# What is Dialectical Behavioral Therapy (DBT)

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Dialectical Behavioral Therapy is a fast growing treatment method for Borderline Personality Disorder. DBT was formulated from Cognitive Behavioral Therapy (CBT) and involves individual and group therapy work. Originally created to work in an outpatient setting, DBT can be modified to work in inpatient and residential treatment programs. Origins for DBT are credited to Marsha M Linehan in 1971. It was developed to work with chronically suicidal borderline personality disorder patients. It is now used to treat a variety of disorders including substance abuse, anxiety disorders, eating disorders, post-traumatic stress, bipolar and panic disorders.

The premise behind DBT is that once skills are learned, the traits of the disorder diminish creating a life worth living. Skills training are the heart of DBT success. Clients with borderline personality disorder, often live in the past or the future creating unhappiness in the present. At the core of DBT are skill sets taught in four areas:

1) Mindfulness-Clients learn to pay attention without being judgmental and to learn to be in the full present moment.
2) Emotion Regulation-Clients develop a variety of skills to reduce vulnerabilities, change negative emotions and become better problem solvers.
3) Distress Tolerance-Clients learn Dysfunctional behaviors are responses to emotional pain. Clients learn how to navigate through crisis and learn how to accept reality. This is not a cure but rather a technique to survive crisis.
4) Interpersonal Effectiveness-Clients learn to identify the feeling and how to ask for what the client needs, learning to say no and managing conflict all while maintaining self-respect.

Once these skills are learned, DBT trained therapists help clients apply what is learned in everyday life situations by giving them feedback, reinforcement and practice.

**Why does DBT work?**

DBT seeks to validate feelings and problems. It balances acceptance by challenging residents to make productive changes. Studies have shown that DBT reduces the rate of self-injury and suicide attempts. It works because clients can manage their issues without resorting to self-defeating behaviors.

Joel Paris (2006) combined several recent advances in the treatment of BPD clients. Paris (2006), looked at DBT therapy, cognitive therapy, psychodynamic therapies, group therapy, family psycho education, psychotherapy efficacy in relation to long-term outcomes, and different medications used to treat BPD clients. With relation to DBT therapy, Paris found that 90% of DBT clients stayed in therapy for a full year. This finding is significant due to the BPD population and its lack of compliance for treatment. While other forms of cognitive therapy have been found less effective, cognitive behavioral therapy was equivalent to treatment as usual and there was no reduction in self-mutilation with BPD clients.

**Why does it work for adolescents, especially in a residential setting?**

In a highly structured program, individuals know what to expect and the DBT concepts and skills are constantly being reinforced. It teaches individuals new skills including how to regulate some of their up and down emotions, how to handle hard situations, how to get what they want effectively while being with others learning as a group. It is a 24/7 opportunity to learn while being in a safe environment. When done in a


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