



# The Use of DBT Skills in the Treatment of Eating Disorders

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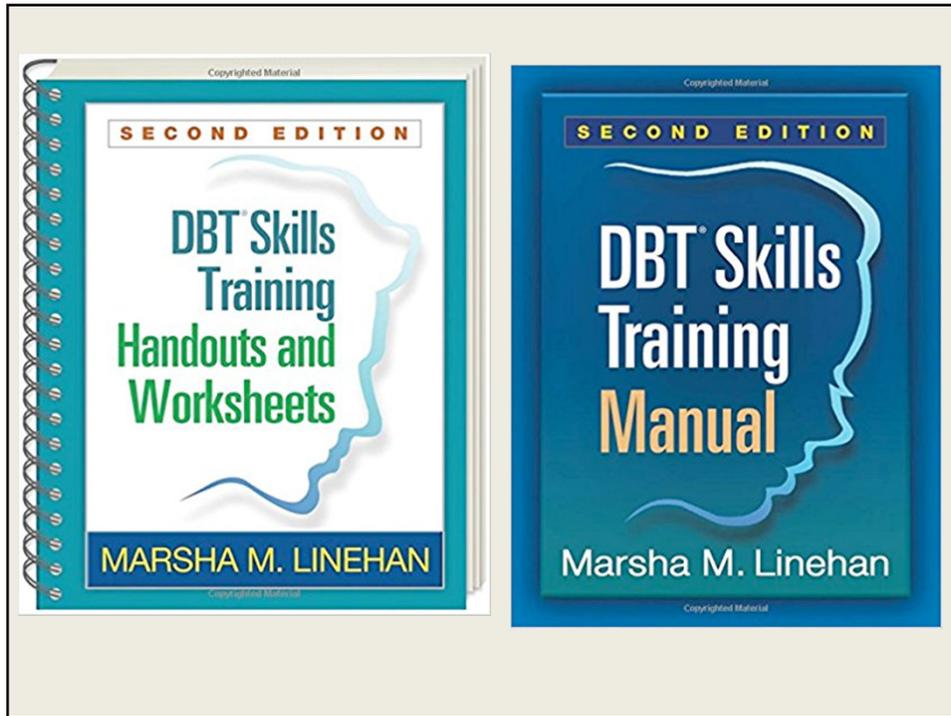
## Research on DBT in the treatment of Eating Disorders

There has been limited research to date with small sample sizes

- Lynch et al. (2013) found that 35% of patients with Anorexia (AN) were in full remission and 55% in partial remission in an inpatient setting after completing a comprehensive DBT program, RO-DBT and mindfulness focused therapy
- Chen et al. (2008) found a significant reduction in suicidal behavior, self-injury, binge-eating and secondary ED concerns, with improvements in social functioning with patients that had a dual diagnosis of BPD and ED after completing a standard DBT approach.
  - 3 out of 7 had ceased ED behaviors while four had improved

- Stanford Model DBT adaptation for bulimia (BN) and binge-eating (BED) yielded positive results with 89% of women abstinent from binge eating compared to 12.5% on waitlist. 67% were abstinent at 3 month follow up (Telch et. al 2001)
- Adolescents with BED that participated in an outpatient DBT skills group with individual therapy and phone coaching showed significant decrease in behaviors. 42% no longer met criteria for BED (Fischer & Peterson, 2015)
- Hill, Craighead, & Safer (2011) found that after DBT-AF treatment there was a significant decrease in binge, purge and cognitive symptoms of their ED. 61% no longer met criteria for BN

- Currently the research shows more effectiveness in using the standard DBT approach with BN & BED, over AN
  - DBT primarily targets impulsive behaviors related to emotion dysregulation (binging, purging and suicidal ideation)
  - Mindfulness has been found to help increase food intake (including variety and quantity) and increase BMI in those with AN (Wanden-Berge et al 2011)
- AN treatment using Radically Open DBT (RO-DBT) has been developed to specifically target the over-controlled behaviors in AN (like restriction). This will not be addressed in this presentation



## DBT Skills Training Assumptions

1. People are doing the best they can
2. People want to improve
3. People need to do better, try harder, and be more motivated to change
4. People may not have caused all of their own problems, but they have to solve them anyway
5. New behavior has to be learned in all relevant contexts
6. All behaviors (actions, thoughts, emotions) are caused
7. Figuring out and changing the causes of behavior work better than judging and blaming

## Core Strategies

- Validation and Problem Solving
  - Six levels of validation
  - Problem solving includes contingency management strategies (reinforcement, punishment or withholding of reinforcement)
- Reciprocal Communication Strategies & Irreverent Communication
  - Balance between warmth, self-disclosure, engagement & genuineness with communication meant to “throw off” the client

## Core Components of DBT

### Mindfulness

- Helps to reduce suffering, increase happiness, and control of the mind. Helps to get in touch with “Wise Mind”

### Interpersonal Effectiveness

- Build new relationships, strengthen current ones, and deal with conflict situations
- Effectively ask for what you want and say no to unwanted requests

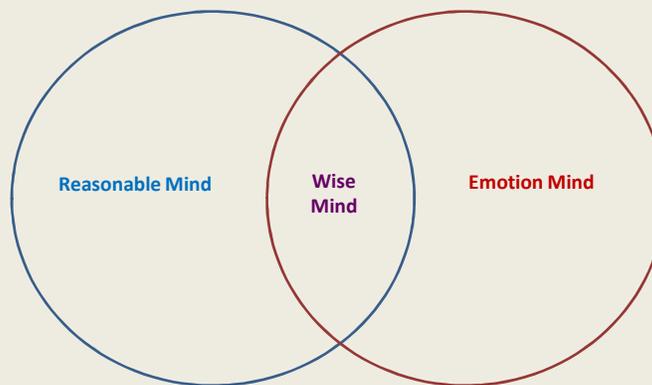
## Emotion Regulation

- Reduce emotional suffering in clients lives. The goal is *not* to get rid of emotions as they serve a vital function in our lives
- Help clients change or reduce intensity of problem emotions

## Distress Tolerance

- Tolerate and survive crises without making things worse!
- Because we cannot avoid pain and suffering, this is essential in creating a life worth living

## States of Mind



**Reasonable Mind:** Ruled by facts, reason, logic. "Cool" & Task focused.

**Wise Mind:** Values reason & emotion together. The Middle Path (right and left brain).  
Wisdom within (intuition).

**Emotion Mind:** Ruled by mood, feelings, urges. "Hot"

## “What” skills

### **Observe**

- Just notice, pay attention, control attention, observe inside and outside of yourself

### **Describe**

- Put words on the experience, label what you observe, unglue interpretation and opinions from facts

### **Participate**

- Throw yourself completely into the activity, become one with what you are doing, act intuitively from Wise Mind, go with the flow

## “How” Skills

### **Nonjudgmentally**

- See but don’t evaluate as good or bad, don’t judge your judging

### **One-Mindfully**

- Do one thing at a time, let go of distractions, concentrate your mind

### **Effectively**

- Be mindful of your goals in the situation, focus on what works, play by the rules, act as skillfully as you can, let go of willfulness

## Wise Mind and Mindfulness

- Do a quick mindfulness activity each session to help the client slow their mind down and become more aware. Encourage daily practice outside of therapy
- Teaching this skill can help them learn to observe feelings and sensations prior to engaging in an ED behavior, enabling them to act from Wise Mind
- Use the term Wise Mind frequently in session. When their comments sound like their ED, ask them if this is their Wise Mind- questions like “is this really what your intuition is saying?”
- When they become emotionally dysregulated in session, do a quick mindfulness activity and then ask what Wise Mind says to do next
- Practice mindful eating in session, with homework to do outside of session

## Emotion Regulation

Discuss with clients the benefits of emotions and why numbing them out can be dangerous

- Why do we need emotions?
  - Motivate/organize us for actions
  - Communicate to and influence others
  - Communicate to ourselves

## Changing Emotional Responses

### **Opposite Action**

Opposite Action is used when our emotion does not “fit the facts” of the situation

#### Fear

Fear FITS THE FACTS whenever there is a threat to your life or someone you care about; your health or that of someone you care about; your well-being or that of someone you care about

#### Opposite Action for Fear

1. Do what you are afraid of doing... OVER AND OVER
2. Approach tasks of your ED (people, foods, events)
3. Do things to give yourself a sense of CONTROL and MASTERY over your fears (in WISE MIND)
4. Do it all the way (posture, tone of voice, calm body chemistry)

## Guilt

Guilt FITS THE FACTS of a situation when your behavior violates your own values and moral code

### Opposite Action for Guilt

1. Make public your ED behavior (with people that won't reject you)
2. REPEAT the behavior that sets off your ED guilt over and over (eat that food item over and over)

### All-the-way Opposite Actions for Guilt

1. No apologizing or trying to make up for perceived transgression (to yourself or others)
2. Change your body posture (sit up with confidence, make eye contact, change your body chemistry)

## Reducing Vulnerability to Emotion Mind

Our clients also need to build in positive experiences and identify reasons to recover

- Building positive experiences (daily pleasant events), learn to be mindful of positive experiences (daily identify good things that have happened)
- Attend to Values
  - Identify losses to values in their ED. Begin to identify Wise Mind values and act on them daily
- Cope ahead for difficult situations (using imagery, rehearsing ways to cope, relaxation)

## When to use Crisis Survival Skills (aka Distress Tolerance Skills)

1. Intense pain that cannot be solved quickly
2. Acting on your emotions will make things worse
3. Emotion mind is becoming overwhelming
4. You are overwhelmed but have tasks that need to be met
5. Emotional arousal is extreme but the problem is not quickly solvable

## Distress Tolerance Skills

- TIP Skills \*\*\*
- Distracting with Wise Mind ACCEPTS
- Self-Soothing with the FIVE SENSES
- IMPROVE the moment
- Radical Acceptance
- Dialectical Abstinence
- Burning Bridges and Building New Ones
- Alternate Rebellion and Adaptive Denial

## TIP

This skill changes body chemistry to reduce extreme emotion quickly

- **T**ip the **T**emperature with **C**OLD **W**ATER
- **I**ntense Exercise
- **P**aced Breathing
- **P**aired Muscle Relaxation

\*\*\* Temperature and exercise are NOT recommended for a client with heart related issues as it can increase or decrease heart rate rapidly. If exercise is also part of their ED, it is not recommended to encourage pairing of this behavior with intense emotions

## Alternatives to TIP

- Have clients put a cold washcloth to their forehead, face or neck
- Hold ice in their hand
- Take a shower that alternates between warm/hot
- Snap an elastic band against their wrist

## Distracting with Wise Mind *Accepts*

- *A*ctivities
- *C*ontributing
- *C*omparisons
- different *E*motions
- *P*ushing Away
- *T*houghts
- *S*ensations

## Self-Soothing

- Vision
- Hearing
- Smell
- Taste
- Touch

Have clients create a self-soothing kit with items that hit on each area. Encourage them to use this when strong emotions arise. It can also be helpful to have some of these items in your own office to practice in session

## Improving the Moment (*IMPROVE*)

- *I*magery
- *M*eaning
- *P*rayer
- *R*elaxing
- *O*ne thing in the moment
- *V*acation
- self-*E*ncouragement and rethinking the situation

## Radical Acceptance

Radical is **ALL THE WAY**, complete and total;  
with your mind, heart and body

- We need to accept reality as it is
- There are limitations on the future for everyone
- Everything has a cause
- Life can be worth living even with painful events

## Why do we need to accept reality?

- Rejecting reality doesn't change it, pain can't be avoided
- Suffering is pain + non-acceptance
- True acceptance often leads to an increase in happiness. It is like the calm after a storm



Radical acceptance is **NOT** approval, compassion, love or passive. It is active. It is letting go of fair/unfair

We need to help our clients identify what they need to *fully accept* in recovery. They need to see that life is worth living outside of their eating disorder.

### Areas to work on radically accepting

- Body image
- Set point
- Feeling rather than numbing
- Issues in their past/present that contribute to ED

## Willingness/Willfulness

- Willingness is doing JUST WHAT IS NEEDED:
  - In each situation
  - Wholeheartedly, without dragging your feet
- Listening to your WISE MIND and acting from there
- Acting with awareness

## Willfulness

- Refusing to tolerate the moment
- Refusing to make changes needed
- Giving up
- Opposite of what works
- Trying to fix every situation
- Insisting on being in control
- Attachment on “ME” and “what I want right now”

## Applying it in Therapy

- Create discussions around times they are being Willing versus Willful in their recovery
- What behaviors show willfulness/willingness?
- Use the terms willful & willing in session to decrease resistance (use of irreverent communication)

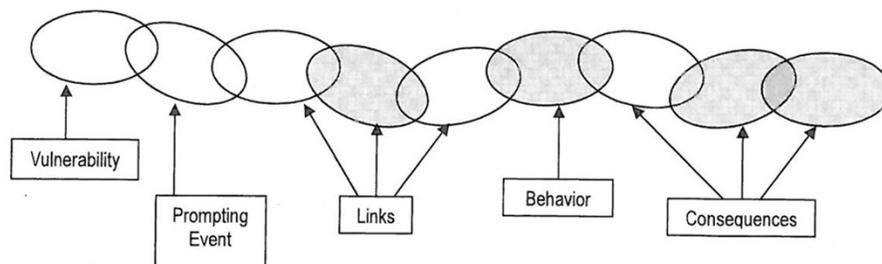
## Working in Recovery

- **Dialectical Abstinence:**
  - The idea of “not ever returning to ED behaviors again” (complete abstinence) WHILE trying to minimize harm if behaviors do occur and get back on track as soon as possible
- **Burning Bridges and Building new ones:**
  - Accepting at the most radical level that you are not going to engage in your ED again and then to move actively to cut off all options (e.g. get rid of ED clothes, scales or anything that makes it easy to do behavior)
  - Create visual images and smells that compete with past ED behaviors

## Alternate Rebellion

- If their ED behavior has aspects of getting a 'high' or rebelling against authority (e.g. parents) or boredom this is a useful skill to teach
  - Identify "safe" ways to rebel such as shaving your head, writing down exactly what you want to say, get a tattoo, wear something strange, express an unpopular view

### Chain analysis



1. Start with describing the **PROBLEM ED** behavior with as much specifics and details as possible, along with the intensity of the behaviors
2. Describe the specific **PROMPTING EVENT** that started the whole chain of behaviors
3. **Vulnerability Factors** (illness, use of drugs, stress in environment, intense emotions)
4. Describe in excruciating detail the **CHAIN OF EVENTS** (actions, body sensations, thoughts, events, feelings)
5. Describe the **CONSEQUENCES**

6. Describe in detail at each point where you could have been skillful to head off the behavior (circle each part of the chain and identify what skill could have been used)
7. Describe in detail a **PREVENTION STRATEGY** that would have kept the chain from starting
8. Describe what you are going to do to **REPAIR** the consequences of your behavior