

## **TOPIC #6: ADOLESCENT DIALECTIC BEHAVIOR THERAPY: DISTRESS TOLERANCE PART II**

Last month's article in this series focused on the core Distress Tolerance skills of the Dialectic Behavior Therapy (DBT) model: Distracting, Self-soothing, and Improving the Moment (Linehan, 1993). While it takes time and practice to consistently implement these in times of crisis, they are very concrete, practical coping skills that are typically very easy for clinicians to teach, and for adolescents to learn.

This article will focus on the last two elements of the Distress Tolerance model; "Pros and Cons" and "Radical Acceptance". Pro and con lists are something most clinicians are very familiar with, so for this and the reasons described below, pros and cons in a crisis will only be briefly discussed here. However, unlike the other skills in this module, Radical Acceptance can be very complicated to explain and to learn, requiring closer examination.

### **Pros & Cons**

Weighing the pros and cons of a decision is a technique most clinicians and even many clients are quite familiar with. As clinicians much of what we do is guide clients through the decision-making process when they are faced with difficult choices. For Cognitive-Behavioral therapists, the process of creating a pro and con list is a therapy staple; one of the most valuable tools we have for clients. In fact, guided decision making is such an essential tool for our tool box that an entire model of treatment was created around it (Nezu, Nezu & D'Zurilla, 2006).

That being said, the use of pros and cons in DBT is a skill intended to be used in a crisis situation. As mentioned in last month's article, most of the distress tolerance skills are meant to provide a short term solution to an intense but temporary problem (Linehan, 1993). The goal of pros and cons within the distress tolerance module is to weigh the positive and negative results of self harm. The intention here is that rather than acting out self harming behaviors in response to a crisis, clients are taught to weigh the costs and benefits of such an action. In addition, clients are expected to weigh the costs and benefits of tolerating the distress. Table #1 provides an example of how an adolescent Pro and Con list may look for a situation where a youth is faced with the break up of a relationship that has led to a crisis:

Tolerating the Crisis				Acting out Self-Destructive Behaviors			
Pros	Wt	Cons	Wt	Pros	Wt	Cons	Wt
To keep my time not cutting	5	I'll feel no relief; have too much pain	5	I'll get some emotion out	5	I'll have another scar	3
To show myself and others that I'm strong	4	I'll go in the hospital from a breakdown	0	Others will see how much pain I'm in	1	I'll be disappointed in myself	4
Pros Total: 9		Cons Total: 5		Pros Total: 6		Cons Total: 7	
Using the following scale, weigh how important this pro/con is to you:							
(0 = not at all, 1 = barely at all, 2 = a little, 3 = somewhat, 4 = quite a bit, 5 = Very much)							

Table #1: Sample pro & con list for tolerating the distress of an adolescent break up.

Although Linehan (1993) suggests that pros and cons can be useful if practiced while not in crisis, the process of completing a pro and con list requires an individual to achieve Wise Mind (See Topic #3 of this series), which is very hard to do while in a crisis. For me, an educated adult who is currently NOT in crisis, this table appears overwhelming. Because of the complicated nature of this process, and because I do not personally believe that an individual who is on the verge of self harm can think clearly enough to use this process, my teaching of pros and cons to adolescents and adults comes with the caveat that this should not be used outside of a therapy session. Unless a youth is very advanced in his or her knowledge of DBT, I discourage relying on this skill to decide whether or not to tolerate the crisis. Instead, I introduce the concept, give an example, and encourage youth to practice the art of good solid decision making as maintenance, rather than using this skill to avoid self harm.

### Radical Acceptance

In my opinion, the concept of acceptance is the most important skill learned in DBT. Although the kids in my group accuse me of making that claim about every new DBT topic I introduce, Radical Acceptance IS, in fact, the most important concept taught in DBT. However like mindfulness, the concept of acceptance is abstract, therefore difficult for many adolescents to apply. Understanding Radical Acceptance requires an understanding of three elements: Turning the Mind, Willingness, and Willfulness (Linehan, 1993).

#### Turning the Mind

By this point you may be wondering what is so “Radical” about acceptance. To understand this, take a moment to consider the most horrible, awful thing that could possibly happen to you. Could you accept that horrible, awful thing if it actually did happen to you? If you think you couldn’t, you may be like many people who believe that if their worst fear happened, they couldn’t possibly survive it. On the other hand, if you think that you could easily accept that horrible, awful thing, you may be like many

people who say they accept something but who actually don't. The healthiest response would be more balanced (as is always the case in DBT), in that we could come to accept it eventually, but it would be challenging, painful, and a difficult process. This is Radical Acceptance.

According to Linehan (1993), acceptance is acknowledging reality, even if you disagree with it, if it is painful, unfair, etc. Acceptance is not the same as liking something, yet sometimes we do not have a choice but to accept a situation for what it is. While many people say they accept this or that, acceptance is not easy, and it is a process, not an event. It takes time to accept something we do not like or agree with, and it requires that we turn our mind away from denial or avoidance, and towards acceptance; sometimes over and over again (Linehan).

This emphasis on acceptance comes from the Buddhist philosophy on ending suffering (Neng Rong, 1996). Buddhism emphasizes the middle path, reminding us that both pain and pleasure are necessary parts of life, while suffering does not have to be. When we deny reality, this perpetuates suffering, however if we continue to strive toward acceptance of painful life events, we can move past our pain and do away with suffering (Neng Rong, 1996).

For example, take a youth who has failed a class because she did not understand the material. This youth may have anxiety, depression, fear, guilt, anger, etc. These emotions are very painful indeed. However she has no choice in what grade she has received. The choice she is left with is whether to accept her pain, or to continue to worry about it, resent it, complain about it, project into the future or regret the past. This is suffering. Often, people believe that suffering is done *to* them, and that they have no choice. In fact the choice we are faced with is to either accept the situation, or to suffer. While most of us would want to choose acceptance over suffering, in order to fully accept challenging situations or realities we have to be willing to do the work it requires.

### Willingness

According to Linehan (1993), willingness puts us on the path to acceptance. She describes willingness as doing just what is needed in any given situation, in order to be effective. Willingness is the opposite of willfulness, and both need to be considered to fully understand the differences between the two. Table #2 offers a comparison of both, however before introducing the specifics of each there are some other important factors to consider. Choosing willingness over willfulness is difficult, and although DBT offers examples of what willingness looks like, there are some additional descriptors that can help youth who are struggling to become willing to accept their realities.

One of the benefits of the DBT model is in its adaptability to other treatment models. For example, there are many parallels between DBT and 12 step recovery concepts. A nice way of introducing the concept of willingness to youth is by exploring the H.O.W. (Honesty, Open-mindedness, Willingness) principal of Alcoholics

Anonymous. The H.O.W. principal is described in the following passage of the “Big Book” of *Alcoholics Anonymous*: “Any alcoholic capable of honestly facing his problems in the light of our experience can recover provided he does not close his mind to all spiritual concepts. He can only be defeated by an attitude of intolerance or belligerent denial. We find that no one need have difficulty with the spiritual side of the program. Willingness, honesty and open-mindedness are the essentials of recovery. But these are indispensable.” (Alcoholics Anonymous, 2001, pg. 568). Recovery from any illness; mental, emotional, physical or spiritual, begins with these key concepts.

Being honest about our realities, open-minded to the steps we need to take to cope with these realities, and willing to carry those steps out are, as described in the Big Book, three indispensable keys to recovery. Another important point to make about willingness is that it is only half of what it takes to recover from mental health symptoms. The other half is knowledge. For example, I have met many clients who have experienced multiple treatment episodes. These youth often are very knowledgeable, and have learned so much about DBT and other therapies that they can easily teach others how to recover. By the same token, I have met many youth who have never had any therapies, and really want to get better but do not know how to replace their maladaptive coping skills with healthy coping skills. Youth who are able to recover from the symptoms that are plaguing them are those that have both the knowledge of what skills to use, and the willingness to practice those skills in their daily lives. Conversely, lack of knowledge and willful attitudes and behaviors act as barriers to DBT’s ultimate goal: a life worth living (Linehan, 1993).

### Willfulness

One of the most challenging symptoms of Borderline Personality Disorder (BPD) is that the symptoms are egosyntonic. In other words, the client struggles to see his or her symptoms as a problem, rather any life difficulties are attributed to other people. The egosyntonic nature of BPD symptoms presents another parallel with addiction concepts. It can be very difficult to identify, challenge, and overcome willfulness in clients with BPD, especially within a younger population, as youth may not have experienced enough consequences of their symptoms to want to change. Challenging youth who exhibit the signs and symptoms of willfulness as outlined in Table #2 is a necessary component of a successful DBT program.

<b>Willingness</b>	<b>Willfulness</b>
DOING JUST WHAT IS NEEDED in each situation, in an unpretentious way.	Willfulness is SITTING ON YOUR HANDS when action is needed, refusing to make changes that are needed.
Listening very closely to your WISE MIND, acting from your inner self.	<b>Giving up</b>
ALLOWING into awareness your connection to the universe – to the earth, to the floor you are standing on, to the chair you are sitting on, to the person you are talking to.	The OPPOSITE OF “DOING WHAT WORKS,” being effective.
	Trying to FIX every situation.
	REFUSING TO TOLERATE the moment.
Choose WILLINGNESS (over) WILLFULNESS	Replace WILLFULNESS with WILLINGNESS

Table #2: Linehan’s comparison of Willingness and Willfulness (1993).

### Summary

Distress Tolerance consists of three core sets of skills discussed in last month’s article; distracting, self-soothing and improving the moment. In addition, the practice of weighing the pros and cons of tolerating the moment can be helpful, however it is likely to be more beneficial during a time of craving a self-destructive behavior than during an actual crisis. Finally, radical acceptance is often the most valuable thing one can learn in this module, requiring youth to find a willingness to accept things they do not like, or cannot change.

Next month’s article will begin the discussion of the third module of DBT; Emotion Regulation.



## References

- Alcoholics Anonymous. (2001). *Alcoholics Anonymous. (4<sup>th</sup> ed.)*. New York: Alcoholics Anonymous World Services, Inc.
- Linehan, M. M. (1993). *Skills Training Manual for Treating Borderline Personality Disorder*. New York: Guilford Press.
- Neng Rong, S. (1996). *Teachings in Chinese Buddhism: The Middle Path*. Retrieved on January 25, 2011 from: [http://www.buddhanet.net/cbp2\\_f4.htm](http://www.buddhanet.net/cbp2_f4.htm)
- Nezu, A. M., Nezu, C. M. & D’Zurilla, T. (2006). *Solving Life's Problems: A 5-Step Guide to Enhanced Well-Being*. New York: Springer.