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Ann Robinson (she/her) is a licensed clinical social worker, teacher, supervisor, and super fun to be around. She has been working in the field of social work and public health since 2004 and is still going strong. Ann has expertise in trauma-informed care, supporting work with youth and their families, and navigating large systems (K-12 public schools, child welfare, and juvenile probationary systems). Ann lives for a good challenge and loves to consult on challenging cases and identify non-traditional supportive solutions. Ann is passionate about supporting clinicians in preserving their secret sauce and not burning out in the field. Ann has come close to cashing in her chips and working at a coffee shop too many times to underestimate the importance of having a life that is not consumed by your work.

When not working, Ann can be found gardening, hanging with her friends and family, reading good (or not good) escapist fiction, or watching live music in the summertime. Welcome, Ann!

Allison Puryear (she/her): Welcome back to Not Boring CEs. I'm here with Ann Robinson, and we're going to be talking about adapting DBT skills for your practice. Thank you so much for being her, Ann. Yeah, I'm really excited to talk about this today. Yeah.

Ann Robinson: what brought you to like wanting to adapt DBT skills for folks like, why, this topic, yeah, I appreciate that. I think

Ann Robinson: collectively, in the community, we have a lot of hang ups when it comes to behavioral models of therapy like you're in or you're out.

Ann Robinson: So we have all in DBT, CBT, ACT therapists. And then we have folks that are like, I don't touch that with a 10 foot pole. I'm a trauma therapist, right?

Ann Robinson: And

Ann Robinson: I like to think, as a generalist myself right? I like to think that there are things that we can learn from all modalities, whether or not we need to take them all with us.

Ann Robinson: That's not what I'm advocating, but I think, being able to look at things critically and say, Oh, this could really help. My population is one of the best ways that we could ensure that we are being a trauma informed clinician.

Allison Puryear (she/her): I love that so being able to like.

Ann Robinson: I mean, just having a bigger toolbox. Yeah, 100%. Yeah. And I think when we think about DBT as

Ann Robinson: of tool infidelity, right where you've got people who are DBT certified you running groups, you're doing individual therapy. You've got coaching you've got on call support

Ann Robinson: like that's really intense. It's also a bit top down and power over, which is, I think, is one of the reasons why people kind of bristle when they think about DBT, right? There's a lot of rules. There's a lot of like stipulations for participation.

Ann Robinson: And that's not necessarily what I'm advocating for one, because that's gonna take like a ton of time and money and resource and effort and energy. And

Ann Robinson: those aren't the kind of people that are like watching this training. Right? Watching. This training, I would imagine.

Ann Robinson: are the people who are feeling like they're spinning their wheels with their clients.

Ann Robinson: There are people that are like wanting to dabble, or maybe expand their toolbox a little bit, because their clients are suffering, and that's painful to watch.

Ann Robinson: and I think DBT skills can really help fill that hole for some clinicians and some clients

Ann Robinson: who are looking for ways to build efficacy quickly and to support their clients in mastering like a sense of autonomy which I inherently think is super trauma informed?

Ann Robinson: Yes, absolutely great, agreed yeah, awesome. And I think when we think about modalities like IFS or Polyvagal theories like they're amazing and super cutting edge. And really, I think, like spearheading a new course of treatment when it comes to trauma therapy.

Ann Robinson: but it also requires kind of a baseline assumption that our clients have some awareness of their bodies. They have some awareness of how to prevent further harm from happening, and a certain level of introspection. Yes.

Ann Robinson: which our clients don't always come into therapy with right, and I think one of the things that I really appreciate about DBT or the skills that DBT offers is that it equips folks

Ann Robinson: to learn about the patterns and their relationships that perpetuate harm.

Ann Robinson: And when we think about distress, tolerance, which is one of the like cornerstones of DBT, I like to think about that as a ways for my clients to tolerate the distress that comes with pattern disruption.

Ann Robinson: Because that's really challenging. Yeah.

Allison Puryear (she/her): absolutely. And just thinking, like, you have to have a certain level of distress tolerance.

Allison Puryear (she/her): like skills. Yeah, to be able to handle some of what is gonna come up in some of these other therapies, literally, right? Like to do trauma therapy. You have to be able to

Ann Robinson: pack things back up or to recognize that like, I can talk about this, and I can feel really distressed, or I might feel flooded. And I feel confidently that I have the skills to continue on with my day.

Allison Puryear (she/her): Yeah. And if we're not assessing for that in our treatment with our clients, we're doing them a really big disservice.

Allison Puryear (she/her): Yeah, it's interesting your point earlier about like the fidelity around. DBT, I know I did. DBT training. I don't even know. 15 years ago at least, maybe more.

Allison Puryear (she/her): And was not in a setup where there was gonna be like a group and somebody else that they call at night. And all these things. So I learned a essentially a lot of DBT skills at a time when they were like, do not use these skills on their own. And so there was

at that time I don't know how it is now, but at that time there was a lot of like this is not a cherry pick situation. This is an all in or not. So I love that you're speaking to that cause. I don't get the impression from the DBT therapist I work with

Ann Robinson: that. It's that way in practice.

Ann Robinson: Well, and I yeah, I mean, I think there's some like analogies I could make to that. That would probably upset people around like being all in or not all, and then like evolving into a

Ann Robinson: like a more buffet option, right or a more like. Choose your own adventure experience, and I think that also comes with

Ann Robinson: trusting ourselves, trusting our colleagues, trusting that we're getting support and consultation, and knowing that. like there's I can't think of a single therapeutic modality that's like you have to do it this way, or you're doing harm

Ann Robinson: in totality. Right like there is

Ann Robinson: there. There is inherently things to be learned from every aspect. I think there's harm in kind of if I were to say I'm a DBT therapist, and someone would come to me expecting the like. DBT treatment, and I'm not certified, and I'm not providing services to fidelity like that's duplicitous and harmful. But if we're saying like, I have a client who could really benefit for some from some mindfulness skills.

Ann Robinson: And I'm going to borrow some of the mindfulness skills in the DBT curriculum.

Ann Robinson: I'm having a hard time understanding like how that could be harmful to clients.

Allison Puryear (she/her): Yeah.

Allison Puryear (she/her): I as somebody who uses DBT skills in my therapy session. I

Allison Puryear (she/her): clearly don't think it's I didn't listen. I did at first, because I'm a rule following, use my DBT skills that I had learned from 2 trainings totally for years until I felt like, Oh, all these people around me are using them, and nobody is

Allison Puryear (she/her): like getting in trouble right? Right? Marsha Linehan hasn't shown up in anyone's house. Yeah, I mean, Marsha would have all her distress, tolerance skills, and I'm sure would be very assertive. She would. She'd be clear around her expectations, and she would probably appreciate the scaffolding that's necessary for clients to access different skills. Yes, absolutely, absolutely.

Allison Puryear (she/her): So. So we're here. We're just gonna be proponents of, let's adapt some of these DBT skills for your practice

Allison Puryear (she/her): for, like you said, probably not a lot of the hard DBTers are are listening to this. If you happen to be, and you've got some feedback. Let us know, like, I'm open to that just email, but let's start with like.

Ann Robinson: how to integrate skill building without building being a behavioral therapist. Can we talk about some of the "Hows" with that? Let's say you're a somatic therapist. Totally. So if you're a somatic therapist and you're working with your clients around kind of noticing and naming feelings or sensations that are happening in your body.

Ann Robinson: And you're noticing that clients are having a really hard time articulating what's happening and are having a big reaction to what's happening in their body, which I would imagine is like a very typical experience for someone who's building a new relationship with a client as a somatic therapist. I think this is a really beautiful opportunity for us to come in and say, Okay.

Ann Robinson: with this client. I want to continue to endorse or support them, rebuilding connection with their body, because I believe that is like one of

Ann Robinson: a strong pathway to healing for this client.

Ann Robinson: We'll continue with a bottom up strategy, which is, you know, like body to mind and identify some skills from this curriculum that might be helpful. So these could be things like

Ann Robinson: using cold water. Right? So I'm finding my client is really distressed. And they're really struggling with articulating what's happening in their body. What would it feel like to add a cold compress?

Allison Puryear (she/her): Umhm. Right? Would that offer them additional insight or a space to focus on a sensation that's maybe externalized, which would give them more bandwidth to focus on a sensation that's internalized.

Ann Robinson: I think that would probably be my first approach as a somatic therapist. Then I would continue to use tools from DBT around psychoeducation when we're talking about the difference between self soothing and numbing or self-soothing and distracting? Or how can we find a home in our bodies.

Ann Robinson: or a space in our body that feels like home when we also have noise going on in our bodies that doesn't feel welcoming or desired.

Allison Puryear (she/her): Yeah, I love how this like seems to seamlessly go with it like it doesn't feel like

Allison Puryear (she/her): something totally out of left field

Ann Robinson: right? It's not like we have to call a timeout, and we have to pull out our worksheets, and we have to start with wise mind. Right? Like we can.

Ann Robinson: we can find the appropriate dosing and intervention for the circumstance that's being presented to us.

Ann Robinson: Yeah.

Ann Robinson: yeah, I'm wondering, too, like, what about somebody who might be more like top down, like, maybe somebody who's typically more of a strict CBT therapist? How might they integrate DBT, yeah. So I think you know, I think about CBT. And DBT, as kind of like cousins of one another right they're akin. I think that

Ann Robinson: when we're looking at CBT interventions like cognitive reframing or cognitive restructuring of like thoughts that aren't helpful for us.

Ann Robinson: We often get into power struggles with our clients when we're kind of like wanting to force this

Ann Robinson: shift in belief, and they're not ready. And I, you know this is an analogy I use with people I supervise all the time of when we're thinking about interventions with our clients. I like to think about the game of Jenga.

Ann Robinson: right? So like the wood pieces that you stack on top of each other, and when you're playing Jenga, there's pieces that like go so easily like you weren't even expecting them to just kind of be ready to rock and roll. And then there's other pieces where you're like. This makes logical sense. And I'm really having to force it

Ann Robinson: right. I'm really having like, and it might topple the whole tower, even though it's a middle piece towards the bottom right? And I find if you're talking about being a CBT therapist, or any kind of like top down intervention with a client, and you're meeting resistance or you're meeting like someone's not able to

Ann Robinson: use the introspection, introspection, or self reflection necessary for that intervention to be effective. That's an opportunity for us to get back into our bodies right? And so with that situation I would be talking about

Ann Robinson: slowing down and maybe integrating some mindfulness, so like noticing what's around me. This would also be like a great opportunity to talk about Wise Mind, right when we're meeting that resistance. And we're having someone saying, No, it's not possible. I can't do that.

Ann Robinson: That's a really cool opportunity for us to say like.

Ann Robinson: is that a feeling, or is that?

Ann Robinson: Is that a fact like, what are we working with here? What is your logical brain working? Or is your emotional brain working cause? Typically, when we have a hard stop on something. it's generally our emotional brain.

Allison Puryear (she/her): Yeah.

Allison Puryear (she/her): it's interesting how and and how that's also like rooted in the body, and how it all like it's also right, and how, having an understanding of different modalities like you can have your primary modality you use. But having a good understanding, I went to grad school and was kind of trained up

Allison Puryear (she/her): way before EMDR. Or yeah, somatic work like it was.

Allison Puryear (she/her): That came along much later where I live. It was probably

Allison Puryear (she/her): like a big deal already in California, but where I lived and where I studied it was not known. And so

Allison Puryear (she/her): how just like vital it is to stay abreast of some of the newer things coming out, whether or not, they ever become your primary. It just all helps us understand the mind a bit more. And the body and how they interact.

Ann Robinson: Yeah. And I think that's

Ann Robinson: like a new and exciting way to approach continuing education, too. That's not necessarily certificate based. Right? So if we're dabbling in some of these seas, or if we're

listening to podcasts, or we're participating in console groups, it gives us a chance to think about process, get curious about different things

Ann Robinson: without needing to kind of go all in both financially, emotionally, psychologically. Any like this is, I'm gonna you know, throw 20 grand into becoming an expert in this modality that, I think is going to be really aligned

Allison Puryear (she/her): absolutely.

Allison Puryear (she/her): So.

Allison Puryear (she/her): it seems like the answer to like, how to integrate the skill building

Allison Puryear (she/her): partly depends on the modality you're already using, like seeing what's most

Allison Puryear (she/her): similar. To kind of ease ease them into it. Cause I can imagine, if you're used to like body based work. And your therapist is all of sudden like, let's replace this negative thought with a positive thought. Or if you do a lot of more top down work to be like.

Ann Robinson: you know. I want you to hold on to some ice, you know, so making it more accessible to your client by going with what's closest to what they're accustomed to with you? And then protect potentially like branching out from there.

Allison Puryear (she/her): What about like scaffolding your therapeutic care

Ann Robinson: while being trauma informed. Yeah. Yeah. So I think that

Ann Robinson: case conceptualization is so underrated, right? And like we don't, we aren't often afforded the time or the structure. or the encouragement to really conceptualize our clients, and where they're at we do a lot of like feeling it out, trying new things, seeing what sticks, seeing what doesn't. But if we're really thinking about like, where, where is my client? How do they orient the world? How do they see their relationships? Do they see or share the same hopes and dreams for their life? That I do?

Ann Robinson: And if we spend a little bit of time just getting curious about those things, or like essentially journaling about them and process notes. It gives us a really clear

Ann Robinson: or much. It gives us a lot of clarity in where some of the the skills gaps are for our clients right up. Like, I tend to work with a lot of adult women who experience a lot of anxiety also have ADHD, and feel like, totally paralyzed by

Ann Robinson: this idea that they could be doing so much more right. And they don't really know what that much more is, but it feels like

Ann Robinson: I'm holding myself back, and I don't know how, and I don't know why, right? And I could just come

Ann Robinson: come in hot with a like, let's check the facts on. That. Is that true? Right? But that's not what they're speaking to. They're not speaking to the reality of the situation. They're speaking to the hurt that it feels

Ann Robinson: to feel like they can't show up in spaces and places where they want to be and communicate well, as to like what they bring to that space and

Ann Robinson: things like, Check the facts while I'm not going to, which is another DBT skill. I'm not gonna just throw that out in like what your experience is invalid. Let's check the facts on that. But as maybe like a homework assignment for a client on when you've got your ticker tape like running in your mind constantly of all the ways that you've failed.

Ann Robinson: Maybe that's a really good time to say like, is that true?

Ann Robinson: Is that accurate in this situation? Right? And then. by even just getting like curious or inquiring about that. It opens up so much more opportunity

Ann Robinson: to get really deep in like why do I? Why do I keep this ticker tape running in my mind of all the spaces and places where I failed myself and others.

Ann Robinson: Whereas in like DBT to fidelity, the idea of checking the facts is saying like

Ann Robinson: what the assumptions we're walking into the space about. Other people are incorrect, and they're causing me suffering, and I need to stop them now, right? It's a little bit more like cut and dry clear.

Ann Robinson: And this is these are entry points, I think, sometimes, for folks to say like Oh. like that hadn't occurred to me to be curious as to why I feel this way

Ann Robinson: or think this way.

Allison Puryear (she/her): Yeah, thinking about like the conceptualization piece, and how that's something we

Allison Puryear (she/her): especially like. Well, I think, no matter what setting you're in, whether you're in an agency or you're in private practice, it's really easy to just kinda skip that part totally

Allison Puryear (she/her): and how much we end up missing. As a result.

Allison Puryear (she/her): And I know, like you're a sought after supervisor. You help therapists become better therapists like. I'm guessing. This is a big piece of what you promote in in your work with people.

Ann Robinson: It is, and I recognize that sometimes it feels like a luxury, and it feels like

Ann Robinson: something that if I'm not taking good care of myself as a clinician.

Ann Robinson: it's the easiest thing to skip right, because no one's ever gonna audit me for not having a clear concept like case conceptualization on file, right?

Ann Robinson: That is, it's like a bonus but I think it is one of the things that draws us to spaces like private practice

Ann Robinson: is like, I want to be able to do that right. I want to like, have the time, effort, energy, creativity, to think about and get curious about my clients, and not just like show up to session and let the tail wag the dog

Ann Robinson: and talk about what happened in their work meeting yesterday.

Ann Robinson: Umhm, right? Yeah. Yeah. Which is what we end up doing when we have case loads that are too full, or modalities that feel too rigid, or spaces where we're not able to really show up with intention.

Allison Puryear (she/her): Yeah, it's interesting how

Allison Puryear (she/her): we all wanna be great therapists. I don't think there's anybody who's like, I'm cool. I wanna just be mediocre. I wanna make like a minimal impact on the people that. And I just don't wanna get sued. That's my only goal, right? Right? I don't think that there's I mean, I don't know. Maybe there's somebody out there, but I don't know them.

Allison Puryear (she/her): And there are. There are ways that we can

Allison Puryear (she/her): like reach our goals of being better and better and

Allison Puryear (she/her): do more effective work, and sometimes they're hard to rally for

Ann Robinson: they're super hard to rally for. And I think that's why I'm an advocate

Ann Robinson: of some of these teachings and modalities that are more skills based is because when when we as clinicians feel like we have a solid foundation.

Ann Robinson: we are, it's a parallel process right like we are more willing to go deeper with our clients and to do more meaningful work if we feel capable

of being able to help them

Ann Robinson: put it back together at the end of the hour. Right? If we don't trust that our skills are there, we're going to really be afraid to dig deep. We're gonna be afraid to initiate that because we don't know what's gonna happen or we're terrified. We're gonna get in too deep

Ann Robinson: And I think

Ann Robinson: we can use skills like this as like as our own scaffolding as therapists, right? So we pick

Ann Robinson: 2 or 3 skills that resonate with us that don't feel too icky, that don't feel too behavioralist. That don't require worksheets, maybe, or homework.

Ann Robinson: and we practice those for a little while, and we get feedback. And we see what that feels like. And then we say, Okay, this one I'm going to stick with. These 2, not so much.

Ann Robinson: but because I've gotten curious and maybe listened to a podcast or watched a CE or talked to a colleague about it. If in a year I have a client that comes up and like, oh, they really need that skill.

Ann Robinson: that muscle is already established.

Ann Robinson: I'm not going to be starting from scratch or feeling all of the responsibility to make this client feel better. which is what often happens when we have folks that are really distressed in our therapy rooms or in our spaces, and

Ann Robinson: it offers the opportunity for a little bit of shared responsibility in that. Yeah.

Ann Robinson: So I think the scaffolding is twofold. It's for both clinician and client. Yeah.

Allison Puryear (she/her): I love that. I think about how

Ann Robinson: I'm curious your thoughts on like using DBT skills without ever going to a DBT training. Umhm.

Allison Puryear (she/her): what do you think about that?

Ann Robinson: I think people could. I mean, this is.

Ann Robinson: I might get some like hate from people. I think you could do that right like, there's a beautiful podcast out of a group practice in San Francisco. I think it's called the Skillful podcast and every episode is like one DBT skill. And they talk through it, and they talk about how to utilize it. They talk about how to teach it to clients. They talk about

Ann Robinson: what their personal experiences have been using that right. And that was actually like my entry point into DBT was in that like high, high Covid days. And I was like, I need like something.

Ann Robinson: Let's see if this is it, and

Ann Robinson: was like, Oh.

Ann Robinson: this is like practical, contained, reasonable. I can like try this today and see how it goes. It doesn't have to be like super consequential. So I think learning

Ann Robinson: learning about these skills in whatever venue is

the best style that you learn them

Ann Robinson: and trying to implement is totally reasonable. In my opinion.

Ann Robinson: I think there's an interesting thing around like the Fidelity crew with like

Allison Puryear (she/her): the importance of understanding the underpinnings which I do believe for a lot of modalities is important, but it's also not like DBT made up mindfulness

Allison Puryear (she/her): or ACT made or like, you know, like these are some shared ideas. And the zeitgeist that like

Ann Robinson: therapy latched onto. That's right. That's right. And I think DBT for folks that don't know the origin story. DBT was built for folks that presented with borderline qualities. So we're talking about high risk.

Ann Robinson: highly suicidal, highly volatile folks that are really suffering. And this was an intervention, and that's part of why it was. It's intended to be so intensive is it's to maintain community placement, and to keep these folks out of hospitalization or keep them from dying.

Ann Robinson: And if that's not the population you're working with. we don't need like that would be an inappropriate response. If you're working with the worried well

Ann Robinson: and folks, that fall into the worried well, category still need skills

Ann Robinson: umhm, right, we talked about this in one of my supervision groups where we were talking about DBT skills and

Ann Robinson: and one of our topics and one of the therapists in the group like loves DBT like I had no idea she loved. She's like it taught me how to human when I was a teenager right? And like how sweet is that! And I think

Ann Robinson: there is there. It resonates for some people. And also.

Ann Robinson: I do believe, again, if you're not part of the identified population that this was originally targeted for we can afford a little bit of adaptation. Yeah.

Allison Puryear (she/her): I love that perspective. I feel like that gives more permission than just us being like.

Allison Puryear (she/her): yeah, it's fine. Right? Would it be like that? Fidelity was there for a reason? And it's because the patients are the clients it was created for needed that level of care.

Ann Robinson: And I think folks that are continuing to provide DBT to fidelity, that's the population that they're continuing to serve are folks that are really struggling and suffering to maintain in the community or in their relationships?

Allison Puryear (she/her): Yeah, and I mean, like, like your

Allison Puryear (she/her): superviseR, mean, when I was first trained in DBT, I was like, I'm gonna use that. I mean use that, you know so many brilliant nuggets and DBT, that though you know I was trained, is it like this is

Ann Robinson: this is, for borderline was kind of the like late or early EMDR like these were

Ann Robinson: developed with a specific and acute population in mind. And what we found in the past 20 or 30 years is that it's still effective. Even if you don't have CBT, you can still benefit from things like EMDR. You can still benefit from DBT. If you don't have a personality disorder, you can still benefit from motivational interviewing. If you're not struggling with substance, use disorder.

Allison Puryear (she/her): Yup, it's like off label drugs right? The generic version of DBT. Here we go. The patent is up. And now we're gonna use it as a generic.

Allison Puryear (she/her): Yeah. And thank God, like many people, because we don't have to hold

Allison Puryear (she/her): like to to kind of like save these modalities. Just for these clients, for everyone.

Ann Robinson: Yeah. And even just recently I was exposed to DBT or Marsha Linehan's team.

Ann Robinson: It's like the marvel universe, right? The like the DBT universe. They have, like a suicide assessment protocol called the LRAMP.

Ann Robinson: which is

Ann Robinson: beautiful like, I know so many therapists struggle with having meaningful safety plans with their clients. Yeah, right? And like, how do I do a safety plan? That's not a contract that supports my client in a meaningful way that shows up in spaces that are like dynamic that they can take with them across domains and stumbling across the LRAMP. It was like, oh, this is that

Ann Robinson: right? This wouldn't be something that, like a school counselor, could use with one of their students. But this is totally something we could use with our clients in an outpatient setting? Because it does. It talks about not just antecedents to unsafe behavior, which is what

Ann Robinson: so many safety plans focus on, but really, like early warning signs, early support systems, skills and tools that I know that help me maintain like as part of a daily practice. And how do other people tell that I'm struggling, and what are? How can I best self assess what my level of intervention is that I need? How can I resource myself like all of these really beautiful things? I think it's like an 8 page document.

Ann Robinson: and

Ann Robinson: that's not. I can't find anything like that in other modalities or other spaces for clients that are feeling suicidal or struggling with ideation.

Allison Puryear (she/her): Yeah.

Allison Puryear (she/her): I love that. I love. I love that there's something that doesn't feel like the nonsense I had to do in agency work. Or, you know, cause it. It's also scary as a therapist like we care about our clients. We don't want anything to happen to them.

Allison Puryear (she/her): And filling out some stupid form

Allison Puryear (she/her): that doesn't mean anything to either of you, except that it covers your ass. If something bad happens, like, none of us want that.

Ann Robinson: Yeah, again, back to like the the therapist that doesn't exist that just wants to make it through the career without getting sued right like. That's what most safety plans feel like they're for. We checked the boxes. I gave them the crisis numbers. And we're just gonna like.

Ann Robinson: cross our fingers and hope for the best. Yeah.

Ann Robinson: yeah, that's for the best for everyone. I'm sure it feels so meaningful for all of us. And so yeah, I share those resources in again, like, there's some good stuff to take from this modality. If folks are willing to be curious about it, right? If they're willing to dip their toes in, or just like look at it from an

Ann Robinson: from a critical perspective of what in what space and place can a client of mine benefit from something like this? And again, there's certain DBT skills I never, ever use with clients, one, because it's not my style, two, because I haven't been confronted with a situation where

Ann Robinson: like it was appropriate or necessary. And I'm not like DBT certified right? Like, I don't necessarily need to have mastery in all of these skills in order to help my clients. And I think that's that's the perspective I'm hoping to

Ann Robinson: help newer clinicians or clinicians, no matter what their stages in feeling on like.

Ann Robinson: We don't have to have level 2 level 3 certifications and things before we can try

Allison Puryear (she/her): yes, I love that

Allison Puryear (she/her): cause it's how we gatekeep in our in our practices, it is it is

Allison Puryear (she/her): and like I mean the thing is, if you're not using any of those skills until you're level 2 or level 3

Ann Robinson: like you're not getting to practice them. So you're not getting better at them. You're not helping people with them. That's right, just learning. It's the thing that drives me crazy. You know I talk about in like all the Abundance stuff it's like, don't just learn. You have to implement as quickly as possible.

Ann Robinson: Yeah, I would say that again. A parallel process for our clients. Right? So there is a there's an assessment. I used to use in agency work, and it was about it was a resiliency scale for adolescents. And it's super effective again, like, totally gate kept. It's like a you've got to pay for it, and it's a Pearson test, and it's pretty exhaustive. It's meant for more intensive work, but the principles of it I continue to take with me in my practice.

Ann Robinson: And how do we measure resilience in people, whether they're adolescents, children, or adults, and the common thread in resilience is, we have to have a sense of mastery, so I can do hard things, or I can cultivate the resources I need in order to get hard things done, a sense of relatedness. So people like me and I like them. I am trustworthy, and other people are trustworthy.

Ann Robinson: and

Ann Robinson: my reactivity needs to feel contained. So when things don't go my way, it doesn't cause more like bigger, deeper, higher consequences in my life. I'm not getting fired. I'm not getting kicked out of school, I'm not, you know, like breaking windows. I'm able to manage my response to things that are hard in my life, and

Ann Robinson: that is so formulaic for people in the like. Oh. well. I've got like mastery, and I've got

Ann Robinson: my reactivity is fine. So this gives me a chance to focus on my relationships right? And when we approach, that's again another tool for conceptualization like, where would I assess my client in those domains of functioning? Where would my client assess themselves in those domains of functioning right? And so, when we're talking about my ideal client.

Ann Robinson: and their struggles with feeling like they're not doing enough or showing up enough or effective enough right? That's an issue of of mastery and competency. And that gives us an area to focus on. And so when we bring in like skills like DBT skills that gives them some pretty quick traction

Ann Robinson: where they can find some mastery and effectiveness over these skills and implement them

Ann Robinson: which builds resilience and confidence and willingness to take risks in other areas.

Allison Puryear (she/her): I love that.

Allison Puryear (she/her): Yeah. So like, let's talk about how to pick and choose from a curriculum based modality without feeling like we have to use all of it, or without feeling like we have to do in a particular order or

so with mine, with DBT, right? There's typically like 4 big areas of

Ann Robinson: of learning. So we start with like a short section on mindfulness skills, where we talk about what they are, how to use them. This is where my Wise Mind shows up.

Ann Robinson: Folks are given kind of like an a space to inventory. What coping skills feel effective for them? Right? So this is part of the like mindfulness of self mindfulness, of what's going on around me, how I can access.

Ann Robinson: My regulation right? And so in that quick space, we're building a little tool kit. But then we can pull on later. And so

Ann Robinson: the reason they start with that in DBT makes a lot of sense again. Like, if we're building competency. And we're encouraging folks to think about what feels good to them in more adaptive ways.

Ann Robinson: It means they're more likely to utilize them in moments where they're feeling upset. And so if you're working with a client, and your client has a fairly good

Ann Robinson: set of strategies to manage distress right where they're like, yeah, you know, like we do all the check boxes. Right? I've got good friends that I can call. I've got a supportive partner. My family feels really like accessible and supportive. My job and my colleagues are great. I've got hobbies that I enjoy, you know, like all I take care of myself, and I eat foods that nourish me, and I move my body, and I get sunshine, and, like, you know, like all the stuff and things right if they've got

Ann Robinson: enough of those where you're like, okay, like they're managing well in between sessions that feels really good. Then we move on to the distress tolerance skills. And so distress tolerance is the language that they use in DBT. This also is like a window of tolerance window of capacity. These are things that you see replicated in Polyvagal theory, in IFS in

Ann Robinson: all sorts of trauma, informed conversations. And we're looking at helping our clients better understand where their window of capacity is.

Ann Robinson: and what their spaces in hypo and hyper arousal look like right. And so, when we say distress tolerance. I bristle. I can only speak for myself in that we are inviting or encouraging our clients to tolerate things that maybe aren't

Ann Robinson: intended to be tolerable. Right? We're saying like the problem is you?

Ann Robinson: It's not the circumstance, it's not the relationship. It's not your trauma, it's not what's happened to you. It's the fact that you can't deal with it the way that you need to deal with it.

Ann Robinson: And I still bristle with that way. I don't think that that's necessarily a helpful orientation, and like, I said at the beginning of our conversation, if we look at distress tolerances like, how do I tolerate

Ann Robinson: dynamic shifting in my relationships right like? How do I tolerate the discomfort that comes with the unknown when I'm trying something new in my life.

Ann Robinson: whether it's therapy, whether it's a new activity, a new relationship, a new job like they can be totally positive things that we want. And we're working for. And there can be an element of distress

Ann Robinson: when they're happening.

Allison Puryear (she/her): Yeah.

Ann Robinson: And so that set of skills where we're talking about, I mean, these are some of the more like

Ann Robinson: famous things. Thanks to Tara Brach, right. This is where, like radical acceptance lives. This is also where we use kind of like cold stimulation, like cold water, right? Which is now like super in vogue when we're talking about like all the cold plungers. Right?

Ann Robinson: this is also where we're talking about like doing body scans or impaired muscle relaxation stuff that exists in plenty of other modalities as a way for folks to feel empowered on. This is how I

Ann Robinson: keep my window of capacity where it needs to be, or I can expand my window of capacity by resourcing myself. Really well.

Allison Puryear (she/her): yeah.

Ann Robinson: And then moving on from there in the DBT universe, we go to like emotional regulation skills. Right? So this is where we're talking about naming our emotions and understanding them. This is where we're talking. We use skills like check the facts or opposite action. These are when we have a little bit more nuance and also a little bit more effectiveness. And like, I've done all these other things, and I know that I can do them.

Ann Robinson: So I can move on to kind of more emotion based work here

Ann Robinson: and then finishing with interpersonal effectiveness. So how do I take what I've learned inside and apply it to my relationships? And so when we're thinking about picking and choosing and not kind of working through a whole curriculum. We go back to this idea of case conceptualization, and like, what? What does my client already have? Going really well for them.

Ann Robinson: What can they already do? Well. and how do we name that for them?

Ann Robinson: Articulate it, capitalize on it, and use that to kind of get to the next level.

Ann Robinson: Umhm. And so if you're, you know, working with a client that

Ann Robinson: you know, has really good emotional regulation skills, they have really good distress, tolerance skills. They're really got like an active mindfulness practice. There's a lot of self awareness, but they're really struggling with emotion, identification which feels

Ann Robinson: like counter intuitive and confusing. And as a therapist, like we see this happen all the time

Ann Robinson: right that gives us a point for intervention and a point of intention in our work together, instead of spinning our wheels and like, why is this still happening? Or why is this happening again for you?

Ann Robinson: Does that make sense? It does. And I'm just. I'm thinking about how like that example you gave. Also like

Ann Robinson: is the distress. Tolerance is the emotion. Regulation. Is that a result of denying the feeling? Can't even name it? And then you've got this really juicy big deal stuff to working in therapy instead of what happened in that work meeting yesterday. That's right. And we think about again looking at like my identified client or my target population I work most often with

Allison Puryear (she/her): is we have. I have lots of women who have learned to bypass their emotions because they're frustrating. They're annoying. They get in the way they're prevent them from being able to do what they want to do. True, by the way, right like, I endorse this 100. But we've been conditioned, I think, in a lot of ways

Ann Robinson: to see emotion identification as being a weakness right and something that people do because they don't know how to not do it right. They can't help themselves.

Ann Robinson: And if we can elevate this idea that being able to name and feel your feelings is actually like, not just something that we support elementary school students in doing, but something that we support like all humans and doing it

Ann Robinson: make some of this other work a lot easier.

Allison Puryear (she/her): Yeah.

Allison Puryear (she/her): And how like, I'm so glad for the kids in school now that's like a part of the curriculum. Versus when I was growing up. That wasn't a thing.

Allison Puryear (she/her): Do you think that that's preparing this younger generation? Or do you think they'll get

Allison Puryear (she/her): like just as much difficulty and naming them as an adult because they'll have gone through the hardships and dealt with the emotion, dysregulation, and whatever ways they deal with them.

Ann Robinson: Just curious enough. Yeah, I mean, that's a really good, and there's like a lot of anecdotal thoughts that are popping into my head about this. So I was driving with my partner in the car. This was right before Thanksgiving this year, and NPR was on the radio and they were talking about it was like this really brief story of talking about how to navigate holiday stressors with your family, and it was things like, Take a break and make sure that you're eating enough and monitor how much you're drinking. And like.

Ann Robinson: you know.

Ann Robinson: it was really basic kind of interpersonal skills and like how to not get in a screaming fight with your with your parents, or whoever you are visiting for the holidays. And my partner, who's not in mental health, said, is it sad that we need to talk about this now?

Ann Robinson: And I was like.

actually think we've always needed to talk about this

Ann Robinson: Umhm, than it was with a conversation. And

Ann Robinson: so I think what we're seeing, what we will see and are currently seeing with like Gen. Z. And younger, is

Ann Robinson: a lot of challenging of the way that we. those that are my age and older

Allison Puryear (she/her): have been raised, or what their willingness is to talk about their feelings and name their feelings, because it does feel, I think, a little bit more accessible for folks that are younger than I am. Yeah, yeah.

Allison Puryear (she/her): that's what I'm hoping, you know, looking forward. Save us all.

Allison Puryear (she/her): I don't. So

Allison Puryear (she/her): I'm thinking about the kind of like

Allison Puryear (she/her): behavioral therapy hurdles that those of us who do any form of behavioral therapy find, I mean, any therapist finds hurdles?

Allison Puryear (she/her): can we talk specifically about opposite action

Allison Puryear (she/her): and how we could use that.

Ann Robinson: Yeah, so opposite action is like my MVP DBT skill. I use opposite action like constantly in my life. So opposite action is this idea that our urge

Ann Robinson: or the thing that we tend to do is actually causing us harm

Ann Robinson: and needs. And we know that that's causing us harm, but we can't seem to stop ourselves from doing it, and we could go through so many scenarios for that that are unnecessary right now, I think, but

Ann Robinson: I like to distill that down to like really small actions. We could talk about like writing progress notes right? My urge is to shut my computer and leave and not write them.

Ann Robinson: And then I'm gonna get to like tomorrow and be really frustrated, that I have a full day of progress since I haven't written. And that's gonna create kind of like a

Ann Robinson: a chain reaction right? DBT, language or behaviorist language of what happens next

Ann Robinson: and for therapists or clinicians that are considering using DBT enough to have watched this conversation, but maybe not enough to like.

Ann Robinson: Think about it more. I would say what I would add, I would encourage you to be curious around like, why.

Ann Robinson: right? So I

Ann Robinson: why are we

Ann Robinson: averse to using a modality that we don't have a ton of experience with.

Allison Puryear (she/her): Why do we, as a therapy community, see behavioral models as kind of a less than or an entry point until you get better at therapy.

Ann Robinson: And how is that holding how is that holding you back and how is that holding your clients back

Ann Robinson: and so opposite action is really just the idea of like, instead of

Ann Robinson: doing what my urges, I'm gonna do the opposite. And I'm just gonna do the thing right, or I'm gonna get out of bed, or I'm gonna write the note, or I'm going to

Ann Robinson: practice the skill.

Ann Robinson: That would be something I would consider or like offer as a challenge by choice to the folks watching or listening to. This is like what skill from this hour

Ann Robinson: feels accessible enough that I can just give it a try in my personal life, and then see if I'm willing to try it in my clinical work.

Allison Puryear (she/her): Yeah.

Allison Puryear (she/her): So I have some questions about opposite action.

Allison Puryear (she/her): how is opposite action different from discipline?

Ann Robinson: Yeah, I like, I hate the word discipline or motivation, right? Because there's so much morality tied up into it like discipline is good.

Ann Robinson: laziness is bad, and I think opposite action

Ann Robinson: speaks to the pattern of behavior as opposed to the goodness of the behavior or the badness behavior right and like, we have desirable or maybe less desirable things that happen in our lives, or that we do as people. And

Ann Robinson: when we're avoiding something, or when our urge is

Ann Robinson: contraindicate, to like what are is in our best interest, it's not a matter of motivation or laziness. It's a matter of like overwhelm or fatigue, or habit, or fear of what happens if I do things differently, and when we look at them with those with. We look at our behaviors through that lens. It gives us the opportunity for a lot of compassion

Ann Robinson: I'm like, oh, I don't need to be scared of this like I know I can do this, or I might need some more accountability in order to do this, but now I can ask for it without feeling like I'm being lazy or needy.

Allison Puryear (she/her): I love that cause. I mean, we all have cognitive dissonance in our lives, right? There's always stuff that we're like. I know my life would run smoother, or I'd have more of what I want, or I'd you know, reach my goals faster if I did XY or Z. But

I'm gonna sit here and read instead, or you know.

Allison Puryear (she/her): I like, when I think of opposite action, one of the ways that I always differentiate it from discipline in my head is like there's an intention behind it like there's an analysis and intention instead of like

Allison Puryear (she/her): I'm gonna get up and

Allison Puryear (she/her): work out in the morning because I'm supposed to like, because I should. And that's the battle every morning as like

Allison Puryear (she/her): versus oh, I noticed that I am not. I'm wanting to do this like I want to stick a fork in my eye. and this is the pattern I get into every morning. And then, later on, I'm upset because I didn't do what I said I was, gonna do

Ann Robinson: that kind of stuff. Yeah. I think also typically is working towards something as opposed to working away from something right when you give your like morning workout analogy. Oftentimes, I think people say, like, I'm going to get up, and I'm going to exercise in the morning because people who do that are disciplined, motivated.

physically fit

Ann Robinson: and people who don't do that are lazy, and they don't care about themselves.

Ann Robinson: Oh, so dichotomous! Right right? And if we again, if we spent just like a couple of seconds going like what's beneath this belief for me?

Ann Robinson: It would take us no time at all to be like, well, that's like garbage. Of course there are people out there that care about themselves that don't work out in the morning, and I can still care about myself and not want to work out in the morning. And so we're thinking about opposite action. It's like, I want things to feel differently. I want my relationships to feel differently. I want my actions to feel differently. And this is one way for me to get there.

Ann Robinson: even if it's in a small way. So again, opposite action, I like to take in like really small doses.

Allison Puryear (she/her): as opposed to big life changes. So

Ann Robinson: you know. And again, this is not like just a DBT thing. This is like an Atomic Habits James Clear thing, everybody does this right, and like the weird habit stacking

Ann Robinson: great but should we talk about habit stacking, since not everybody might know what it is. So it's like the opposite of trigger stacking, right? So we think about habit stacking is like, I'm also gonna look at the behaviors that I need to do to get towards the goal that I want to get towards right. So we've in this example. We've given people who exercise in the morning care about themselves. I want to be someone who cares about myself. And so these are

Ann Robinson: 10, 12, 15 ways that I can care about myself, that include, or maybe don't include exercising in the morning. And when I'm working towards that ideology it opens up a lot of opportunity for me to stack habits, right? So I'm gonna get up. And I'm going to, you know, set a timer for 15 min, and I'm not. Gonna look at my phone for those first 15 min, because I wanna just get curious about what the morning is like without a screen in my hand.

Ann Robinson: And that's an act of self love this morning.

Allison Puryear (she/her): Yeah, so it's like doing something, you know, one of the things that I'll have it stack or thing, before I even knew the term. Something my clients who are like. I always forget to take my medicine, you know I'll be like, well, be honest with me, like, how good are you at brushing your teeth in the morning. Is that something you remember every morning? Yeah, I want you to rubber band your pills to your toothbrush.

Ann Robinson: put them in your toothbrush right? Like something that you're already doing. That's part of your daily routine. What can we tack on to that?

Ann Robinson: That's also

Allison Puryear (she/her): part of your goals that's aligned with your best interest. Yeah, yeah, trying to make a change for most of us, even those of like, I'm pretty good at, just like checking a box like getting things done

Allison Puryear (she/her): but trying to make a change in like a vacuum of nothing. Me doing something I don't wanna do. In the middle of the day on a Saturday is much less likely to happen than me doing something I need to do. But don't really wanna do. On my way home from work

Ann Robinson: totally. I don't want to do the grocery store in the middle of a Saturday, but I'll hit it up on the way home from work. Just pick up the groceries and go while I'm already out. Yeah. And so, instead of like making a morality statement about the people who get their groceries on Saturday, and enjoy shopping, and bring their children with them, and, like all the all the stories we tell ourselves about what people and good parents do?

Ann Robinson: What if we just focused on like getting the thing done?

Allison Puryear (she/her): Exactly. Yeah. Cause all this story and the raking yourselves over the coals and all that kind of thing like that spends our energy and our time. And you demotivates us further, like

Ann Robinson: like, if you're already a piece of shit, why do anything you know. Like, if you beat yourself up hard enough

Ann Robinson: like I'm a hopeless case, I don't. There's not. There's nothing convincing me that I'm not gonna be a piece of shit. And so why don't we start with like, really small, simple things that feel like quick and easy wins.

Allison Puryear (she/her): I love that. Yeah.

Allison Puryear (she/her): yeah. Okay, so I'm curious. Also about opposite action.

Allison Puryear (she/her): for our folks who are neurodivergent. I mentioned, like, I'm great at checking a box.

Allison Puryear (she/her): I'm pretty neurotypical. And I recognize that that's a privilege I have in terms of getting things done. It's much easier for me to get a thing done than a lot of people I love with typicalities. So how does this play out? I know you mentioned you work with a lot of women with ADHD, how does this play out for them in more of like a values aligned

Ann Robinson: choice that they're making? Instead of a box they have to check.

Ann Robinson: I need to come up with like a sexier name than this. But it's really like an energy based routine. So we make. I make 3 columns and in

Ann Robinson: the first column we've got one plus sign which indicates kind of lower energy middle column. We've got 2 plus signs which indicates like a moderate level of energy or sustainable level of energy, and our far right column we have 3 plus signs which indicates kind of like a high energy or a high motivation day.

Ann Robinson: and

Ann Robinson: again, similar to the way we talk about most things, there's not necessarily a value attached to having a high energy day versus a low energy day we recognize them. They're part of a continuum, and they're part of the experience. And so in each one of these columns we write out what makes for a successful day when that's your energy level.

Ann Robinson: Hmm! I love that right. And so, knowing that our low energy days will not be always and forever, and our high energy days will not be always and forever. What? So in our high energy days, we're not like making new rules for ourselves.

Ann Robinson: right? Like setting new expectations. For this is how I'm going to be an adult on this planet. And in our low energy days we're also gonna believe

Ann Robinson: that this is not my new forever, either, right? Because there's so much fear and scarcity around holding on to our motivation. And when we think about

Ann Robinson: the way we're showing up in the world as being like solely my responsibility, which happens, I think, a lot with neurodivergent folks.

Ann Robinson: It does become about being successful or being a failure. And so we're recalibrating our expectations. It becomes more about like what's reasonable for me to expect to do on this day. Given what my energy level is

Allison Puryear (she/her): I like that because then you're not setting up these expectations that you're going to fail because you don't have the energy for it.

Ann Robinson: Being responsive as opposed to reactive.

Allison Puryear (she/her): Absolutely. Yeah.

Allison Puryear (she/her): and gives us an opportunity to be kind to ourselves, right? Which we all need a little bit more absolutely good to do that.

Ann Robinson: Yeah. So I think for folks that are neuro divergent, taking it away from like the task

Ann Robinson: based checking off the list because again, failure to do so is kind of like a failure of self, neuro divergent but really more about like, let's get reasonable around expectations for myself today what feels reasonable, and there might be some frustration with that. But that's actually the opposite action in this scenario, right? The opposite is to not break myself

Ann Robinson: and to say, like, I'm doing the best I can.

Allison Puryear (she/her): Yeah.

Allison Puryear (she/her): okay, I like that a lot. Cause I'm just. I'm picturing, you know, like

Allison Puryear (she/her): I mean, most of most of the people I love in my life are not neurotypical. So I'm just imagining each of them. And like my neurotypical ass, is like.

oh, well, I've just gotta do 37 things and check them all off and

Allison Puryear (she/her): like no big deal and so I've I've been really lucky to have so many people in my life that help me realize like there. There are more ways to do things than the way I do, so I can be a little headstrong. Imagine that, but just thinking about the

Allison Puryear (she/her): the gentleness being the opposite action, because ultimately, like

Allison Puryear (she/her): whether somebody cleans their kitchen or turns in the paperwork, or whatever

Allison Puryear (she/her): that's just a lot less important than them showing up for themselves. Totally.

Ann Robinson: Yeah, and knowing, like the urge of berating myself or shaming myself, or we like to think that those are motivators.

Ann Robinson: but they're they're not like. No one ever actually makes big change because they've shamed themselves into making the change.

Ann Robinson: and so knowing, that's the urge that I typically do in this situation, what's my opposite action? I need more help today.

Allison Puryear (she/her): Then I will.

Allison Puryear (she/her): Yeah, I love that.

Allison Puryear (she/her): And yeah, the your point of you know, we've never shamed ourselves into action as a group of people. I mean working in the evening sort of field. I certainly see that all the time, too. Shaming yourself made you lose weight so hard. Yeah.

Ann Robinson: absolutely. Yeah. I mean same with like substance, use disorders like so many like we when we look at things as a matter of willpower, motivation, determination, self discipline. We're setting ourselves up for failure.

Allison Puryear (she/her): And yet there are things that we

Allison Puryear (she/her): it's it's like we're doomed from the start, cause these are things we put more weight on than the things that are

Ann Robinson: more important, like as a culture. Yes.

Allison Puryear (she/her): hmm!

Ann Robinson: And so I think. you know, to bring it home. I think that's part of what

Ann Robinson: the intention of with DBT is is to say, like, this is what you have control over.

Ann Robinson: Let's exercise control where we can.

Allison Puryear (she/her): Yeah.

Ann Robinson: which is also inherently trauma informed.

Allison Puryear (she/her): There we go.

Allison Puryear (she/her): Yeah, absolutely.

Allison Puryear (she/her): And and also realistic cause DBT, isn't giving the impression that you're you have power over things. You actually don't. That's all our own stuff. Love to think we have more power over external things than we do like. Literally, all of us want to believe that we have power over things that we have absolutely no power over. It's because we want to reduce our suffering. Yeah.

Allison Puryear (she/her): yeah.

Ann Robinson: Can't blame us for it.

Allison Puryear (she/her): But if we're able to really just like, be gentle and

Allison Puryear (she/her): kind with ourselves, and build our our window of tolerance, or at least know where it is and build our resilience. Then

Allison Puryear (she/her): we get through.

Ann Robinson: We do get through. And the idea is like, how do we get through without causing more pain?

Ann Robinson: And this is one of the ways

Allison Puryear (she/her): I love it. And thank you so much for talking today, I feel like this is.

Allison Puryear (she/her): it's motivational for me, like, I'm like, Okay, what DBT skills? I'm gonna like, dive back into a DBT over here and be like, what else can I be using in my own life as well as sharing with clients. Since I don't need to hold fidelity to the model, I really don't know not with my population so awesome. Well, thank you, Ann.

Ann Robinson: yeah, yeah.

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