

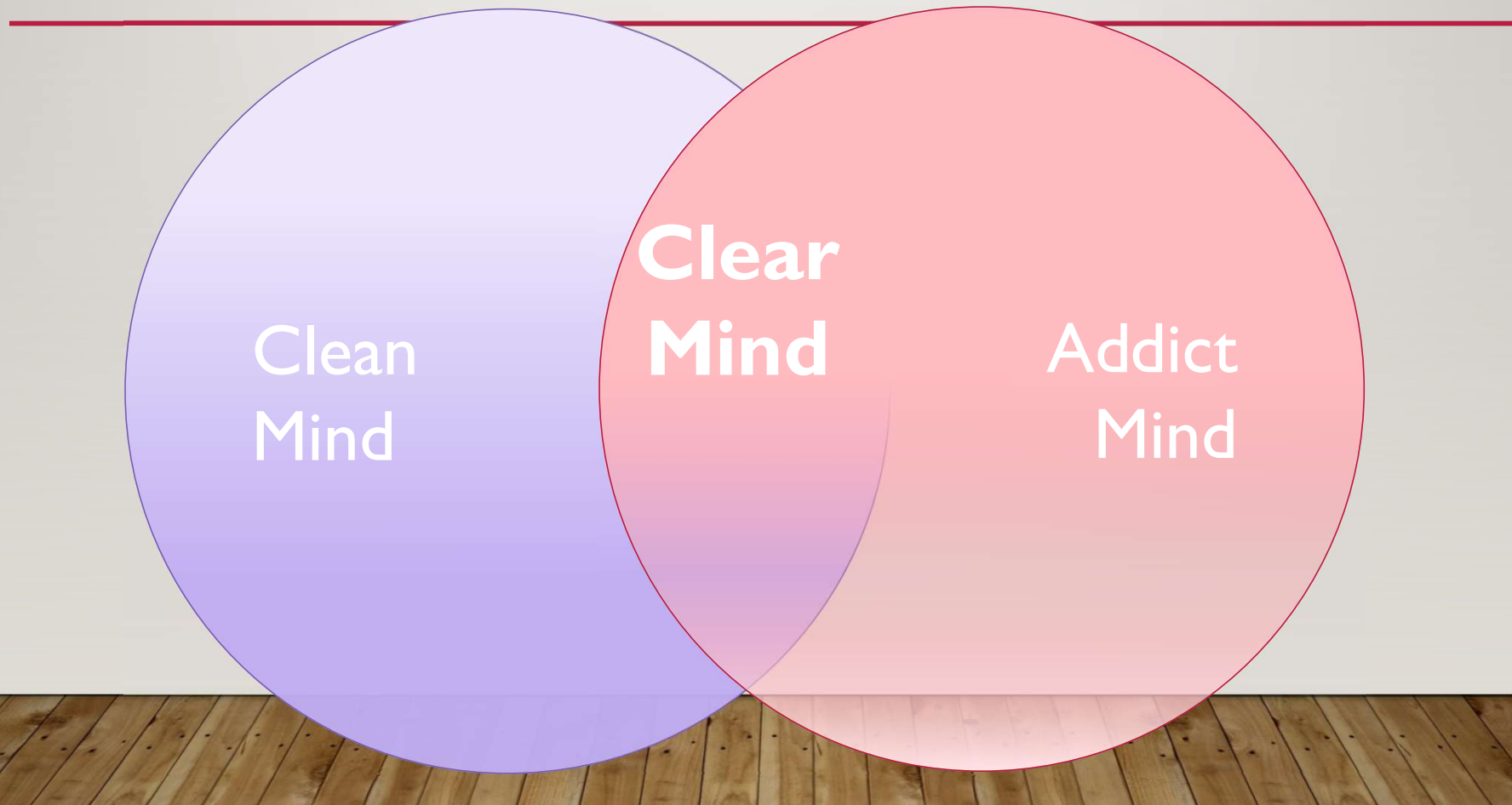
DIALEKTICKÁ BEHAVIORÁLNÍ TERAPIE V LÉČBĚ ZÁVISLOSTÍ

WORKSHOP

AMY GAGLIA ESSLETZBICHLER, MSW

CONSULTANT TRAINER WITH BIDBT

Clear Mind



PATH TO CLEAR MIND

Decrease **Substance Use**



Decrease **Physical Discomfort from Abstaining**



Decrease **Urges & Cravings to Use Drugs**



Decrease **Options, Contacts, & Cues to Use Drugs**



Decrease **Capitulating to Use Drugs**



Increase **Community Reinforcement of "Clear Mind" Behaviors**



CLEAR MIND

DECREASE PHYSICAL DISCOMFORT: PAIN MANAGEMENT

- Rationale:
 - To reduce risks of early treatment drop out
 - To prevent drug use
- How:
 - Replacement medication with quick induction
 - Application of DBT skills, particularly distress tolerance, mindfulness, and PLEASE

DECREASE URGES AND CRAVINGS

- Mindfully self-monitor urges
- Normalize presence of urges (Didactic strategy)
- Label urges and detach from them
 - Observe and Describe Skills
- Develop and use imagery
 - Samurai
 - Urge Surfing

DIDACTIC ON URGES: THE NATURAL LIFE OF AN URGE

- Urges are episodic and not constant; they come and go
- Urges may fluctuate in intensity during an episode and do not by themselves predict lapse
- Urges do not decrease dramatically upon cessation, but gradually decrease over time
(so long as they are not reinforced)

Decrease the Options, Contacts, and Cues to Use Drugs

“Slamming-the Garage-Door-Shut”

Targeting all overt and covert
behaviors that maintain avenues
and possibilities for drug use

DECREASE THE OPTIONS, CONTACTS, AND CUES FOR DRUGS

- The Elephant Story
- Examples:
 - Changing phone
 - Getting rid of drugs, paraphernalia, and drug contacts
 - Moving to housing away from users/dealers
 - Not stealing, lying, selling drugs
 - Making public commitment not to use

LYING...

- Incompatible with abstinence
- Monitored on diary card
- Special designation for whether they are lying on card
- Dialectical approach to lying

DECREASE OPTIONS, CONTACTS, AND CUES FOR DRUG USE

- Decreasing Cue Examples
 - Avoiding people, places, things, activities, thoughts associated with drug use
 - Not going to or by places where drugs are available
 - Not socializing with drug-users or dealers
 - Not listening to drug music
 - Not sitting in the back of NA/AA meetings

DECREASE CAPITULATING TO DRUG USE

Examples

- Making 99%, but not 100% effort to quit (e.g., the door is left open)
- Keeping open the possibility of using drugs again (e.g., closing the front door, but not the back door)
- Putting off the inevitable
- Passivity in the face of threats to use drugs
- Willful/artful denial (e.g. kidding yourself)

- NOT USING OPPOSITE ACTION TO JOY

INCREASE COMMUNITY REINFORCEMENT OF “CLEAR MIND” BEHAVIORS

Examples

- Working for pay
- Socializing with non-drug addicts
- Joining groups where non-drug addicts go (e.g., exercise, church, volunteer, political groups)
- Becoming involved and participating in NA/AA or other support group

DISTRESS TOLERANCE HANDOUT 16 (Distress Tolerance Worksheets 13–18)**Overview:
When the Crisis Is Addiction**

- D** **Dialectical Abstinence**
- C** **Clear Mind**
- C** **Community Reinforcement**
- B** **Burning Bridges and Building New Ones**
- A** **Alternate Rebellion**
- A** **Adaptive Denial**

Remember

“D, C, B, A”

Snímek 13

MH1 Move all addiction skills to earlier to skills section?
Melanie Harned; 18.12.2014

DISTRESS TOLERANCE HANDOUT 19 (Distress Tolerance Worksheet 16) (p. 361)**Community Reinforcement****Community Reinforcement Means****Replacing Addiction Reinforcers with Abstinence Reinforcers**

- Reinforcing abstinence is critical
- Replace addiction reinforcers with abstinence reinforcers
- Abstinence sampling

Snímek 14

AB1 added 2/20/15
Angela Brimer; 24.02.2015

DISTRESS TOLERANCE HANDOUT 20 (Distress Tolerance Worksheet 17) (p. 362)**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
- **Building New Bridges**
 - Create visual images and smells that will compete with the information loaded into visual and olfactory brain systems when cravings occur

Snímek 15

AB2 added 2/23/15
Angela Brimer; 24.02.2015

DISTRESS TOLERANCE HANDOUT 21 (Distress Tolerance Worksheet 18) (p. 363)**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 continuing on a path to goals
 - **Adaptive Denial**
 - When cannot tolerate craving for addictive behaviors, try adaptive denial

Snímek 16

AB3

added 2/23/15

Angela Brimer; 24.02.2015

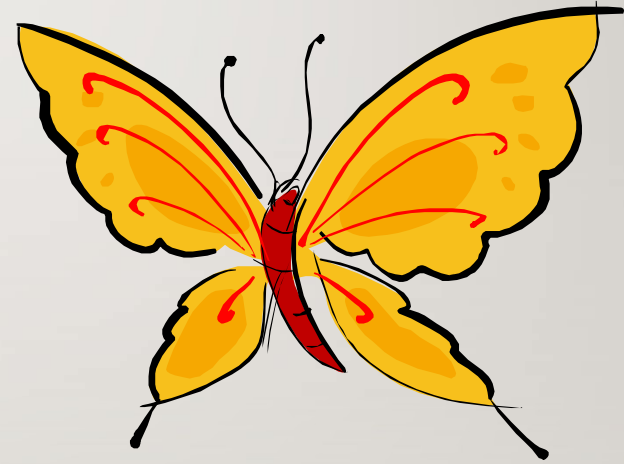
DISTRESS TOLERANCE HANDOUT 6 (Distress Tolerance Worksheet 4)**TIP Skills: Changing Your Body Chemistry**

Remember

“TIP”**T**ip the **T**emperature with Cold Water***I**ntense Exercise***P**aced Breathing**P**aired Muscle Relaxation

***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.

Finding Patients
When They're Lost:
Attachment Strategies
for “Butterflies”



Attachment Strategies:

DBT assumes that engaging reluctant clients in treatment is a therapeutic task for the DBT Therapist

(As opposed to a client requirement before starting treatment)

DBT ATTACHMENT STRATEGIES (1 OF 2)

1. Orient client to attachment problem
2. Increase contact during initial trimester
3. Contact using voice mail
4. Conduct therapy *in vivo*
5. Shorten or lengthen therapy sessions
6. Conduct supportive family and friends network meetings

(continued on next slide)

DBT ATTACHMENT STRATEGIES (2 OF 2)

7. Treat therapists who are getting demoralized
8. Phone to break avoidance
9. Find clients when they are lost.
10. Give legally marketed replacement medications
11. Provide multiple therapists who coach on therapeutic relationships