

An Overview of Dialectical Behavior Therapy

Dialectical behavior therapy (DBT) is a specific type of **cognitive-behavioral psychotherapy** developed in the late 1980s by psychologist Marsha M. Linehan to help better treat **borderline personality disorder**. Since its development, it has also been used for the treatment of other kinds of mental health disorders.

More on DBT...

What is DBT?

Dialectical behavior therapy (DBT) treatment is a cognitive-behavioral approach that emphasizes the psychosocial aspects of treatment. The theory behind the approach is that some people are prone to react in a more intense and out-of-the-ordinary manner toward certain emotional situations, primarily those found in romantic, family and friend relationships. DBT theory suggests that some people's arousal levels in such situations can increase far more quickly than the average person's, attain a higher level of emotional stimulation, and take a significant amount of time to return to baseline arousal levels.

People who are sometimes diagnosed with **borderline personality disorder** experience extreme swings in their emotions, see the world in black-and-white shades, and seem to always be jumping from one crisis to another. Because few people understand such reactions — most of all their own family and a **childhood** that emphasized invalidation — they don't have any methods for coping with these sudden, intense surges of emotion. DBT is a method for teaching skills that will help in this task.

Characteristics of DBT

- **Support-oriented:** It helps a person identify their strengths and builds on them so that the person can feel better about him/herself and their life.
- **Cognitive-based:** DBT helps identify thoughts, beliefs, and assumptions that make life harder: "I have to be perfect at everything." "If I get angry, I'm a terrible person" & helps people to learn different ways of thinking that will make life more bearable: "I don't need to be perfect at things for people to care about me", "Everyone gets angry, it's a normal emotion."
- **Collaborative:** It requires constant attention to relationships between clients and staff. In DBT people are encouraged to work out problems in their relationships with their therapist and the therapists to do the same with them. DBT asks people to complete homework assignments, to role-play new ways of interacting with others, and to practice skills such as soothing yourself when upset. These skills, a crucial part of DBT, are taught in weekly lectures, reviewed in weekly homework groups, and referred to in nearly every group. The individual therapist helps the person to learn, apply and master the DBT skills.

Generally, dialectical behavior therapy (DBT) may be seen as having two main components:

1. Individual weekly psychotherapy sessions that emphasize problem-solving behavior for the past week's issues and troubles that arose in the person's life. Self-injurious and suicidal behaviors take first priority, followed by behaviors that may interfere with the therapy process. Quality of life issues and working toward improving life in general may also be discussed. Individual sessions in DBT also focus on decreasing and dealing with **post-traumatic stress** responses (from previous **trauma** in the person's life) and helping enhance their own self-respect and self-image.

Both between and during sessions, 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. . . . Telephone contact with the individual therapist between sessions is part of DBT procedures.
(Linehan, 1993)

During individual therapy sessions, the therapist and client work toward learning and improving many basic social skills.

2. Weekly group therapy sessions, generally 2 1/2 hours a session and led by a trained DBT therapist, where people learn skills from one of four different modules: interpersonal effectiveness, distress tolerance/reality acceptance skills, emotion regulation, and mindfulness skills are taught.

The Four Modules of Dialectical Behavior Therapy

1. Mindfulness

The essential part of all skills taught in skills group are the core mindfulness skills.

Observe, Describe, and Participate are the core mindfulness "what" skills. They answer the question, "What do I do to practice core mindfulness skills?"

Non-judgmentally, One-mindfully, and Effectively are the "how" skills and answer the question, "How do I practice core mindfulness skills?"

2. Interpersonal Effectiveness

Interpersonal response patterns taught in DBT skills training are very similar to those taught in many assertiveness and interpersonal problem-solving classes. They include effective strategies for asking for what one needs, saying no, and coping with interpersonal conflict.

Borderline individuals frequently possess good interpersonal skills in a general sense. The problems arise in the application of these skills to specific situations. An individual may be able to describe effective behavioral sequences when discussing another person encountering a problematic situation, but may be completely incapable of generating or carrying out a similar behavioral sequence when analyzing her own situation.

This module focuses on situations where the objective is to change something (e.g., requesting someone to do something) or to resist changes someone else is trying to make (e.g., saying no). The skills taught are intended to maximize the chances that a person's goals in a specific situation will be met, while at the same time not damaging either the relationship or the person's self-respect.

3. Distress Tolerance

Most approaches to mental health treatment focus on changing distressing events and circumstances. They have paid little attention to accepting, finding meaning for, and tolerating distress. This task has generally been tackled by religious and spiritual communities and leaders. Dialectical behavior therapy emphasizes learning to bear pain skillfully.

Distress tolerance skills constitute a natural development from mindfulness skills. They have to do with the ability to accept, in a non-evaluative and nonjudgmental fashion, both oneself and the current situation. Although the stance advocated here is a nonjudgmental one, this does not mean that it is one of approval: acceptance of reality is not approval of reality.

Distress tolerance behaviors are concerned with tolerating and surviving crises and with accepting life as it is in the moment. Four sets of crisis survival strategies are taught: distracting, self-soothing, improving the moment, and thinking of pros and cons. Acceptance skills include radical acceptance, turning the mind toward acceptance, and willingness versus willfulness.

4. Emotion Regulation

Borderline and suicidal individuals are emotionally intense and labile – frequently angry, intensely frustrated, depressed, and anxious. This suggests that borderline clients might benefit from help in learning to regulate their emotions. Dialectical behavior therapy skills for emotion regulation include:

- Identifying and labeling emotions
- Identifying obstacles to changing emotions
- Reducing vulnerability to "emotion mind"
- Increasing positive emotional events
- Increasing mindfulness to current emotions
- Taking opposite action
- Applying distress tolerance techniques

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APA Reference

Psych Central. (2007). An Overview of Dialectical Behavior Therapy. *Psych Central*. Retrieved on November 21, 2014, from <http://psychcentral.com/lib/an-overview-of-dialectical-behavior-therapy/0001096>

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Site last updated: 21 Nov 2014