Dialectic Tools: Treating Those With Co-occurring Substance Use and Personality Disorders

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Objectives

- Participants will identify clinical tools for counselors to manage and support client’s living with co-occurring substance use and personality disorders.

- Participants will identify skills to respond to clients in recovery who experience emotional dysregulation.

- Participants will also identify how to use these skills to enhance group substance use counseling.
Dialectics?

- Opposing views being equally valid.
- Conflicting states of mind.
- Coping with change.
- Accepting what will not change.
- Client validation.

Interrupting emotional dysregulation

- Built into every session
- Various options for mindfulness
- Done with the client
- Open and close every session with an example
- Various options
- Physical, sensory, guided imagery
- Close the session
Mindfulness must happen

- Start and end session with mindfulness technique
- Reiterate the What and How skills
- Observe Describe Participate
- Non-judgmentally, one mindfully, and effectively
- Repetition is the key to learning
- Make this client focused
- Group and individual sessions
- All treatment team members must validate this

Counselor dialectics

- Focused on change and accepting client.
- Nurturing and benevolently demanding
- Maintain focus and compassionately flexible.
Assumptions

- People do their best and want to change.
- We did not cause problems **and** must solve them.
- Skills must be learned and used.
- All behaviors are reactions.
- Biosocial theory.

Ruining Treatment

- Ordering, Directing, Commanding, Warning, Threatening
- Unsolicited Advice and Direction, Persuading with Logic,
- Arguing, Lecturing, Moralizing, Preaching,
- Judging, Criticizing, Disagreeing, Blaming,
- Premature or Excessive Praise
- Shaming, Ridiculing, Labeling, Name-calling,
- Interpreting, Analyzing,
The OARS Skills

- Open Questions
- Affirmations
- Reflective listening
- Summarizing

Reflections

**Simple**
- **Repeating** - simply repeating one or more aspects of what is said
- **Rephrasing** - changing one or more of the words used in a statement (no meaning is added)

**Complex**
- **Paraphrasing** - reflecting the inferred meaning of a statement (meaning is added on to what was said)
- **Reflection of Feeling** - paraphrasing that focuses on the emotional aspect of the statement

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Inclusionary criteria

- Recent suicide attempt (past 16 weeks).
- Ongoing struggles with substance use.
- Suicidal ideation.
- Show signs of personality disorders.
- Heterogeneous and Homogeneous.

Exclusionary criteria

- Actively psychotic.
- Severe learning disabilities.
- Severe cognitive limitations.
- Exclusions specific to group.
- Active withdrawal symptoms.
Ongoing assessment

- Objective measures needed and repeated
- BEST Scale
- Pre Session Diary Cards
- Used to report client improvement
- Helps treatment continuity
- Prepares for discharge
- Urinalysis

Orienting client to DBT

Need for explanation and formal agreements.
- Commitment to treatment agreement.
- Termination criteria (missing 4 consecutive sessions).
- Attendance agreement.
- Therapy-interfering behaviors agreement.
- Skills training agreement.
Biosocial theory

- Biological emotional vulnerability.
- Emotions are experienced more often.
- Increased intensity, frequency, and duration.
- May seem to not have a cause.
Biosocial cont.

- Invalidating social environment.
- Environment ignores emotional state.
- Emotions are difficult to control.
- Reinforcement for extreme behavior.
- Biology + environment $\rightarrow$ person $\rightarrow$ environment $\rightarrow$ person

Beginning Stages

- Express empathy
- Develop discrepancy
- Avoid argumentation
- Roll with resistance
- Support self-efficacy
Essential Tasks

- Overall conceptualization: collaborative and open
- OARS and Unconditional positive regard
- Rolling with resistance
- Reconnecting with skills
- Enhance patient commitment through steps
- Flexibility to meet unique needs.

Conceptualizing Empathy
Conceptualizing emotion dysregulation

- Dysregulation = internal foundation + external trigger
- Patient’s arguments against change (desire, reasons, and need to stay the same, inability to change, no commitment to change, not making plans or taking steps toward change)
- Discord is dissonance in the therapeutic relationship (e.g., defending, being adversarial, interrupting, ignoring or being distracted)
- High levels of either sustain talk or discord predict a lack of change. Both are important patient communications and attended to in MI.

Prioritizing treatment

- Issues regarding mortality (include withdrawal)
- Behaviors interfering with treatment
- Actions impacting quality of life
- Obtaining new skills
Individual counseling

Individual counseling in DBT

- Works to keep patient motivated.
- Serves as a coach.
- Structured sessions.
- Provides phone assistance.
Pre session work

- Orient client regarding DBT expectations.
- Review different components of DBT.
- Discuss the need for completed assessment.
- Complete diary card before individual.
Individual session structure

Beginning Stages

1. Greeting the client
2. Reviewing client diary card
3. Creating plan for session
4. Validating and working on emotional state
5. Discussing homework
6. Checking overall progress

Ind. session structure cont.

Middle Stages
- Address agenda with the highest priority.
- Reflect on skills application.
- Use Chain of Analysis.
- Identify contributing factors.
- Generate alternative solutions.
Behavioral Chain analysis, Rizvi & Ritschel, 2014 (revised).

Vulnerability factors: no lunch, stress at work  Date: 4/25/2013

Promoting event: Family member critical of substance use

B/E/T: “They are telling me what to do.”

B/E/T: “Nobody cares about me.”

B/E/T: Argue with family members, isolate, leave the house

B/E/T: Feeling overwhelmed and hopeless

Problem Behavior: Take money from family, contact dealer, and use substance

Consequence 1: Immediate relief, calm, happy

Consequence 2: Worse feelings of hopelessness, fear

Potential solutions or skills to use?
Targeting behaviors in session

- Observe and describe behaviors.
- Connect client with group skills.
- Strategize problem together.
- Discuss benefits of new behavior.
- Obtain client commitment to new behavior.
- Practice in session.
- Plan to overcome barriers.

Ind. Session Structure cont.

END OF SESSION:

- Collaborating for weekly plan.
- Session review.
- Encourage and validate.
- Illicit wise mind.
Phone calls

Why yes, I have a plan for coping with multiple, potentially crisis-provoking issues...

...increased DBT, of course!

Phone coaching

- Encouraged before resuming use.
- Designed to promote skill use.
- Can be used to repair relationship.
- Leads to less phone contact.
- 24 hour rule for client relapse.
Use of phone contact

- Scheduled phone calls
- Counselor initiated phone calls
- Discuss phone calls in session
- Address self harm/ relapse
- Discuss lethality

Group counseling
Leader and co-leader roles

- Roles are differentiated
- Leader acts as a teacher
- Co-leader acts as a skill builder
- Leader directs the group session
- Co-leader reacts to direction
- Co-leader keeps group focused

Basic groups

- Core Mindfulness, Orientation
- Distress tolerance
- Interpersonal effectiveness
- Emotional regulation

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What skills?!

- **Observe**
  - Notice the sensation
  - Watch thoughts come and go
  - Allow thoughts to happen
  - View inside and out

- **Describe**
  - Label observations
  - Put words to experience
  - Describe minus judgment

- **Participate**
  - Be in the moment
  - Here and now
  - Fully experience
  - Be effective

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Group session format

**WEEK ONE OF EACH MODULE**

50-60 minutes

- Introduce group members and staff
- Discuss limits of confidentiality
- Discuss goals of group treatment

10 minute break

50-60 minutes

- Review skills specific to that session
- Discuss skill building exercises
- Wind down activity

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Group session format cont.

Following weeks

50-60 minutes
- Mindfulness opening
- Announcements
- Session goals
- Review skill building activities

10 minute break

50-60 minutes
- Present unique session info.
- Assign skill building exercise
- Wind down activity

Distress Tolerance Modified

- Burning bridges: cut off people, places, and things associated with substances.
- Deleting phone numbers.
- Stay focused on preventing relapse only for today.
- Reach out for other pleasurable activities.
Distress tolerance module

- Learn to cope with emotional pain.
- Accept in nonjudgmental way.
- Perceive environment without demands.
- Accepting a situation does not mean approval.

Distress tolerance format

- Crisis survival skills
- Self soothe
- Improve the moment
- Pros and cons
- Accepting reality
- Radical acceptance
- Willingness vs willfulness
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**Distress tolerance cont.**

**Wise Mind ACCEPTS**
- Activities: Do something that helps.
- Contribute: Help someone, do something nice.
- Comparisons: Identify overcoming worse experiences.
- Emotions: Create new ones (movies, music, call a friend).
- Pushing Away: Move attention to something else.
- Thoughts: Replacing with other thoughts.
- Sensations: Intensify senses.

**Distress Tolerance Cont.**

**Self sooth with senses**
- Massage therapy.
- Scented candles.
- View objects as if they’ve never been seen.
- Assessment of tastes.
Distress tolerance cont.

**IMPROVE the moment**
- Imagery - adjust the conceptualization
- Meaning - how to make meaning of bad situations
- Prayer - connection to greater involvement
- Relaxing Actions - using other senses
- One thing at a time - doing too many things overwhelms
- brief Vacations - benefits of a time out
- Self Encouragement - identify past successful times

Interpersonal effectiveness
- Promote skills for everyday problems.
- Create skills for potential problems.
- Employ roles plays in group.
- Recent hypothetical problems first.
- Group leader and coleader interact.
- Clients can be asked to teach skills.
Interpersonal effectiveness format

- Goals of interpersonal effectiveness
- Situations impacting interpersonal skills
- Encouragement from counselor
- Factors of consideration

Interpersonal effectiveness cont.

Asking from others: DEARMAN

- Describe: Review situation, state the facts.
- Express: “I” statements.
- Assert: State your request, clearly say “no”
- Reinforce: Identify how other person benefits.
- Mindful: Avoid distractions, stay on point.
- Appear Confident: Body language.
- Negotiate: Ask for input of others.
Interpersonal effectiveness cont.

Maintaining relationships: GIVE
- Be Gentle to others.
- Remain Interested in other experiences.
- Validate the experiences of others.
- Easy manner with others.

Keeping Self Respect: FAST
- Be Fair to yourself.
- No Apologies, describe the situation.
- Stick to your values.
- Truthfully focused.
Emotional regulation

- Emotions and responses are overwhelming.
- Become aware of emotional state.
- Increasing positive emotional events.
- Decrease vulnerability to “Emotion Mind”.
- Taking opposite action.
- Applying distress tolerance techniques.

Emotional regulation format

- Goals of regulating emotions
- Myths about emotions
- Models of emotions
- Describing emotions
- Effective vs destructive emotions
- Letting go of emotional suffering
- Acting opposite
Emotion Regulation Cont.

Reducing vulnerability: PLEASE MASTERY

- Physical illness
- balance Eating
- avoid mood Altering drugs
- balance Sleep
- Exercise

MASTERY
- Doing what works
- Helping self feel better
- Feeling good promotes “wise mind”

Walking the middle path

- Create dialectic language among clients
- Plan for dialectic dilemmas
- Provide validation to client
- Train client to validate others
Group graduation

- 30 minute dedication
- Each client and staff provides feedback
- Graduate provides feedback
- Award diploma
- Can continue with individual therapy

Assessing progress

- Counselor observations of client and documentation
- Comparing and monitoring client’s diary card
- Assessing therapy interfering behaviors
- Obtain collateral contact
- Assessment with treatment team
Termination

- After groups are completed.
- Continued individual therapy.
- Discussions of termination in advance.
- Identify potential problems going forward.
- Create plans to prevent relapse.
- Help obtain social support.
- Booster sessions may be needed.

Supervision

- Integral as opposed to complimentary
- Mandatory
- Helps maintain DBT focus
- Prevents burnout
- Balances counselor interactions
- Maintains client mode of treatment
Supervision cont.

- Agenda based on needs of counselor
- Attempt to catch problems in the moment
- DBT can be counterintuitive
- Discuss company related decisions
- Bring up problems with DBT
- Set aside time to review DBT

Conclusion

- Validation and OARS skills are essential
- Emotional dysregulation is expected
- Use mindfulness in every session
- The structure as important as skills
- Supervision is mandatory
- Use ongoing assessments
- Clients can improve
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References


Rizvi & Ritschel, Mastering the Art of Chain Analysis in Dialectical Behavior Therapy, Cognitive and Behavioral Practice (2014), http://dx.doi.org/10.1016/j.cbpra.2013.09.002