

# Teaching Distress Tolerance Skills

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## What is distress tolerance?

Distress tolerance is the ability to experience painful feelings, at least for short periods, and to cope in ways that do not involve infliction of further suffering.

No matter how skilled we are at managing our lives there will be times when painful events occur. People vary substantially in how they respond to painful events. Some people seem to tolerate or cope with negative experiences and emotional pain better than others. They can feel high levels of pain or distress but somehow they seem to cope, manage to contain it, and carry on with their usual day-to-day activities. At the other end of the spectrum, some people have great difficulty coping with the painful feelings that accompany negative experiences, and they develop maladaptive strategies to cope with these feelings such as self-harm, substance abuse, and suicide attempts.

Distress tolerance is connected to emotional regulation but has a different focus. Good emotion regulation skills may reduce the intensity of painful feelings that are experienced in response to painful events, while poor emotion regulation skills may contribute to higher intensity of distress. But independent of how intense the painful feelings are, it is possible to tolerate that distress well or poorly. Distress tolerance skills are focused on the process of coping with the distress, as it is, not with the process of reducing its intensity.

Most individuals learn to tolerate distress in childhood and this ability improves through adolescence and into adulthood. We learn that experiencing painful events, memories, feelings and thoughts is inevitable and we learn ways of going through these experiences without reacting adversely. From interactions with parents and significant others we learn that painful experience is universal and role

models demonstrate ways of coping effectively. Clear, predictable and respectful feedback from others helps us learn.

A person may not develop the skills to tolerate distress if childhood environments do not provide adequate learning opportunities. Young people with poor distress tolerance often experience chaotic family situations in which adults demonstrate poor distress tolerance themselves and do not provide clear, predictable and respectful feedback.

Interventions to enhance distress tolerance provide alternative learning opportunities in which individuals can acquire the skills involved. In addition to providing clear, predictable and respectful feedback in response to maladaptive coping responses, explicit instruction and guided practice is offered in order to enhance conscious awareness and proactively build new skills.

## Where does this module come from?

Many of the practice elements in this module are drawn from Dialectical Behaviour Therapy (DBT) (see Box 1). DBT contains four skill-based modules, one of which is Distress Tolerance.

Dialectical Behaviour Therapy (DBT) is designed specifically for clients who experience overwhelmingly painful emotions and have developed maladaptive coping strategies such as self-harm and suicide attempts. A central proposition is that if clients can come to accept that emotional pain is inevitably a frequent visitor in life, and if they learn alternative skills for coping with it, then unhealthy responses will be reduced. DBT teaches three (3) main types of skills for tolerating distress: (i) radical acceptance; (ii) distraction, and (iii) self-soothing and relaxation.

The content presented in this module is drawn from material written by McKay, Wood and Brantley (2007) but has been adapted where appropriate and supplemented with observations and notes designed to make the material more relevant for practitioners working with young people in AOD service settings. These adaptations have been informed by the wisdom of practitioners working in Victorian youth AOD services and related sectors (Bruun & Mitchell, 2012; Mitchell, 2012b).

### Box 1: About Dialectical Behaviour Therapy (DBT)

DBT was originally developed as a comprehensive treatment for adult women with borderline personality disorder (BPD), particularly those with persistent self-harm and suicidal behaviour.

It was developed by psychologist Marsha M. Linehan, PhD of the University of Washington, who herself suffered from BPD when she was young. Revealing her personal story for the first time in 2011, Dr Linehan explained that she “developed a therapy that provided the things I needed for so many years and never got”. During her own hard won recovery she came to understand that learning to cope well with overwhelming emotions involved balancing and integrating the work of change with the work of acceptance.

DBT is a highly structured program involving weekly individual psychotherapy, weekly group skills training, and telephone coaching between sessions (McMain & Korman, 2001; Robins & Chapman, 2004).

Therapy usually extends over 12 months. Individual psychotherapy includes supportive counseling and therapy focusing on the client’s personal experiences of dysregulated emotions, behavioural responses, and current crises. The group-based skills are taught in four modules: mindfulness, emotion regulation, distress tolerance, and interpersonal effectiveness.

Modifications have been made to adapt DBT to the specific needs of adolescents. The program was shortened to 15 weeks, a family therapy component was added, and the adult skill development lessons were simplified and adapted to fit the developmental needs and interests of adolescents (Miller, Rathus, Linehan, Wetzler, & Leigh, 1997). Unless clinically inappropriate at least one caregiver is asked to commit to 15 weeks of skills training. A key aim of including parents or caregivers is to help them coach their adolescent and to improve their own skills in interacting with adolescents.

*More information about DBT in the context of youth AOD services can be found in Bruun and Mitchell (2012; Section 4.6, p97-102).*

The current module presupposes that therapeutic interventions targeting distress can be delivered independently of DBT as an integrated treatment program. Many clients who experience problems with distress tolerance do not have a diagnosis of Borderline Personality Disorder or experience persistent suicidal behaviour or ideation. These clients will not necessarily benefit from a full course of DBT. The principles of client-centred care and cost-effectiveness suggest that it is more appropriate to provide practice elements focused on their particular issues (Mitchell, 2012a)<sup>1</sup>.

Used within a modular practice elements approach (Mitchell, 2012b), these practice elements on distress tolerance can be included in care plans that also include case work, foundation counseling and other therapeutic modules selected on the basis of individual needs.

## **Aims of this module**

Using counseling conversations and structured exercises, these practice elements provide a variety of different opportunities in which young people can learn:

- That painful events, memories and thoughts are universal experiences and cannot be avoided;
- That there are different levels of painful responses to negative events: the first level is a natural unavoidable response (we can call this pain) while the second level is created and exacerbated by unproductive responses (we can call this suffering);
- That accepting the reality and inevitability of painful events helps to reduce unproductive responses;
- Techniques for promoting acceptance of painful events;
- Techniques for distracting attention from overwhelmingly painful feelings so that there is more time and space available to plan productive coping responses, and
- Techniques for self-soothing and relaxation.

## **When should this module be used?**

The following conditions are provided as examples of situations in which the Distress Tolerance module is likely to be of benefit for clients. This list is not exhaustive. The potential benefits of this module should be discussed with the client and their agreement obtained.

- Persistent suicidality, substance abuse, or other self-harming behaviours aimed at coping with overwhelming painful emotions are among the presenting issues or have been identified as problem issues in assessment.
- One or more of the client's primary goals involves coping better with painful feelings such as self-hatred, guilt, or anger.

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<sup>1</sup> DBT has been established as an effective treatment for clients diagnosed with Borderline Personality Disorder (BPD). However the effectiveness of this module (delivered in isolation from DBT) in enhancing distress tolerance among clients of youth AOD services without a diagnosis of BPD is yet to be established.

- Behavioural responses to painful feelings are interfering with progress towards another primary goal.
- Functional analysis of substance use identifies overwhelming emotions or very painful feelings as a frequent trigger for substance use.
- Functional analysis of self-harming behaviours identifies overwhelming emotions or very painful feelings as a frequent trigger for these behaviours.
- Functional analysis of violent behaviours towards other persons or property identifies overwhelming emotions or very painful feelings as a frequent trigger for these behaviours.

## Considerations for different practice contexts

**Residential service settings** enable workers to interact with young people experiencing a full range of emotions including distress, to observe the strategies they use to cope with distress, and to provide clear, predictable and respectful feedback. For this reason residential settings offer many opportunities for working on distress tolerance strategies. Because of the intensity of time spent together while a young person is in residential care, this is a good time to focus on talking in depth about painful feelings, the ways the young person has dealt with them before, and learning about new skills.

It is important to note that residential settings alter the presence of contextual stressors that may trigger distress and problematic responses. They also change the range of strategies that are available for coping. In terms of contextual stressors for example, although young people are removed from stressors in their natural environments that may exacerbate distress (e.g. conflict in the family home) they may also be exposed to new stressors or challenging situations.

In terms of strategies for distress tolerance, residential settings remove access to some methods that young people currently use, and this may lead to a shift in the methods used. For example, an increase in the incidence of self-harm is sometimes observed in young people while they are in residential settings. This may occur because substance use is banned in residential settings and is no longer available as an option for coping with painful feelings.

**Outreach settings** offer workers the opportunity to spend time with the young person in a variety of natural contexts in which the topics of distress and how to cope are likely to arise regularly. Even if it is not the main focus of the work, distress tolerance is often highly relevant to the work being done on a range of other goals. Learning about how young people are coping with painful feelings, and teaching and practicing coping skills in varying contexts, helps the client to generalise the core understandings and skills across situations.

## The Practice of Teaching Distress Tolerance Skills

### Aspect 1. Assisting young people to understand their distress

It can be very difficult for young people to understand that the experience of distress and the behaviours that often result are not the same thing. This is particularly so where the experience

distress of distress has persisted over time and the associated behaviours have become habituated. The following elements drawn from DBT and ACRA can be useful in helping a young person to gain a new understanding of their distress and how it is separate to but related with particular behaviours. This is the basis on which other interventions are introduced that can help a young person to better tolerate and deal with distressing feelings.

#### G5i. Recognising your emotions

This element from Dialectical Behaviour Therapy can be used to help each young person to develop the ability to:

- Be aware of how they are feeling at any given time
- Understand the ways in which strong emotions are triggered
- Understand how they are typically affected by strong emotions

#### G2ii. Chain analysis

An alternative form of behavioural analysis used in Dialectical Behaviour Therapy (DBT) is a chain analysis. Like a functional analysis, a chain analysis involves defining a problem and gathering evidence to determine what is causing it, what is preventing its resolution, and what tools might be available for solving it. Chain analysis can help the practitioner and client gain a perspective on several factors that may be working in specific contexts to maintain problem behaviours, or prevent the use of skill-based strategies.

#### D1. Functional analysis of problem behaviours

An alternative format from the ACRA model, this approach uses questions about a particular behavior, such as substance use or self-injury, to find out more about what might be behind it. This includes a response to overwhelming distress.

### **Aspect 2. Provide clear and respectful feedback in response to unhelpful distress coping behaviours**

Practitioners can recognise that problematic behaviours engaged in by young people are often maladaptive coping strategies in response to distress. These behaviours might have been developed and reinforced over time and in some cases have been learnt at a young age from caregivers. Practitioners can respectfully introduce that idea that behaviours causing problems for the young person are unhelpful and that alternatives exist that might be more helpful.

#### G1i. Validation strategies

Before giving feedback, it is necessary to validate the young person's experiences and responses. This communicates that the practitioner does not judge them for their responses, and that the distress is 'allowed' thereby avoiding repeating the invalidating environment that many young people have experienced.

#### C1iv. Feedback

This CBT technique gives an overview of providing feedback as a part of the therapeutic process, with a focus on beginning with positive reinforcement before introducing challenges.

### **Aspect 3. Reduce distress through acceptance strategies**

This approach to managing distress is the adaptive opposite to maladaptive strategies of avoidance, such as substance use or self-injury. It is important to introduce this concept with care and after establishing a validating relationship.

#### C1ii. Instruction

This idea, from CBT, emphasises the importance of providing clear education and instruction of a technique to a young person, including appropriate self-disclosure or modeling of the techniques.

#### G3i. Radical acceptance of painful events

Radical acceptance involves a young person being able to accept the present situation for what it really is, without judgement or criticism. Radical acceptance is an attitude towards life that helps to reduce unproductive judgements and responses such as self-blame, blaming others and anger.

#### H5. Introducing acceptance

Most of the time when painful experiences and feelings happen we struggle against them. Our mind resists and rejects the experience in any number of ways such as getting angry, blaming ourselves or others. Some people try to dull emotional pain with drugs or change emotional pain into physical pain by harming themselves. Others lash out at the world. This is called experiential avoidance. Acceptance involves dropping all of these kinds of strategies and allowing the painful feelings and experiences to be as they are. This practice element helps practitioners explain the concept of acceptance to clients in ways that will connect with a variety of client experiences.

#### H6. Getting into acceptance

A wide variety of techniques are available for use in practicing the process of acceptance. This element describes a series of 8 techniques that are widely used within Acceptance and Commitment

Therapy: Observe, Breathe, Expand, Allow, Objectify, Normalise, Self-compassion, Expand awareness.

#### **Aspect 4. Reducing distress through distraction from pain**

Rather than avoid the distressing emotions, this technique gives the young person space for the overwhelming feelings to subside, in order to reduce the employment of harmful or negatively reinforcing behaviours such as self-injury.

##### G3ii. Distraction from pain

The aim is to help clients find a constructive alternative to behaviours such as self-injury which some say temporarily relieves their emotional pain. The practice involves developing a list of alternative actions that clients can take when the urge to self-harm arises. The intention is not to avoid facing the pain, but to give the person time for strong emotions to subside, so that they can think more clearly about how to cope with negative events in the medium to long term.

##### C1iii. Guided practice

In order to increase the likelihood that the young person will employ the techniques discussed, it may be of value to rehearse or practice them in the session.

#### **Aspect 5. Reducing distress through self-soothing techniques**

This practical approach to reducing distress needs to be taught and practiced, in order for it to be useful at times of distress. This includes recognising when distress may be escalating and employing the techniques before they become overwhelming. For further information on recognising emotions refer to the Emotion Regulation module.

When identifying techniques the young person may like to try, it may be useful to use an 'experimental' approach in collaboration with the client. In this way, the young person can 'try out' different techniques and report on their efficacy, without feeling like they have failed if their distress remains high.

##### G3iii. Self-soothing & relaxation

Individuals vary substantially in what works to help them relax. The practitioner offers a range of ideas and explores them with the client until he or she finds one or more techniques that work best.

#### C1v. Independent practice in the real world

If using self-soothing techniques is new to the young person, getting them to practice the ideas they have chosen during times when they have low distress may make it more likely that they will be able to utilise them during periods of distress. In residential or outreach settings, modeling and practicing the self-soothing techniques may also increase the chance of integrating the new behaviours.



## Useful resources

- More information about Dialectical Behaviour Therapy in terms of practice, philosophy, the evidence-base, relevance, and application to youth AOD services can be found in *A resource for strengthening therapeutic practice frameworks in youth AOD services* (Bruun & Mitchell, 2012; Section 4.6, p97-102).
- Chapter 1 of *The dialectical behavior therapy skills workbook* (McKay, Wood, & Brantley, 2007) provides further detailed content for the practice elements comprising this module.
- Chapter 2 of *The dialectical behavior therapy skills workbook* (McKay et al., 2007) describes more advanced distress tolerance techniques and exercises.
- Chapters 8 (Harris, 2009) and Chapter 4 (Hayes & Smith, 2005) provide further detailed content for the complementary practice elements drawn from Acceptance and Commitment Therapy.
- There is a specialist Dialectical Behaviour Therapy Centre located in Melbourne, Victoria. The DBT Centre website provides more information about DBT, about the clinical programs and other services offered at the centre, as well as links to other web-based resources.  
<http://melbournedbtcentre.com.au/wpress/>

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