

Dialectical Behavioral Therapy

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Marsha Linehan designed this treatment and it is based on the idea that psychosocial treatment of those with self harming and self destructive behaviors is as important as traditional pharmacotherapy is. The treatment is designed to address several facets of one's life. The main treatment goals are addressed in this order: Reducing parasuicidal (self-injuring) and life-threatening behaviors, reducing behaviors that interfered the the therapy/treatment process, and finally reducing behaviors that interfere with the client's quality of life (Linehan, 1991).

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The Theory

DBT therapists believe that due to invalidating environments during early childhood and/or due to possible unidentified biological factors, some individuals react with more intensity in emotionally stimulating situations. They can react with higher levels of arousal, which rise more rapidly and are slower to return to baseline than the average human. Some self describe themselves of having no "emotional skin" or wearing extreme emotions on their sleeves. This can explain why some individuals are in constant crisis and have severe emotional lability. A possible explanation is that due to past invalidation, they have few or no coping skills for their emotions, which causes the emotions to shift more rapidly and severely than an individual who has successfully learned to cope with life situations. Especially in teenagers and individuals who've been diagnosed with Borderline Personality Disorder, the coping behaviors can become life threatening. DBT is designed to assist the individual in learning healthier skills to cope with the emotional turmoil and impulsive behaviors (Linehan, 1991).

How it works

Dialectical Behavioral Therapy (DBT) consists of three parts:

- Pre-treatment: The client and therapist discuss the commitment of the program and build a relationship of trust.
- Once-weekly psychotherapy sessions in which the client's problematic behavior(s) or event(s) from the past week is explored in detail, going through alternative solutions that might have been used, and examining what kept the client from using more adaptive solutions to the problem. The therapist actively teaches and reinforces adaptive behaviors, especially as they occur within the therapeutic relationship. The emphasis is on teaching patients how to manage emotional trauma rather than reducing or taking them out of crises (Linehan, 1993a).
- Weekly 1.5-hour group therapy sessions in which mindfulness skills, interpersonal effectiveness, emotion regulation, and distress tolerance/reality acceptance skills are taught. In group, the individuals' focus is to learn how the skills are used, practice them that week and process the following week how they were more effective in their environments from the new skills (Linehan, 1993a).

After the client has successfully graduated from the program, he or she may wish to continue with "quality of life improvement" strategies with their individual therapist. This would continue on an individual basis and may last up to several months after graduation. The boundaries for these further sessions would be set with the client and therapist based on the client's further need.

References:

Linehan, M. M. (1993a). *Cognitive-Behavioral Treatment of Borderline Personality Disorder*. New York: The Guilford Press.

Linehan, M. M., Armstrong, H., Suarez, A. Allmon, D. & Heard, H. (1991). Cognitive-behavioral treatment of chronically parasuicidal borderline patients. *Archives of General Psychiatry*, 48, 1060-1064.