



Dialectical Behavior Therapy (DBT)

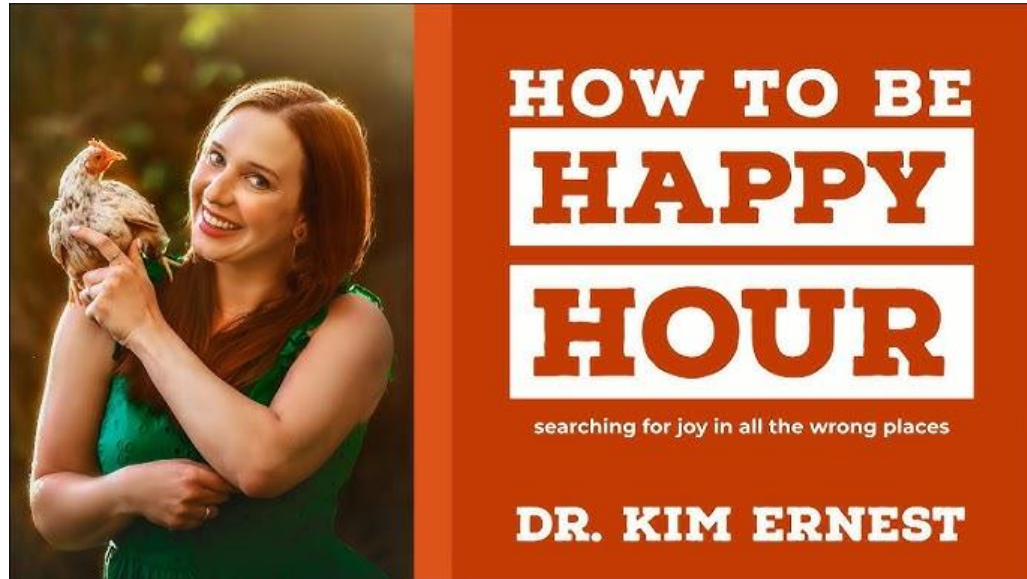
Presenter: Dr. Kimberly Ernest, Ph.D., LPC

www.PAcounseling.com

www.LiveUpCounseling.com

About Me

- Dr. Kimberly Ernest, LPC, Psychologist
- President of Pennsylvania Counseling Services
- Founder of LiveUp Counseling
- Background in addictions, re-entry, and trained in family-systems therapy (structural family therapy; ESFT)
- Follow me on LinkedIn



Refer a client!

- Not sure where a client fits, but seeking to get them involved in a different service outside of your current setting?

Our referral page provides up-to-date resources available within your community!



Scan the QR code to see
our referral page!





Free and Low Cost Online Trainings

www.pacounseling.com/trainings

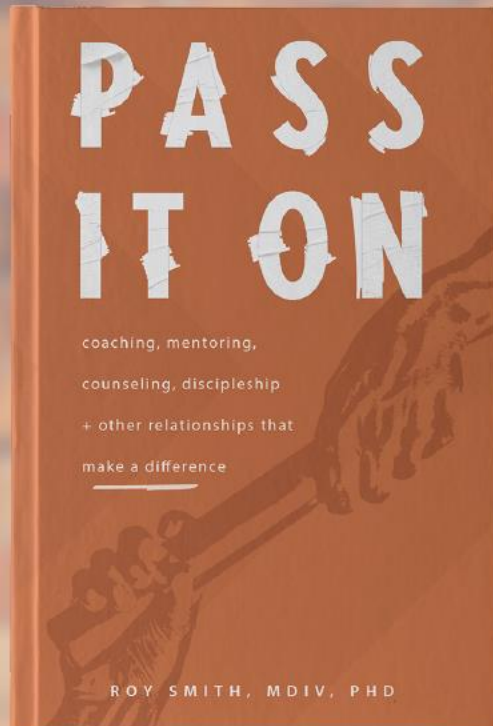
Servants Oasis

- Designed to support the healing and connection of those serving within the helping professions and faith-based leaders within their churches and communities
- Workshops and retreats to support healing for those who sacrifice to support others



PASS IT ON

a guide for mentoring, coaching,
and counseling for both men & women



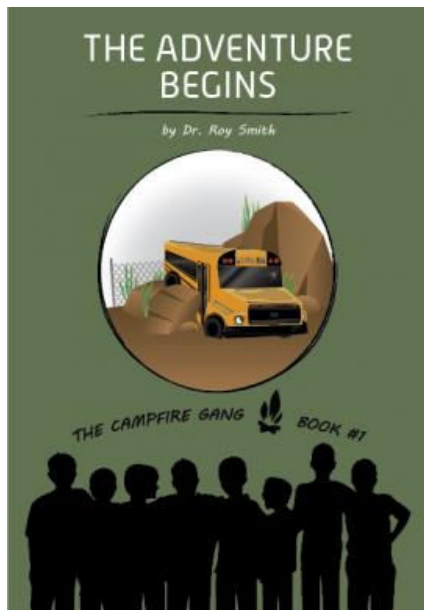
HIT THE TARGET

a step-by-step manual for building &
sustaining an effective men's ministry

LiveUpResources.com

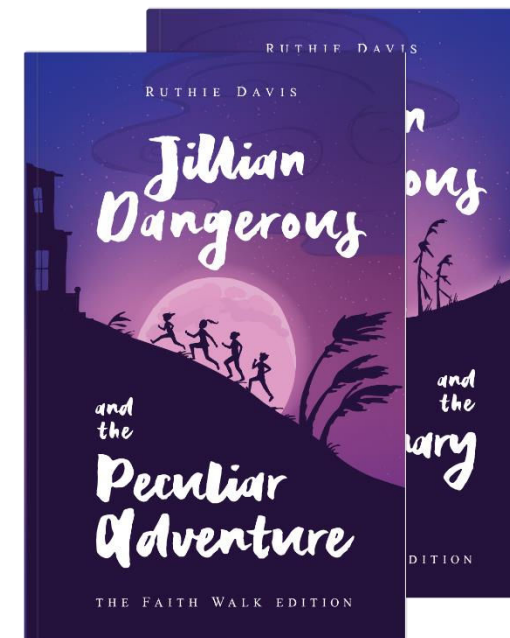
Youth Mentoring Resources

THE CAMPFIRE GANG for boys ages 5 to 13



JILLIAN DANGEROUS

for girls ages 10-15



CONFERENCE SPECIAL

Video & Workbook Bundle Survey

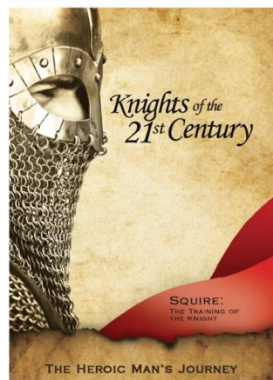


FREE VIDEO SERIES

with purchase of a workbook plus follow-up survey

WORKBOOK AND VIDEO STUDY

▶ STREAM ONLINE



MEN

Available in DVDs
24 Videos

▶ STREAM ONLINE



WOMEN

Stream Online
18 Videos

ONE BOOK BUNDLE

\$ **20**

TWO BOOK BUNDLE

\$ **40**

All proceeds go to Servant's Oasis to help ministry and community leaders refresh, reset and reignite their passion for serving others. All survey information given is confidential and intended for internal purposes only. We hope to improve our future materials with the information you provide.

Thank you for supporting
SERVANT'S OASIS

A NEW HARBINGER SELF-HELP WORKBOOK

MORE THAN 500,000 COPIES SOLD!

The Dialectical Behavior Therapy Skills Workbook

SECOND EDITION

Practical DBT Exercises for
Learning Mindfulness, Interpersonal
Effectiveness, Emotion Regulation
& Distress Tolerance

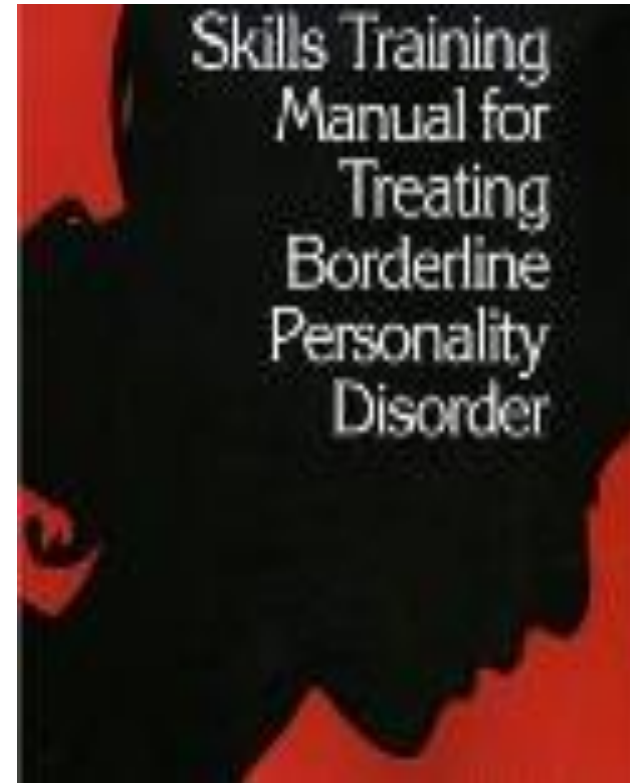
MATTHEW MCKAY, PhD • JEFFREY C. WOOD, PsyD
JEFFREY BRANTLEY, MD

DBT Book

A lot of free options
online

Characteristics of DBT

Support-oriented and Skills Driven: It helps a person identify their strengths and builds those strengths so that the person can experience a sense of confidence and competence in navigating daily struggles





Characteristics of DBT

Cognitive-based: DBT helps identify thoughts, beliefs, and assumptions that make life harder:

Examples: “I have to be perfect at everything.”

“If I get angry, I’m a terrible person”

AND helps people to learn different ways of thinking that will make life more bearable:

“I don’t need to be perfect at things for people to care about me”

“Everyone gets angry, it’s a normal emotion.”

Characteristics of DBT



Collaborative: It requires constant attention to relationships between clients and staff.



In DBT people are encouraged to work out problems in their relationships with their therapist



DBT asks people to complete homework assignments, to role-play new ways of interacting with others, and to practice skills such as soothing yourself when upset.



Skills Practice

This a crucial part of DBT, are taught in weekly lectures, reviewed in weekly homework groups, and referred to in nearly every group.

The individual therapist helps the person to learn, apply and master the DBT skills through individual, group, and homework applications.

DBT Modality



Typically 1x weekly individual sessions – emphasis on problem solving behaviors and addressing the past issues of the week that have arisen within interpersonal relationships. Suicidal behaviors and self-harm behaviors should be addressed at this time if present.



1x weekly group sessions – this is designed to be skill-building sessions, with the emphasis on developing social skills training, mindfulness, reality acceptance, distress tolerance, and affect regulation

Group allows the opportunity to practice – which is also VERY beneficial



Who is it for?

As a comprehensive treatment, DBT can:

- Decrease the frequency and severity of self-destructive behaviors.
- Increase the motivation to change by providing positive reinforcement.
- Teach new “coping skills” that generalize to a person’s natural environment.
- Provide a treatment environment that emphasizes the strengths of both individuals and their treatments.
- Enhance the therapist's motivation and ability to treat their clients effectively.

Origins of DBT



Focus on change procedures was frequently experienced as invalidating by the client and often precipitated withdrawal from therapy, attacks on the therapist, or vacillations between these two poles.



https://youtu.be/bULL3sSc_-l?si=LzWPw_vEu53ymUnZ



Origins of DBT

- Teaching and strengthening new skills was extraordinarily difficult to do within the context of the individual therapy session
- All while - concurrently targeting and treating the client's motivation to die and suicidal behaviors that had occurred during the previous week.



Origins of DBT

- Individuals with BPD often unwittingly reinforce the therapist for ineffective treatment and punished them for effective treatment strategies



Dialectical Strategies

- **An emphasis on dialectics permeates throughout**, as you'd expect.
- The primary strategy is that of combining **acceptance with change**.
- The therapist tries to show that for every point there is an opposite position that can be held, which helps the patient to create a new, synthesized reality.



Dialectical strategies

- The therapist uses, story, metaphor, myth, ambiguity and paradox
- This is used to draw out the fact of reality as constant change (including non-avoidance of change); cognitive challenging/restructuring; and reinforcement of intuitive, non-rational knowledge.



Acceptance-Change focus

- **When it comes to DBT, acceptance is a radical notion.** It doesn't just mean "acceptance in order to create change", but refers to genuine acceptance of all reality, as it is in the current moment. Acceptance means experiencing without rejecting the experience of that moment. Clarity without clinging, or pushing past, or away. It means total awareness without judgment (good or bad). Each DBT strategy can be categorised as either primarily about change, or about acceptance, and the balance of the two is the fundamental dialectical paradox.



Therapy Interfering Behaviors

- **As a DBT therapist, I'll admit to getting quite frustrated** when Borderline patients frequently engage in behaviors that impede therapy progress. Therapy-interfering behaviors, of both patients and therapist are high priority targets in DBT, second only to the the patient's high-risk, self- destructive behaviors.



Therapeutic Relationship

- **A positive interpersonal therapeutic relationship is crucial to progress in therapy.** The relationship is not only the vehicle through which the therapist effects change but is, itself, the therapy, particularly for suicidal or self-destructive patients. Further, the effectiveness of many of the strategies of DBT depend on the presence of a strong relationship.



General Overview

DBT works by homing in on the specific issues that are causing distress and then teaches skills to deal with them without having to resort to self-defeating behaviors. But it does so from the standpoint that you are doing the best you can, even though you may need to learn ways that work better



Goals of Treatment

- **The key goal in DBT is that of creating a "life worth living"**, though of course what precisely makes a life worth living can vary. For some clients it's getting married, or finding a partner, or having a family, for others it's completing their formal education and studies, getting a settled home, or finding some form of spiritual fulfillment.



Stages of Treatment

Stage 1 - Moving away from being out of control and moving towards being in control of one's behaviors.

Stage 2 – Moving from being emotionally shut down fully, to experiencing emotions fully.

Stage 3 – Building an Ordinary life and solving ordinary problems.

Stage 4 – Moving from incompleteness to completeness/connection.



Stage 1 – Move Towards Being in Control

- **Target 1: Reduce and then eliminate life-threatening behaviors** (e.g. suicide attempts, suicidal thinking, intentional self-harm)
- **Target 2: Reduce and then eliminate behaviors that interfere with treatment** (e.g. behavior that "burns out" people who try to help, or other therapy-interfering behaviors)
- **Target 3: Decrease behaviors that destroy the quality of life** (e.g. depression, phobias, eating disorders, absenteeism, neglect of health and hygiene, lack of money/friends, etc.) and increase behaviors that make a life worth living
- **Target 4: Learn skills that help control their attention, so they stop obsessing about the past** or worrying about the future, increase awareness of the 'present moment' to gain an understanding of what actually makes them feel good or bad



Stage 2 – Moving from being emotionally shut down to experiencing emotions fully

- **This stage is about helping clients experience feelings without having to shut down or dissociate**, or by avoiding life, or by suffering symptoms of PostTraumatic Stress (PTSD). At this stage, clients are in control of their behaviour but are living lives of "**quiet desperation**". The objective is to teach the client how to experience all of his/her emotions without shutting down those emotions, even letting the emotions dominate.



Stage 3 – Building an ordinary life, solving ordinary problems

- In this stage, clients work on ordinary problems like marital or partner conflict, job satisfaction, career goals, etc.



Stage 4 – Moving from incompleteness to completeness/connection

- **Very much an "existential" stage, it deals with questions of 'spiritual' lacking or emptiness.** Many clients use this stage to find meaning, through spiritual and more worldly/material paths.



Basics

- **Mindfulness**
- **Interpersonal Effectiveness**
- **Emotional Regulation**
- **Distress Tolerance**



Mindfulness

- <https://youtu.be/PCJ0R6vAUnw?si=33qbjkFhfcu0xl5t>



Mindfulness

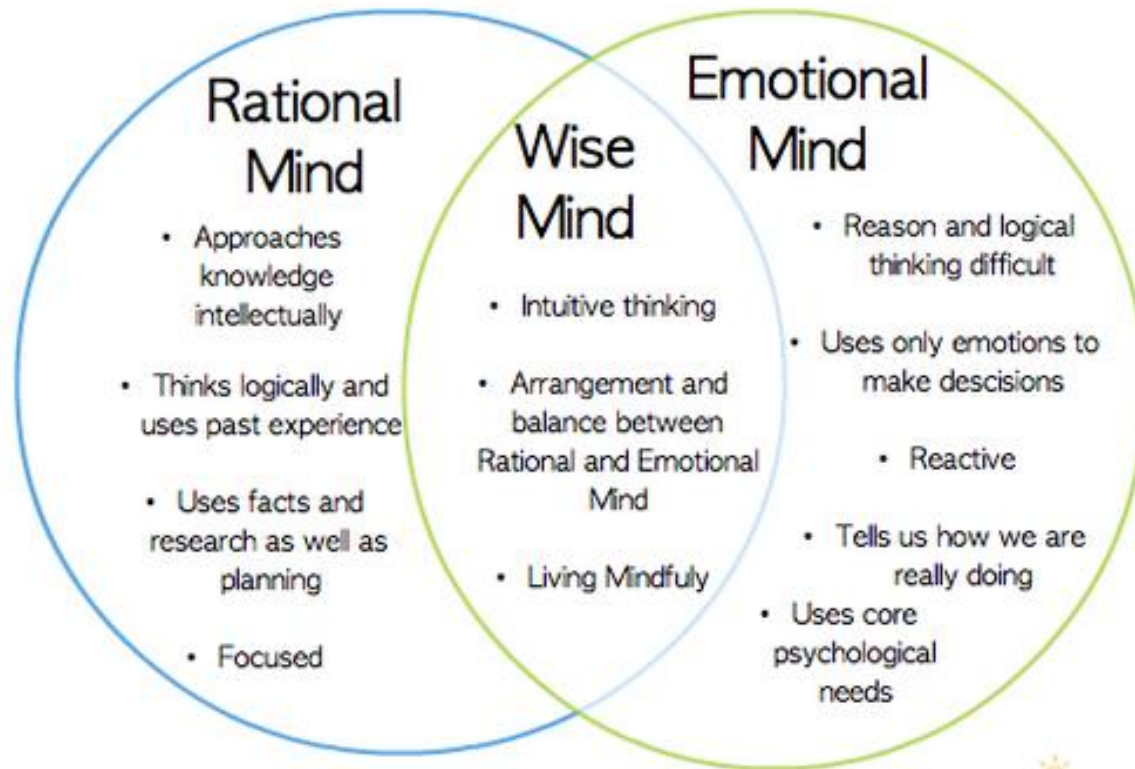
- The essential part of all skills taught in skills group are the core mindfulness skills.
- Observe, Describe, and Participate are the core mindfulness “what” skills. They answer the question, “What do I do to practice core mindfulness skills?”
- Non-judgmentally, One-mindfully, and Effectively are the “how” skills and answer the question, “How do I practice core mindfulness skills?”



Core Mindfulness Skills

- **The Core Mindfulness module covers:**
- States of Mind
- What Skills
- How Skills
- Observing and Describing Thoughts
- Noticing and Managing Judgment

States of Mind





What Skills

- Observing
- Describing
- Participating



How Skills

- Non-judgmentally
- One-mindfully
- Effectively



Observing and Describing

- Notice Language
- Avoid stating preferences
- Assist clients in identifying common self judgments
- Turn statement into non-judgmental description statement
- Focus on breathing
- Encourage “noticing” of thoughts



Leaves on a Stream Meditation

Observing and Describing Thoughts

<https://www.youtube.com/watch?v=FLlVV3dKl9w>



Why not judge?

- Judgments are spontaneous and often inaccurate judgments of our social environment
- We internalize judgments of ourselves and others, which are often harsh or overly critical
- Once we form a judgment, we tend to ignore inconsistent data
- Fosters painful emotions, helplessness, hopelessness, and blame



Interpersonal Effectiveness

- Interpersonal response patterns taught in DBT skills training are very similar to those taught in many assertiveness and interpersonal problem-solving classes.
- They include effective strategies for asking for what one needs, saying no, and coping with interpersonal conflict.

<https://youtu.be/3NzjE0ATaws?si=EbY7KkheUkh2BzcO>



Goals of Interpersonal Effectiveness

- Goals of Interpersonal Effectiveness
- DEARMAN Skills
- DEARMAN Techniques
- GIVE Skills
- FAST Skills
- Goals and Priorities
- Factors in Reducing Interpersonal Effectiveness



Goals of Interpersonal Effectiveness

- Myths about Interpersonal Effectiveness
- Self-Encouragement
- Observing and Describing Interpersonal Situations
- Expressing Emotions Effectively
- Guidelines for Sharing and Listening
- Extra Skills for Solving Conflicts with Others
- Choices about Intensity
- Interpersonal Effectiveness Practice



Interpersonal Effectiveness

- Borderline individuals frequently possess good interpersonal skills in a general sense.
- The problems arise in the application of these skills to specific situations.
- An individual may be able to describe effective behavioral sequences when discussing another person encountering a problematic situation, but may be completely incapable of generating or carrying out a similar behavioral sequence when analyzing her own situation.



Interpersonal Effectiveness

- This module focuses on situations where the objective is to change something (e.g., requesting someone to do something) or to resist changes someone else is trying to make (e.g., saying no).
- The skills taught are intended to maximize the chances that a person's goals in a specific situation will be met, while at the same time not damaging either the relationship or the person's self-respect.



DEAR MAN

- Describe the situation
- Express how you feel
- Ask for what you want
- Reinforce the other person
- Be Mindful
- Appear Confident
- Be willing to Negotiate



GIVE Skills

- Gentle
- Interested
- Validate
- Easy Manner



FAST Skills

- Fair
- Apology Free
- Stick to Values
- Truthfulness



Distress tolerance

- Most approaches to mental health treatment focus on changing distressing events and circumstances. They have paid little attention to accepting, finding meaning for, and tolerating distress.
- This task has generally been tackled by religious and spiritual communities and leaders.
- Dialectical behavior therapy emphasizes learning to bear pain will skill.
- <https://www.youtube.com/watch?v=sJrgPC11VS0>



Distress Tolerance Module Covers:

- Crisis Survival Strategies
- Self-Soothe with the Senses
- Improve the Moment
- Thinking of Pros and Cons
- Pros and Cons Techniques
- Urge Management



Distress Tolerance (cont.)

- Observing Your Breathe Exercises
- Half-Smiling Exercises
- Awareness Exercises
- Radical Acceptance
- Reality Acceptance Techniques
- Willingness
- Finding Willingness Techniques
- Management of Obsessions



Distress Tolerance

- Distress tolerance skills constitute a natural development from mindfulness skills.
- They have to do with the ability to accept, in a non-evaluative and nonjudgmental fashion, both oneself and the current situation.
- Although the stance advocated here is a nonjudgmental one, this does not mean that it is one of approval: acceptance of reality is not approval of reality.



Distress Tolerance

- Distress tolerance behaviors are concerned with tolerating and surviving crises and with accepting life as it is in the moment.
- Four sets of crisis survival strategies are taught: distracting, self-soothing, improving the moment, and thinking of pros and cons.
- Acceptance skills include radical acceptance, turning the mind toward acceptance, and willingness versus willfulness.



Reality Acceptance

- Turn the mind
- Radical Acceptance
- Practice Willingness
- Notice Willingness

<https://youtu.be/OTG7YEWkJFI?si=cQbuzh5dFNUKmFpq>



What is a crisis?

- When a client has a serious problem but cannot solve it now.
- Emotions are high so the problem is distressing and having high emotions generally make things worse
- There is pressure to solve the problem and it is difficult to stop trying
- A crisis is short-term – if it is happening all the time, it isn't a crisis, it's a lifestyle!

Can you solve the crisis?

If yes:

- Stick with it, don't take your eyes off of it, and do what it takes.

If no, or not right now:

- STOP trying to solve it
- Trying to solve something you cannot solve will only make it worse and send emotions through the roof.
- Focus on distress tolerance skills during unresolved crises

Distress Tolerance

For Clients:

- Housing
- Money
- Drugs & alcohol
- Dangerous neighborhoods
- Trouble with work
- Long waits for social services
- Medical Problems

For Clinicians:

- Large Caseloads
- Difficult Clients
- Hearing Traumatic Stories
- Inability to help clients
- Lack of time or resources to help clients
- Frustrating interactions with social services
- Unhelpful laws or regulations
- Paperwork



Distress Tolerance

- Surviving without making it worse
- Using other skills, beyond problem solving skills...

Remember:

- Don't hit your head against a brick wall
- Figure out another way to solve the problem
- Practice distress tolerance until the problem can be resolved



Distress Tolerance

- Is not, removing or even reducing stressful events – It is utilizing skills to reduce the emotional impact of the event.



Don't encourage clients to expect...

- Don't encourage clients to expect to feel better, that is not the goal of distress tolerance skills
- The fact is, you often may feel better, but that is not the purpose of the experience
- The skills are designed to prevent the client from feeling WORSE
- If the skills prevent the crisis from worsening but don't make things better, encourage the client not to stop!!

How to make a crisis worse



Yelling at someone



Using Drugs or Alcohol



“Retail Therapy”



Eating too much



Complaining so much people don't want to talk to you



Giving up on solving the crisis all together



Goals of Distress Tolerance

Prevent things
from getting
worse

Build competence
and confidence at
managing distress



Skills

Soothe

Distract

Improve the moment

Pros and Cons

Wise Mind Accepts

Activities

Contributing

Comparisons

Opposite Emotions

Pushing Away

Thoughts

Sensations



Activities



Use an activity that fits the moment or what you would be doing if you weren't distressed.



Sports or exercise



Hobbies or using your talents



Be with other people and don't talk about the crisis



Watch a movie



Go to the zoo, park, or beach

Contributing



Volunteer



Contributing is doing an activity that primarily serves others



Usually more distracting than an activity for self



Bake someone cookies



Listen to someone else's problems



Write someone who is lonely a letter

Comparisons

Move attention from your crisis to other crises that are worse than your own.

Someone or people who are suffering worse than self.

Remember a time in your life that you were doing worse.

Remember: the pain is still valid but put it on a continuum from easiest to hardest to bear and focus attention on the harder.



Distracting by Emotions



Figure out an emotion different from the negative one you are feeling and attempt to seek it out



When we are distressed, one or two negative emotions tend to dominate the scene



If angry – watch a comedy



If scared – watch something daring



If sad – listen to upbeat music

Distracting by Pushing Away



This means deciding that something cannot be dealt with now and putting it out of your mind



Imagine putting it on a self, in a time-released safe, in another room



Imagine a lucite wall between you and the problem so that you may be aware of it, but it is cut off



Imagine the “volume” of the problem being turned down

Distracting with Thoughts



The idea is to fill your brain with other thoughts, so that there is no room for the crisis:



Sing song lyrics you don't quite remember



Do the times tables to a number you have to calculate



Decide what profession on everyone on the bus must do



Imagine decorating your future home



Distract with Sensations



Mobilize your body and it will bring your mind and emotions with it.



Put your face in ice water or hold ice



Run up and down stairs



Take a cold shower



If you are inside, go outside and if you are outside, go inside

Self-Soothing

Encourage clients to consider how they might soothe a loved one in a similar situation → then encourage them to apply those same principles to themselves.

Don't make the situation harder by being more uncomfortable than required



Self-Soothe with the Five Senses



Vision → decorate the space, go somewhere inspiring



Sound → listen to soothing music, nature sounds



Smell → cooking, lavender, beach



Touch → comfortable clothes, pet animal, get a foot massage



Taste → Favorite food, hard candy or mint, good cup of coffee



IMPROVE the Moment

Use skills to accept pain and reduce suffering:

- Imagery
- Meaning
- Prayer
- Relaxation
- One thing at a time
- Mindfulness
- Vacation
- Encouragement



Imagery – 4 Key Components



Happy place



Safe Place



Relief of Crisis



Relaxed



Meaning

What can this crisis or tolerating this crisis do for you? What will you get out of this?

What are your core beliefs or religious traditions?

What doesn't kill you makes you stronger

God doesn't give me more than I can handle

This too shall pass

Prayer



Use and connect to religious or spiritual traditions that are meaningful to you



Ex: serenity prayer

Relaxation



Progressive Relaxation



Yoga



Walking



Exercises to relax the muscles

One thing in a moment



Bring your attention to what is happening right now



Let go of thoughts about past and future



Describe what you notice in this moment and bring your attention to the here and now

Vacation



A vacation is a deliberate step away from life to do something more relaxing, fun, or peaceful



Take a small vacation to tolerate the stress



Plan ahead of time your “return ticket”

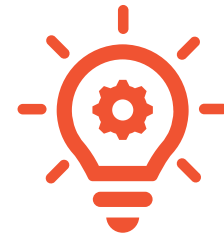
Encouragement



Be own cheer leader



Use positive self-talk



Do not foster a sense of naivety,
but rather encourage that moving
forward it the best solution

Pros and Cons

	Pros	Cons
Make things worse by: Getting Drunk	<ul style="list-style-type: none">- Get to relax- Won't have to think about things	<ul style="list-style-type: none">-won't be able to function-bad day tomorrow
Tolerate distress by: Self-Soothing	<ul style="list-style-type: none">-get some relaxation-will be clear minded tomorrow	<ul style="list-style-type: none">- Will be worried all night- Probably won't sleep much

Tips for Pros & Cons



Best to do at your best moment, to be used at your darkest moment



Keep the list where it is easily accessible



Do together with the client



Practice DBT Distress Tolerance skills



Teach yourself – BEFORE teaching your clients



Observe what you do when the skill doesn't work



Do each skill on purpose – even if it is something you do all the time



Practice each skill till you are good at it

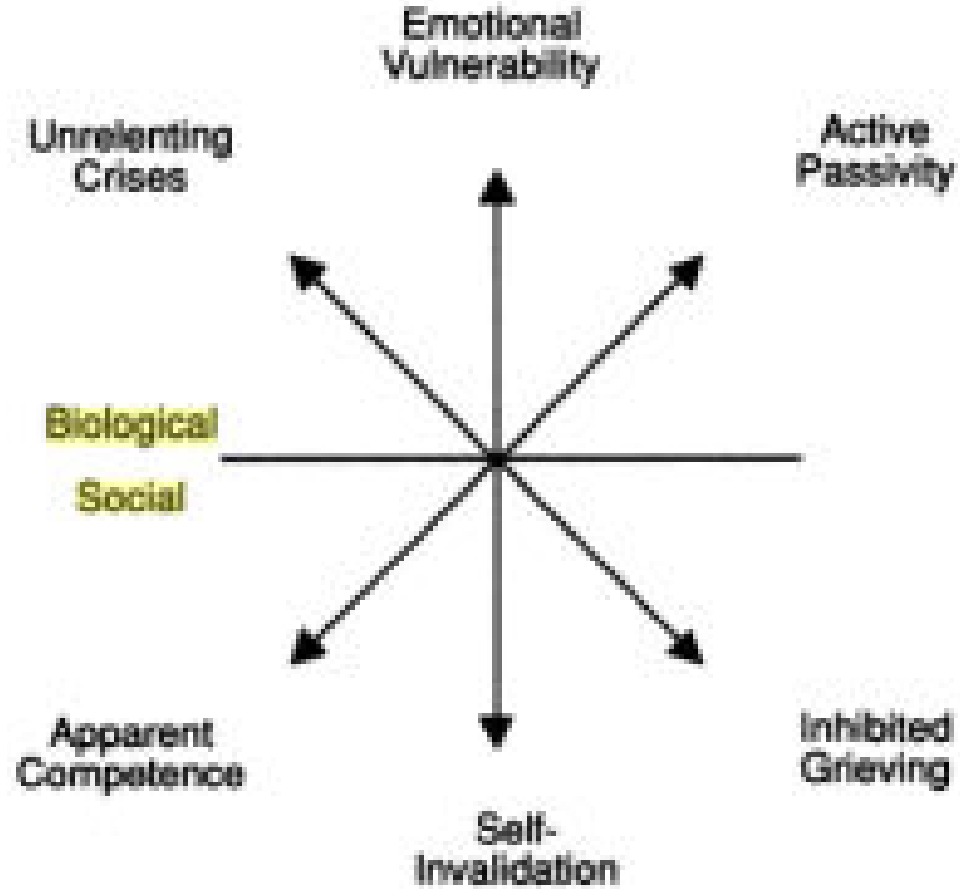


Challenge yourself to use the skills when your distress is high



Observe how you go about using the skill

Emotion Dysregulation



Emotion Regulation

Borderline and suicidal individuals are emotionally intense and labile – frequently angry, intensely frustrated, depressed, and anxious. This suggests that borderline clients might benefit from help in learning to regulate their emotions

<https://youtu.be/lXFYV8L3sHQ?si=mQ5jarTlcrYcmXrq>



Emotional Regulation Module

Covers:

Healthy
Perspectives
on Emotion

About
Emotions

How (ALL)
Emotions
Help Us

Our Unique
Responses

Knowing the
Difference

Naming
Emotions

The Way
Emotions
Work

Myths We
Live By



Emotion Regulation (cont.)



Strength Building Self-Statements



Observing and Describing Emotions



Reducing Vulnerability (Stay STRONG)



Suggestions for Good Sleep



My Plan for Staying out of Emotion Mind



Mastering My World



Emotion Regulation (cont.)

- Steps for Increasing Positive Experiences
- Pleasant Events List
- Letting Go of Emotional Suffering
- Changing Emotions: Opposite to Emotion Action
- Opposite to Emotion Action Techniques



Emotion Regulation

Dialectical behavior therapy skills for emotion regulation include:

- Identifying and labeling emotions
- Identifying obstacles to changing emotions
- Reducing vulnerability to “emotion mind”
- Increasing positive emotional events
- Increasing mindfulness to current emotions
- Taking opposite action
- Applying distress tolerance techniques

Emotional Vulnerability





Emotional Vulnerability

- When someone is in this state, the best response is to **validate** their feelings and try to **calm them**.
- Validating their feelings is **NOT** the same as agreeing with them. It is the recognition of and acceptance that their feelings are understandable given the circumstances and their illness.
- *Don't try to "fix" anything – just listen, validate, comfort.*



Self Invalidation

- **Self-invalidation** refers to the adoption by an individual of characteristics of their *invalidating* environment, looking to others for accurate reflections of external reality, and oversimplification of the ease of solving life's problems.
- The person's failure to trust their own perceptions of reality prohibits development of a sense of identity or confidence in themselves.
- Oversimplification of life's difficulties leads to self-hate following failure to achieve goals.



Self Invalidation

- If the person in this state is not emotionally vulnerable, the appropriate response is to “check the facts.”
- They rattle off a long list of personal failures – many of which are inaccurate.
- Calmly review the supposed ‘failures’ and correct the ‘facts.’
- If this seems to help, you may want to suggest they make a written list so they can refer to it in the future if needed.
- People who are emotionally vulnerable tend to bounce back and forth between *emotional vulnerability* and *self-invalidation*.



Active Passivity

- **Active passivity** is the tendency to approach problems *passively* and helplessly, rather than *actively* and determinedly, as well as a corresponding tendency under extreme distress to demand from the environment (or the therapist or a loved one) solutions to life's problems.
- Thus the individual is active in trying to get others to solve their problems, but passive about solving problems on their own.



Active Passivity

- When dealing with *active passivity*, your job is to be benevolent but also a little demanding.
- Being demanding is definitely the therapist's job – not a loved one's!



Apparent Competence

- **Apparent competence** refers to the tendency to *appear competent* and able to cope with everyday life although they can't, and their inability or failure to communicate that vulnerability clearly to the significant people their life, sometimes including their therapist.
- The key to *apparent competence* is to understand the “*Apparent*“! Don't let your expectations of your client be influenced by something that isn't real. Another troubling aspect of this behavior pattern can be reactions from other people. Some have repeatedly heard things like: “Why is SHE here? Her life looks perfect. She doesn't need help...” from people at support groups they has attended, sometime causing them so much distress that they stopped going.
- Although they seem mutually-exclusive, patients also tend to bounce back and forth between *active passivity* and *apparent competence*.



Unrelenting Crises

- **Unrelenting crises** represents a state of perpetual, *unrelenting*, overwhelming *crisis*. This state can be debilitating to people who are emotionally vulnerable due to their high emotional reactivity, as well as the chronic nature of the stressful events.
- Repetitive stressful events, coupled with an inability to recover fully from any one stressful event, results in a ‘weakening of the spirit’.
- Essentially, the person can never return to an emotional baseline before the next blow hits, causing physical and emotional exhaustion

An abstract landscape painting on the left side of the slide. It features layered, horizontal bands of color: light green and yellow at the top, followed by blue and teal, then orange and red, and finally dark red and black at the bottom. The style is reminiscent of a watercolor or soft-focus oil painting, with soft edges and a sense of depth and atmosphere.

Unrelenting Crisis

- The best response from a clinician during an *unrelenting crisis* is compassionate understanding and unwavering centeredness. Unwavering centeredness is the quality of believing in oneself, in the therapy, and in the patient.
- It is *calmness in the middle of chaos*, much like the center of a hurricane. It requires a certain clarity of mind with respect to what the patient needs in the long run, as well as an ability to tolerate the intensity and pain experienced by the patient *without flinching* in the short run.



Inhibited Grieving

- **Inhibited Grieving:** Balancing the tendency to perpetual crisis is the corresponding tendency to avoid or *inhibit* the experience and expression of extreme, painful emotional reactions.
- “*Inhibited grieving*” refers to a pattern of repetitive, significant trauma and loss, together with an inability to fully experience and personally integrate or resolve these events.



Inhibited Grieving

- *Inhibited grieving* overlaps considerably with Post-traumatic Stress Disorder (PTSD). Normal grieving has identifiable stages: (1) disbelief, numbness, shock; (2) developing awareness of the loss, leading to acute mourning and despair; (3) resolution, reorganization, acceptance.
- People in ‘*inhibited grieving*’ are unable to tolerate or move through the acute mourning phase. Instead of progressing through the grief process to resolution and acceptance, they continually resort to one or more avoidance responses, thus a vicious cycle of exacerbating the effects of stressful events. They become, in effect, *grief-phobic*



Inhibited Grieving

- Compassion and flexibility are the best responses to a loved one experiencing *inhibited grieving*. Compassionate flexibility is defined as the ability to take in relevant information from your loved one, and modify your position accordingly.
- It's the ability to let go freely of a position you previously held, to be able to change the boundaries of a given 'problem', finding and including what has been previously excluded.
- As you can imagine, unrelenting crises and inhibited grieving frequently go hand in hand.



Questions?

- kernest@pacounseling.com
- ServantsOasis.org
- Pacounseling.com/training
- Pacounseling.com/referral
- Liveupcounseling.com



*Don't forget to download
the **Whova** app!*

