

## Dialectical Behavioural Therapy: Connections and Communication

Written by: **Gwenne Woodward, Social Worker, BPSR Clinic Ontario Shores**



with people who suffer from eating disorders and substance use and most recently, there is a DBT protocol for those who suffer from PTSD. The skills are taught in a classroom setting. There is weekly homework assigned and an expectation it will be completed in order that the skills are generalized to the person's life, not just in a classroom setting.

Therapy staff who are not leading the group are expected to complete the homework assignments as we do not ask our clients to do anything we are not doing ourselves. The weekly individual sessions help the clients to establish a real relationship with us. It is not a treatment that is done to anyone. The only reason a client would not continue treatment with us would be if they missed four consecutive sessions of either individual or DBT Skills Groups. This is communicated often in our sessions and we make every possible effort to en-

DBT is the acronym for Dialectical Behavior Therapy. The fact that dialectics is the first word in Dialectical Behavior Therapy speaks volumes. It is a concept defined by Dr. Marsha Linehan, the creator of DBT as balancing opposites.

Dialectics could be viewed as a win/win for all of us. The spirit of this concept of dialectics is that your experience and perceptions are uniquely yours. I may have a different perception and experience. We are both invested in our experience. What a concept! It gives equality to people who have never felt they have been anything but invisible in their relationships. Now there is a possibility that everyone, if they could change one word "and" for "but" in their conversations, could feel more equal in their relationships. Sounds easy and it is not. There's another example of dialectics.

Originally, Dr. Linehan, known as Marsha to all who practice DBT, developed DBT based on her own lived experience. She began treating the most severe, treatment-resistant suicidal clients, often with a diagnosis of Borderline Personality Disorder, using

Cognitive Behavior Therapy. She soon realized this approach was not enough. Her research took her to look at spiritual practices of the world, and mindfulness and validation made the difference when added to CBT.

The next word is behavior. It is what we do or don't do. The heart of DBT is both acceptance and change and the constant balancing of these two seemingly opposite concepts. Ah, dialectics again! It is the very scary idea of exposing ourselves in order to accept ourselves. Only then can we change. The Biosocial Theory has been used to organize the four DBT modules taught in the Skills Groups. These include the acceptance strategies of mindfulness and distress tolerance, and the change strategies which include emotion regulation and interpersonal effectiveness. The Skills Groups begin with two weeks of mindfulness skills, then six weeks of a module then a repeat of mindfulness as they are at the core of DBT skills.

Dialectical Behavior Therapy has now expanded to include work with children in elementary school,

courage people to return through phone coaching and encouragement. Another DBT assumption and a dialectical one at that, is that you may not have caused your own problems but it is now up to you to solve them. This is a radical concept as previous therapies would have clients discuss their experiences yet not offer hope of being able to experience the power of solving their problems, if they are theirs to solve.

It is one of the reasons DBT does not reinforce hospital stays. DBT has been proven to lower the rates that clients use hospitals. Our clients can view hospitals as supportive places when feeling overwhelmed, unable to cope and thinking of suicide as a viable option. The problem with this solution is that the client is stripped of all personal items, usually medicated, with no say in what treatment could be helpful to them at the time. This can leave a client feeling less hopeful, believing others are more competent than they are, giving credit to the health system, never themselves. There is no sense of accomplishment with hospital stays and it can become a way of life for many. Sadly, it may be the only place in the world where they feel supported yet rarely understood or validated.

Interpersonal effectiveness skills are one of the change strategies. The skills teach us how to ask for what we need, learn to say no, while maintain-

ing or improving the relationship and their own self-respect. They find out what their values are and learn to act according to them, never sacrificing a short term easier answer for their long term, life worth living goals which is why they are in treatment with us. We practice our interpersonal skills as therapists with each other, through our weekly Consultation groups to ensure we are practicing adherent DBT and working out a dialectical and clinical balance within our Team. Clients are encouraged to ask for what they need from us or say no and we will assist in demonstrating this skill by asking and saying no when our personal limits are questioned. Should they need to go to hospital they will be able to ask for support, not necessarily to seek admission. The secret to our ability to have this flexibility and flow of ideas is that DBT does not view anyone, even the Team Leader as the expert. We are all equal. We get to look through a lens of cause and effect, not blame and if the consequence is not what we hoped for, we would review the cause and look at the factors with curiosity that may be reinforcing less desirable consequences. The reason we are able to have this approach is because validation is at the heart of DBT. If I tell a client or staff they are wrong, there would be little likelihood that there would be any other response but defensiveness.

Validation is part of a dialectical stance. It is a space which allows for understanding and support, acknowledging the difficulty of an experience, a life you hoped would be different, of dreams that may not be realized, physical health realities, inherent in just being a human being. Validation does not lead to a person becoming more emotional, in fact research teaches us that the person's emotional response will decrease when they feel validated.

Validation is how we negotiate with our clients for change and acceptance of what is. Many of the clients who enter our doors have received the message that they need to be fixed. By the time they reach us, many see themselves as damaged goods and are lonely and suffering. They compare themselves to others always seeing themselves as lacking. They therefore never imagine they could be equal in their relationships. It is why it is a skill. We help them find similarities through connecting with us as a therapist, with other clients in Skills Groups for six months, rather than focusing on differences.

My hope is that the world can learn and use Dialectical Behavior Therapy skills. Even though Marsha is retiring in March, the DBT skills will continue to make a measurable difference in people's lives and in their ability to communicate in validating, inclusive and supportive ways.

## Message from the Chair

Hi Everyone

On behalf of Family Council I would like to wish you all a happy new year for 2019.

Our focus this year will be on communication. I think we have all had our challenges communicating with our lives ones. Often caregivers will ask : "How can I avoid the outburst?" "What is the right thing to say?" "How do I talk to my loved one about getting help?"

Our goal this year is to try and help you develop strategies to deal with these difficult situations. The workshop on February 23rd is the first step towards achieving this goal. I hope to see you there.

Pat Hofsepien

Chair of Family Council

**Have a coffee,  
connect and chat!**

**Also open Thursday Evenings from**

**6:30pm to 8:00pm**

**Family Resource Centre**

**Building 7 Level 2**

## Current and Upcoming 2019 Family Programs

- ◆ Open Family Discussion Group continues to run Thursday evenings from 6:30-8:00 pm in the Family Resource Centre.
- ◆ Powerful Tools for Caregivers begins February 26 and runs to April 2, 2019
- ◆ WRAP (Wellness Recovery Action Plan) for Caregivers will run starting mid or late April 2019.
- ◆ Family Education Series (presented in collaboration with Social Work Council and Family Council) will run from May 2019.
- ◆ Family Education Sessions hosted with Durham Mental Health Services (DMHS) and Canadian Mental Health Association Durham continues to run Thursday evenings 6:30-8:30 pm at DMHS Whitby Mall location (Thickson Road and Highway 2).
- ◆ As part of Ontario Shores' 100 Year Celebration, a Caregiver Conference will be held on Saturday May 11, 2019 featuring Ann Douglas, author of "Parenting Through the Storm: Handling the Highs, the Lows, and Everything In-Between".

For more information as events are scheduled please check our [Events Calendar](#)

More detailed information, including registration details, will be sent out via email to the Family Resource Centre email distribution list. If you are not on our email distribution list and would like to receive information about events, education and/or support groups for family members/caregivers, please contact the Family Resource Centre at (905) 430-4055 ext. 6970 or email [familyresourcecentre@ontarioshores.ca](mailto:familyresourcecentre@ontarioshores.ca)

# Eating Meals With Others

Written by: Joanna Ramsay, Clinical Dietitian, Metabolic & Weight Management Clinic , Ontario Shores

Eating healthy meals with others can be an enjoyable way to spend meal times. The newly released Canada's Food Guide emphasizes the importance of this with the food guide section: *Eat Meals with Others*. Canada's Food Guide reports that eating with others can contribute to a healthy lifestyle and has benefits such as: enjoying quality time together with others, sharing food traditions across generations and cultures, and trying healthy new foods that you may not normally try.

Eating with others is not something that naturally just happens. It takes motivation and planning. Here are some ways to make eating with others happen:

- Invite a friend, neighbor or family member over for a meal'
- Participate in community meals, such as lunch at Durham CMHA, meals as part of day programs, supper at St. Vincent's Kitchen, meals as part of church functions, community kitchen programs, etc.)
- Register for and attend a Recovery College cooking group
- Eat lunch with a peer
- Plan a weekly dinner with a family member or friend
- Ask at a local Community Centre or Senior Centre about upcoming cooking groups or meal groups
- Register for a grocery store cooking class

For families that have young children and/or teenagers, mealtime is an important time to connect and talk about the events of the day. This is also a time when children start to develop eating habits and can benefit from parents role modeling healthy eating habits.

Seniors often eat alone, which for some can contribute to loneliness and decreased food intake. This decrease in food intake can result in poor intake of important nutrients. Eating meals with others can make mealtime more enjoyable and sociable for seniors, which can lead to eating an increased amount of food which helps them to obtain adequate nutrients.

There are so many benefits from eating meals with others for people of all ages, and various ways to do this. Refer to Canada's Food Guide at <https://food-guide.canada.ca/> for more information on healthy eating.

See the recipe for Greek Rice and Feta Stuffed Peppers at:

<http://www.cookspiration.com/recipe.aspx?perma=6c6E5tYD4a9&g=5>



## Building Action-Orientated Solutions for Families Affected by Psychosis

Written by: **Clayo Laanemets, Master of Public Health, University of Toronto**

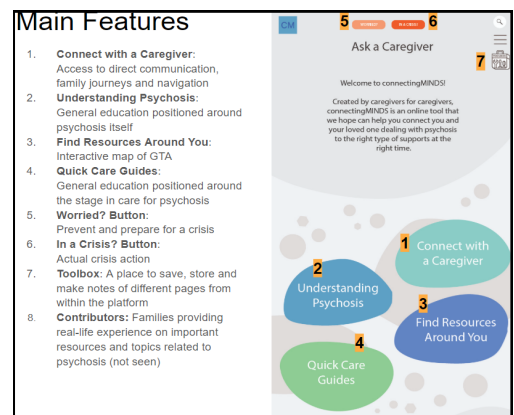
Unfortunately, the narratives for families affected by psychosis are often very similar. A loved one shows early signs of psychosis but family members are confused on what to make of it. Eventually the symptoms of psychosis exacerbate and you as a family experience physical, mental, emotional and social exhaustion as you scramble trying to figure out what to do and where to go. You're completely alone and everywhere you reach out to is a dead-end. At this point, your first pathway into the mental health system will be through the emergency department which is incredibly traumatic.

This is exactly what happened to me- I've been a caregiver for almost 10 years- which ultimately inspired me to apply for a student grant at the University of Toronto during my Masters of Public Health. The grant, called the Healthy Generation Fund, focused on innovation in the health and social sectors. I always envisioned a tool at your finger tips that could tell you exactly what to do and where to go. Securing the grant and partnering with OCAD U and the Schizophrenia Society of Ontario allowed this vision to come to life, which is now called connectingMINDS.

Over the course of this past year, we have held user-centered design workshops as well as user-testing sessions with family members in the GTA providing care to a loved one experiencing psychosis. This created a draft prototype of connectingMINDS and currently we are looking for more family members to fill out a survey that can help fill out content for the website and app.

connectingMINDS is the first online navigational tool for families affected by psychosis in Canada, maybe even the world. The main features of connectingMINDS includes: (1) the ability to educate yourself on psychosis from peer narratives, (2) the opportunity to connect with other caregivers, (3) access to others journeys and how they have accessed the system, (4) quick care guides that can tell you what you need to know and do in each stage of psychosis, (5) an interactive map with real-life experiences of supportive programs services in the GTA, (6) worried and crisis features that will help you prevent or prepare for a crisis, (7) contributors who can provide specialized knowledge and expertise on a topic/subject matter and (8) a tool box for storing relevant resources.

If you are interested to support this passion project by completing an online survey, please email me directly ([clayo.laanemets@mail.utoronto.ca](mailto:clayo.laanemets@mail.utoronto.ca)).





## Hearing Voices Café in Oshawa

From the CMHA Durham website: <https://cmhadurham.ca/event/durham-hearing-voices-cafe-2/>.

### What is a Hearing Voices Café?

Inspired by the Toronto Hearing Voices café and the Hearing Voices movement, the Durham Hearing Voices café aims to create a safe space for those who hear voices, those that support them and those that are curious to talk about their experiences. The Hearing Voices Movement offers a new look at voices as part the human experience, and promotes the idea that voices may offer insight and possibility and should be explored rather than ignored. This Hearing Voices Café aims to create change, connection and destigmatize experiences that get called psychosis. The idea is to connect people who struggle and to help them make sense of their experiences and help reduce isolation by creating connections. A Hearing Voices café does not tell people what they are experiencing, or what to do about it, but instead promotes healthy conversation and supportive listening. If you have questions please contact Jenn at 905.436.8760 x 103 or [jenniferw@cmhadurham.org](mailto:jenniferw@cmhadurham.org).

**Where: Cocoa and Joe Café**

**44 Simcoe St. N, Oshawa**

**When: First Thursday of each month from 5:00PM to 7:00PM**

### How can I access the Family Resource Centre?

**Online:** [https://www.ontarioshores.ca/patients\\_families/family\\_and\\_caregiver\\_resources/family\\_resource\\_centre/](https://www.ontarioshores.ca/patients_families/family_and_caregiver_resources/family_resource_centre/)

#### In Person:

Building 7 Level 2  
700 Gordon Street  
Whitby, ON L1N 5S9

#### Hours:

Monday to Friday  
9:00AM-4:30PM

Thursday Evenings

6:30PM-8:00PM

(Closed 12:00PM-1:00PM)

#### By Phone:

905.430.4055 ext. 6970  
1.800.341.6323 ext. 6970

#### By Email:

[familyresourcecentre@ontarioshores.ca](mailto:familyresourcecentre@ontarioshores.ca)

## Links Corner

### Sharing Your Feedback

Do you have feedback to share about your experience at Ontario Shores? Please contact Patient Experience at 905-430-4055 ext. 6703 or visit Building 3 Level 1. Our email address is [PatientExperience@ontarioshores.ca](mailto:PatientExperience@ontarioshores.ca).

### Big White Wall

is an online mental health and well-being service offering self-help programs, creative outlets and a community that cares. Go to: [www.bigwhitewall.ca](http://www.bigwhitewall.ca).

### Bounce Back

is a free skill-building program designed to help adults and youth 15+ manage symptoms of depression and anxiety. Go to: <http://www.bouncebackontario.ca>

### Ontario Shores Website

Learn about events taking place at Ontario Shores this summer, listen to positive stories about the recovery journey from patients, families, staff members and volunteers, discover other facts and information about mental illness, and much more!