



Dialectical Behavioural Therapy

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Medical practitioners are sometimes faced with patients who present with constant crises in their lives, mood fluctuations, significant suicidality, chaotic and extreme relationships, an intense fear of abandonment and emotional vulnerability. When faced with patients who exhibit symptoms such as these, medical practitioners may feel overwhelmed and uncertain about possible treatment options, and struggle to know where to refer patients for the best possible outcomes.

Dialectical Behaviour Therapy (DBT), originally developed by psychologist Marsha Linehan, has been shown to be increasingly effective in treating patients with intense emotional swings / lability, impulsivity, frequent relational difficulties, and chaotic interpersonal interactions in addition to suicidal

behaviour and self-harm. Many of these patients may also meet the criteria for Borderline Personality Disorder.¹

DBT is considered a comprehensive treatment that blends cognitive-behavioural approaches with mindfulness and acceptance-based practices embodied by Eastern philosophies and other contemplative practices.² DBT is

founded on the idea that the fundamental nature of reality is change and process, rather than content or structure.³ As the individual and the environment are undergoing continuous transition, DBT therefore focuses on aiming to help the client become more comfortable with change rather than attempting to maintain a stable, consistent environment. A fundamental aspect of DBT is therefore radical acceptance of the individual's situation whilst encouraging an increased capacity to tolerate change. As such, DBT is anchored in a dialectical philosophy that encourages the balance and synthesis of both acceptance and change.⁴ Clients are encouraged to both acknowledge and accept emotional experience and to push away and prevent negative emotions.²

The main aim of DBT is to balance self-acceptance with learning new skills in order to reduce self-destructive behaviours, improve self-esteem, and minimise distress.

The core of DBT is therefore to balance empathy and warm acceptance (validation) with an unwavering focus on changing problem behaviour (problem-solving).

Through this balance, DBT aims to help change the behavioural, emotional, and thinking patterns associated with problems in living, while promoting the development of and reliance on a manner of thinking that incorporates both rational thought and emotive experience.

DBT focuses on teaching skills within four main modules: Core Mindfulness, Distress Tolerance,

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Interpersonal Effectiveness, and Emotional Regulation. Core Mindfulness is considered the foundation upon which all other skills taught in DBT are based as it helps individuals accept and tolerate powerful emotions they may experience when faced with challenging or upsetting experiences or situations.¹ Divided into 'What' and 'How' skills, this core module helps clients control the focus of attention by fully participating in the moment rather than moving distractedly through life. This is performed through the practice of non-judgementally observing and describing their inner and outer environments and focusing the mind on one process, task or experience at a time.^{1,2,3}

Perhaps the main tenet of DBT is its focus on emotional dysregulation which Linehan views as the "joint outcome of biological disposition, environmental context, and the transaction between the two during development" (Linehan, 1993, pg. 2). Plainly speaking, this 'biosocial theory' proposes that the interaction between a biological tendency toward emotional vulnerability (temperament and physiological makeup) and an invalidating environment during developmental years (quality of relationship with caregivers, early experiences), produces a dysregulation of the client's emotional regulation system.⁴ DBT is therefore appropriate for a range of problems relating to emotional dysregulation, including substance use, eating disorders, anger-related problems, depression and anxiety, and relational difficulties.

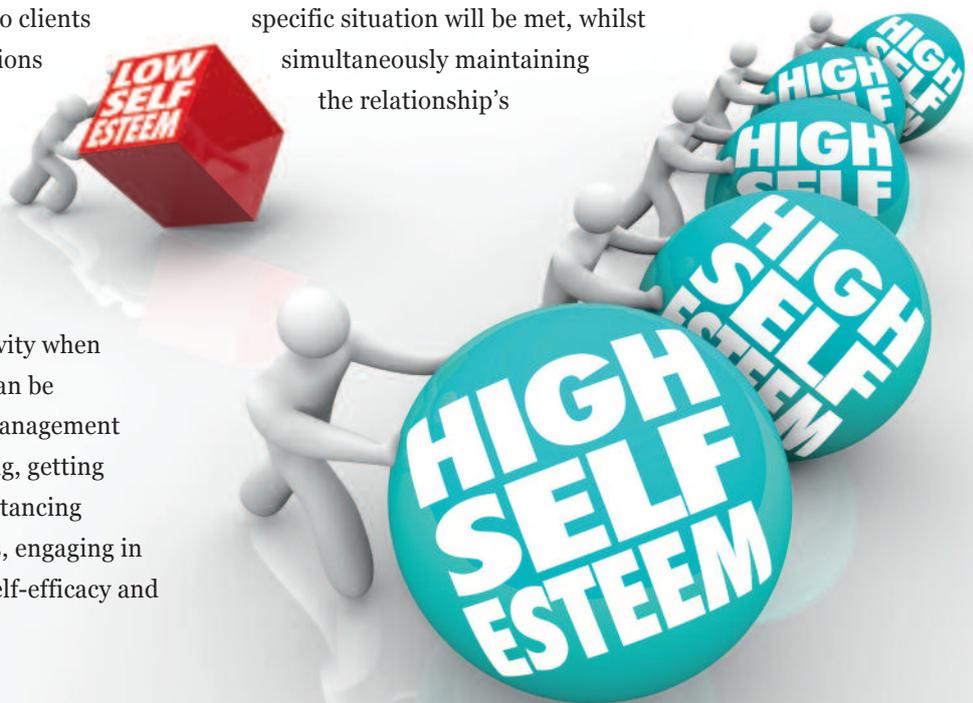
Emotional regulation skills are taught to clients by helping them to identify and label emotions correctly in order to become fully aware of and accept emotional experiences.⁴ Clients are then encouraged to identify obstacles to changing emotions in order to reduce their vulnerability to acting out whilst in their 'emotional mind'.^{1,3} Reducing vulnerability to emotional reactivity when under physical and environmental stress can be accomplished through awareness of self-management skills such as balancing nutrition and eating, getting sufficient rest, treating physical illness, distancing themselves from mood-altering substances, engaging in physical exercise and building a sense of self-efficacy and competence.³

Distress Tolerance is an important aspect of emotional regulation and forms another core module of DBT. Indeed, DBT emphasises learning to bear pain skillfully, and help clients with the acceptance, understanding and finding meaning within; pain and distress are an inevitable part of life and cannot be removed.^{1,3} As such, distress tolerance is the capacity to accept, in a non-judgemental and non-evaluative manner, oneself and the current situation. The goal is therefore to become capable of calmly recognising negative situations and their impact, rather than becoming overwhelmed or hiding from them.¹ It provides clients with the

opportunity to make wise decisions regarding whether and how to respond as opposed to falling into intense, desperate or destructive emotional reactions. Clients are given specific skills that aid them in distracting themselves (from contact with negative emotional stimuli) engage in self-soothing activities, and improve the current moment.³

The final module of DBT revolves around Interpersonal Effectiveness, wherein the skills taught are similar to those taught in assertiveness and interpersonal problem-solving groups. What is emphasised is that the particular behavioural patterns needed for social effectiveness are directly related to a client's goals in a particular situational context.³ As many individuals struggle with application of generally good social skills to a specific situation, the skills taught focus on maximising the chances that a person's goals in a specific situation will be met, whilst simultaneously maintaining the relationship's

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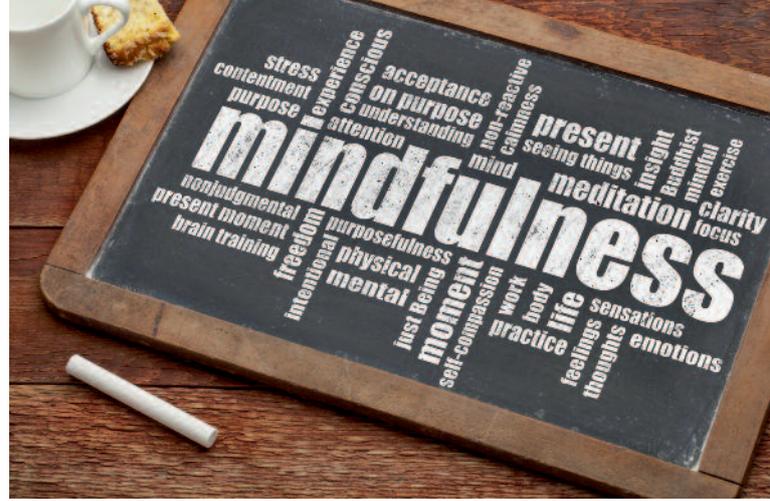


integrity or the client's self-respect. DBT therefore concentrates on attending to relationships whilst also balancing priorities versus demands in life and relationships. Balancing a client's needs-to-wants ratio in life and relationships is also examined in addition to building mastery and self-respect within relationships and life.^{1,3}

DBT is a highly structured programme, with a designated number of sessions centered around skills development. The length of each programme differs from public to private institutions, but originally Linehan (1993) felt that a minimum of 12 sessions was necessary in order to facilitate skills development. Despite the differences in time structure, fundamental to the composition and process of DBT is group work. Clients are initially cautious and somewhat resistant to group treatment. This particular approach has much to offer as compared to individual treatment.

Groups aid in eliciting the interpersonal behaviours that are often at the forefront of many clients' difficulties, and as such a group format offers a forum in which to address these. However, perhaps more beneficial for clients is the opportunity to interact with other individuals who are experiencing the same distress or worries and the resulting validation and development of a 'support' group can be very therapeutic.³ Practical aspects also include a minimum of two group leaders to run each group, and the giving and review of "homework" in which to aid clients in actively practicing the skills learnt each week and to receive feedback on any difficulties they encounter. Further

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aspects such as behavioural diary cards and scheduled telephonic support sessions are also a consideration on a group to group basis.

For medical practitioners who have referred patients on to a DBT programme, it's also imperative they refer these patients for psychiatric treatment. Medical practitioners can aid these patients in complying with their treatment by becoming knowledgeable about the treatment process involved in DBT and Borderline Personality Disorder. Also increasing awareness of the signs of possible relapse and recidivism and discussing these with their patients may help improve a patient's chance of achieving mastery within their own lives.

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Background Information

Cindy van Wyk is a Clinical Psychologist working in Rivonia specialising in Neuropsychology with experience in working with children, adolescents and adults in both a therapeutic and neuropsychological context.

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