

MIX and MATCH

DIALECTICAL BEHAVIORAL and COGNITIVE BEHAVIORAL THERAPY

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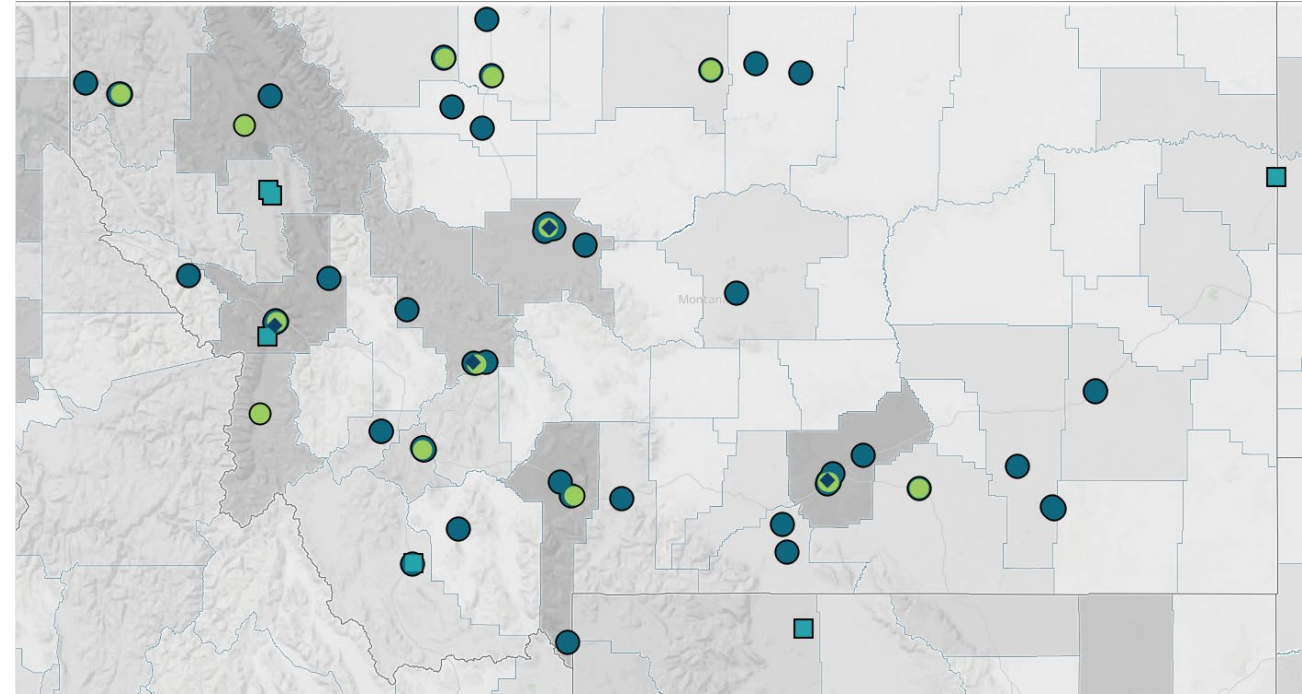
MPCA

The **Mission** of the Montana Primary Care Association is to promote integrated primary healthcare to achieve health and well-being for Montana's most vulnerable populations.

The **Vision** of MPCA is health equity for all Montanans.

MPCA values integrity, collaborations, and innovation.

The Montana Primary Care Association is the support organization for Montana's 14 Community Health Centers and 4 of our Urban Indian Centers. MPCA centers serve over 117,500 patients across Montana.



DBT VS. CBT



The Difference & Benefits

- ❑ both evidence-based therapies that have been shown to be effective in treating a range of mental health conditions,
- ❑ depression, anxiety, and personality disorders.
- ❑ key differences between the two that are important to understand when considering which therapy may be the best fit for a path to recovery.



Cognitive-Behavioral Therapy (CBT)

- talk therapy
- identifies and changes negative thought patterns and behaviors.
- aims to help individuals understand how their thoughts, feelings, and behaviors are interconnected and how changing one aspect of this equation can lead to changes in others.
- working with a therapist to identify negative thoughts and beliefs and then working on challenging and replacing them with more positive and realistic ones.

Dialectical Behavior Therapy (DBT)

- therapy that combines CBT with mindfulness and acceptance-based techniques.
- originally developed to treat individuals with borderline personality disorder (BPD).
- depression, anxiety, and substance abuse.
- focuses on helping individuals learn to accept and cope with difficult emotions and situations rather than trying to avoid or change them.
- DBT emphasizes the importance of balancing change and acceptance in therapy.

How CBT & DBT Together Can Be Conducive To Recovery

- **CBT** is often recommended for individuals looking to make specific changes in their **thoughts and behaviors**
- **DBT** may be a better fit for those struggling with **overwhelming emotions and difficulty regulating them.**



DBT



CBT



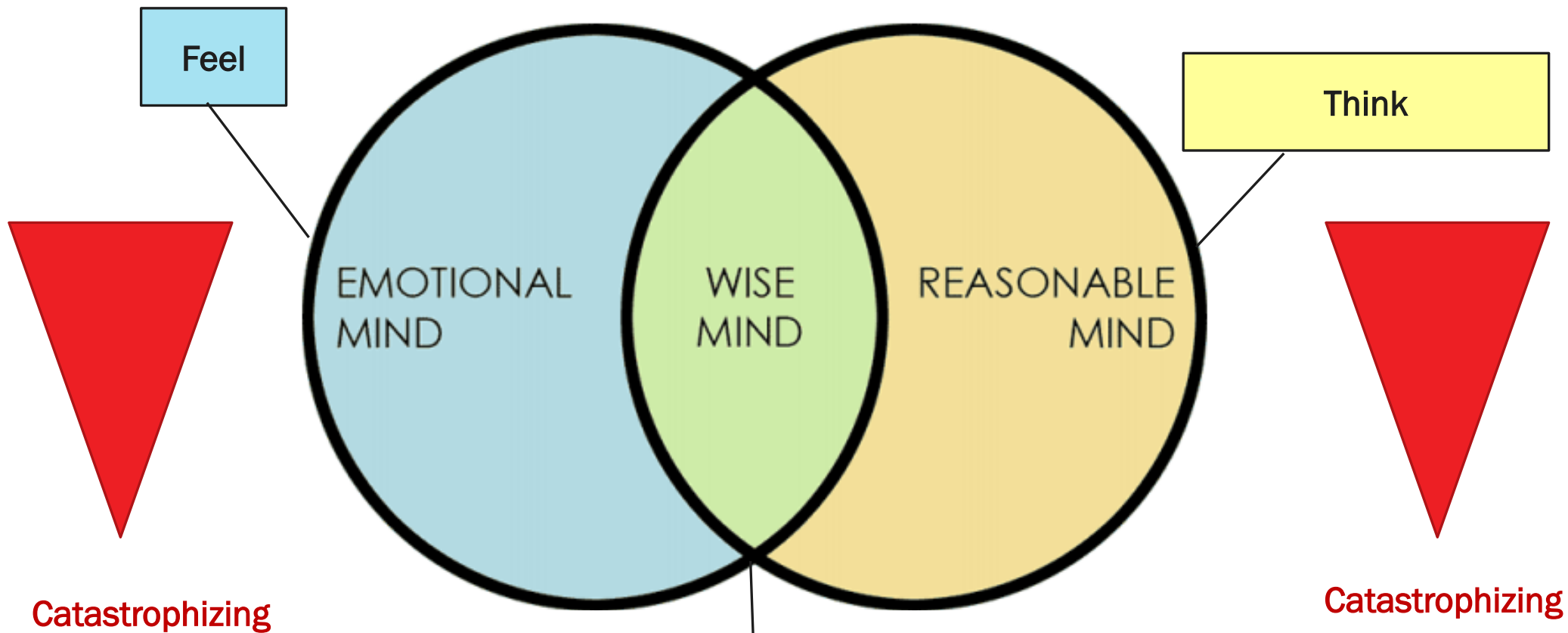
Distress Tolerance



Distress Tolerance

- Getting through painful situations without making them worse

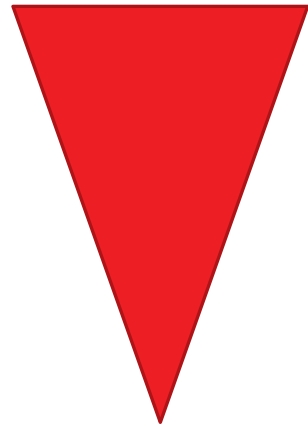




Feel

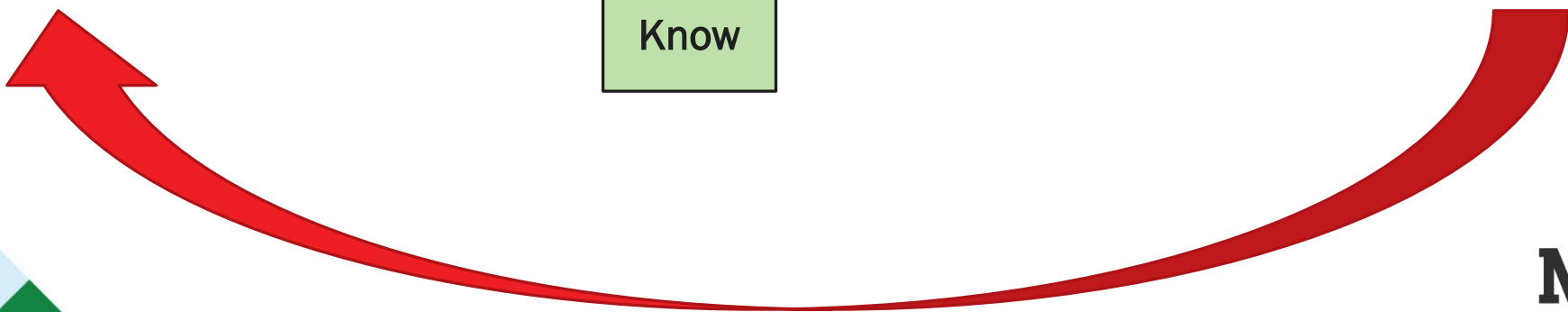
Think

Know



Catastrophizing

Catastrophizing



Predictions



What is Distress Tolerance?

How to integrated it into practice.



3 levels of Brief Intervention

stop

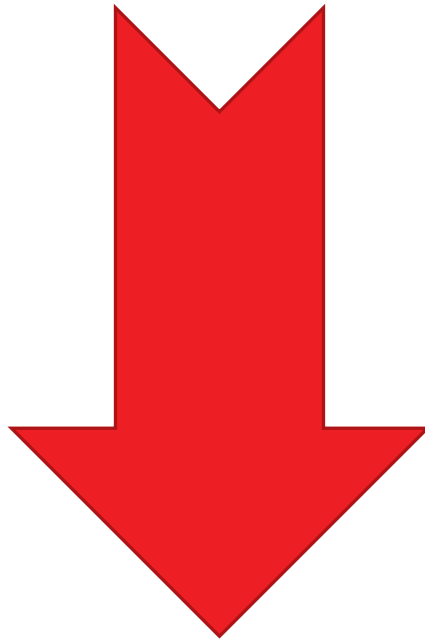
Balance

Plan to prevent



Distress Tolerance GOAL:

Not to solve his problems



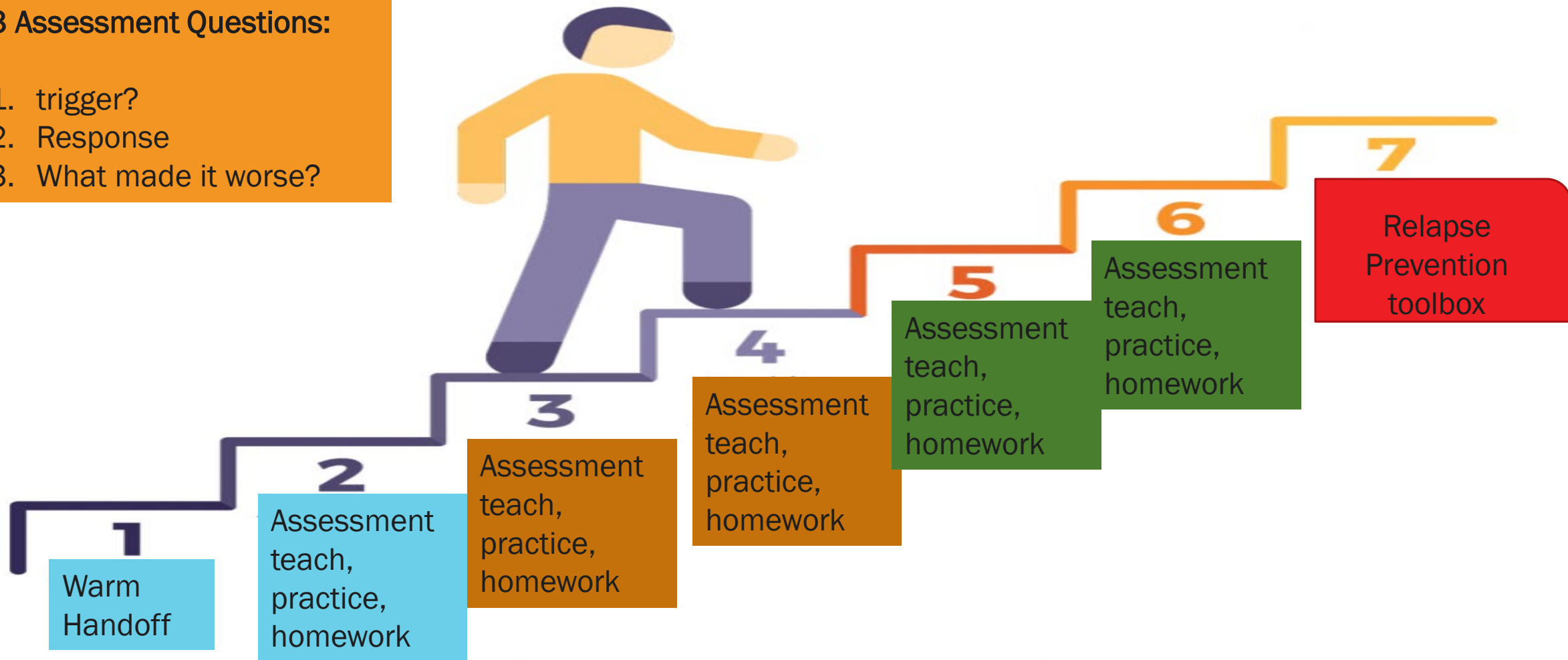
Stop the acceleration of catastrophizing and create building blocks to a new prediction



Integrating Distress Tolerance into Practice

3 Assessment Questions:

1. trigger?
2. Response
3. What made it worse?



Distress Tolerance Skills



DISTRACTING

ACCEPTS

A: Activities

C: Contributing

C: Comparisons

E: opposite Emotions

P: Pushing away (leave it for a while)

T: other Thoughts

S: intense other Sensations



5 senses

Hopefully, we were taught self-soothing as a child and forgot as an adult:

1. When you were a child do you remember using to sooth you?
2. Is there any smells or things you like the feeling of
 1. Favorite soft blanket, petting your dog, homemade apple pie
3. Do you do anything now that is soothing? Look at your information you already have and connect that to a skill...
 1. Observe you patient: are they wringing their hands, or twirling their hair, maybe its smoking?

SELF-SOOTHING

Self-soothing is a quick and effective way to reduce the intensity of negative emotions.



Sight

Low lighting
Soothing colors
Sleeping masks
Coloring books
Pinterest Collages

Touch

Soft things
Cuddle things
Massage
Hot/cold shower
Heated/weighted blanket



Sound

Calming noise
ASMR videos
Nature sounds
Guided meditations
Binaural beats



Smell

Aromatherapy
Fresh air
Candles/insense
Comforting smells



Taste

Strong flavors
Warm drinks
Eat slowly
Nostalgic flavors



www.blessingmanifesting.com

Montana Primary Care Association



IMPROVE THE MOMENT

IMPROVE:

I: Imagery

M: Meaning

P: Prayer

R: Relaxation

O: One thing in the moment (mindfulness)

V: Vacation

E: Encouragement



Rule of 3

Ask them to do 3 competing things and stack them up at one at a time

Example:

1. Tap big toe on their left foot in a rhythm
2. Add in singing marry had a little lamb
3. Pat head and rub stomach

Ask them what happened to the pain/worry/anxiety?



OTHERS

Pros & Cons

T emperature

I ntense physical exertion

P aced breathing

P aired muscle relation

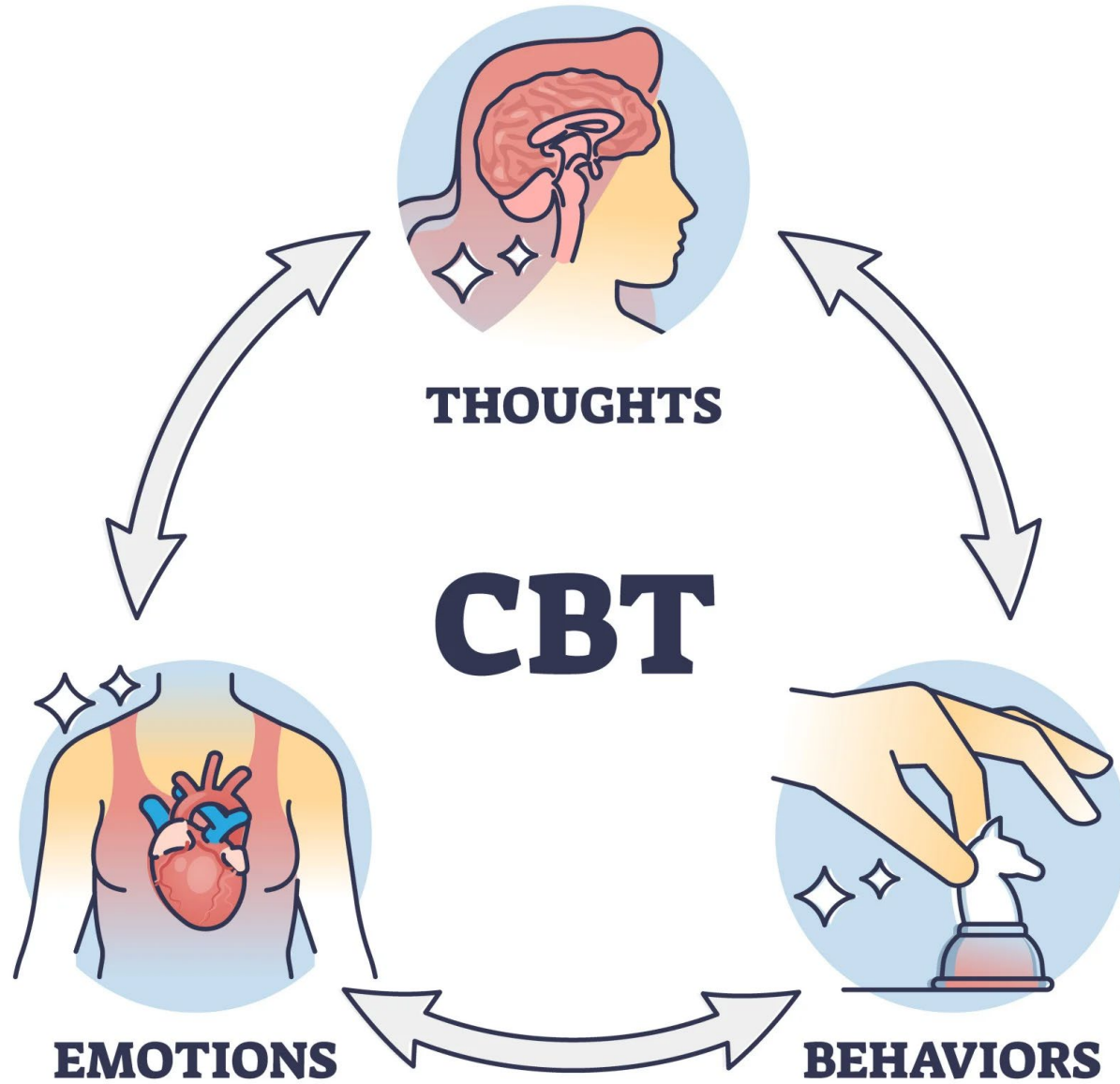
S top what you're doing

T ake a breath/pause

O bserve the situation

P roceed mindfully/effectively





Situation



Automatic Thought



Feelings



Behavior

EMOTIONAL REASONING

assuming that because we feel a certain way, that we think must be true

OVERGENERALIZING

seeing a pattern based upon a single event, or being overly broad in the conclusions we draw

LABELLING

assigning labels to ourselves or other people

JUMPING TO CONCLUSIONS

IMAGINING WE KNOW WHAT OTHERS ARE THINKING OR PREDICTING THE FUTURE

MAGNIFICATION (CATASTROPHISING) & MINIMIZATION

blowing things out of proportion (catastrophizing), or inappropriately shrinking something to make it seem less important

"DON'T MAKE A MOUNTAIN OUT OF A MOLEHILL"

UNHELPFUL THINKING STYLES



BALANCE
eating disorder treatment center™

MENTAL FILTER

ONLY PAYING ATTENTION TO CERTAIN TYPES OF EVIDENCE. NOTICING OUR FAILURES BUT NOT SEEING OUR SUCCESSES

"I AM A FAILURE"

DISQUALIFYING THE POSITIVE

DISCOUNTING THE GOOD THINGS THAT HAVE HAPPENED OR THAT YOU HAVE DONE FOR SOME REASON OR ANOTHER

ALL OR NOTHING THINKING

PERSONALIZATION

blaming yourself or taking responsibility for something that wasn't completely your fault. conversely, blaming other people for something that was your fault.

SHOULD/MUST

using critical words like 'should,' 'must,' or 'ought' can make us feel guilty, or like we have already failed. If we apply 'shoulds' to other people the result is frustration.



Thought stopping is a strategy that involves blocking and replacing unwanted, distressing thoughts. The technique is sometimes used in cognitive-behavioral therapy (CBT) as a way to halt or disrupt negative thoughts. Then, add an adaptive or helpful thought can then be replace for the unhelpful one



4 Steps for Thought Stopping

- 1 Notice the thought.**
Notice if it's an awfulized worse-than-worse case scenario.
- 2 Stop.**
Say "stop" in your mind, or picture something that helps you stop: a stop sign, red light. . .
- 3 Challenge the thought.**
Are you distorting reality? Notice absolutes, exaggerations, neg messages from past, overgeneralizations, . . .
- 4 Reroute your mind.**
Move your mind over to an inspiring or distracting thought instead.

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STOPP

Stop and step back

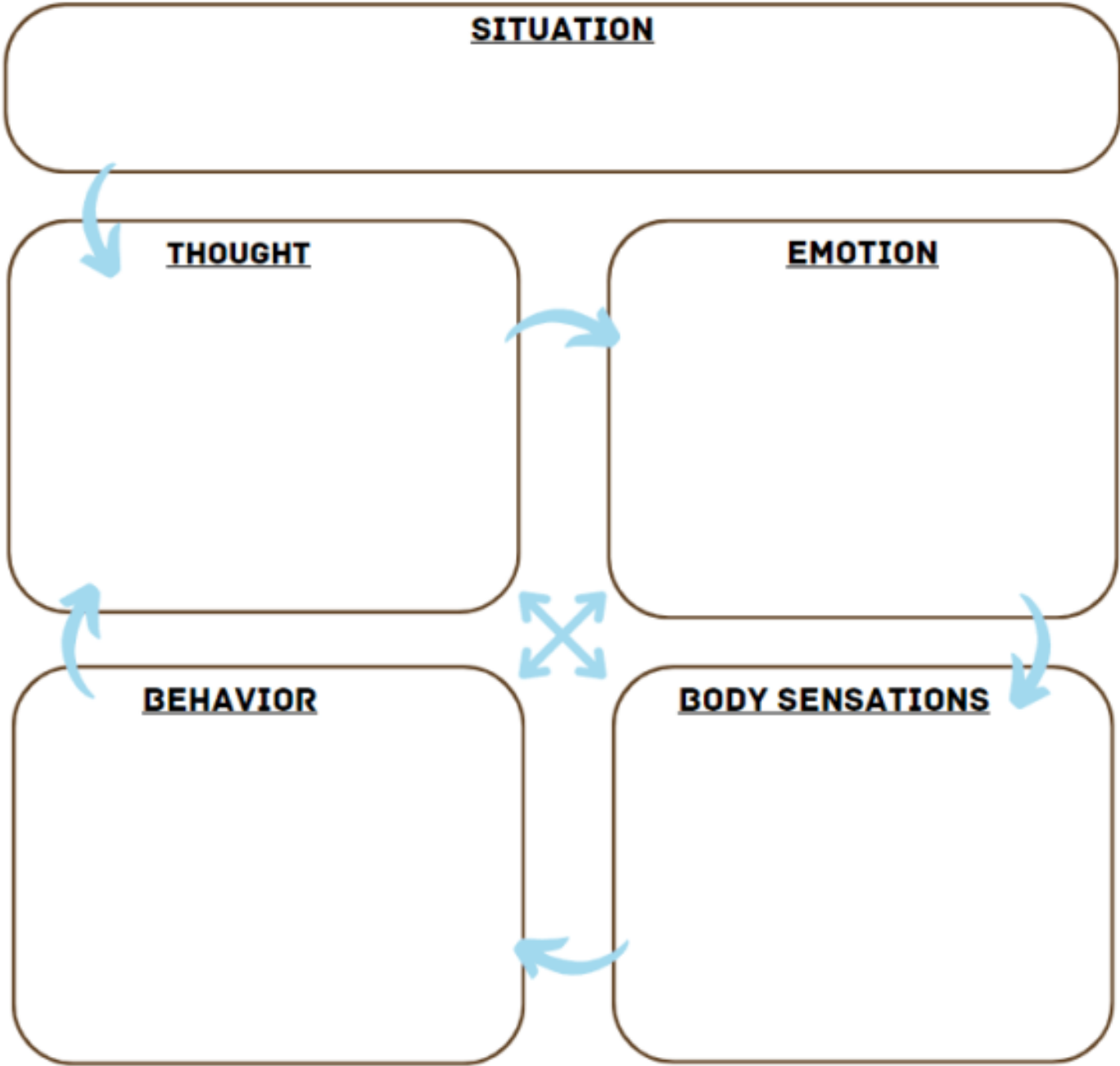
Take a breath

Observe: What am I feeling? Is this fact or opinion?

Pull back: put in perspective

Practise what works





Thought Stopping Techniques Worksheet (PDF)

Note down when and which thought-stopping techniques you have used throughout the day.

Comment on and rate their effectiveness.

Situation that triggered the negative thoughts	The immediate negative thoughts that came to my mind	Thought stopping technique used	How effective was the technique? Rate its effectiveness on a scale of 1 - 10



Testing Ambivalence of Returning Homework in an Integrated Setting

Questions:

1. Do they have the buy-in into the treatment?
2. Did they simply forget?
3. Did they do the plan, but it didn't meet their goal?

Remember building that RLP Toolbox!



