IN THIS CHAPTER

- Looking at the pillars, modes, and functions of DBT
- Getting a handle on the DBT theoretical framework
- Stepping through DBT's stages of treatment
- Considering core DBT skills
- Seeing the mechanics of DBT
- Using DBT to treat specific conditions

Chapter 1
Entering the World of DBT

Entering the world of DBT (dialectical behavior therapy) is entering into a world that focuses on the philosophical process of dialectics, while also attending to the psychological process of behaviorism and change. Imagine entering into a therapy that tells you that everything is composed of opposites, that these opposites are all true, that everything changes except for change itself, and that the way out of suffering is to start by accepting that all of these things are true. This chapter introduces the basics.

Looking at the Main Pillars of DBT

REMEMBER

DBT stands on three big philosophical and scientific pillars. These pillars are specific assumptions that hold the treatment together:

- **All things are interconnected.** Everything and everyone is interconnected and interdependent. We are all part of the greater tapestry of all things, a community of beings that supports and sustains us. We are also connected to our family, friends, and community. We need others; others need us.
- **Change is constant and inevitable.** This is not a new idea. The pre-Socratic philosopher Heraclitus said, "The only constant in life is change." Life is full of suffering, but because change happens, change being the only thing of which you can be certain, your suffering will change as well.
- **Opposites can be integrated to form a closer approximation of the truth.** This is at the core of dialectics. A dialectical synthesis combines the thesis (an idea) and the antithesis (its opposite). In coming up with the synthesis of the two ideas, the process never introduces a new concept not found in either the thesis or the antithesis. Strictly speaking, the synthesis incorporates one concept from the thesis and one from the antithesis.

Check out Chapter 2 for more about DBT's main pillars.

Getting an Overview of DBT's Treatment Modes and Functions

DBT was originally developed by Dr. Marsha Linehan for the treatment of people who struggled with self-destructive and suicidal behavior, and it subsequently became the gold-standard treatment for the condition known as borderline personality disorder (BPD), which we review comprehensively in Chapter 20. The treatment appeals to many therapists and patients, not only because it is very helpful, but because it integrates four essential elements in a comprehensive treatment by addressing the biological, environmental, spiritual, and behavioral elements of a person's struggle. It's also unique in its focus on balancing the need for a person to change while being completely accepted for who they are in the present moment.

As you find out in Chapter 2, DBT delivers the treatment through four modes, and these four modes address the five functions of a comprehensive treatment.

The four modes of therapy

REMEMBER

There are four modes of therapy, which are detailed completely in Chapter 14:

- **Individual therapy:** In this mode, a trained therapist works with you to apply newly learned skills to your personal life challenges.
- **Group skills training:** In this mode, together with a group of other patients, you're taught new behavioral skills, you complete homework assignments, and you role-play new ways of interacting with others.
- **Phone skills coaching:** In this mode, you can call your therapist between sessions to receive guidance on coping with difficult situations as they arise.
- **Therapist consultation team meetings:** In this mode, your individual therapist meets with other therapists who are also providing DBT treatment. These meetings help therapists navigate difficult and complex issues related to providing therapy, and give them new ideas for what to do when they are stuck. Chapter 17 goes into more detail on the consultation team.

The five functions of treatment

REMEMBER

As you see in the previous section, DBT is a comprehensive treatment program. In this way, DBT is a collection of treatments, rather than a single treatment method conducted by a single therapist and a single patient. Any program, whichever you choose to do, should address five key functions of treatment (which are fully reviewed in Part 4):

- **Increasing your motivation to change:** Changing self-destructive and maladaptive behaviors can be very difficult, and it can be easy to become disheartened. Your individual therapist will work with you to make sure you stay on track and reduce any behaviors that are inconsistent with a life worth living. Within individual and group therapy, your therapist will ask you to track your behaviors and use skills coaching in order to achieve this goal.
- **Enhancing your capabilities:** DBT assumes that people who struggle either lack or need to improve several important life skills, including skills that help you regulate emotions, pay attention to the experience of the present moment, effectively navigate interpersonal situations, and finally, be able to tolerate distress.
- **Generalizing what you've learned in therapy to the rest of your life:** If the skills you've learned in group and individual therapy sessions don't transfer to your daily life, then it's going to be difficult to say that the therapy was successful for dealing with your problems.

- **Structuring your environment in order to reinforce your gains:** An important function is to make sure that you don't slip back into maladaptive or problematic behaviors or, if you do, to make sure that the impact isn't enduring. Structuring the treatment in a manner that promotes progress toward your goal is a way to do this. Typically, your individual therapist will make sure that all of the elements of effective treatment are in place for you. At times, they may intervene for you if you aren't yet skilled enough to do so for yourself, with the understanding that such intervention is temporary until you have acquired the skills to manage.
- **Increasing your therapist's motivation and competence:** Although helping people who come to therapy with multiple problems can be very rewarding for both patient and therapist, the behaviors that people present with can be very taxing for the therapist, and so the therapist needs help to stay in the game of DBT. This is where the DBT consultation team that you read about in the previous section comes in.

Focusing on the DBT Theoretical Framework

The practice of DBT relies on three central theories:

- **The biosocial theory:** Dr. Linehan's biosocial theory essentially states that people who struggle in regulating their emotions do so because of an enduring interaction between that person's biological makeup — one that makes them more emotionally sensitive, more emotionally reactive, and slower to return to their emotional baseline — and what she termed the invalidating environment.

  An *invalidating environment* is one where a child's emotional experiences aren't recognized as valid or tolerated by significant people in the child's life. When this happens, and a child's emotional experiences aren't validated until the child has escalated emotionally and with high intensity, the child effectively learns that they have to escalate to be heard. When they get punished for expressing high emotions, the child might take their difficulties underground and try to regulate by using maladaptive behaviors such as self-injury. This, in turn, leads to even greater emotionality, as the child experiences shame and guilt. Flip to Chapter 2 for more about the biosocial theory.
- **Behavioral theory:** The behavioral theory seeks to explain human behavior by analyzing the antecedents of the behavior. *Antecedents* are the events, situations, circumstances, emotions, and thoughts that preceded the

behavior — in other words, the events that were happening before the behavior occurred — and the *consequences* of the behavior are the actions or responses that follow the behavior. It's in understanding the elements that are causing behaviors to manifest — and then further understanding what keeps the behaviors going — that the behavioral theory is applied in order to reduce maladaptive behaviors and increase adaptive responses.

An important element to this theory is that maladaptive behaviors are maintained because a person lacks the skills for more adaptive functioning due to problems in processing emotions and thoughts, which is why there is such an emphasis on teaching helpful emotion regulation skills. We discuss regulating your emotions in Chapter 10.

- **The philosophy of dialectics:** Essentially, *dialectical theory* states that reality is the tapestry of interconnected and interwoven forces, many of which are opposing one another. It is the continuing synthesis of opposing forces, ideas, or concepts that defines dialectics. Chapter 15 has more information on dialectics.

Checking Out the DBT Stages of Treatment

REMEMBER

DBT consists of five stages of treatment, one of which is pretreatment:

- **Pretreatment:** This is the period of time when the person is making a direct commitment to themselves and their therapist to do DBT therapy. In this stage of pretreatment, the patient also creates a hierarchical list of problem behaviors that interfere with their living the life they want to live.
- **Stage 1:** In this stage, the main goal is to reduce the most severe behaviors that greatly impact a person's life. These include life-threatening behaviors such as suicide and self-injury, therapy-interfering behaviors such as being late to therapy or not completing homework assignments, and quality-of-life-interfering behaviors such as substance misuse and hurtful relationships. Finally, they want to increase behavioral skills that are done in the skills-group format.
- **Stage 2:** In this stage, the person focuses on emotional experiencing and attending to the trauma in their life, trauma that has often led to misery and desperation.
- **Stage 3:** In this stage, residual problems such as boredom, emptiness, grieving, and life goals are addressed.
- **Stage 4:** In this final stage, the person works on deepening their self-awareness and their sense of incompleteness, becoming more spiritually fulfilled, and recognizing that most of happiness lies within the self.

Surveying DBT Skills

DBT assumes that many of the problems that people experience occur because they don't have, or can't effectively use, the skills to manage emotionally charged situations. More specifically, the failure to use effective behavior when it's needed is often a result of not knowing skillful behavior or, if known, how to use it. Consistent with this idea of skills deficit, the use of DBT skills during standard treatment — in group, individual therapy, and coaching — has been found to lead to a reduction in suicidal behavior, non-suicidal self-injury, and depression, and to improve emotion regulation and relationship problems. In Part 3, we thoroughly review these skills:

- **Mindfulness:** In part derived from Zen and mystical meditative practices, DBT teaches people the importance of how to be mindful. It involves reflecting on two considerations: "What do I do in order to practice mindfulness?" and "How do I practice these mindfulness skills?"
- **Interpersonal effectiveness:** DBT teaches more effective ways for people to get what they need and what they want, how to reduce interpersonal conflict, how to repair relationships, and how to say "no" to unreasonable requests. The focus is on helping a person build self-respect, improve their self-advocacy, and recognize their needs as valid.
- **Distress tolerance:** Whereas many approaches to mental health treatment focus on changing stressful situations, DBT focuses on teaching people skills that allow them to tolerate these situations, which are often fraught with emotional pain or distress. Within the skills, there is also a recognition of the importance of distinguishing between accepting reality as it is and approving of this reality.
- **Emotion regulation:** Central to many of the problems in which DBT is effective is the finding that people who struggle with regulating their emotions lack the ability to do so effectively. The focus of this skills module is to get people to know what emotion they are experiencing, what the vulnerability factors are to dysregulated emotions, what the functions of emotions are, and then how to deal with the emotions when they are disproportionate to the situation.

Walking through the Mechanics of DBT

As mentioned earlier in this chapter, a comprehensive DBT treatment goes beyond individual therapy and includes group skills training, phone coaching, and a consultation team for the therapists. The group sessions are typically held once per

week and run for two-and-a-half hours. In the group, the four skills modules that are mentioned in the preceding section — mindfulness, interpersonal effectiveness, distress tolerance, and emotion regulation — are taught. (These are extensively reviewed in Part 3 of this book.)

REMEMBER

It typically takes six months to get through all the components of all the modules, and many people who do a course of DBT repeat it. As a result, it takes about a year in total. It can take longer if there are co-occurring disorders such as post-traumatic stress disorder.

In the skills-group session, the first part is dedicated to reviewing the previous week's assigned homework, while the second part is used for learning, teaching, and practicing new skills. In individual therapy, the skills learned in the group are reviewed within the context of the person's individual treatment needs and goals. One way to think about this is that the skills groups put the skills into the person, while the individual therapy extracts them in the context of the person's life.

Treating Specific Conditions with DBT

Most studies on the efficacy of DBT have been completed in people who struggle with borderline personality disorder; however, DBT has been studied in many other conditions (which are more fully reviewed in Part 5). DBT has been shown to have a degree of effectiveness, either on its own or in combination with other behavioral therapies, for conditions such as the following:

- Post-traumatic stress disorder (PTSD)
- Substance use disorder (SUD)
- Binge eating disorder (BED)

It has also been used in diverse populations:

- Adolescents (see Chapter 13)
- Prison populations
- People with developmental disabilities
- Family members of people with borderline personality disorder
- Students who would benefit from a social-emotional learning curriculum in schools