

DIALECTICAL BEHAVIOR THERAPY

Dialectical Behavior Therapy (DBT) is a treatment modality combining elements of cognitive-behavioral techniques, relaxation and soothing skills, and enhancement of self-awareness skills. “Core treatment techniques are problem solving, exposure techniques, skills training, contingency management and cognitive modification.” (Linehan, 1993, p. 19) This technique emphasizes the acceptance of clients as they are while encouraging them and teaching them tools which will enable them to make changes in their life. DBT was developed to provide a structure and frame for the treatment of Borderline Personality Disorder. The areas of focus are categorized in the following manner and are found on page 11 of Linehan’s 1993 book:

- Emotional dysregulation—“emotional responses are highly reactive and the individual generally has difficulties with episodic depression, anxiety and irritability, as well as problems with anger and anger expression.”
- Interpersonal dysregulation—although relationships are frequently chaotic and fraught with difficulties, the individual will engage in frantic activity to prevent perceived abandonment.
- Behavioral dysregulation—“extreme and problematic impulsive behaviors as well as suicidal behaviors. Attempts to injure, mutilate, or kill themselves are common in this population.”
- Cognitive dysregulation—“Brief, nonpsychotic forms of thought dysregulation, including depersonalization, dissociation, and delusions, are at times brought on by stressful situations and usually clear up when the stress is ameliorated.”
- Dysregulation of sense of self—“It is not unusual for a borderline individual to report that she has no sense of a self at all, feels empty, and does not know who she is. In fact, one can consider BPD a pervasive disorder of both the regulation and experience of the self...”

Although Linehan designed this treatment protocol for the treatment of Borderline Personality Disorder, she has acknowledged that the described constellation of symptoms are often found in individuals whose diagnosis is Post Traumatic Stress Disorder secondary to emotional, physical, and/or sexual abuse. Such individuals frequently exhibit impaired control and marked instability. Linehan believes that DBT is equally effective for this group of clients

Defining characteristics of DBT:

“The most fundamental dialectic is the necessity of accepting patients just as they are within a context of trying to teach them to change.” (Linehan, p. 19).

Descriptors such as “manipulative”, “needy”, and other pejorative labels for individuals suffering from Borderline Personality Disorder are counterproductive and most often

reflective of anger and frustration on the part of the clinician. Linehan emphasizes the necessity to like the patient and to treat them in an accepting and respectful manner. “Throughout treatment, the emphasis is on building and maintaining a positive, interpersonal, collaborative relationship between patient and therapist.” (Linehan, p 20).

In Dialectical Behavior Therapy, the clinicians are asked to help the client understand his or her suicidal and other dysfunctional behaviors as learned problem-solving behaviors. The client does not have the skills necessary to react in a more productive manner. The balance achieved by the clinician must be between teaching the client new skills while validating the client’s ongoing emotional pain. Once again the importance of respect on the part of the therapist cannot be emphasized enough.

The first task in this model is to obtain commitment from the client to undertake the work. The client is oriented to the nature of DBT and asked to agree to the following:

- attend therapy for at least one year;
- attend all scheduled therapy sessions;
- if suicidal or parasuicidal behaviors are present, the client must agree to work on reducing these;
- to work on any behaviors that interfere with the course of therapy; and
- to attend skills training.

Modes of treatment:

There are four primary modes of treatment employed in Dialectical Behavior Therapy:

1. Individual therapy--the main work of therapy is accomplished here.
2. Group skills training--teaching core mindfulness skills, interpersonal effectiveness skills, emotion modulation skills, and distress tolerance skills.
3. Telephone contact--between sessions, the client is allowed to contact the therapist by telephone. The purpose of telephone contact is to provide the client with help and support in applying the skills that are being learned to real-life situations. The therapist is asked to view these contacts as the opportunity for coaching rather than psychotherapy.
4. Therapist consultation--group members work together to keep each other in the DBT mode. During therapist consultation groups, the therapists work to remain dialectical in their interactions with each other, to avoid a pejorative description of the client or therapist behavior, and to respect therapists' individual limits. An important part of these meetings is the support and encouragement offered to the therapists working with a challenging client population.

Stages of therapy/treatment targets:

- Pre-treatment stage--focuses on assessment, commitment and orientation to therapy.
- Stage 1--focuses on suicidal behaviors, therapy-interfering behaviors and behaviors

that interfere with the quality of life. The client is helped to develop the necessary skills to resolve these problems.

- Stage 2--deals with post-traumatic, stress-related problems, (PTSD).
- Stage 3--focuses on self-esteem and individual treatment goals.

The target behavior of each stage is brought under control before moving on to the next stage.

Each treatment stage focuses on specific treatment targets that are arranged in a hierarchy of relative importance. The overarching goal of each mode of therapy is to increase dialectical thinking. Clients are taught to use a diary card, which is reviewed weekly in individual sessions. The diary card records specific instances of targeted behaviors. The targeted behaviors are analyzed by therapist and client and a number of cognitive-behavioral strategies may be employed to assist the client in understanding the maladaptive behavior as well as developing more effective coping mechanisms.

Recommendations for training: Clinicians providing this type of treatment will have knowledge of cognitive-behavioral therapy techniques and have training in the fundamental principles of DBT as defined by Linehan. The clinician has been trained in the techniques of DBT preferably through attendance to a workshop presented or sponsored by the Linehan Institute. A trained DBT supervisor or consultant will provide oversight.

Online Resource

There is a vast degree of information, tools and extensive reading list of general books for the basics of DBT available at:

<http://www.behavioraltech.com/downloads/dbtReadingList.pdf>

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These books are “strongly” recommended by Marsha Linehan to enhance understanding of the techniques used in DBT or to assist in learning basic behavioral therapy techniques. The appendix in which these recommendations appear may be found beginning on page 124 of *Cognitive Behavioral Treatment of the Borderline Personality Disorder*.