients are doing the best that they can
- Clients want to improve
- Clients need to do better, try harder and be more motivated to change
- Clients may not have caused their own problems but they have to solve them
- The lives of suicidal and self harming clients is unbearable as it is currently being lived
- Clients must learn new behaviors in all relevant contexts
- Clients cannot fail in therapy
- Therapist threatening suicidal clients need support

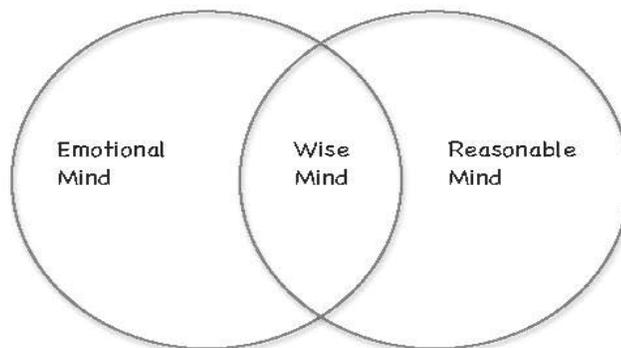


Consistent with DBT

- Reduce behavioral dyscontrol
- Promote more adaptive skillful behaviors for functioning in life

MINDFULNESS

Practice Exercise 1: Due Date _____
Observing yourself in each of the 3 States of Mind



Emotional Mind

One example of Emotional Mind this week was [please describe your emotion(s), thought(s), behavior(s)]:

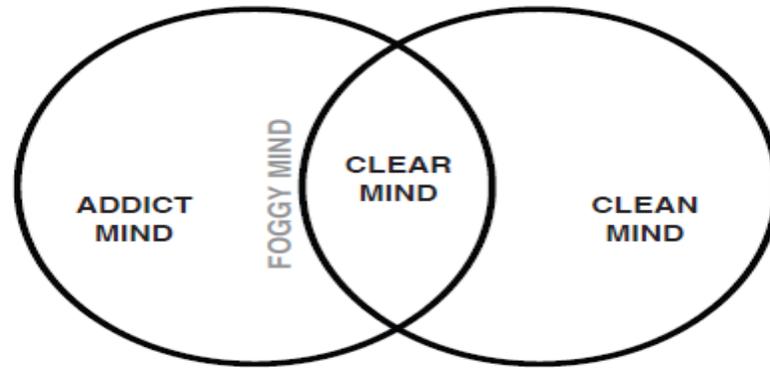
Reasonable Mind

One example of Reasonable Mind this week was [please describe your emotion(s), thought(s), behavior(s)]:

Wise Mind

One example of Wise Mind this week was [please describe your emotion(s), thought(s), behavior(s)]:

Clear Mind



Addict mind is:

Impulsive

One-minded

Willing to do anything for a "fix"

When in *addict mind*, you are ruled by the addiction. The urges for habitual problem behaviors determine your thoughts, emotions, and behaviors.

Clean mind is:

Naive

Risk-taking

Oblivious to dangers

When in *clean mind*, you are clean but oblivious to dangers that might cue habitual problem behaviors. You believe you are invincible and immune to future temptation.



Both extremes are *DANGEROUS!*



CLEAR MIND: The safest place to be.

You are clean, but you remember addict mind.

You radically accept that relapse is *not impossible*.

You enjoy your *success*, while still *expecting urges and cues* and *planning* for when you're tempted.

Path to Clear Mind

- Decrease substance abuse
- Decrease physical discomfort
- Decrease urges, cravings, and temptation to use drugs
- Decrease the options use drugs
- Decrease contact with cues for drug use
- Increase reinforcement of “Clear Mind”-the environment should be arranged so that they receive reinforcement not punishment for making change

The States of Mind

- Clear Mind is a dialectic: a synthesis of Addict Mind and Clean Mind
- Start treatment in Addict Mind-Controlled by craving drugs, finding drugs and using drugs.
- Clean Mind the patient is not using but forgets that they may be in danger of using again- become reckless
- Clear Mind very aware of clean mind and addicted mind-patient stops to enjoy success but prepares for future problems

Commitment and Recommitment- Change

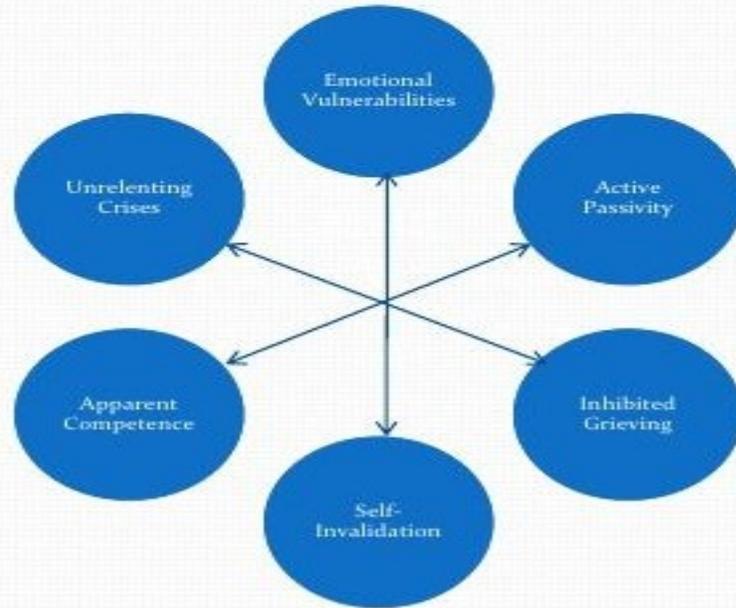
- Evaluating the Pros and Cons
- Playing Devil's Advocate
- Foot in the Door (easier request followed by a more difficult request)
Door in the Face (procedure reversed more difficult followed by an easier request)
- Connecting Present Commitments to Prior Commitments
- Highlighting Freedom to Choose and Absence of Alternatives
- Using Principles of Shaping
- Generating Hope: Cheerleading
- Agreeing on Homework

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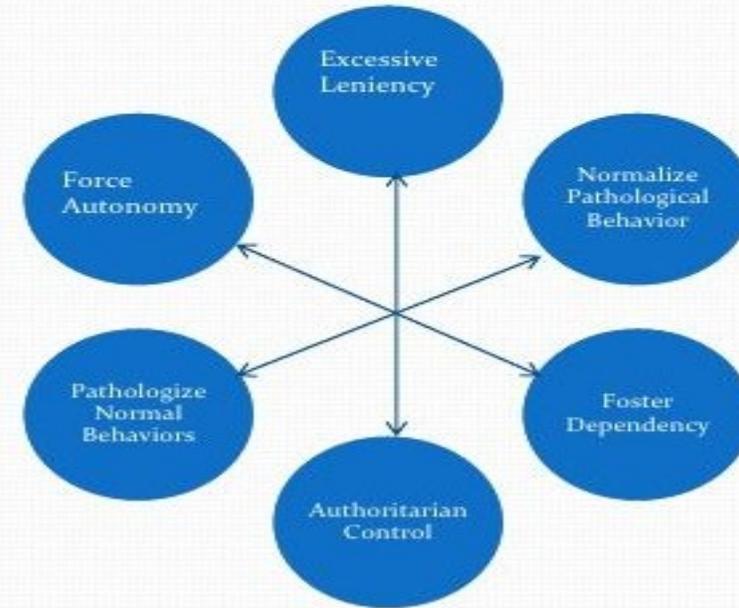
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Dialectical Dilemmas

Borderline Personality



Adolescents



Attachment Strategies to Target the Butterfly Effect

- Orient the patient to the problem
- Increase contact
- Provide therapy in vivo
- Build connections to the social network
- Provide shorter or longer sessions as necessary
- Actively pursue patients when they get lost
- Mobilize the team when the therapist gets burned out
- Build the patient's connection to the treatment network



Overview: When the Crisis Is Addiction

Skills for backing down from addiction.
You can remember them as D, C, B, A.

D

DIALECTICAL ABSTINENCE

C

CLEAR MIND

COMMUNITY REINFORCEMENT

B

BURNING BRIDGES
AND BUILDING NEW ONES

A

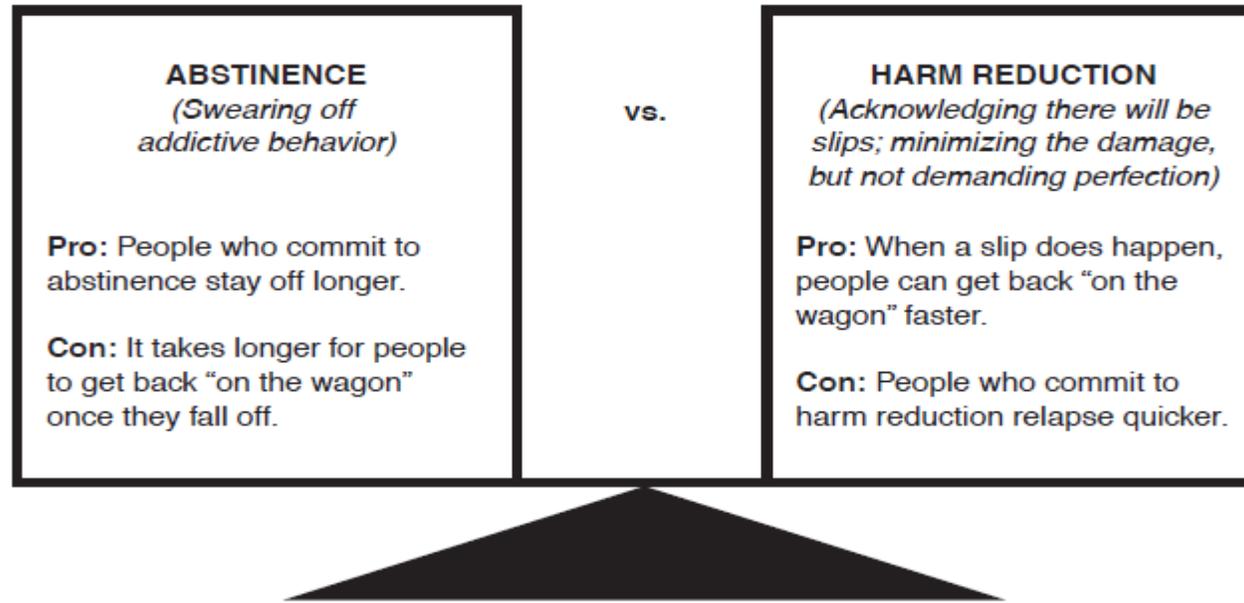
ALTERNATE REBELLION

ADAPTIVE DENIAL

Basic Skills for Addiction-Related Behaviors

- Dialectical Abstinence
- Clear Mind
- Community Reinforcement
- Burning Bridges
- Building New Ones
- Alternate Rebellion
- Adaptive Denial

Dialectical Abstinence



SYNTHESIS = DIALECTICAL ABSTINENCE

The goal is not to engage in addictive behavior again—in other words, to achieve complete abstinence.

However, if there is a slip, the goal is to minimize harm and get back to abstinence as soon as possible.

Pros: It works!

Cons: It's work. You don't get a vacation.

(You're always either abstinent or working to get back to abstinence.)

Planning for Dialectical Abstinence

Plan for Abstinence

- 1. Enjoy your success, but with a clear mind; plan for temptations to relapse.
- 2. Spend time or touch base with people who will reinforce you for abstinence.
- 3. Plan reinforcing activities to do instead of addictive behaviors.
- 4. Burn bridges: Avoid cues and high-risk situations for addictive behaviors.
- 5. Build new bridges: Develop images, smells, and mental activities (such as, urge surfing) to compete with information associated with craving.
- 6. Find alternative ways to rebel.
- 7. Publicly announce abstinence; deny any idea of lapsing to addiction.

Plan for Harm Reduction

- 1. Call your therapist, sponsor, or mentor for skills coaching.
- 2. Get in contact with other effective people who can help.
- 3. Get rid of temptations; surround yourself with cues for effective behaviors.
- 4. Review skills and handouts from DBT.
- 5. Opposite action (Emotion Regulation Handout 10) can be rehearsed to fight guilt and shame. If no other option works, go to an anonymous meeting of any sort and publicly report your lapse.
- 6. Building mastery and coping ahead for emotional situations (Emotion Regulation Handout 19), and checking the facts (Emotion Regulation Handout 8), can be used to fight feelings of being out of control.
- 7. Interpersonal skills (Interpersonal Effectiveness Handouts 5–7), such as asking for help from family, friends, sponsors, ministers, or counselors, can also be helpful. If you are isolated, help can often be found via online support groups.
- 8. Conduct a chain analysis to analyze what prompted the lapse (General Handouts 7, 7a).
- 9. Problem-solve right away to find a way to “get back on the wagon” and repair any damage you have done (Emotion Regulation Handout 12).
- 10. Distract yourself, self-soothe, and improve the moment.
- 11. Cheerlead yourself.
- 12. Do pros and cons of stopping addictive behaviors (Distress Tolerance Handout 5).
- 13. Stay away from extreme thinking. Don't let one slip turn into a disaster.
- 14. Recommit to 100% total abstinence.

Dialectical Abstinence

- Marlatt and Gordon (1985) “Abstinence violation effect” (AVE) : The intense negative emotions that patients typically feel in response to a slip or relapse can themselves create the very condition for continued drug use.

Targets in Treatment

- Pretreatment
- Stage I-illicit substances are targeted first in most cases

Behavior Patterns Characteristic of Addict Mind and of Clean Mind

ADDICT MIND

- Engaging in addictive behavior.
- Thinking, "I don't really have a problem with addiction."
- Thinking, "I can do a little."
- Thinking, "I can indulge my habit, if only on weekends."
- Thinking, "I can't stand this!"
- Glamorizing addiction.
- Surfing the Internet for ways to engage in addictive behaviors.
- Buying paraphernalia (food, drugs, videos, etc.) for addictive behavior.
- Selling or exchanging items related to addictive behaviors.
- Stealing to pay for addiction.
- Prostituting for money or for paraphernalia.
- Lying.
- Hiding.
- Isolating.
- Acting always busy; "Got to go!"
- Breaking promises.
- Committing crimes.
- Acting like a corpse.
- Having "no life."
- Acting desperate/obsessed.
- Not looking people in the eyes.
- Having poor hygiene.
- Avoiding doctors.
- Other: _____
- Other: _____
- Other: _____

CLEAN MIND

- Engaging in **apparently irrelevant behaviors** that in the past inevitably led to addictive behavior.
- Thinking, "I've learned my lesson."
- Thinking, "I can control the habit."
- Thinking, "I don't really have an addiction problem any more."
- Stopping or cutting back medication that helps with addiction.
- Being in environments where others engage in addictive behaviors.
- Seeing friends who are still addicted.
- Living with people who are addicted.
- Keeping addiction paraphernalia.
- Carrying around extra money.
- Being irresponsible with bills.
- Dressing like an addict.
- Not going to meetings.
- Not confronting the problems that fuel my addictive behaviors.
- Acting as if only willpower is needed.
- Isolating.
- Believing, "I can do this alone."
- Thinking, "I can take pain medicine/diet/engage in addictive behavior if prescribed or advised; I don't need to say anything about my past addiction."
- Thinking, "I can't stand this!"
- Other: _____
- Other: _____
- Other: _____

Community Reinforcement

Community reinforcement means replacing addiction reinforcers with abstinence reinforcers.

REINFORCING ABSTINENCE IS CRITICAL

Reinforcers in your environment play a powerful role in encouraging or discouraging addictive behaviors.

To stop addictive behavior, you have to figure out how to make a lifestyle *without* your addictive behaviors more rewarding than a lifestyle *with* your addictive behaviors.

You have to find a way to get behaviors incompatible with addictions to pay off and be rewarded by those around you.

Willpower is *not* sufficient. If it were, we would all be perfect!

REPLACE ADDICTION REINFORCERS WITH ABSTINENCE REINFORCERS

Begin a series of action steps that will increase your chances of accumulating positive events to replace addictive behavior.

- Search for people to spend time with who aren't addicted.
- Increase the number of enjoyable activities you engage in that do not involve your addiction.
- If you cannot decide what people or activities you like, sample a lot of different groups of people and a lot of different activities.

ABSTINENCE SAMPLING

- Commit to ____ days off your addiction, and observe the benefits that naturally occur.
- Temporarily avoid high-risk addiction triggers, and replace these with competing behaviors to get you through the sampling period.
- Observe all the extra positive events occurring when you are not engaging in addictive behaviors.

Burning Bridges and Building New Ones

BURNING BRIDGES

Accept at the most radical level that you are not going to engage in addictive behavior again, and then move actively to cut off all addictive behavior options.

- 1. Make an absolute commitment to abstinence from the addictive behavior, which is _____ (describe addictive behavior). Then walk into the garage of abstinence and **slam the garage door shut**. (Remember that the tiniest slit of space can let an entire elephant in.)
- 2. List everything in your life that makes addiction possible.
- 3. Get rid of these things:
 - Throw out contact information of people who collude with you.
 - Get rid of all possible cues and temptations.
- 4. List and do everything you can that will make it hard or impossible to continue your addictive behavior.
 - Ruthlessly and at every moment, tell the truth about your behavior.
 - Tell all your friends and family that you have **quit**.

BUILDING NEW BRIDGES

Create visual images and smells that will compete with the information loaded into your visual and olfactory brain systems when cravings occur.

Cravings and urges are strongly related to vivid images and smells of what is craved. The stronger the imagery or smell, the stronger the craving.

- Build different images or smells to think about. Try to keep these images or smells in memory when you have an unwanted craving. For example, whenever you crave a cigarette, imagine being on the beach; see and smell it in your mind to reduce the craving.
- When you have unwanted cravings, look at moving images or surround yourself with smells unrelated to the addiction. Moving images and new smells will compete with your cravings.
- "Urge-surf" by imagining yourself on a surfboard riding the waves of your urges. Notice them coming and going, rising high, going low, and finally going away.

Alternate Rebellion and Adaptive Denial

ALTERNATE REBELLION

When addictive behaviors are a way to rebel against authority, conventions, and the boredom of not breaking rules or laws, try alternate rebellion. Alternate rebellion replaces destructive rebellion and keeps you on a path to your goals.

Examples:

- | | |
|--|---|
| <input type="checkbox"/> Shave your head. | <input type="checkbox"/> Dye your hair a wild color. |
| <input type="checkbox"/> Wear crazy underwear. | <input type="checkbox"/> Get a tattoo or body piercing. |
| <input type="checkbox"/> Wear unmatched shoes. | <input type="checkbox"/> Wear clothes inside out. |
| <input type="checkbox"/> Have secret thoughts. | <input type="checkbox"/> Don't bathe for a week. |
| <input type="checkbox"/> Express unpopular views. | <input type="checkbox"/> Print a slogan on a t-shirt. |
| <input type="checkbox"/> Do random acts of kindness. | <input type="checkbox"/> Paint your face. |
| <input type="checkbox"/> Vacation with your family at a nudist colony. | <input type="checkbox"/> Dress up or dress down where doing so is unexpected. |
| <input type="checkbox"/> Write a letter saying exactly what you want to. | |

ADAPTIVE DENIAL

When your mind can't tolerate craving for addictive behaviors, try adaptive denial.

- Give logic a break when you are doing this. Don't argue with yourself.
- When urges hit, deny that you want the problem behavior or substance. Convince yourself you want something other than the problem behavior. For example, reframe an urge to have a cigarette as an urge to have a flavored toothpick; an urge to have alcohol as an urge to have something sweet; or an urge to gamble as an urge to alternate rebellion (see above).

Other: _____

Other: _____

Be adamant with yourself in your denial, and engage in the alternative behavior.

- Put off addictive behavior. Put it off for 5 minutes, then put it off for another 5 minutes, and so on and on, each time saying, "I only have to stand this for 5 minutes." By telling yourself each day you will be abstinent for today (or each hour for just this hour, and so on), you are saying, "This is not forever. I can stand this right now."

DBT Diary Card

NAME: LC

DATE: 2/20/20

| Date | Targets | | | | | | | | | | | | Emotions | | | | | | |
|------|-----------|--------|-------------------|--------|--------------------------------|--------|------------------------|--------|------|--------|------|--------|-----------------|------------|-------|-----|-------|---------|------|
| | Self Harm | | Suicidal Ideation | Misery | Activities ↑ Positive emotions | | Urge to use substances | | | | | | Self-acceptance | Compassion | Anger | Joy | Shame | Sadness | Fear |
| | Urge | Action | 0-5 | 0-5 | Urge | Action | Urge | Action | Urge | Action | Urge | Action | 0-5 | 0-5 | 0-5 | 0-5 | 0-5 | 0-5 | 0-5 |
| 2/20 | 0 | 0 | 0 | 0 | 2 | 3* | 0 | — | — | — | — | — | 4 | 4 | 0 | 3 | 1 | 1 | 0 |
| 2/21 | 0 | 0 | 0 | 0 | 4 | 4* | 0 | — | — | — | — | — | 4 | 4 | 0 | 3 | 1 | 1 | 0 |
| 2/22 | 0 | 0 | 0 | 0 | 4 | 4* | 0 | — | — | — | — | — | 4 | 4 | 0 | 3 | 1 | 1 | 0 |
| 2/23 | 0 | 0 | 0 | 0 | 3 | 4* | 0 | — | — | — | — | — | 4 | 4 | 0 | 3 | 1 | 1 | 0 |
| 2/24 | 0 | 0 | 0 | 0 | 3 | 4* | 0 | — | — | — | — | — | 4 | 4 | 0 | 3 | 1 | 1 | 0 |
| 2/25 | 0 | 0 | 0 | 0 | 1 | 1* | 0 | — | — | — | — | — | 4 | 4 | 0 | 2 | 2 | 1 | 0 |
| 2/26 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | — | — | — | — | — | 4 | 4 | 0 | 2 | 2 | 1 | 0 |

SUICIDAL IDEATION: 0 = No thoughts 1 = Fleeting thoughts 2 = More intense 3 = Very Intense 4 = Developing specific plan 5 = Acting on plan
INTENSITY: 0 = Not at all 1 = A bit 2 = Somewhat 3 = Rather Strong 4 = VERY Strong 5 = EXTREMELY STRONG
 How often did you fill in your diary card? DAILY ___ 2 / 3 X'S WK ___ 1X WK Urge to quit therapy? 4

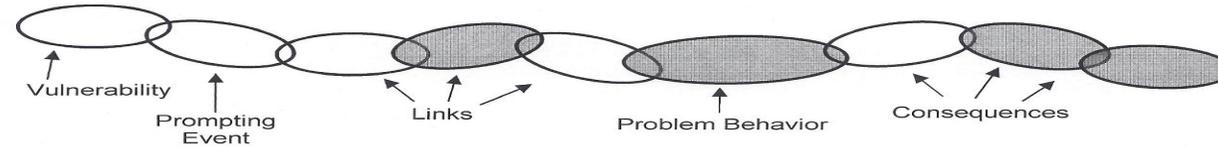
Notes for the Week:

| Day | Agenda Items: |
|-------|--|
| Mon | Did diary card. |
| Tue | Sad. Going to bed early. Gonna stop bad thoughts. |
| Wed | Tired. |
| Thurs | Get lost at speedway. Did lots of exercise. |
| Fri | Told a friend about the box up. I feel it was destroyed. |
| Sat | Drawed a picture for a character and note. |
| Sun | I did the bullshit. |

Times needed to use telephone consultation? ___ Times did use telephone consultation? ___

Chain Analysis of Problem Behavior

Name: _____ Date Filled Out: _____ Date of Problem Behavior: _____



What exactly is the major **PROBLEM BEHAVIOR** that I am analyzing?

What **PROMPTING EVENT** in the environment started me on the Chain to my problem behavior?
Start day: _____

What things in myself and my environment made me **VULNERABLE**?
Start day: _____

Recovery Journal

Name:

Date: 5-21-20

Clear Mind Check In:

How many days have I been sober? Am I in Clear Mind? What is keeping me in Clean Mind or Addict Mind?

Mood Check In:

176. I'm in clear mind because I know I could relapse and I want to stay sober.
What emotion am I feeling right now and why? (love, anger, sadness, fear, guilt, envy, jealousy, disgust, happy)
Sadness. I miss my gay.

Stage of Treatment Check-In (Can Change Group to Group):

1. Pre-Treatment (Denial, Contemplation)
2. Stage 1 (Dialectical Abstinence Planning)
3. Stage 2 (Living Dialectically Abstinent)

Client Initial / Group Leader Initial

| | |
|----|-----|
| | |
| JE | ASL |

Why?

I didn't use when I had multiple opportunities.

How are you going to contribute to IOP today? NOT PARTICIPATING = 8:00 EBT

Participate

Action Urge Check In:

What is your current urge to use (1-10; 1 being lowest, 10 being highest)?

0

What specifically is triggering your urge to use?

Nothing

What skills have you tried or will you try to manage your urges?

ACCEPTS, activities, reading, drawing.

Reinforcing Abstinence (Complete at End of Group):

How have you Coped Ahead for tomorrow?

Got to go to class

Non-Addictive activities you can do?

Draw

Who supports your recovery?

Myself

What is your life worth living, based on your values? (As many reasons as you can list)

Myself, my cat.

How did today's material and discussion reinforce your abstinence?

I don't want to relapse.

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