

# Transforming Connections

## Building Emotional Resilience

### Week 1 of 5

Rosanna Ruppert  
(she/her)



Before we begin today, please fill out this pre-workshop survey at  
<https://bit.ly/SILAConnectionsPreSurvey> (CASE SENSITIVE)

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## About your facilitator Rosanna Ruppert



Dialectical Behaviour Therapy (DBT) skills practitioner, DBT skills coach  
for adults and youth in clinical setting

DBT informed workshop developer

Delivered hundreds of workshops to varied participants over 12+yrs

President and Co-founder the SILA Skills Group

Personally experienced the power of DBT skills at home, work and in  
volunteer activities

Passionate about sharing these skills with everyone!

**\*\*NOT a therapist**

## NOTE:

1. The content of this workshop is directed *solely* to the skill development of the participants and is in *no way intended* to represent appropriate training to teach the skills to others/patients within or outside the organization.
2. SILA and SILA facilitators are not therapists. This workshop is in *no way intended* to supplement or replace any personal and/or professional therapy.
3. This workshop is *no way intended* to supplement or replace any organizational safety procedures and protocols. Participants are expected to follow and prioritize their organization's procedures and protocols.



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## How is this workshop different?



- This is for ***you!***
- We show you how to ***apply*** skills that are not normally taught in typical training.
- Simple, Effective, ***Immediate***
- ***Won't add*** to or replace your workload. More tools to draw upon wherever you are. Always safety first!

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# Learn practical skills which will help you to:



- Recognize your own emotional vulnerability and reactivity in any given situation to position yourself to interact more effectively.

*We are people first, job second.*

- Reframe how you interpret an individual's behaviour by approaching with curiosity, removing judgement and being in the moment to respond effectively to the current situation.

*What's their story?*

- Build trust, reduce intensity of emotions and open the door for problem solving.

*Build connection!*

- Find the path to bridge communication between yourself and others.

*Effectively across many situations.*

***...Best of all, you can use these skills right away!***

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## What to expect



### **Our Approach to teaching skills:**

- slides, videos, practice exercises individual and group, group discussion, personal stories, learning from each other

### **For best results:**

- active participation, engagement and beginner's mind

### **We will learn:**

#### **Our superhero powers**

- ✚ Mindfulness
- ✚ Basic Assumptions
- ✚ Validation

#### **Our own mental health**

- Distress Tolerance Skills
- Emotion Regulation Skills for Self-Care and Mental Wellness
- Interpersonal Effectiveness Skills

### **Format:**

mindfulness practice, review weekly practice exercises, new skills, short break about mid way through the workshop, assign new practice exercises

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# Workshop Guidelines



Confidentiality

No judgement

No blame

Safe zone

Share the space

Participation + Practice = Results

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# The SILA Skills Group



Volunteer led

Formed in April 2019, not for profit organization in August 2020

Our long term objective is to help people be more emotionally resilient

Teaching skills based on DBT (Dialectical Behaviour Therapy)  
developed by Dr. Marsha Linehan

Delivering workshops:

***Transforming Classrooms:*** educators, youth leaders, etc.

***Transforming Connections:*** social work, front line workers, police,  
first responders, etc.

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**SKILLS** are transformational

useful **IN** everyday situations

for any relationship in your **LIFE**

**ALL** can realize the benefits



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# Mindfulness Practice



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# Dialectical Behavior Therapy (DBT) - Dr. Marsha Linehan



**DBT is a type of Cognitive Behaviour Therapy (CBT). Originally developed for chronically suicidal individuals with severe emotion dysregulation and those diagnosed with Borderline Personality Disorder (BPD)**

BPD (\*DSM IV) 5/9 criteria

Fear of abandonment, intense mood shifts, impulsivity, problems with anger, suicidal ideation/self harm, unstable and intense relationships, chronic feelings of emptiness, unstable sense of self, stress-related paranoia or dissociative symptoms.

\*Diagnostic and Statistical Manual of Mental Disorders

## Clinical Target Audience:

BPD, suicidal ideation, eating disorders, substance misuse, self-harm, PTSD, depression, relationship problems, attachment issues, etc.

**Dialectical:** the “existence of opposites”, two seemingly opposite ideas can be true at the same time and when considered together, can create a new truth and a new way of viewing the situation. Eg. increase number of patients seen AND increase patient satisfaction; connect with patients AND decrease visit length

**Dialectical Thinking:** both/and; seeing polarities and meeting in the “middle ground”

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# DBT Skills Modules



Practical      Immediately accessible      Transformative in calm and in upset      It's the HOW not just the WHAT

## Mindfulness

*Being aware of the present moment without judgement*

- Increase awareness of your emotional and mental state
- Make decisions understanding what is getting in the way of being effective
- Be a participant to your own life as you are experiencing it

## Distress Tolerance

*Managing a crisis without worsening the situation, accepting reality as it is*

- Survive crisis situations by reducing emotional intensity
- Be more effective for yourself and others in crisis situations
- Avoid making things worse for yourself and/or others

## Emotional Regulation

*Understanding and reducing vulnerability to emotions, changing emotions*

- Improve overall mental health and emotional well-being
- Being in control of your emotions rather than having your emotions be in control of you

## Interpersonal Effectiveness

*Getting needs met, maintaining relationships, increasing self-respect in relationships*

- Connect with those around you
- Build and maintain positive relationships
- Avoid or minimize escalations

ACCEPTANCE – “it is what it is in this moment”

AND

CHANGE – “what am I going to do about it”

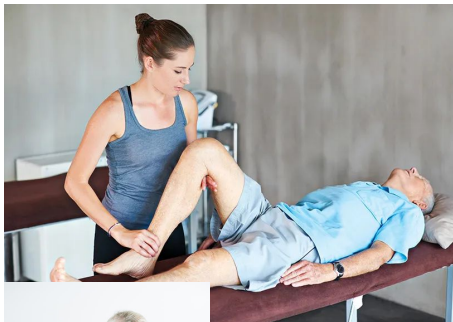
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Blank beginner's mind;  
Never "I already know"  
Always "more to learn"

Dailyzenhaiku.com

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We want it to look  
like this...



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And sometimes  
it looks like this!

## What do you find challenging when dealing with people?

**Patient Behaviours:** Manipulative, aggressive, hostile, argumentative, impatient, not processing/listening to what I'm sharing, veering off topic, bringing up non hip/knee related issues, repeating the same question many different ways, interrupting me and other patients

**Patient Emotions:** anxious, angry, intense emotions

**Time:** *Patients* need more time due to not understanding, having intense emotions, managing unrealistic expectations, veering off topic. **My own time constraints:** lots of patients, want to stay on task, pressures to process more patients

### Other:

Disclosure of personal information - what do I do with that?

"Knowledgeable patients" whose expertise is not accurate

Shift responsibility to me to get them functioning again

Hostage: cancel surgery unless I...get them services, help financially, support, etc.

Complaining about the system, our level of care

So much info to share, patients forget key points

Not progressing as anticipated and are having difficulty coping

Highlighting what patients are doing wrong vs what they are doing well increasing anxiety and causing them to be more upset potentially leading to longer/more appointments and/or unhappy patients

Patients struggling with their mental health

**Family members:** speaking at odds with our recommendations, or what the patient wants,



## What is your goal for this workshop?

**Build comfort, strategies, skills that help with:** challenging conversations and situations, dealing with manipulative behaviours, managing challenging patients, communicating with those who have strong preconceived ideas and not open to conversations, decreasing heightened state of emotion so they can understand and appreciate my message, managing people's moods and emotions without getting frustrated

**Improve:** working relationships, time lags between identifying a problem and addressing it

### Other:

Find joy and value in my role by creating genuine connections

Hear my patients and coach towards solutions while balancing the needs of the business - increase number of patients

Be an engaged employee, support team, no one burns out

Learn from team members

Gain pearls on interacting with patients, colleagues, family/home in difficult situations or challenging topics.



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## Our First Skill HALTS

**H**ungry/hormones/hydration

**A**ngry

**L**onely or loss

**T**ired

**S**tressed/sick/substances/screen time



Watch this at: <https://youtu.be/GkAnLtoWDhc> By: Snickers - Betty White (Super Bowl 2010 Commercial) -[HD] [Video file].

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# HALTS Practice

## mindful practice



### HOME

More irritable  
More reactive  
Quick to anger  
Disconnected  
Strained relationships  
Run down  
Substance use  
Low energy



### WORK

More sick days  
Feel more pressure  
Less connected  
“What’s the point”  
Decreased job satisfaction  
Less alert, running on empty  
Less motivated  
Less productive

← **Less: patient, empathetic, effective** **More: burnout** →

# Mindfulness – A Superpower



Watch this at: <https://youtu.be/w6T02q5hnT4>  
By: Happify. 7 Dec 2015 Why Mindfulness is a Superpower: An Animation [Video file].

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## What is Mindfulness?

“Purposely paying attention, in the present moment, without judgment.” (Kabat-Zinn, 1994)

### **The Practice:**

Noticing your attention/thoughts wandering and bringing it back to the present moment/task/relationship at hand



### **Relationship Mindfulness:**

Being present in the relationship with awareness, empathy, and without **judgement**

*Relationship mindfulness fosters connection.*



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# Mind Full, or Mindful?



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## 10 Mechanisms of How Mindfulness Works

<b>Shift in Perception</b>	Enables us to relate to thoughts, feelings and sensations as simply as observations.
<b>Body and Situational Awareness</b>	Helps us feel more in touch with our bodies and our physical environment which can help with posture, balance, decision making, risk evaluation and task performance.
<b>Non-attachment</b>	Helps us to detach from concepts, situations, experiences, etc. which can improve satisfaction with life and improve life effectiveness.
<b>Changes in Brain Functioning</b>	Brain imaging shows neurological changes in the brain - how we process new information as well keeping our emotions in balance.
<b>Acceptance</b>	Improve ability to be content with our circumstances AND may still need to improve our situations.
<b>Increase in Spirituality</b>	Increase levels of spiritual awareness decreasing feelings of loneliness and fostering resilience.
<b>Emotion Regulation</b>	Accurately label and identify negative emotions and thinking patterns, making it easier to attend to unhelpful thought processes and help with interpersonal and relationship skills.
<b>Reduced Biological and Psychological Arousal</b>	Breath awareness helps reduce heart and breathing rate which helps foster calm, relaxation and ability to cope with stressful situations.
<b>Attention Regulation</b>	Better task performance and stopping ruminating thought patterns
<b>Letting go</b>	Noticing the <i>coming and going</i> of thoughts and physical sensations, helps focus on their temporary nature. "This will pass."



# Mindfulness Practice



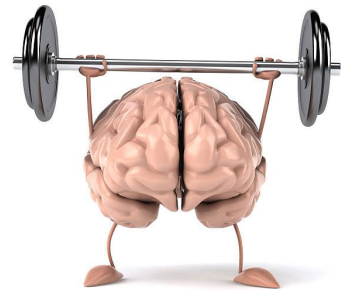
What other activities can you  
do mindfully?

# Goal of Mindfulness Practice



***Is just to PRACTICE!***

1. Identify what you will focus on
2. Bring your attention to the object of focus
3. If your attention wanders away:
  - Notice this has happened
  - Don't judge
  - Gently bring your attention back



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## DBT Mindfulness What & How Skills



Watch this at: <https://www.youtube.com/watch?v=oytsvzvPHoQ>  
By: Sunrise Residential Treatment Center (2018, January 24). *DBT Mindfulness Skill: An Overview of Wisemind and the What & How Skills* [Video file].

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# How to Practice Mindfulness



What	How
<p><b>Observe:</b> <i>Just notice how you feel, what you see/hear/etc.</i></p>	<p><b>Non-judgmentally:</b> <i>Let go of 'shoulds' and right/wrong Don't evaluate, criticize, label</i></p>
<p><b>Describe:</b> <i>Attach words to the experience; just the facts; don't explain or solve</i></p>	<p><b>One-mindfully:</b> <i>Only pay attention to the task at hand or to the current relationship; with all your attention</i></p>
<p><b>Participate:</b> <i>Involve yourself fully in the moment; get lost in the experience</i></p>	<p><b>Effectively:</b> <i>Keep in mind your goals. Do what works.</i></p>

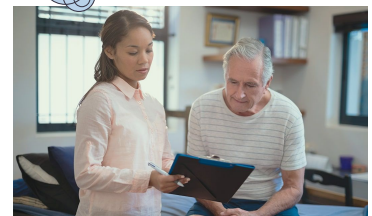
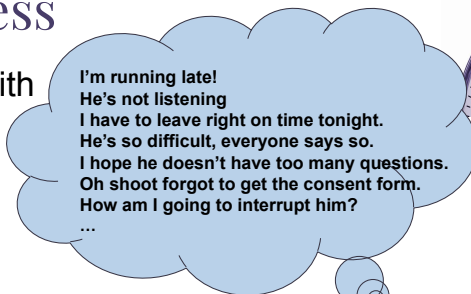
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## Relationship Mindfulness

Being present in the relationship with awareness, empathy, and without **judgement**

What can we do to be present in this relationship?

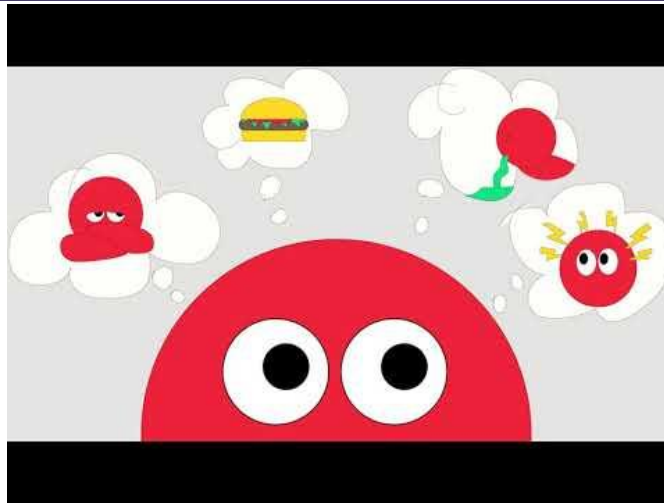
What cues/habits, mental or physical, you have to help you be present with your patient/co-worker/family?



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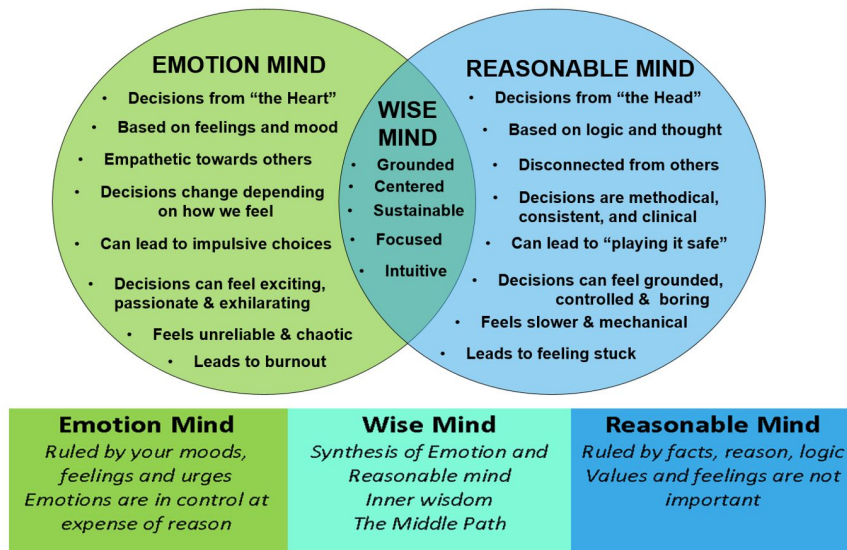
# Wise Mind



Watch this at <https://youtu.be/-uOGRaTaVv4>  
 By: DBT RU (2020, December 8). *Wise Mind* [Video file].

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## DBT States of Mind



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# A look at our minds

Using our Mindfulness skills:



1. Think of a regular day at work or at home.
2. Think of a stressful day at work or at home

For each: What state of mind do you primarily function in?

**Per our workshop guidelines:**

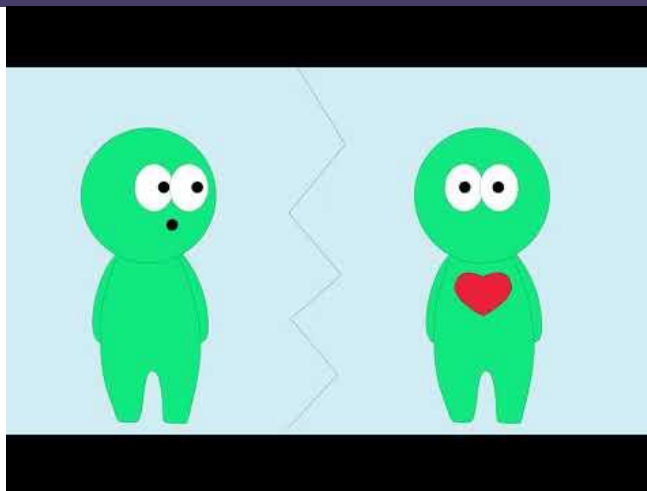
**NO BLAME ZONE**

**NO JUDGEMENT ZONE**



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## Mindfulness of Current Emotions



Watch this  
at [https://www.youtube.com/watch?v=NECs97k\\_8Z4&ab\\_channel=DBT-RU](https://www.youtube.com/watch?v=NECs97k_8Z4&ab_channel=DBT-RU)  
By: DBT-RU (2020, December 8). *Mindfulness of Current Emotions* [Video file].

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# PRIMARY EMOTIONS



**Anger**

To fight against problems



**Fear**

To protect us from danger



**Anticipation**

To look forward and plan



**Surprise**

To focus us on new situations



**Joy**

To remind us what's important



**Sadness**

To connect us with those we love



**Trust**

To connect with people who help



**Disgust**

To reject what is unhealthy



# SECONDARY EMOTIONS

- Feeling **ANGRY** when FEARFUL
- Feeling **SAD** when SHAMEFUL
- Feeling **FEARFUL** when ANGRY

The **KEY** is to figure out what the **PRIMARY EMOTION** is!

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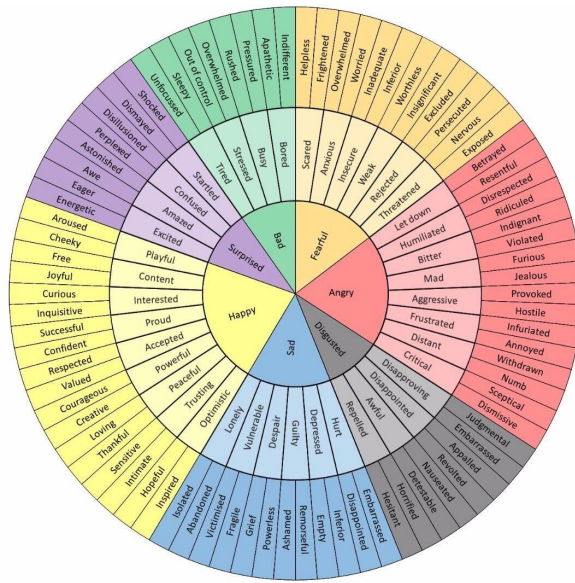
WHAT I SHOW...

IS THE TIP OF THE ICEBERG



*What else might be going on?*

# Be Descriptive



## Emotion Wheel

<https://www.jennieallen.com/blog/the-wheel-of-emotions>

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## To Be Effective...

We need to be at our best.

**H**ungry, Hormones, Hydration

**A**ngry

**L**oss, Lonely

**T**ired

**S**tressed, Sick, Substances, Screentime

# The Foundation

## Basic Assumptions Validation Transactional Model



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## **Second Superhero Power: Practice these Basic Assumptions**

1. There is no one or any absolute truth
2. Benign interpretation
3. Everyone is doing the best they can in this moment
4. Keep trying, try differently



AND “do you want to be right or effective?”



Source: adaptation from NEABPD Family Connections™

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# Basic Assumptions Practice

## Basic Assumptions Practice

**You are in a meeting with your patient to review the exercises assigned and they just don't seem to be getting it.**

1. There is no one or any absolute truth.
2. Benign interpretation.
3. Everyone is doing the best they can in this moment.
4. Keep trying, try differently.

**Your patient has asked to see you immediately. When you see them they are yelling and screaming that you took long to get there.**

1. There is no one or any absolute truth.
2. Benign interpretation.
3. Everyone is doing the best they can in this moment.
4. Keep trying, try differently.



## Basic Assumptions Practice

You are explaining to your patient what physio will entail and they keep interrupting you with the physio plans of their friends and how their friends warned them about physio.



1. There is no one or any absolute truth.
2. Benign interpretation.
3. Everyone is doing the best they can in this moment.
4. Keep trying, try differently.

**This patient is new to you. Another staff member whispers to you “Oh, watch out for that one! She was so difficult with her first knee surgery.”**

1. There is no one or any absolute truth.
2. Benign interpretation.
3. Everyone is doing the best they can in this moment.
4. Keep trying, try differently.

## Basic Assumptions Practice

Patient is yelling and swearing at you, when all you are trying to do is help.



1. There is no one or any absolute truth.
2. Benign interpretation.
3. Everyone is doing the best they can in this moment.
4. Keep trying, try differently.

**You are in a meeting with a patient and they start accusing you of judging them, not listening to them, not caring about them. You are so useless! You should change careers!**

1. There is no one or any absolute truth.
2. Benign interpretation.
3. Everyone is doing the best they can in this moment.
4. Keep trying, try differently.

# Basic Assumptions Practice



**You are trying to review their exercises with them and their family member keeps interrupting.**

1. There is no one or any absolute truth.
2. Benign interpretation.
3. Everyone is doing the best they can in this moment.
4. Keep trying, try differently.

**A family member calls your supervisor and complains that you are not supporting their family member. They demand that you not be allowed to work with their family member.**

1. There is no one or any absolute truth.
2. Benign interpretation.
3. Everyone is doing the best they can in this moment.
4. Keep trying, try differently.

# Empathy vs Sympathy

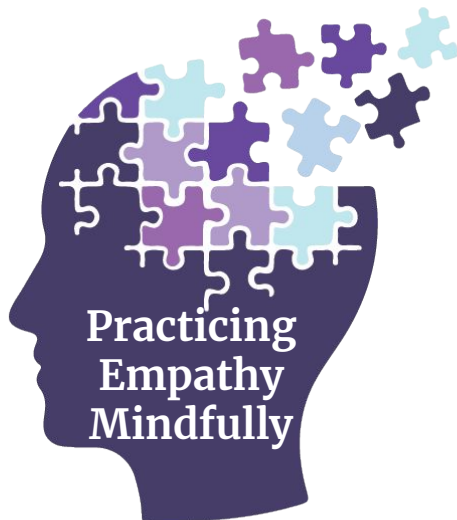




“ EMPATHY is walking a mile in somebody else’s moccasins. SYMPATHY is being sorry their feet hurt.

- Rebecca O'Donnell

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***Fuels Connection!***

**Without Judgement**

**Listen patiently,  
without interrupting**

**Be interested  
“Tell me more ...”**

**Express warmth with  
your body language**

**Approach with  
Compassionate Curiosity**



## You are at home and ...



**What's going on for you ?**

**What's going on for your loved one?**

***What's their story?***

## You are at work and ...



**What's going on for you ?**

**What's going on for the patient?**

***What's their story?***

Age

No Freedom

Poor communication skills/  
English not their first language



Lonely

Misunderstood

Know it all

Expectations

Lots of anecdotes of  
surgeries gone bad

Mobility issues

Financial limitations

Medication

## What makes it difficult for our patients?

Family conflicts

Controls and restrictions

In constant pain

Afraid

Get conflicting information

Changing staff

Recovery is long

HALTS

Exhausted

Transportation issues

Don't have a support system in place



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## Using Judgement vs being Judgemental



### Judgement:

- To differentiate or discriminate eg. making a decision between 2 applicants - based on fact.
- To place value - positive or negative - it's an opinion not a fact.

### When we are judgemental:

- Creates negative emotions in ourselves and others
- Very corrosive in relationships
- Can quickly make a situation escalate
- Removes accountability; an excuse for poor behaviour
- Harder to problem solve around judgement than around facts
- Judgments can take on the strength of facts

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## Judgemental

My son is irresponsible.

My daughter doesn't give a shit about anything.

My partner is so lazy.

I put in for promotion and I failed.

They are doing this just to bug me.

## Factual/descriptive

My son doesn't do homework.

My daughter doesn't come home when she says she will.

My partner is overwhelmed with all the tasks they have to do.

I put in for promotion and I wasn't selected.

Habits are hard to break.



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SKILLS IN LIFE FOR ALL

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## Validation



***The power of feeling understood!***



# What is validation?



- Finding the **kernel of truth** in another person's perspective or situation
- Recognizing the emotion behind the words and behaviours being expressed.
- **Acknowledging** and **communicating** that the other person's **feelings** and **perspective** makes sense, are understandable in their current situation or their past
- Validation is only validating if it's **validating to the other person!** You will know because the intensity of the emotion will start to decrease, or stops from escalating.
- Can be **verbal** and **non verbal**.

*The power of feeling understood. Connection.*

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# What validation is NOT



Approving

Agreeing

Liking

Condoning

Problem solving/trying to fix

Giving up

Justifying

Accepting

Being right

Complimenting

Coddling

Being soft

Admitting I'm wrong

Giving a "free pass"

Eliminating accountability

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# Why Validate



Preserves or improves relationships

Builds trust

Slows negative emotional reactivity, de-escalates situations

Decreases anger

Makes problem solving and support possible



<https://write.as/mommaleeleeflipping-your-lid>

***When done well, it's a superhero power!***



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# What to validate

Feelings or emotions

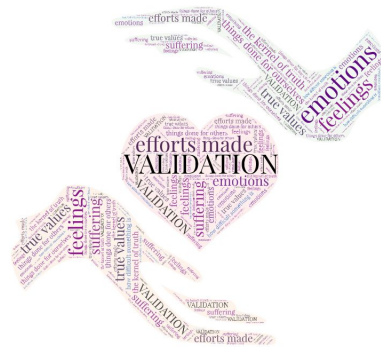
True values

Efforts made

How difficult something is

Suffering

Things done for others or themselves



***The kernel of truth!***

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# Let's share our validation experiences

## We feel validated when ...

what we get from the outside



aligns with what we feel on the inside

# How to Validate: 6 levels of Validation



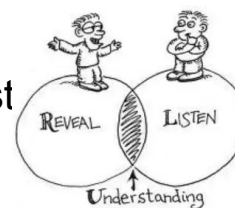
1. Being present
2. Accurate Reflection
3. Mind Reading
4. Past History or biology
5. Normalizing
6. Radical Genuineness



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## 1. Be present:

Listening and attending with interest  
Stay focused



Example:

Non-verbal – making eye contact, respond with facial expressions, nodding, staying awake, not multitasking, acts of service

Verbal – making acknowledging sounds like “ah ha” “oh”  
“of course”



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## 2. Accurate Reflection



Authentically showing that you understand through paraphrasing, summarizing the other's feelings or thoughts.

No judgement, with an open mind

Use a tone of voice that allows the person to correct you

*"Sounds like you are pretty upset about our session last week."*



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## 3. Mind Read



Reading facial expression, body language, and articulating their thoughts or feelings that have not directly been expressed in words

What is happening?

What do you know about the person already?

Be open to correction



*"I'm guessing you must have felt pretty hurt by their comment."*

*"Looks like you're not feeling comfortable with what I'm asking you to do."*

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## 4. Past History or Biology



Acknowledging that the other's experience makes sense given their past history, current events or state of mind

*“Given the number of staff changes recently, I can see how hard it is to feel like anyone understands you .”*



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## 5. Normalize



Communicating that the other's feelings makes sense given the current situation.

*“Of course you're anxious. Being asked to add daily exercise is scary and hard to do for anyone. We all feel like that in the beginning.”*



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## 6. Radical Genuineness



By speaking in a way that conveys your view of the other as an equal and capable of handling direct and honest feedback

Do not fragilize

*“Wow, so hard. I’ve had to deal with the same situation, and it’s not easy.”*

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## Cheerleading



...CAN be **hopeful** and **encouraging** ...

Have you ever tried to get a patient to do an exercise they were struggling with or perhaps didn't even want to try?

Did you say things like:

***“You are so strong. You got this!”***

***“I know you can do it!”***

***“It’s not so hard.”***

...AND it just didn't seem to work, it might have had the opposite effect?

They just didn't seem to feel any more confident or capable.

# Cheerleading

...**IS** hopeful and **encouraging** ...

...**WHEN** we use our  **VALIDATION**

**AND** we *acknowledge* and **ARTICULATE** what we *believe* is different than what they are feeling inside

“I know you can do this even though ...



...you may not feel that way right now

...you don't believe you can



# Mindfulness Practice



## TRANSACTIONAL MODEL

Responses are reciprocal

Each initiating

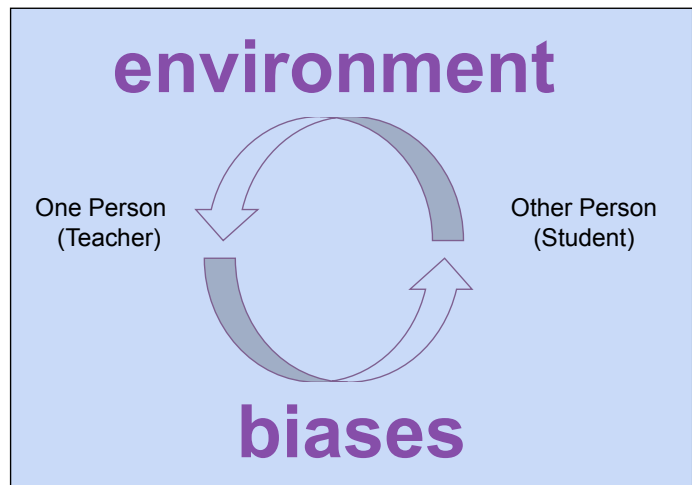
Each responding

Each influencing the other

All in the context of the environment and our own biases



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SKILLS IN LIFE FOR ALL



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## Scenario: Gail with hip arthritis



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SKILLS IN LIFE FOR ALL

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# Transactional Model (build trust and connection)



New Baseline

New Baseline

Each person has their own emotional history + HALTSSS  
= Emotional vulnerability

Something happens  
(event / thought)

Response  
(emotional arousal)

Interpret as  
accurate expression

Interpret as inaccurate  
expression

Validating Response  
(you/others)

Invalidating Response  
(you/others)

Feeling understood  
(emotional arousal ↓)

Feeling misunderstood  
(emotional arousal ↑)

de-escalate

escalate

connection

disconnection

Adapted from NEABPD, Family Connections™, 2002, 2012 National Education Alliance for Borderline Personality Disorder

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## Week 1 Practice Exercises

1. One in one: Do 1 thing mindfully for 1 min each day.
2. Practice basic assumptions: how did outcomes change?
3. During the week notice transactions - share 1 transaction which could have had a different outcome?
4. Notice empathy. Notice sympathy.
5. Notice when you felt validated AND when you didn't.
6. Notice judgements vs being judgmental.
7. Notice cues/habits, mental or physical, you have to help you be present with your patient/co-worker/family.



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# Thoughts/Questions

## Questions between sessions:

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## References



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