

Dialectical Behaviour Therapy (DBT)

Dialectical Behaviour Therapy (DBT) is a psychotherapy developed by an American psychologist called Marsha Linehan and her co-workers. DBT is an intensive process but scientific tests have shown evidence of benefit in the treatment of people with borderline personality disorder (BPD). DBT seems to be especially useful in reducing how often people with BPD harm themselves or try to kill themselves. The overall aim of DBT is to allow the person to lead a "life worth living".

The "**dialectical**" in the term dialectical behaviour therapy refers to a way of thinking that tries to avoid "black and white" thinking. People often fall into the trap of thinking that things are 100% true (or good or right) or 100% false (or bad or wrong). This is rarely the case.

A dialectical approach to solving a problem requires thinking of one possible solution, then thinking about another (sometimes opposite or contradictory) solution, trying to take the most valuable parts of each solution to make a third solution, and then attempting to resolve any remaining contradictions between the two.

An example is the dialectic at the heart of DBT – change versus acceptance. The lives of people with BPD are often intolerable and one solution is to change – but individuals may feel unable to change. An alternative solution is that the person with BPD should just accept their situation - but their situation is unacceptable. The dialectical approach takes the most valuable parts from these two views and puts them together: the patient is supported to strive for change and is taught skills to make change possible. In the meantime, until change occurs, they are helped to acknowledge things as they are and taught skills which can make this less difficult. Therefore two possible solutions, change and acceptance, which look contradictory, are in fact complementary. It is not a case of "either/or", it is a case of "both" and "and".

The "**behaviour**" in the term dialectical behaviour therapy is slightly different to how the word is used in everyday language and refers to anything that the person thinks or does (thinking behaviours and doing behaviours). By using diary cards to record behaviours, targets for change can be identified. The skills learnt in the group sessions and other strategies used in the individual sessions help the individual to make changes to the behaviours they wish to change.

"**Validation**" is another important part of DBT. Part of this means recognising that every behaviour that a person carries out (thinking or doing behaviours) makes sense on some level – even the ineffective behaviours that are targets for change. For example, a person with BPD who self-harms may have been told by others that they are "just attention seeking" or "just being silly". These responses are invalidating, as they do not recognise that the behaviour serves a purpose for the BPD sufferer. A DBT approach would be to find the purpose the behaviour serves for that patient - for example, perhaps self-harm is a way of managing difficult emotions. A validating approach would acknowledge that it makes sense to try to manage difficult emotions but would not necessarily agree that self-harm was the best way to go about this. This acknowledgement or acceptance of the purpose of the self-harm would be balanced by the need to change (by learning new, more effective, ways of managing difficult emotions).

DBT treatment is structured into 3 main parts: individual therapy, group skills training and the therapist consult group. Patients attend only individual therapy and group skills training.

- **Individual Sessions:** the patient will meet weekly for 45-50 minutes with their individual therapist, which will be the same person from week to week. Every week, the person completes a diary card and brings it to both individual and skills group sessions. On the diary card, the individual records important information about the week including how they have felt each day, whether they have had thoughts of harming themselves, and whether they have actually harmed themselves. Episodes of self-harm, and other behaviours which are targets for change, will be looked at in great detail, using a technique called behavioural analysis.

DBT is a structured therapy and there is an order in which problems **must** be addressed within a session:

- **Life threatening behaviours** – including suicide attempts and any self-harm, even if the intention was not to commit suicide. The reason for this is that self-harm is one of the largest risk factors for completed suicide and the person needs to remain alive for change to occur.
 - **Therapy interfering behaviours** – these can be on the part of either the therapist or the patient and include things like frequent lateness for sessions, not bringing diary cards on a regular basis, turning up under the influence of alcohol or drugs, or not turning up at all. Evidence shows that regular attendance is necessary for progress to be made. Therefore, if an individual chooses to miss either their individual session or skills group for four weeks without pre-arrangement, then they cannot remain in DBT.
 - **Quality of life interfering behaviours** – this can be anything that prevents the patient having the quality of life they would like. Examples include, drug or alcohol abuse, risky sexual behaviours and behaviours that interfere with important relationships.
- **Group Skills Training:** weekly session, usually in groups of up to 8 individuals with BPD, facilitated by 2 DBT therapists – sometimes different therapists from week to week. Each session lasts for around 1½ to 2 hours and starts with a mindfulness exercise, followed by a brief review of diary cards. The rest of the session is used to teach skills which can be used to help tackle the problems associated with BPD. Sometimes homework tasks are set, which will link in some way to the skills training session.

Skills training consists of 4 modules:

- **Core Mindfulness** – mindfulness is one of the key components of DBT which aims to help people “be fully in the moment”, increasing their awareness of the here-and-now, while trying to avoid dwelling too much on the past or worrying too much about the future. This module is split into 3 blocks of 2 weeks, which run before each of the other 3 modules.
 - **Interpersonal Effectiveness** – this module helps patients achieve their objectives with other people in an effective way. This includes how to say “no” effectively, how to ask for wants and needs in an effective manner, and how to maintain relationships effectively. This module runs for 8 weeks.
 - **Emotional regulation** – includes techniques for changing distressing emotional states. This module runs for 6 weeks.
 - **Distress tolerance** – includes techniques for helping to cope with distressing emotions if they cannot be changed. This module runs for 6 weeks.
- **Therapist consult group** – the group and individual therapists involved with the individuals in a DBT skills group meet weekly together to discuss what progress is being made. In the consult group, therapists use DBT approaches to help each other deliver the best therapy they can. Patients do not attend this group.