





Defusion Techniques

- Teach the limits of language (e.g., choking, learning a skill)
- Use strategies to increase the distance between thought and thinker, feeling and feeler.
 - Objectify language (e.g., physicalizing exercises)
 - Discriminate looking at thoughts rather than from thoughts.

Defusion Techniques

- Use various exercises, metaphors and behavioral tasks to reveal the "hidden" properties of language (e.g., milk, milk, milk; what are the numbers?)
- Undermine larger sets of verbal relations (e.g., reasons as causes discussion, focus on functional utility of story-telling, autobiographical rewrite)

Techniques

- Integrate into ongoing flow of session:
 - Metaphor reminding
 - Teach relevant discriminations (identifying “mindy” conversations)
 - Verbal conventions
 - Reflect clients thoughts as thoughts
 - Therapist disclosing own thoughts in a defused way
 - Respond to verbalizations in terms of workability

Focus on content of thinking – CT approach (borrowed from Sona Dimidjian)

“I was depressed all day yesterday because I was thinking about how my sister really doesn’t love me.”

- * What is the evidence that this thought is accurate?
- * What would it mean if it were true?
- * Can you think of another way to interpret what your sister said?
- * Why must everyone love you?

A Focus on the Context and Consequences of Thinking (from behavioral activation)

“I was depressed all day yesterday because I was thinking about how my sister really doesn’t love me.”

- * When did you start thinking that?
- * How long did it last?
- * What were you doing while you were thinking that?
How engaged were you with the activity, context, etc.?
- * What were consequences of thinking about that?
What might be the function?

Defusion Responses

"I was depressed all day yesterday because I was thinking about how my sister really doesn't love me."

- * When you think that thought, "my sister doesn't love me," how far away is it? Is it up here (holds hand up close to face) or out here (holds hand far away from face)?"
- * So you spent the whole day caught up in your thoughts? (C: yeah) And here your mind is again, talking. Can you notice your mind right now? What's it saying?
- * Let me ask you something. Would it have been possible to have that thought, "my sister doesn't love me," as a thought, and then do something you value? Must that thought get in the way of your living your life?
- * So, when you had that thought yesterday, "my sister doesn't love me," what did your mind say to do with that? (client answers) And, in your experience, how did following what you mind have to say work out? Did you find your life opening up, your suffering decreasing?

DBT responses?

- Anyone?
- How would these be different/similar?

Competency 4: Therapist uses language tools (e.g., get off your butts), metaphors (bubble on the head, passengers on the bus) and experiential exercises (e.g., thoughts on cards) to create a separation between the client and the client's conceptualized experience.

- This vignette occurs in a sixth session with George, who is struggling with alcohol addiction. One of this client's biggest triggers of alcohol use is when he is alone at home. He was on disability for a long time, and spent a fair amount of his life simply sitting at home, drinking and watching TV. George has been sober for the past two months and just started a new job for the first time in several years. He's beginning to question his commitment and the job is really worth the stress. The therapist and the client have already discussed the bus metaphor in a previous session.

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- Client: *It's just that I go to work and they don't pay me enough, its stressful, I feel like I screw up and don't work fast enough. I'm not sure it's really worth it. I get home at the end of the day, and there's no one there. I want to do better but I just want a drink....so bad.*
- *What would you say next?*

Sample 4a) Therapist: It's worth noticing that word "but." You know the word "but" long ago came from a contraction of two words: "be" and "out." "But" is a fighting word. You are saying that the fact that you want a drink somehow invalidates wanting to do better; and wanting to do better should somehow remove the urge to drink. Yet check and see if this isn't so: what you experienced was not that. I'm guessing what you experienced was two things: the thought that you want to do better AND a feeling that you want to drink. Is there anything in there that is something you cannot have? "I want to do better AND I want a drink." Both things are so. Now, what are you going to do with your feet?

Explanation: The therapist is trying to draw out the hidden fight and help the client see that there is nothing really to fight about.

- **Sample 4b)** Therapist: George, would you be willing to do an exercise with me? [Client: Sure.] I'd like you to shut your eyes and bring me back to that moment. [client shuts eyes and follows instructions] Think of the last time you were at home, sitting there after work, exhausted, feeling lonely. Do you remember the bus metaphor we talked about? [Client: yeah] What passengers show up there and start pushing you around? See if you can see what feelings show up.
- **Explanation:** The therapist is trying to make the work as experiential as possible, so in order to do this, one wants to get the actual avoided content into the room. The therapist does a short experiential exercise which helps the client make contact with the avoided content. The therapist then refers back to an earlier metaphor in which the thoughts and feelings are compared to bullies which push the person around. The goal is to bring the "passengers" into the present, but in an altered context in which the avoided private experiences might be able to be met with more willingness and with some healthy distance.

Competency 5 - Therapist works to get client to experiment with "having" these experiences, using willingness as a stance.

Continuing from the previous therapist response, the client responds:

Client: I feel lonely. I feel anxious, like I need to do something.

Therapist: Ok, so lonely shows up. Anxious shows up. If those passengers could speak to you, what would they tell you to do?

Client: They would tell me to just have a drink. Just take the edge off.

Therapist: Ok, so these are old passengers, ones that are very familiar. You know them well. What do they say they will do if you just do what they are asking you?

Client: *They say they will go away, they'll shut up for while. And they do. What would you say next?*

- **Sample 5a)** Well they will sit down, sure. As you say, for a while. When they come back are they bigger or smaller; weaker or stronger? Bigger and stronger right? So it has a cost. So here is my question. What do you have to be willing to experience in order let them be there and not sit down?
- **Explanation:** Therapist is asking the client to consider the possibility of having these experiences by being more willing to have what will show up when that step is taken.

Sample 5b) Therapist: Right, they sure do. So one way to work with them is to do things so they'll agree to sit down. Let's check this out though. If you do that, what happens in terms of your values? Do you head towards or away from your values?

Client: Away. But even then they're just as powerful.

Therapist: Yeah, powerful. And old. And familiar. And you've been fighting with these passengers for a long time...How has it worked to fight them? Or turn the direction of your life over to their demands? Has it been working?

Client: No

Therapist: So maybe we'd want to do something different with them. How about this? Just let them be there, as thoughts, as feelings. Don't do anything with them, except to notice them.

Explanation: Therapist is asking the client to examine the workability of the client's solution and to consider willingness as an alternative.

Competency 3 - Therapist actively contrasts what the client's "mind" says will work versus what the client's experience says is working.

- Tammy has panic attacks, particularly in social situations. She wants to go back to school but feels she's "too anxious." This section of transcript occurs in the third session following a discussion in which Tammy has related how hard it is for her to participate in class, and particularly in terms of raising her hand in class.

- C: I can't do it. I know that if I raise my hand and I haven't been able to get my breathing under control, then I won't be able to say anything when he calls on me. If I can just get my breathing under control, then I could probably do it without panicking.
- T: So, let's check this out. Your mind says, "I need to get my breathing under control." Right? That's a thought. Is that a familiar one? [C: Yeah] Now, let's look at what your experience has to say about this. How long have you been following what that thought has to say?
- **C: A long time...**
- **What would you say?**