



DBT: AN OVERVIEW

Learning the Principles of
Dialectical Behavior Therapy

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Our Agenda

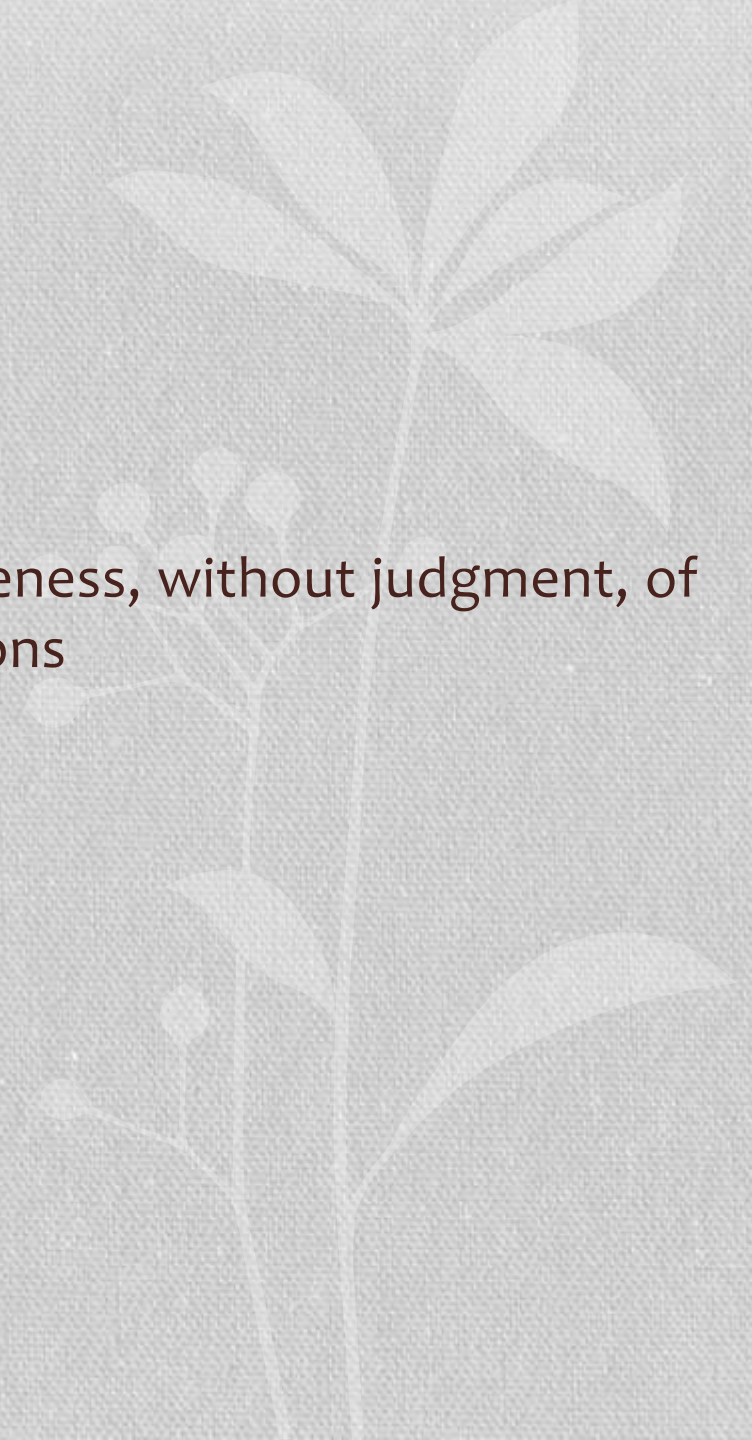
- Mindfulness exercise
- History of DBT
- Biosocial theory
- States of mind
- Four modules
- Five parts of the DBT protocol
- Dialectical Strategies
- Validation Strategies
- Behavior Chain Analysis
- Stages of Treatment





MINDFULNESS

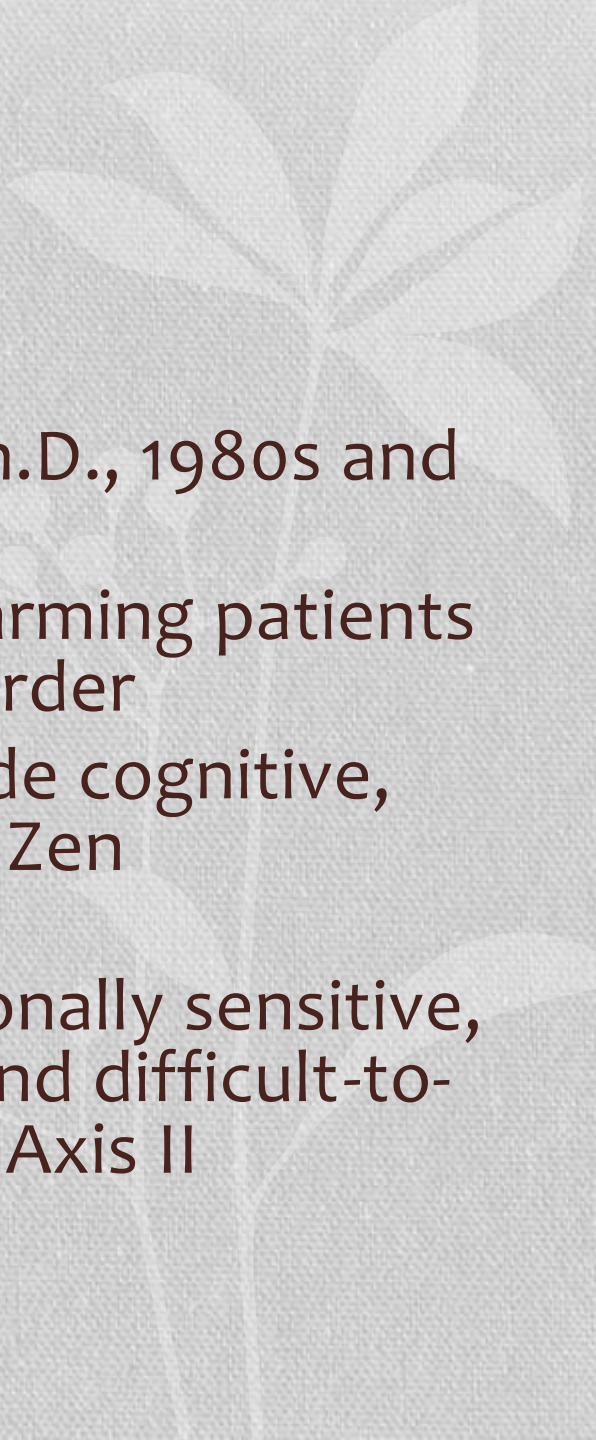
Mindfulness is moment-to-moment awareness, without judgment, of one's thoughts, feelings, or body sensations



The therapist's regular practice of mindfulness is considered a core competency in DBT, and is a requirement for certification.



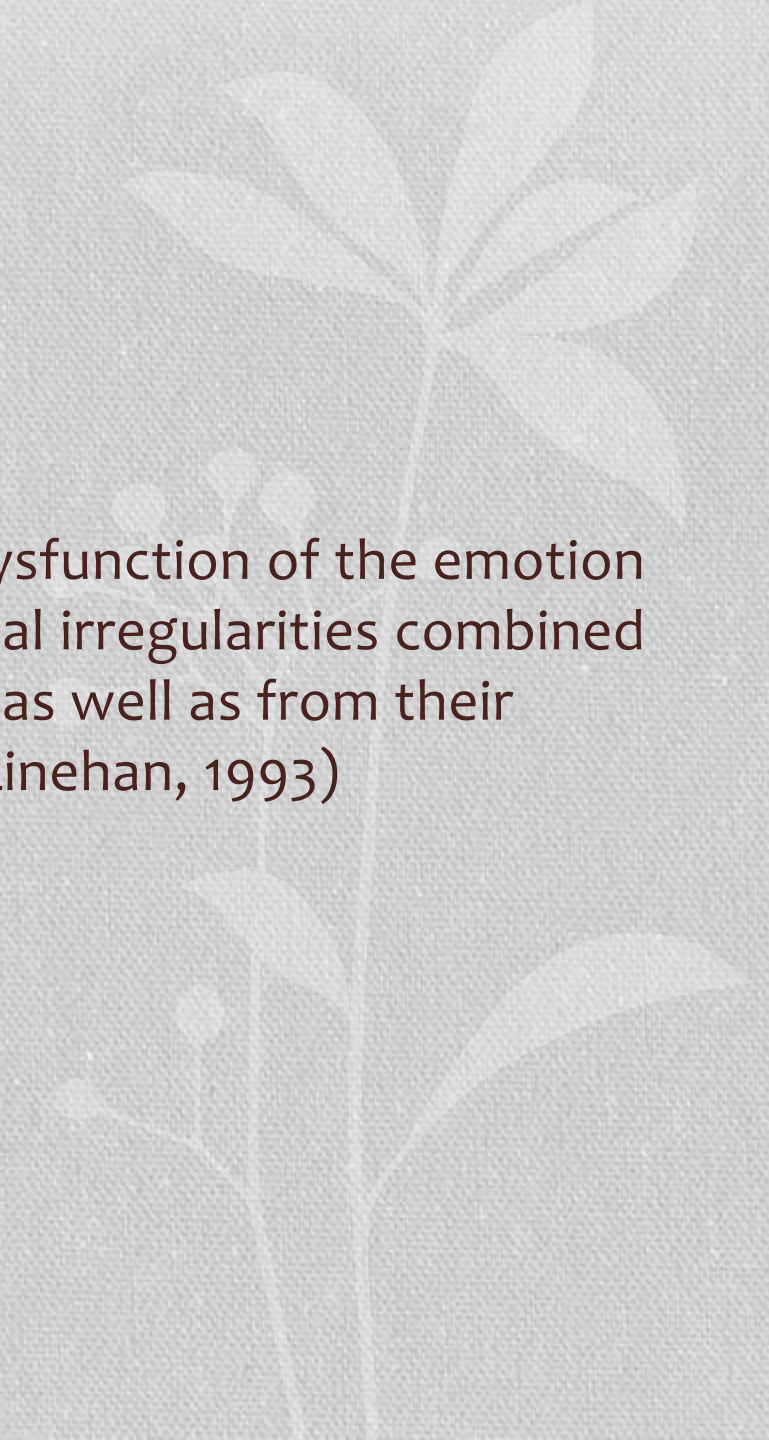
HISTORY OF DBT

- 
- Designed by Marsha Linehan, Ph.D., 1980s and 90s
 - Designed for suicidal and self-harming patients with Borderline Personality Disorder
 - Theoretical underpinnings include cognitive, behavioral, client-centered, and Zen orientations
 - Useful for anyone who is emotionally sensitive, with multiple, chronic, severe, and difficult-to-treat problems, on Axis I and/or Axis II

- Cognitive-Behavioral Treatment of Borderline Personality Disorder published 1993, along with accompanying skills training manual
- Behavioral Tech (behavioraltech.org) and the Linehan Institute are her research, treatment, and training entities
- Additional research has been conducted on DBT with teens, families, people with substance abuse, the depressed elderly, and those with eating disorders, as well as more recent research on Stage 2 of treatment
- Revised/updated skills training manual published November, 2014

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A BIOSOCIAL THEORY OF EMOTION DYSREGULATION

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Major premise: “That BPD is primarily a dysfunction of the emotion regulation system; it results from biological irregularities combined with certain dysfunctional environments, as well as from their interaction and transaction over time.” (Linehan, 1993)

Emotion Dysregulation

Definition: When you can't "turn down the volume" on your emotions



(BPD) is a pervasive disorder of the emotion regulation system

- Maladaptive behaviors function to regulate emotions
or...
- Maladaptive behaviors are a natural consequence of emotion dysregulation

Emotion dysregulation comes from two different sources

- Emotional Vulnerability



- Inability to Modulate Emotions

Emotional Vulnerability

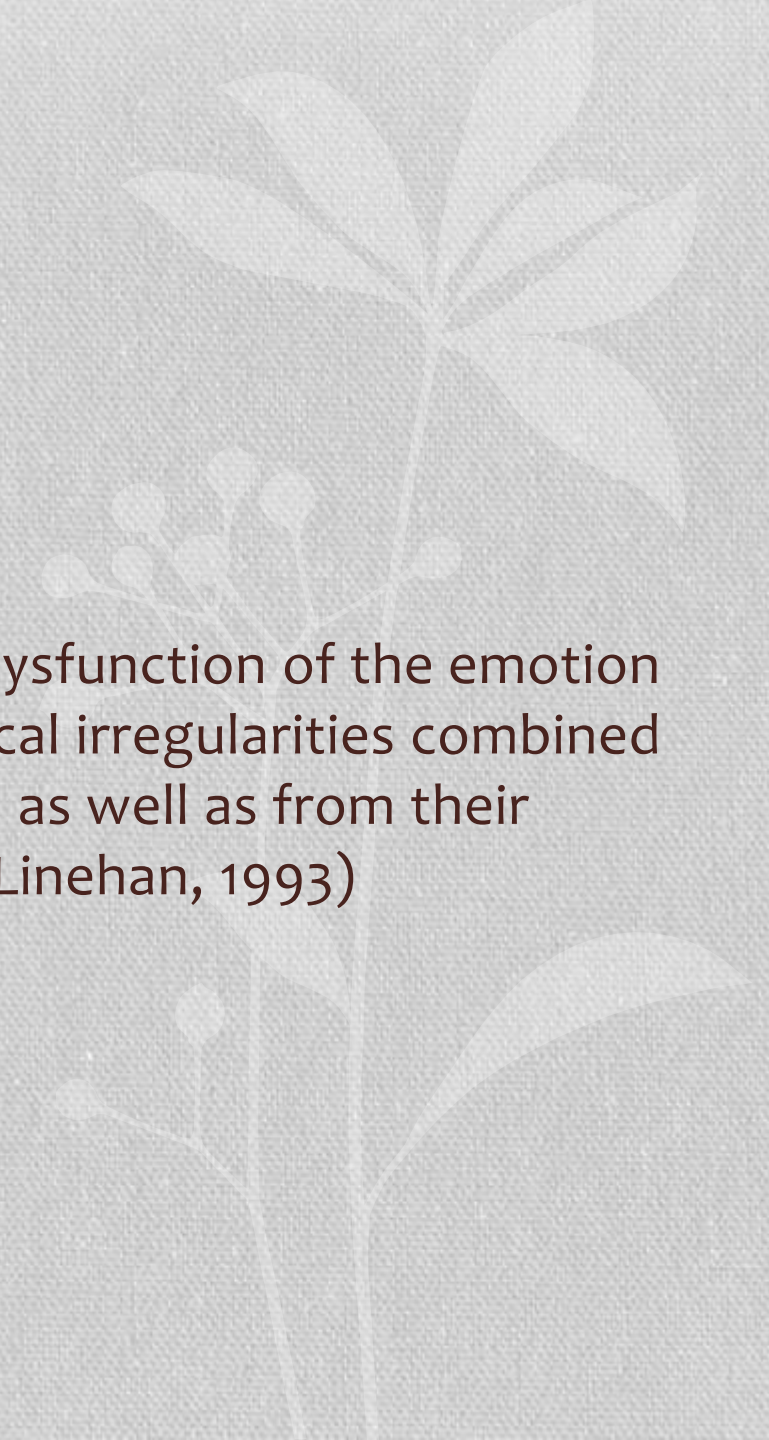
- This is hard-wired
- Characteristics
 - High sensitivity
 - Immediate reactions
 - Low threshold for emotional reaction
 - High reactivity
 - Extreme reactions
 - High arousal interferes with thought processes
 - Slow return to baseline
 - Long-lasting reactions
 - Highly sensitive to the next emotional stimulus



Tasks in Emotion Modulation

- Decrease physiological arousal associated with the emotion
- Inhibit mood-dependent actions
- Reorient attention
- Organize behavior in service of external, non-mood-dependent goals

When emotionally dysregulated we cannot do these things



Major premise: “That BPD is primarily a dysfunction of the emotion regulation system; it results from biological irregularities combined with certain dysfunctional environments, as well as from their interaction and transaction over time.” (Linehan, 1993)

Invalidating Environment

- The “social” part of biosocial theory
- Pervasively dismisses or negates the behavior and/or identity, independent of the actual validity of the behavior or identity
- Indiscriminately rejects communication of private experiences
- Punishes emotional displays but...
- ...intermittently reinforces emotional escalation
- Oversimplifies ease of problem-solving and meeting goals

People invalidate when they don't
have the means to give someone what
he/she wants

Invalidating environment teaches the individual to...

- Actively self-invalidate and search the social environment for cues on how to respond
- Oscillate between emotional inhibition and extreme emotional styles
- Form unrealistic goals and expectations of self and others

As a result...

- Being invalidated causes further dysregulation (escalation in order to get one's needs met)
- Those with BPD do not learn how to tolerate distress
- They don't learn how to label their emotions accurately
- They don't learn how to regulate emotional arousal
- They don't learn to trust their own emotions as reasonable responses to events
- Over time, those with emotional sensitivity learn to invalidate themselves
- They tend to rely on others to tell them the “right” way to respond to stimuli
- They tend to oversimplify the ease of solving life's problems

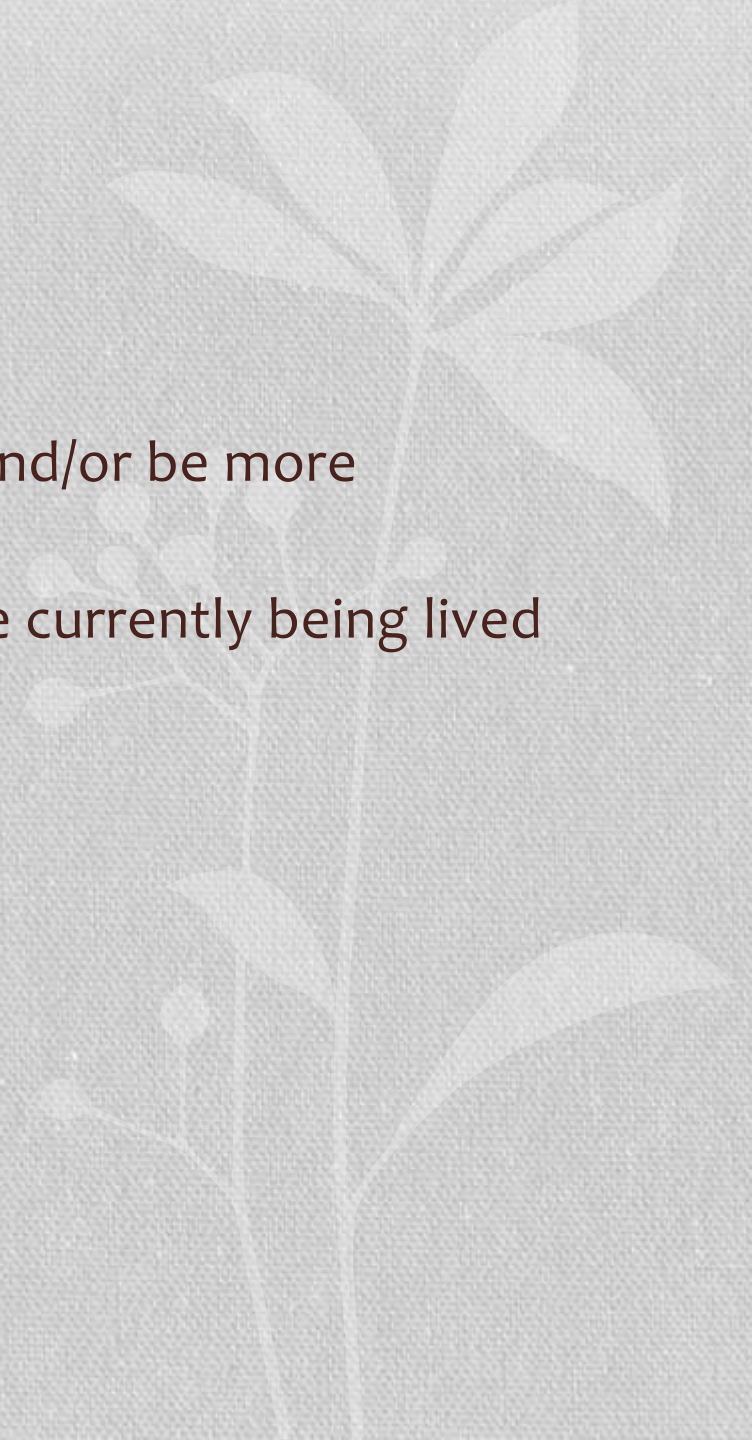
Emotional sensitivity results from the interaction of biological vulnerability with invalidation, over time

Assumptions about emotionally sensitive people

- They are doing the best they can
- They want to improve
- They must learn new behaviors in all relevant contexts
- They may not have caused all of their own problems, but they have to solve them anyway
- They cannot fail in DBT

Assumptions, continued

- They need to do better, try harder, and/or be more motivated to change
- Their lives are unbearable as they are currently being lived

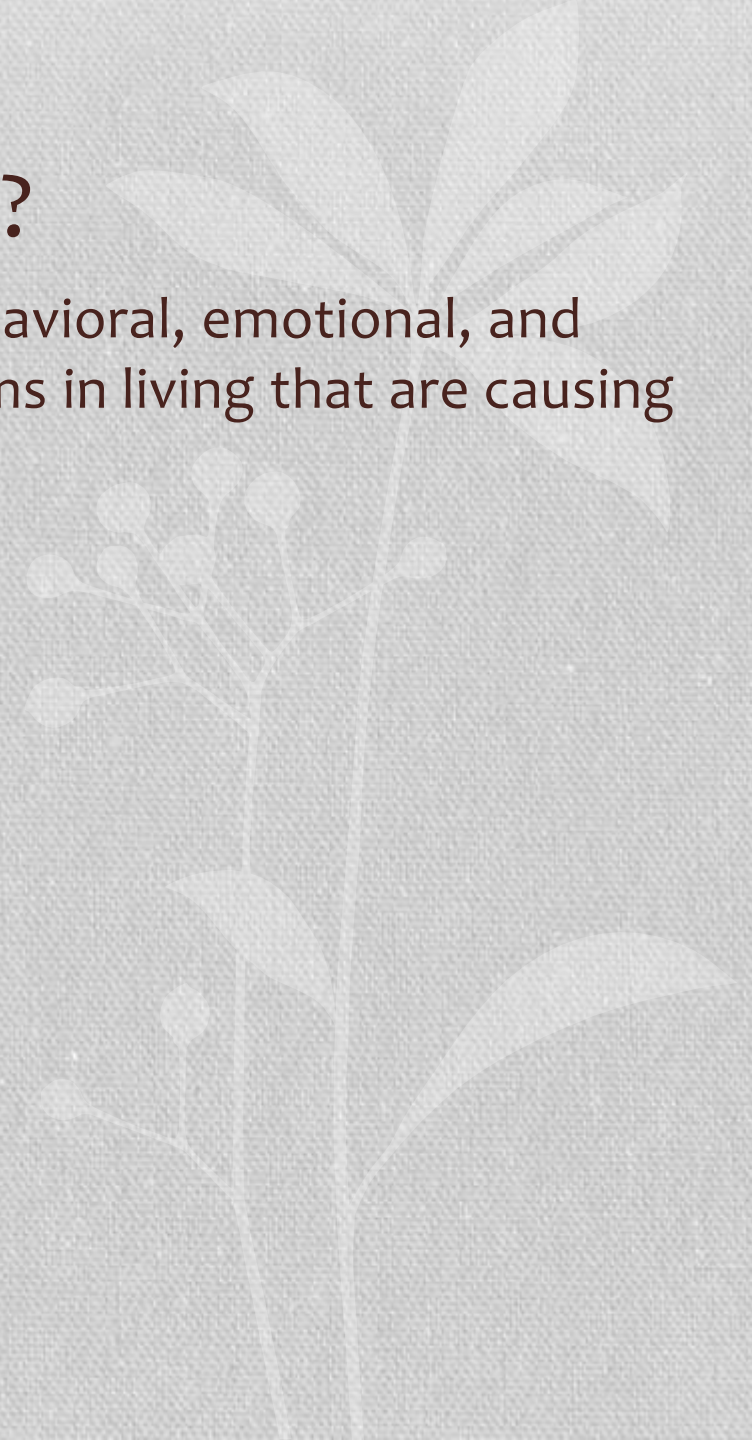


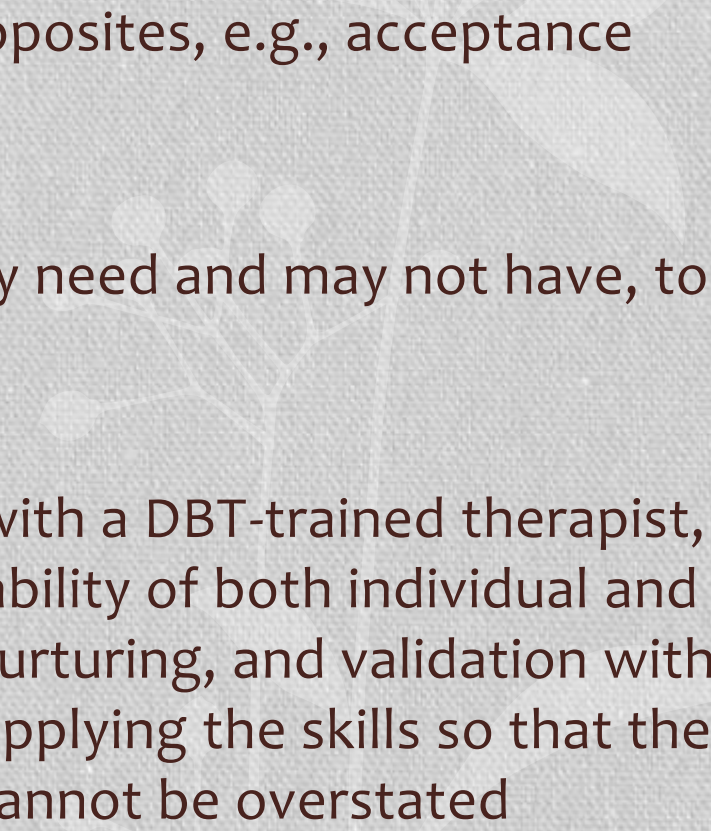
Symptoms of Borderline Personality Disorder (choose 5)

1. Frantic efforts to avoid real or imagined abandonment
2. Unstable and intense interpersonal relationships characterized by alternating between extremes of idealizing and devaluing
3. Markedly and persistently unstable sense of self
4. Impulsivity in at least two areas that are potentially self-damaging (e.g., spending, sex, substance abuse, binge eating, reckless driving – not NSSIB)
5. Recurrent suicidal behavior, gestures, or threats; NSSIB (self-mutilating behavior)
6. Affective instability due to a marked reactivity of mood
7. Chronic feelings of emptiness
8. Inappropriate, intense anger or difficulty controlling anger
9. Transient, stress-related paranoid ideation or severe dissociative symptoms

Why DBT?

“To learn and refine skills in changing behavioral, emotional, and thinking patterns associated with problems in living that are causing misery and distress.” (Linehan, 1993)



- 
- Dialectical: the tension between two opposites, e.g., acceptance and change
 - Behavior: DBT teaches people skills they need and may not have, to help them live more effectively
 - Therapy: Treatment is both individual, with a DBT-trained therapist, and group, in a weekly skills class. The ability of both individual and group therapists to combine warmth, nurturing, and validation with absolute insistence upon learning and applying the skills so that the patient's treatment goals can be met, cannot be overstated

The goal of DBT

The ultimate goal of DBT is to help the person have a life worth living.





STATES OF MIND

Rational (Reason) Mind

- Rational thinking
- Logical, concrete
- Planning, organizing, evaluating
- Problem-solving
- Cool-headed
- Unflappable
- Total absence of emotions
- Mr. Spock
- Joe Friday: “Just the facts, ma’ am”

Emotion Mind

- Emotions are in control of thoughts and behaviours
- Hot Headed
- Fly off the handle
- Artistic temperament
- A sports car: 0 - 60 in < 2 seconds



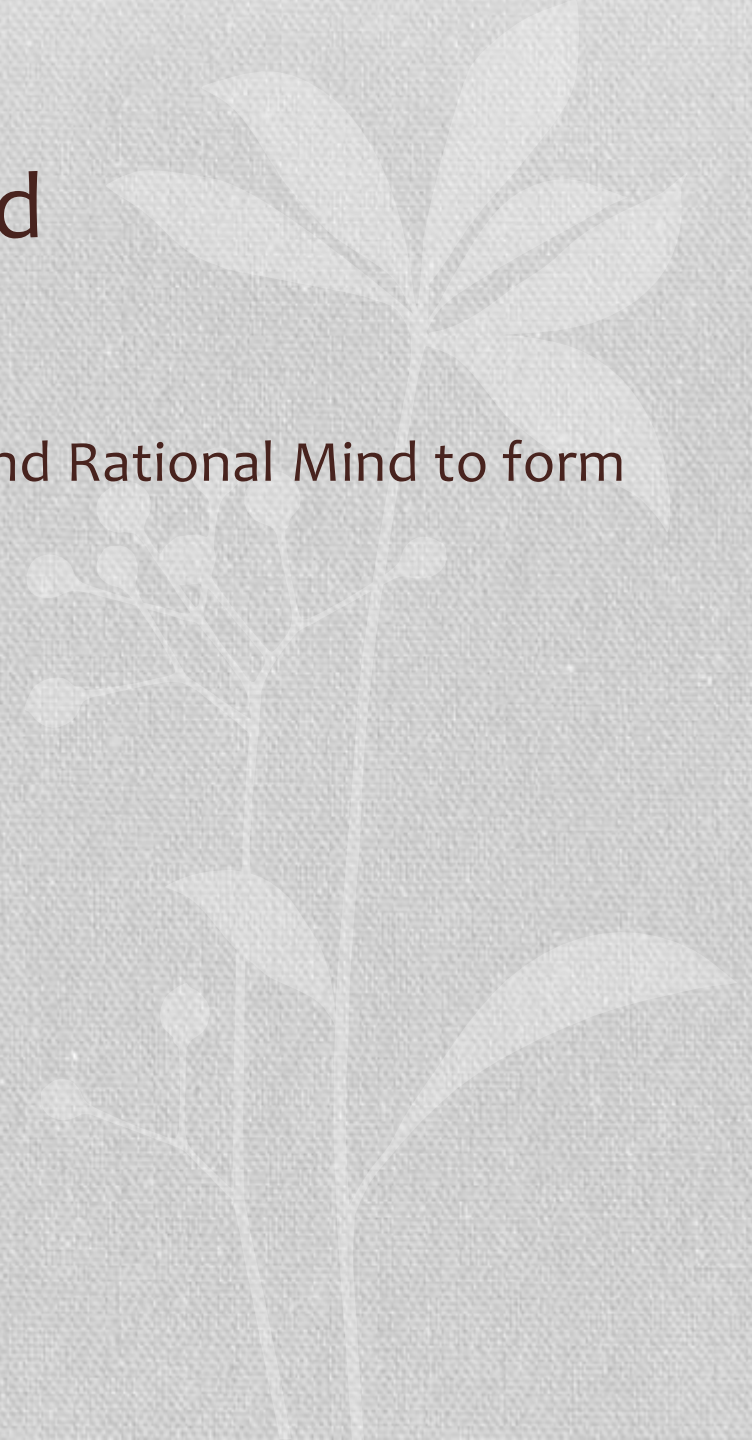
Body Mind

- Body sensations
- What do you feel in your body?
- Where do you feel it?
- What do you notice, what clues are there?



Wise Mind

- Joining Emotion Mind, Body Mind, and Rational Mind to form something deeper and higher
- Your ‘gut’ or intuition
- Point of balance in your thinking
- Your ‘third eye’



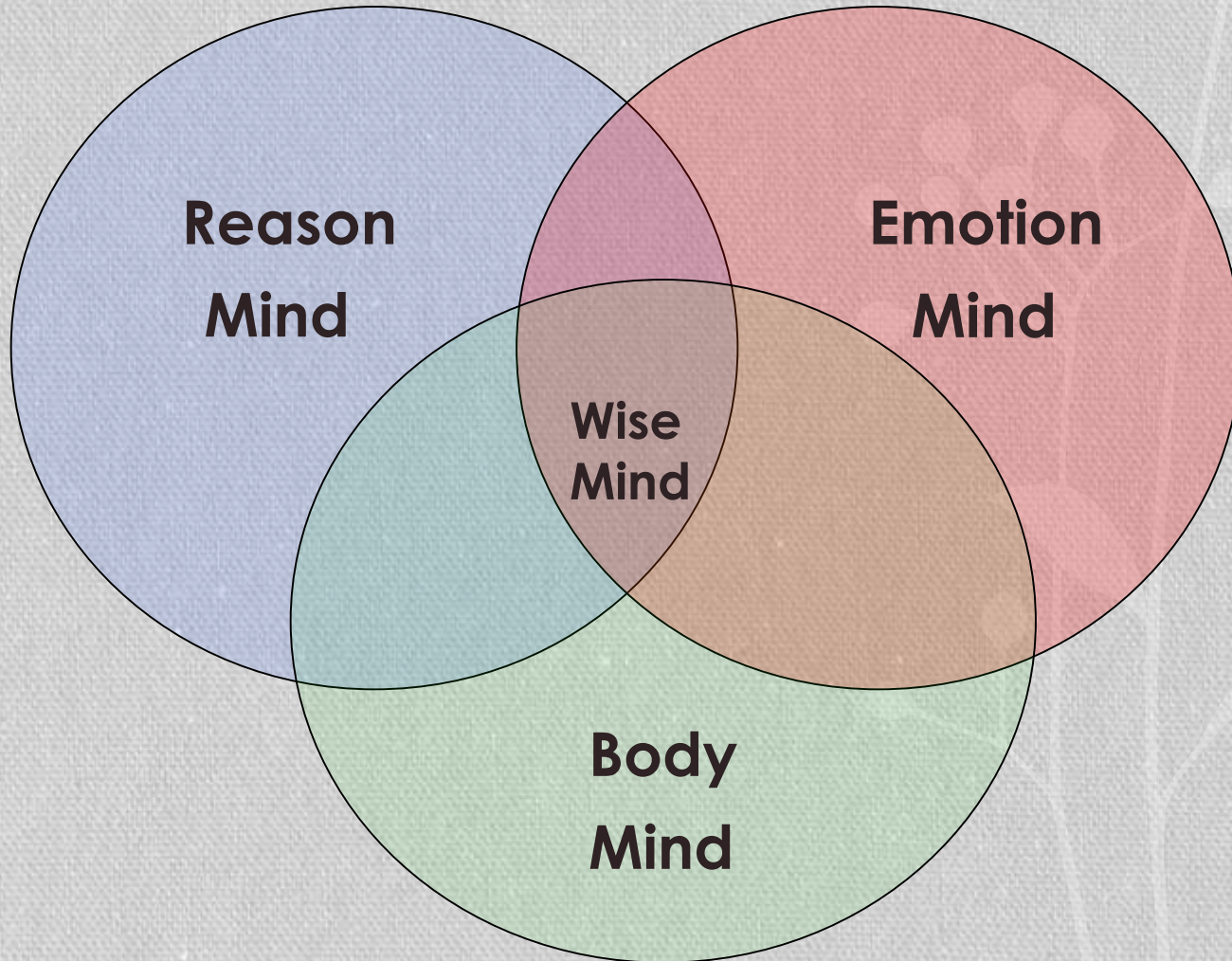
When skillful, we are in Wise Mind.

Wise Mind is the place where Emotion Mind,
Rational Mind, and Body Mind intersect.

How Do I Know It's Wise Mind?

- Is the feeling passionate or moderated?
- Is there a balance between emotions and reason?
- Does the decision have staying power?
- What is your breathing like?

Wouldn't it be nice to be in Wise Mind all the time?

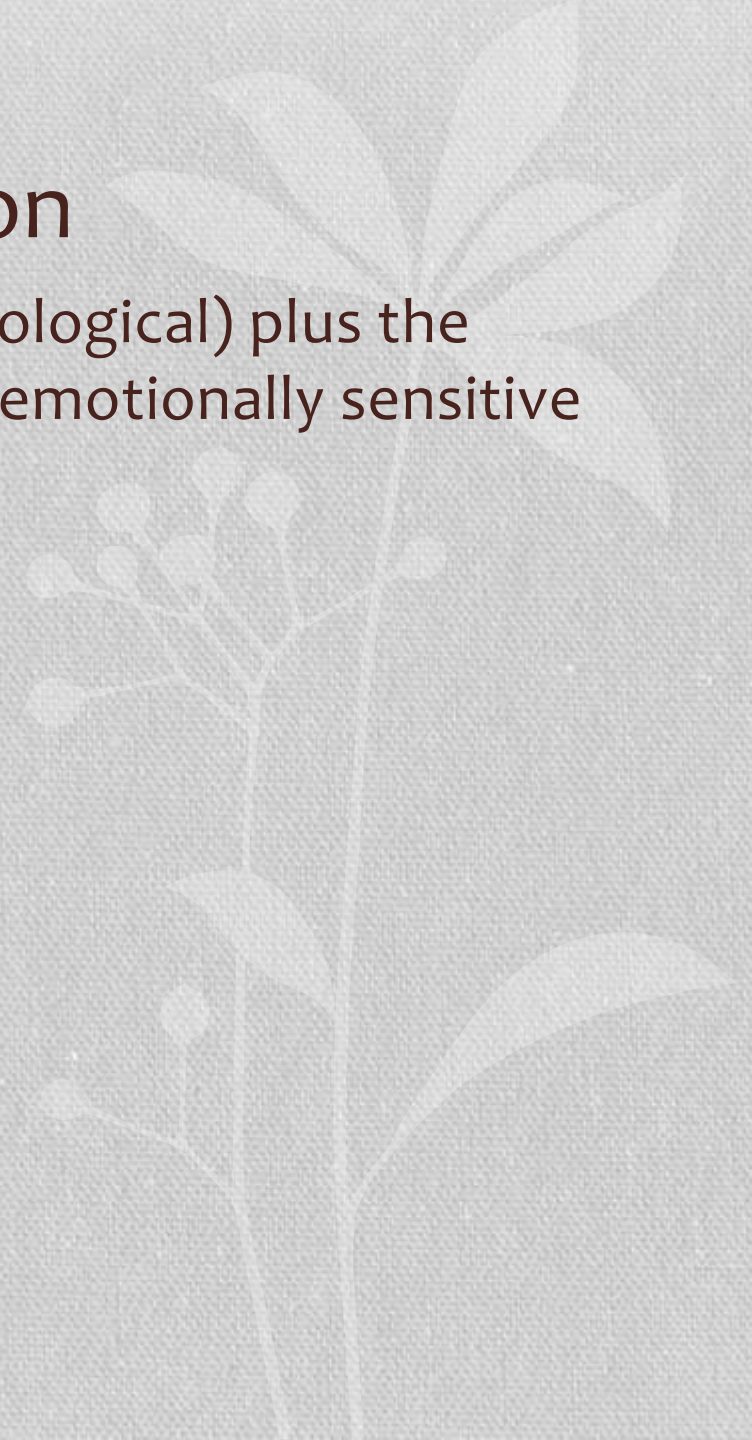


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FOUR SKILLS MODULES

Assumption

Because of emotional vulnerability (biological) plus the invalidating environment (social), the emotionally sensitive person does not have these skills



The Skills Modules

- Core Mindfulness (to decrease cognitive dysregulation)
- Interpersonal Effectiveness (to decrease interpersonal chaos)
- Emotional Regulation (to decrease affective lability)
- Distress Tolerance (to decrease impulsivity and mood-dependent behaviors)

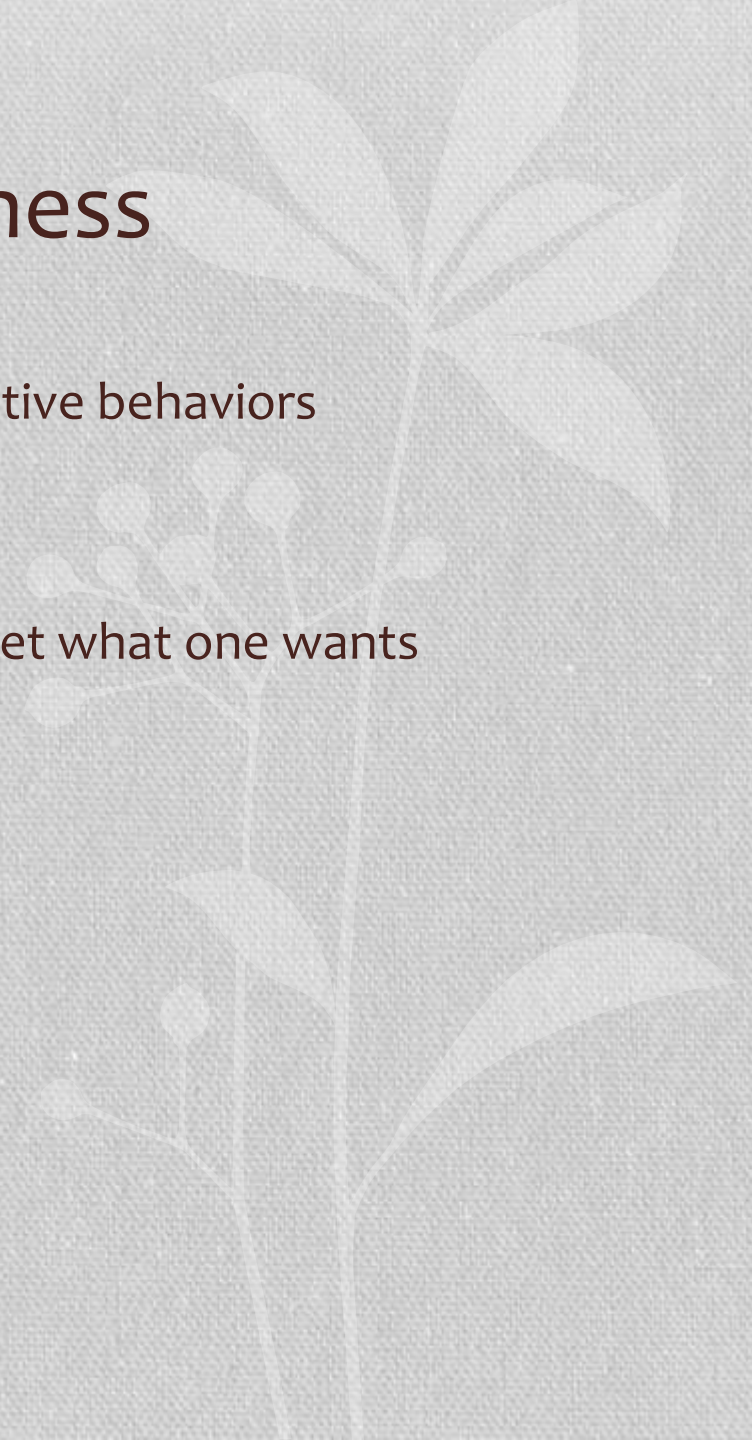
Core Mindfulness

The foundation of all other skills modules



Core Mindfulness

- Problems:
 - Avoidance of discomfort produces maladaptive behaviors
 - Sense of internal emptiness
 - Feeling overwhelmed
 - Believing that with enough effort one can get what one wants
 - Despair that life isn't fair



Core Mindfulness

- Goals of the module:
 - To learn to observe one's thoughts, feelings, and body sensations without reacting to them
 - To increase control of one's mind
 - To cultivate a non-judgmental stance
 - To participate in life with awareness, because participation without awareness is characteristic of impulsive and mood-dependent behaviors
 - To approach, not avoid
 - To experience reality as it is

Core Mindfulness

- What is “Mindfulness”?
 - Being ‘full of mind’
 - A state, an attitude, a perspective
 - Being fully in the current moment
 - A way of paying attention
 - A way of finding your center or balance
 - A lampshade to direct your attention



Interpersonal Effectiveness

- Problems:
 - Chaotic interpersonal relationships
 - Idealizing followed by devaluing
 - Not knowing how to balance what one needs with what others want
 - Giving, giving, giving... until one explodes
 - Feeling guilty for saying “no”
 - Doing anything to avoid the other person being upset

Interpersonal Effectiveness

- Goals of the module:
 - Decrease interpersonal chaos
 - Ask for what you want
 - Say “no” and be taken seriously
 - Build relationships and end destructive ones
 - Sustain or increase self-respect
 - Walk the “middle path”, balancing acceptance and change, wants and needs in relationships

Emotion Regulation

- Problems:
 - Discomfort with emotions
 - Intense emotional reactions
 - Mood swings
 - Chronic depression, anger, or anxiety
 - Avoidance of feelings



Emotion Regulation

- Goals of the module:
 - Accept that emotions are a part of life and strive for some control over them (not total control)
 - Understand emotions
 - Know what emotions do for us
 - Reduce emotional vulnerability
 - Decrease emotional suffering
 - Increase positive emotional experiences
 - Learn to act in ways opposite to the emotion

Distress Tolerance

- Problems:
 - Impulsivity
 - Inability to delay gratification
 - Inability to endure distress




Distress Tolerance Skills

- Goals of the module:
 - Survive crises
 - Have a “first aid kit” for tough situations
 - Learn how to get through a difficult situation without making it worse and without harming yourself or anyone else

Distress Tolerance

- These are the skills to use
 - When we cannot solve the problem
 - When we cannot solve the problem right now
 - When we need to distract ourselves from urges or emotional distress

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FIVE PARTS OF THE DBT PROTOCOL

Individual Therapy

Sessions are structured. Each weekly session starts with a review of the diary card, which is a data-collection tool. In addition to skills use, the therapist reviews SI, urges to use non-suicidal self-injurious behavior (NSSIB), urges to practice other target behaviors, and acting on urges to use NSSIB or other targets. The therapist and the patient together conduct a Behavior Chain Analysis of what led to urges and/or acting on urges. IF there is time, the patient presents issues s/he wants to talk about.

Skills Class

Each weekly skills class meets for two hours, including a break. All DBT-adherent skills classes begin with a mindfulness exercise. Homework is reviewed, and skills class leaders take turns, week by week, teaching a skill. The Core Mindfulness module is reviewed after every other module, as it is foundational (“core”).

Skills Coaching Phone Calls

Unlike other treatments for BPD, in DBT between-session phone calls to the therapist are encouraged (and may even be practiced so that the patient is comfortable making them).

These are not lengthy. The reasons for them are:

- a. To get the therapist's help to identify and/or practice skills so that one's target behavior(s) are not used; and/or
- b. To repair the relationship with the therapist

Consultation Team

Teams meet regularly for the purpose of providing support to the therapist.

DBT therapists make a commitment to:

- be an active member of their team

- practice mindfulness

- adopt a dialectical stance in group

- remain non-judgmental

- improve their own skills

- make amends after an absence

Behavioral principles are universal: they affect therapists no less than their patients.

DBT therapists can fail; DBT can fail even when therapists don't

Dialectical Behavior Therapy Skills Diary Card					Skill focus this week:			Filled out in session Y N (Circle)		How often did you fill out this portion? ____ Daily 2-3x 4-6x Once		Started: Date ____/____/____				
Circle Start Day	Highest Urge To:				Physical Misery 0-5	Sadness 0-5	Fear 0-5	Highest Rating For Each Day				Self Harm Y/N	Target Behavior Y/N	Actions		
	Commit Suicide 0-5	Self Harm 0-5	Use TB 0-5	Use TB 0-5				Shame & Guilt 0-5	Anger 0-5	Joy 0-5	Love 0-5			Target Behavior Y/N	Used Skills* 0-7	Reinforce ✓
Day of Week																
MON																
TUE																
WED																
THU																
FRI																
SAT																
SUN																

Is the door to Suicide/self-harm open? If so how?

Homework assigned and results this week:

0 = Not thought about or used
1 = Thought about, not used, didn't want to
2 = Thought about, not used, wanted to
3 = Tried but couldn't use them

4 = Tried, could do them but they didn't help
5 = Tried, could use them, helped
6 = Automatically used them, didn't help
7 = Automatically used them, helped

Urge to: (0-5)	Session Coming in		After	Belief I can change or regulate my: (0-5)	Session Coming in		After
Quit Therapy				Emotions:			
Use Drugs				Action:			
Commit Suicide				Thoughts:			

Adapted from: Behavioral Research and Training Clinic, University of Washington, NIMH4 © 2014

DBT Skills Diary Card						Filled out this part?				Daily 2-3x 4-6x Once				In session		Circle days skill was practiced	
Mindfulness	MON	TUE	WED	THUR	FRI	SAT	SUN	Wise Mind									
	MON	TUE	WED	THUR	FRI	SAT	SUN	Observe (urge surfing, just notice)									
	MON	TUE	WED	THUR	FRI	SAT	SUN	Describe (put words on)									
	MON	TUE	WED	THUR	FRI	SAT	SUN	Participate (enter into the experience)									
	MON	TUE	WED	THUR	FRI	SAT	SUN	Non-judgmentally (just the facts: avoid "bad", "should", "stupid", etc.)									
	MON	TUE	WED	THUR	FRI	SAT	SUN	One-mindfully (present moment)									
	MON	TUE	WED	THUR	FRI	SAT	SUN	Effectiveness (focus on what works)									
Interpersonal effectiveness	MON	TUE	WED	THUR	FRI	SAT	SUN	Clarify interpersonal goals									
	MON	TUE	WED	THUR	FRI	SAT	SUN	Describe, Express, Assert, Reinforce (DEAR)									
	MON	TUE	WED	THUR	FRI	SAT	SUN	Mindful: Broken record, Ignore attacks									
	MON	TUE	WED	THUR	FRI	SAT	SUN	Appear confident, Negotiate (MAN)									
	MON	TUE	WED	THUR	FRI	SAT	SUN	Gentle, act Interested, Validate, Easy Manner (GIVE)									
	MON	TUE	WED	THUR	FRI	SAT	SUN	Fair, no Apologies, Stick to values, be Truthful (FAST)									
	MON	TUE	WED	THUR	FRI	SAT	SUN	Build or end relationships									
Emotion Regulation	MON	TUE	WED	THUR	FRI	SAT	SUN	Dialectics									
	MON	TUE	WED	THUR	FRI	SAT	SUN	Validation									
	MON	TUE	WED	THUR	FRI	SAT	SUN	Strategies to change behavior									
	MON	TUE	WED	THUR	FRI	SAT	SUN	Check the facts									
	MON	TUE	WED	THUR	FRI	SAT	SUN	Do opposite action									
	MON	TUE	WED	THUR	FRI	SAT	SUN	Problem solve (challenge thinking, turn the mind)									
	MON	TUE	WED	THUR	FRI	SAT	SUN	Accumulate positives A									
Distress Tolerance	MON	TUE	WED	THUR	FRI	SAT	SUN	Build mastery B									
	MON	TUE	WED	THUR	FRI	SAT	SUN	Cope Ahead C									
	MON	TUE	WED	THUR	FRI	SAT	SUN	Physical ill, Eat, Avoid drugs, Sleep, Exercise (PLEASE)									
	MON	TUE	WED	THUR	FRI	SAT	SUN	Mindfulness of Current Emotion (it is a wave, let it come and go)									
	MON	TUE	WED	THUR	FRI	SAT	SUN	STOP (Stop, Take a step back, Observe, Proceed mindfully)									
	MON	TUE	WED	THUR	FRI	SAT	SUN	Pros and Cons (of acting on urges)									
	MON	TUE	WED	THUR	FRI	SAT	SUN	Temperature, Intense Exercise, Paced breathing, Paired muscle relaxation (2x)									
Distress Tolerance	MON	TUE	WED	THUR	FRI	SAT	SUN	Activities, Contribute, Compare, change Emotion, Push away thoughts, substitute other Thoughts, intense Sensations (Distract with "Wise Mind ACCEPTS")									
	MON	TUE	WED	THUR	FRI	SAT	SUN	Self-soothe (the five senses)									
	MON	TUE	WED	THUR	FRI	SAT	SUN	Imagery, Meaning-making, Prayer, Relaxation, One-thing-in-the-moment, mini-Vacation, Encourage yourself (IMPROVE the moment)									
	MON	TUE	WED	THUR	FRI	SAT	SUN	Radical Acceptance									
	MON	TUE	WED	THUR	FRI	SAT	SUN	Turn the mind									
	MON	TUE	WED	THUR	FRI	SAT	SUN	Willingness									
	MON	TUE	WED	THUR	FRI	SAT	SUN	Half-smile or willing hands									
MON	TUE	WED	THUR	FRI	SAT	SUN	Mindfulness of current thoughts										

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DIALECTICAL STRATEGIES

Dialectical Strategies

- Thesis
- Antithesis
- Synthesis
- “What is being left out here?”
- Dialectics seeks to find a third path, to balance opposites



The primary dialectic in DBT is that of acceptance and change.



Examples of Dialectical Strategies

- Use of metaphor, parables, and stories
- Devil's Advocate
- Extending
- Activate the patient's Wise Mind



Ricardo

The patient is a 45-year-old Latino man, unmarried. There is a childhood history of abuse and neglect. He is the only person in his family to have gotten through high school; he even graduated from college and began a prestigious profession, only to lose his job.

Subsequently, he has a number of health issues which produce chronic pain. He is depressed as well, and often spends the day on the sofa, “curled into a ball.” His therapy appointment may be the only time he leaves the house each week. He is supported by his ex-girlfriend, with whom he lives; he is not on Disability and has no health insurance or other resources.

Over the course of the several months you’ve been seeing Ricardo, he habitually rejects all efforts you make to be helpful. He expresses hopelessness (although he never misses an appointment). What dialectical strategies might you use to engender some forward motion?

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VALIDATION STRATEGIES

Validation

Lets the patient know that her response makes sense given the current situation or her past history.

Can be emotional, cognitive, or behavioral



When is something “valid”?

- Relevant and meaningful
- Justified by the circumstances
- Appropriate, given one’s goal



Functions of Validation

- For emotion regulation
- As acceptance to balance change
- To help the patient strengthen self-validation
- As feedback
- To strengthen the therapeutic relationship

Six Levels of Validation

- Listening and observing
- Accurate reflection
- Articulating the un verbalized
- Validating in terms of sufficient (but not necessarily valid) causes
- Validating as reasonable in the moment
- Radical genuineness

Examples of Validation Strategies

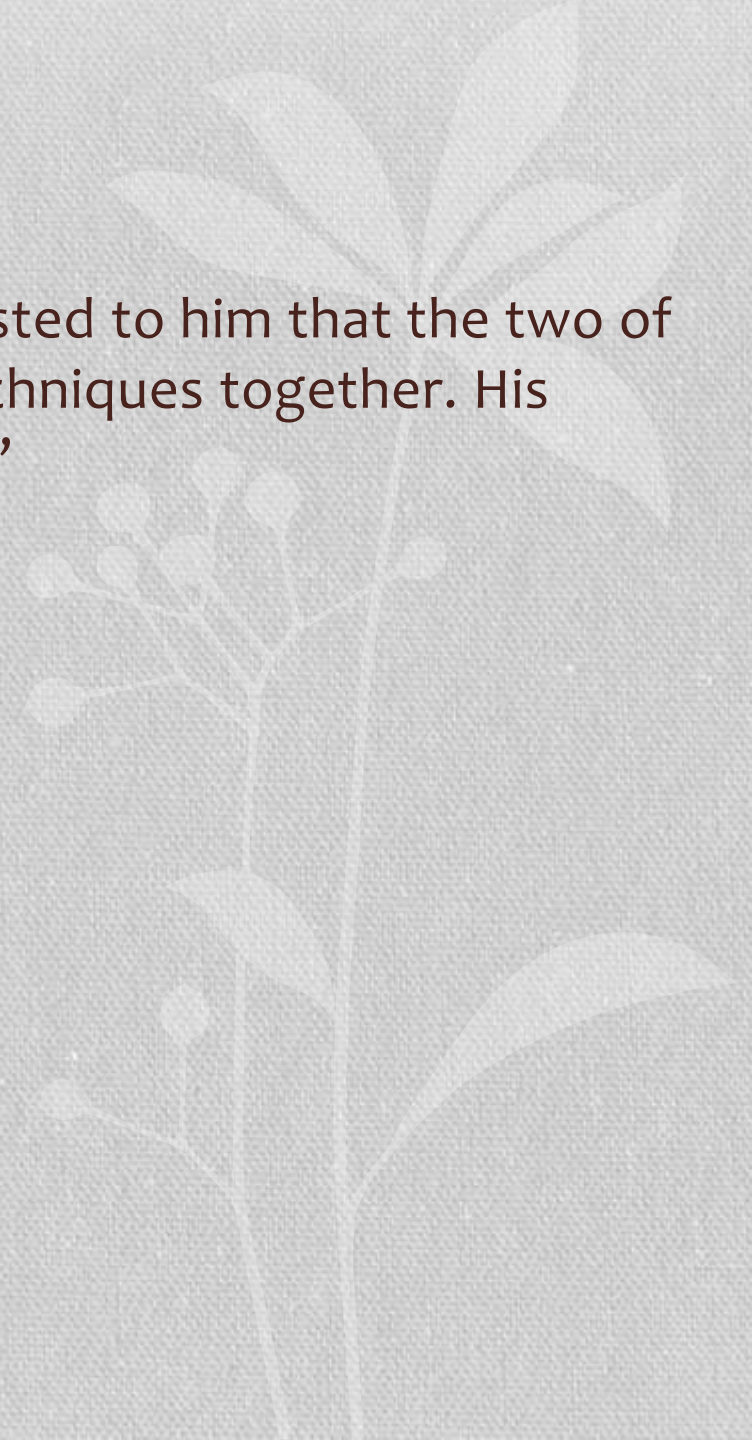
- Counter “shoulds”
- Discriminate facts from interpretations
- Respect differing values
- Cheerlead
- Find the kernel of truth
- Do not validate the invalid



Ricardo

Returning to Ricardo, you recently suggested to him that the two of you might try some pain management techniques together. His response was, “That’s too little, too late.”

How can you validate this?



Balance Core Strategies

VALIDATION

PROBLEM
SOLVING



Dialectics

<https://www.youtube.com/watch?v=S4Ccpqh6giM>



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BEHAVIOR CHAIN ANALYSIS

Behavior Chain Analysis

- **Collaborative** strategy
- **Aversive** consequence
- **About getting a complete picture of a behavior:** what is it?
how did it start? what keeps it going?
- **When done correctly, clinician and client can:**
decipher factors that led to behavior, identify
patterns, and put new behaviors into effect.

We cannot solve what we cannot understand!

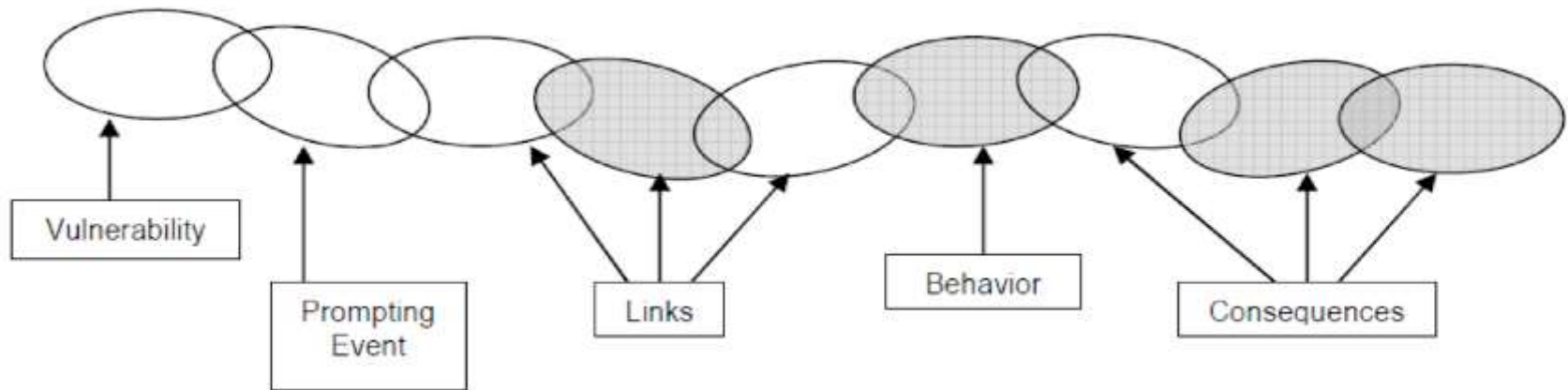
Behavior Chain Analysis

- Thorough, step-by-step assessment of the problem behavior
- Goal: increase understanding of what the problem is, what triggers it, what interferes with the resolution, and what can be used to solve the problem in the future

Conducting the BCA

1. Describe **specific problem behavior** (most severe and best remembered) – use specific language about events, thoughts, feelings, intensity.
2. Describe **trigger** (why then? what going on in environment, thoughts, feelings?)
3. Identify **vulnerabilities** (stress, fatigue, emotion, etc.)
4. **Chain of events** (in excruciating detail) and associated thoughts, feelings, vulnerabilities
5. Identify **consequences** (to self, to others)
6. **Solutions?**
 1. Where in chain could you do something different?
 2. Anything you could have done to prevent from starting?
 3. Repairs that you can make?

Behavior Chain Analysis



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STAGES OF TREATMENT

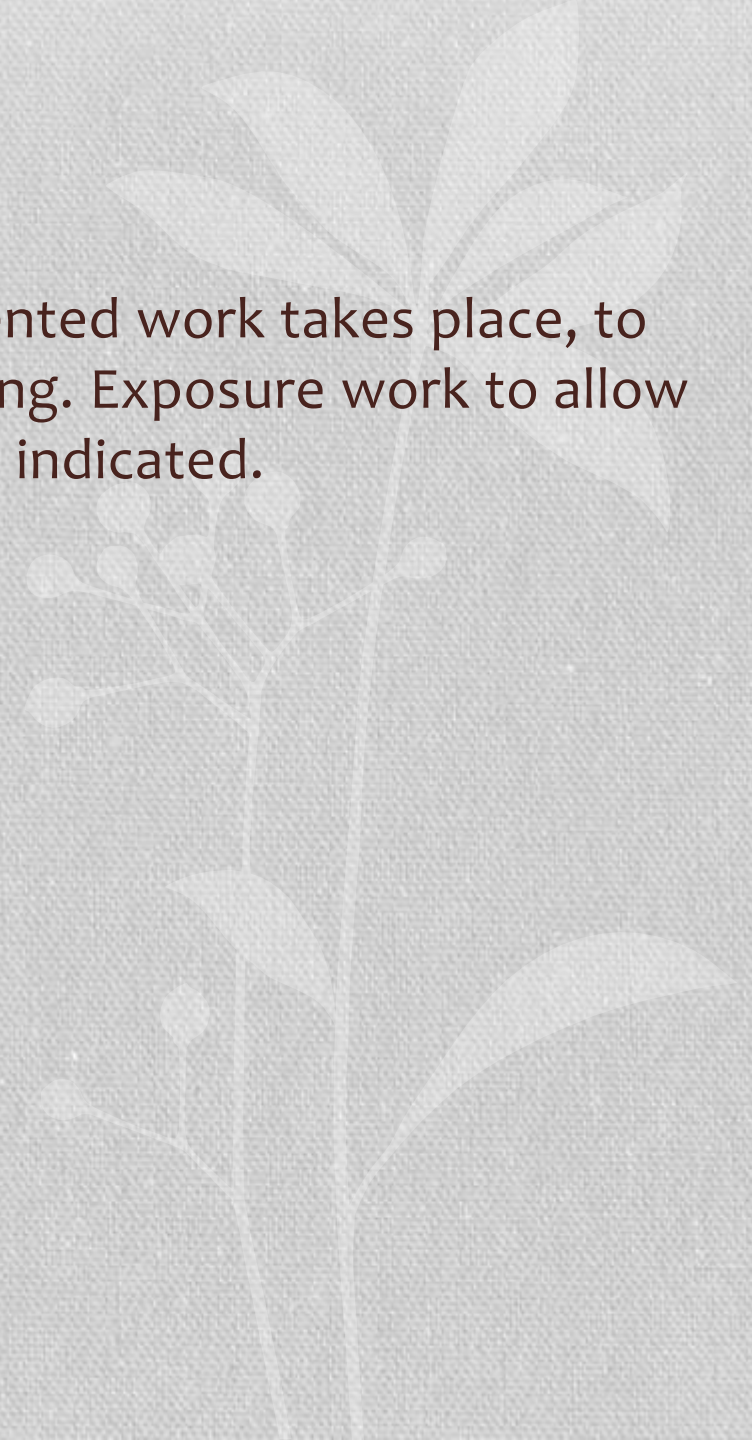
Stage 1: Severe Behavioral Dyscontrol

When the house is burning down, the thing to do is to put the fire out. Later we can investigate why it got started, if we want.



Stage 2: Quiet desperation

Here is where uncovering and insight-oriented work takes place, to move the person to emotional experiencing. Exposure work to allow the person to tolerate shame may also be indicated.



Stage 3: Problems in living

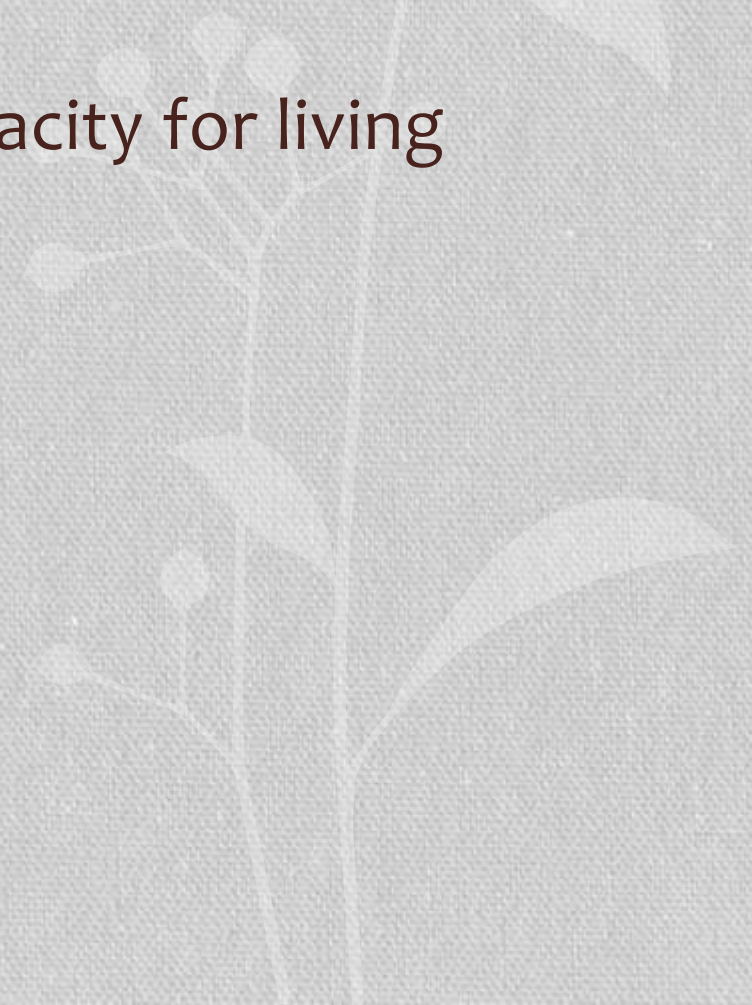
Help the person to achieve ordinary happiness and unhappiness



Stage 4 – Incompleteness



Help the person develop the capacity for living
“happy, joyous and free”



Websites

- <http://behavioraltech.org> Website of Marsha Linehan and colleagues on DBT. Includes information, explanations, and resources for practitioners and clients.
- <http://www.dbtselfhelp.com> Comprehensive website put together by people who have been through DBT (not professionals), which includes information on DBT, the various skills (with explanation and examples), and other resources and links.
- National Education Alliance for Borderline Personality Disorder site at www.borderlinepersonalitydisorder.com
- Valerie Porr's TARA site at www.tara4bpd.org (Treatment and Research Advancements Association for Personality Disorder) provides information for friends and family members.
- *Borderline Personality Disorder - Family Connections Program* www.borderlinepersonalitydisorder.com/family-connections.shtml has audio recording of Perry Hoffman, PhD on difficulties with family members (15-20 minutes)
- www.drkristiwebb.com is my practice website. I have pages of resources for both therapists and patients, including diary cards available for downloading.

Social Media

- [Facebook.com/DrKristiWebb](https://www.facebook.com/DrKristiWebb). Each Monday I post the “Skill of the Week” for those who “like” my professional Facebook page.
- [YouTube.com/DrKristiWebb](https://www.youtube.com/DrKristiWebb). My YouTube channel has a number of videos on Borderline Personality Disorder, DBT, and related topics. Each is short and informative.
- [Pinterest.com/DrKristiWebb](https://www.pinterest.com/DrKristiWebb). My Pinterest page, “Resources in Mental Health”, pins items of interest to those with a variety of disorders, including BPD.

DBT Texts

- Linehan, Marsha (1993). ***Cognitive Behavioral Treatment of Borderline Personality Disorder***. New York: Guilford Press. This is the original textbook where Linehan fleshes out DBT for therapists. Dense and informative, an absolute must for any therapist who claims to be doing DBT or for patients who want to know what to expect. The “DBT Bible.”
- Koerner, Kelly (2011). ***Doing Dialectical Behavior Therapy: A Practical Guide***. New York: Guilford Press. Excellent book that describes in detail how to practice DBT. It is written very clearly with lots of helpful examples.
- Dimeff, Linda A., Koerner, Kelly, and Linehan, Marsha (2007). ***Dialectical Behavior Therapy in Clinical Practice: Applications across Disorders and Settings***. New York: Guilford Press. Each chapter applies DBT to a different problem, such as depression, substance dependence, eating disorders, psychosis, suicidal and assaultive behavior, or other complex problems, as well as practical advice for day-to-day issues facing DBT practitioners.
- Fruzzetti, Alan E. and Linehan, Marsha M. (2006). ***The High Conflict Couple: A Dialectical Behavior Therapy Guide to Finding Peace, Intimacy, & Validation***. Oakland, CA: New Harbinger Publications. This book is full of practical tips and exercises on how to enhance relationships. Central to the approach is validation (what it is, how to do it, and how often people inadvertently invalidate each other without realizing it).
- Miller, Alec L., Rathus, Jill H., and Linehan, Marsha (2007). ***Dialectical Behavior Therapy with Suicidal Adolescents***. New York: Guilford Press. For clinicians. Very clearly written, provides insights into developmental-systemic process relevant to adults coping with severe emotional dysregulation.

Practice Manuals

- Linehan, Marsha M. (2015). ***DBT Skills Training Manual, 2nd ed.*** New York: Guilford Press. This is the book for clinicians who are co-leading DBT skills groups. It includes the rationale for DBT skills training, how to structure the skills groups, review of the dialectical and validation strategies, and teaching notes for each of the four skills modules. It is the companion to...
- Linehan, Marsha M. (2015). ***DBT Skills Training Handouts and Worksheets, 2nd ed.*** New York: Guilford Press. Revised, updated, and reformatted, this is the new skills manual and it is available to both clinicians and patients. Once the book has been purchased from Guilford Press, buyers can download the handouts and worksheets online for their skills classes.
- McKay, Matthew, Wood, Jeffrey, and Brantley, Jeffrey (2007). ***Dialectical Behavior Therapy Skills Workbook: Practical DBT Exercises for Learning Mindfulness, Interpersonal Effectiveness, Emotion Regulation, & Distress Tolerance.*** Oakland, CA: New Harbinger Publications. This workbook expands and translates DBT skills into a series of step-by-step exercises, with examples, to learn concepts and put into practice exercises to manage emotions. Very clear and user-friendly.

On Mindfulness and Acceptance

- Hahn, Thich Nhat (1999). ***The Miracle of Mindfulness***. Boston, MA: Beacon Press. World-renowned Vietnamese Buddhist monk and Zen master Thich Nhat Hanh weaves practical instruction with anecdotes and other stories to show how the meditative mind can be achieved at all times and how it can help us heal. He has written extensively on mindfulness. This is one of his most popular books on how to take hold of your consciousness and keep it alive to the present reality. Other resources include: ***The Art of Mindful Living; Mindfulness for Psychotherapists*** (audiotape); and ***Living Buddha Living Christ*** (which can serve as bridge for folks who are uncomfortable with idea of Buddhism).
- Kabat-Zinn, Jon (1995). ***Wherever You Go, There You Are***. New York: Hyperion Books. Blends stories, anecdotes, poems, images, and scientific observations with easily followed instructions in the art of "capturing" the present and living fully within each moment in order to achieve inner peace. Jon Kabat-Zinn is the creator of Mindfulness-based Stress Reduction programs, and credited with bringing mindfulness into mainstream in the West. Some of his other books include: ***Full Catastrophe Living: Using the Wisdom of your Body and Mind to Face Stress, Pain, and Illness*** (1990); and ***Mindfulness for Beginners: Reclaiming the Present Moment—and your Life*** (2011).
- Horstead, Sharon (2010). ***Living the Mindful Way: 85 Everyday Mindfulness Practices For Finding Inner Peace***. Mindful Heart Learning Press. This book offers mindfulness practices to find joy inside and around you, your strength to progress, your core purpose, your courage, and inner peace.
- Brantley, Jeffrey (2007). ***Calming Your Anxious Mind: How Mindfulness and Compassion Can Free You from Anxiety, Fear, and Panic***. Oakland, CA: New Harbinger Publications. Instructs readers on the role that thoughts and emotions play in anxiety, and provides a step-by-step guide to developing mindfulness practices, which include presence, stillness, and loving kindness, which can enable them to feel safe while opening up to fearful feelings.
- Williams, Mark, Teasdale, John D., Segal, Zindel V., and Kabat-Zinn, Jon (2007). ***The Mindful Way through Depression: Freeing Yourself from Chronic Unhappiness***. New York: Guilford Press. Uses mindfulness to help people attend to their emotions and sidestep mental habits that can lead to despair, rumination, and self-blame. Accompanying CD with guided meditations by Jon Kabat-Zinn.

On Borderline Personality Disorder

- Chapman, Alex, and Gratz, Kim (2007). ***The Borderline Personality Disorder Survival Guide***. Oakland, CA: New Harbinger Press. Road map to guide people through BPD and its treatment, including DBT, mentalization-based therapy, and medication.
- Hoffman, Perry and Gunderson, John (editors) (2005). ***Understanding and Treating Borderline Personality Disorder: A Guide for Professionals and Families***. Washington, DC: American Psychiatric Association. Anthology of chapters by 15 experts on variety of topics, including the etiology of BPD and effectiveness of DBT in reducing self-injury and drug dependence. Contains resources for families with a member who suffers from BPD, and how to build partnerships with mental health professionals.
- Lawson, Christine (2002). ***Understanding the Borderline Mother: Helping Her Children Transcend the Intense, Unpredictable, and Volatile Relationships***. Jason Aronson, Inc. For individuals who were raised by a mother with BPD, this is considered a very helpful resource, readable and validating.
- Manning, Shari Y. (2011). ***Loving Someone with Borderline Personality Disorder: How to Keep Out-of-Control Emotions from Destroying Your Relationship***. New York: Guilford Press. Helps overwhelmed loved ones understand why their spouses, adult children, or other family members act the way they do and how to respond constructively. Practical, clear, kind.
- Porr, Valerie (2010) ***Overcoming Borderline Personality Disorder: A Family Guide for Healing and Change***. Oxford University Press. Compassionate and informative guide to help families understand BPD (as a neurobiological disorder), which also provides skills to cope, which are drawn from DBT and mentalization-based therapy (Peter Fonagy's work).

UNC Social Work Clinical Lectures: cls.unc.edu

- Becca Edwards, on working with emotionally vulnerable clients
- Jill Compton and Prudence Cuper, on the use of DBT in the treatment of self-harm behaviors
- Tyler Beach, on improving psychological flexibility through mindfulness-based behavioral therapies
- Jennifer Kirby, on responding to client therapy-interfering behaviors using behavioral principles and techniques
- John Mader, on mindfulness in clinical practice and daily life
- Jeff Brantley, on mindfulness and anxiety

Local Resources

- **Triangle Area DBT (TADBiT):** founded by Meggan Moorhead and Norma Safransky with the goal of promoting the use of DBT in the Triangle Area <http://www.triangleareadbtc.com>
- **DBT-U for university students:** <http://www.dbt-u.com/dbt-u-groups>. Groups run by semester schedule in Chapel Hill, Carrboro, Durham, Raleigh
- **DBT Listserv:** DBT individual and/or group therapists in the Triangle community.