DIALECTICAL BEHAVIOUR THERAPY

-DBT is a cognitive-behavioural treatment originally developed by Marsha M. Linehan, as a treatment for chronically suicidal individuals, and first validated with suicidal women who met criteria for borderline personality disorder.

-DBT emphasizes an organized, systematic approach in which members of the treatment team share fundamental assumptions about therapy and clients.

-the term 'dialectical' is derived from classical philosophy. It refers to a form of argument in which an assertion is first made about a particular issue (the thesis), the opposing position is then formulated (the antithesis) and finally a 'synthesis' is sought between the two extremes, embodying the valuable features of each position and resolving any contradictions between the two. This synthesis then acts as the thesis for the next cycle. In this way truth is seen as a process which develops over time in transactions between people. From this perspective there can be no statement representing absolute truth. Truth is approached as the middle way between extremes.

-the dialectical viewpoint underlies the entire structure of therapy, the key dialectic being 'acceptance' on the one hand and 'change' on the other. Thus DBT includes specific techniques of acceptance and validation designed to counter the self-invalidation of the patient. These are balanced by techniques of problem solving to help the patient learn more adaptive ways of dealing with difficulties and acquire the skills to do so.

-Dialectical strategies underlie all aspects of treatment to counter the extreme and rigid thinking encountered in these patients. The therapy is behavioural in that, without ignoring the past, it focuses on present behaviour and the current factors which are controlling that behaviour.

Stages of therapy and treatment targets

-patients with BPD present with multiple problems and this can pose problems for their therapist in deciding what to focus on and when. This problem is directly addressed in DBT. The course of therapy over time is organized into a number of stages and structured in terms of hierarchies of targets at each stage.

> **Pre-treatment Stage**: focuses on assessment, commitment and orientation to therapy.
> **Stage 1:** focuses on suicidal behaviours, therapy interfering behaviour and behaviours that interfere with the quality of life, together with development the necessary skills to resolve these problems.
> **Stage 2:** deals with PTSD
> **Stage 3:** focuses on self-esteem and individual treatment goals.

Hierarchy of targets in individual therapy

1. Decreasing suicidal behaviours.

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2. Decreasing therapy interfering behaviours (i.e. failure to attend sessions, failure to do homework, behaviours that overstep therapist limits)
3. Decreasing behaviours that interfere with the quality of life (i.e. drug or alcohol abuse, sexual promiscuity)
4. Increasing behavioural skills
5. Decreasing behaviours related to post-traumatic stress
6. Improving self esteem
7. Individual targets negotiated with the patient.

The core strategies of DBT are validation and problem solving. Attempts to facilitate change are surrounded by interventions that validate the patients behaviour and responses as understandable **in relation to her current life situation**, and that show an understanding of her difficulties and suffering.

Problem solving focuses on the establishment of necessary skills. If the patient is not dealing with her problems effectively then it is to be anticipated that either she does not have the necessary skills to do so, or does have the skills but is prevented from using them. If she does not have the skills then she will need to learn them; hence skills group training.

Modes of Therapy

1. **Individual therapy**: The individual therapy is the primary therapist. The main work of therapy is carried out in the individual therapy sessions.
2. **Group skills training**: Ideally conducted by someone other than the individual therapist. Patients are taught skills considered relevant to the particular problems experienced by people with borderline personality disorder. There are four modules focusing in turn on four groups of skills.
    A) Core mindfulness skills
    B) Interpersonal effectiveness skills
    C) Emotion regulation skills
    D) Distress Tolerance skills
3. **Telephone contact**: includes out of hours contact. NOT for the purpose of psychotherapy. Rather it is to give the patient help and support in applying the skills that s/he is learning to her real life situation between sessions and to help her find ways of avoiding self-injury. Calls are also accepted for the purpose of relationship repair when the patient feels that she has damaged her relationship with her therapist and wants to put his right before the next session. Calls after the patient has injured herself are not acceptable and after ensuring the immediate safety of the patient, no further calls are allowed for the next twenty-four hours. This is to avoid reinforcing self-injury.
4. **Therapist Consultation**: therapists receive DBT from each other at regular meetings. The members of the group are required to keep each other in the DBT mode and are required to give a formal undertaking to remain dialectical in their interaction with each other, to avoid any pejorative descriptions of patient or therapist behaviour, to respect therapists' individual limits and generally are expected to treat each other at least as well as they treat their patients.

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