



American Foundation of
Counseling Services, Inc.

Dialectical Behavior Therapy

For more information, please contact Kim or Heather
at AFCS (920) 437-8256.

Dialectical Behavior Therapy (DBT) is an approach developed by Marsha Linehan, Ph.D., in the late 1970's. The approach was designed to treat suicidal, self-harming behaviors, which are also behaviors common to a specific disorder called Borderline Personality Disorder (BPD). DBT is recognized as an empirically supported treatment for BPD; that means that there have been clinical trials completed to determine it is effective. DBT is also used to treat eating disorders, substance abuse, depressed and suicidal teenagers, and ongoing depression in the elderly.

DBT adds the concepts of validation and dialectics to cognitive behavior therapy. Validation is an acceptance based strategy, one used to say to clients that they are acceptable as they are and that their thoughts, feelings, and behaviors are true and valid. Acceptance is essential but does not discount the need for change; this is where the concept of dialectical applies. To be dialectical means to find balance, resolution, or synthesis between polar opposites. DBT strongly emphasizes the importance of balance, and specifically in regard to balancing acceptance and change. This approach accepts that clients are doing the best they can AND change is necessary! It is fundamental that the therapist support the client in moving away from rigid, all or nothing thinking that is typically common among clients with BPD.

The goal of DBT is to help clients build a life worth living. There are four stages in comprehensive DBT. American Foundation of Counseling Services (AFCS) currently offers *DBT informed therapy*, which means that we have therapists who can provide treatment through each of the stages listed below, while treatment may vary some from the DBT framework. The four stages and targets for are as follows:

- Stage 1 Targets: Decrease life-threatening behaviors, decrease therapy-interfering behaviors, decrease quality of life interfering behaviors, increase behavioral skills. In other words, behaviors are addressed in a progression. First behaviors that keep the person alive. Next behaviors that may end treatment prematurely. Lastly behaviors that will improve quality of life by developing alternative skills.
 - This stage includes both individual therapy and group skills training. The DBT model recommends a year of concurrent individual and group treatment before moving on to Stage 2.
 - AFCS offers both adolescent and adult skills groups for ten week sessions. Skills training can also be done individually rather than in group if necessary. Group is run in a psychoeducational format, it is not a processing group. A new skill is taught each group session, practiced outside of group, and reviewed the following group session to allow opportunity for participants to get positive support and reinforcement for using skills.
 - The skills training is in the following areas:
 - Mindfulness: Learning to become present in the moment in a non-judgmental way. Learning to control one's attention and move away from obsessing about the past or negatives.
 - Distress Tolerance: Learning to cope with emotional pain in more improved ways than the common self-destructive behavior. Learning to accept oneself and the situation.
 - Emotion Regulation: Learning how to identify emotions, keep them in perspective, and express them. Learning to reduce vulnerability to negative emotions and build positive emotions.
 - Interpersonal Effectiveness: Learning about respect for self and others, assertiveness training, and how to be effective in interactions with others.
 - AFCS has individual therapists that practice *DBT informed* treatment during sessions. Individual sessions include a review of a weekly diary card and completion of a chain analysis to identify behaviors to improve. A diary card is a monitoring tool, a way to obtain information about relevant behaviors (i.e., moods, self-harming, and substance use).

- Stage 2 Targets: Decrease post traumatic stress responses. Help to experience emotions fully. After stage 1, behaviors are now under control but one may be suffering internally, in a silent way. This is the stage that addresses trauma and feelings.
 - Eye Movement Desensitization Reprocessing (EMDR) has been scientifically proven to be an effective treatment for Post-Traumatic Stress Disorder. AFCS has therapists trained in this approach.
- Stage 3 Targets: Increase self-respect, achieve individual goals, work on ordinary life problems. Help to live a life that includes ordinary happiness and ordinary unhappiness versus suffering.
 - Some may take a break from therapy at this time and work on the targets independently or some may work with a different therapist than the skills trainer and individual therapist in Stage 1.
- Stage 4 Targets: Creating freedom, joy, and completeness, continuing on a spiritual path of finding meaning and purpose. This stage is specific for clients who are unable to find spirituality, meaning, or purpose even after living with ordinary happiness and ordinary unhappiness.

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*This information was summarized/paraphrased from:

Linehan, M. M. (1993). *Cognitive-behavioral treatment of borderline personality disorder*. The Guilford Press: New York.

Linehan, M. M. (1993). *Skills training manual for treating borderline personality disorder*. The Guilford Press: New York.