

## Theoretical and Practical Bases of Application of Dialectical-Behavioral Therapy

**Andrushko Yaryna\***

*Associate Professor, Department of Theoretical and Practical Psychology, Lviv Polytechnic National University, Consultant Psychologist, Ukraine*

**\*Corresponding Author:** Andrushko Yaryna, Associate Professor, Department of Theoretical and Practical Psychology, Lviv Polytechnic National University, Consultant Psychologist, Ukraine.

**Received:** October 16, 2021; **Published:** November 22, 2021

### Abstract

Dialectical behavioral therapy (DBT) is an empirically proven method of helping patients with borderline disorders and suicidal tendencies. Dialectical-behavioral therapy is aimed at orienting a person in personal changes, increasing behavioral standards of behavior, work with acceptance etc. The therapist plays the role of a guide, who helps calm the patient down, encourage the patient to change and accept reality. DBT is the treatment model with the largest number of published scientific articles showing its efficiency. It is important to note that the data suggest that there is clinical benefit associated with inpatient DBT, treatment settings, as it seems to effectively reduce the symptoms of borderline personality disorder and improve global functioning when standard practices and principles are included with model validity. treatment. However, additional studies are needed to standardize inpatient DBT and measurement results, to identify critical mechanisms of symptoms and behaviors to change, and to evaluate the effectiveness of further outpatient treatment. The article analyzes the GIVE technique, which allows you to become more persistent and effective in interpersonal communication, to be able to express their needs and at the same time the ability to say “no” while the personality radiates positive and constructive. STOP is used in dialectical-behavioral therapy to develop tolerance skills. Every strategy used in DBT requires a dialectical approach that combines change and acceptance.

**Keywords:** *Dialectical-Behavioral Therapy; Borderline Personality Disorder; Validation; Acceptance; DBT Techniques*

### Introduction

Dialectical behavioral therapy (DBT) emerged in the late 1980s due to the need to work effectively with suicidal clients and clients with borderline personality disorder. The founder of this method is Marsha M. Linehan.

DBT is a complex method of cognitive-behavioral therapy, which is focused on treating complex personality and behavioral disorders. DBT is based on a combined deficit-motivational model of borderline personality disorders. Individuals with such disorders are characterized by problems in interpersonal communication and low levels of self-regulation and distress. And individual and environmental factors often block the client's behavioral responses and reinforce dysfunctional behavior.

DBT combines basic behavioral therapy strategies with awareness techniques and exercises. The dialectical approach implies the inevitability of difficult to combine opposites, such as the need for acceptance and change, passivity and activity, personal vulnerabilities, the need for contacts, etc. This type of therapy helps form flexible dialectical patterns of thinking and behavior, overcoming a rigid form of thinking.

This type of psychotherapy is a branch of cognitive-behavioral therapy, but there are some differences between these methods, namely:

- 1) Emphasis on acceptance and validation, with the emphasis on the current state;
- 2) Focus on behavior modification that interferes with therapy;
- 3) Attention to therapeutic relationships as a necessary condition for treatment;
- 4) Emphasis on the dialectical approach.

Taking into consideration the differences between dialectical behavioral therapy and cognitive-behavioral therapy, it should be noted that the fundamental basis is the acceptance of human behavior and actions then provided in other methods. The need for balancing change and acceptance is inherent in dialectical behavioral therapy.

The main postulate of DBT is the statement that the client accepts himself as he is while the therapist helps client achieve the change. Acceptance skills include attentiveness and distress tolerance. Attentive skills are focused on being present in a moment invaluable and in an active position. Distress tolerance refers to the ability to endure pain in the short and long term, without complicating the situation with thoughts and so on.

Change skills include emotional regulation and interpersonal effectiveness. Emotional regulation skills are a tool for labeling and identifying emotions, changing unwanted emotions, and reducing vulnerability to problematic emotions. Interpersonal efficiency skills are the achievement of goals in communication, maintaining existing relationships, maintaining self-esteem.

In summary, DBT acceptance skills include awareness techniques as well as validation and acceptance strategies. Skills of change in DBT include behavioral analysis of maladaptive patterns of behavior and decision-making techniques, training of interpersonal skills, emotional regulation, exposure techniques.

### Objective of the Study

The object of the research is the dialectical-behavioral techniques and strategies.

### Purpose of the Study

The purpose of our study is a theoretical and practical analysis of dialectical-behavioral therapy and classical strategies of this psychotherapeutic direction.

To achieve the goal determined the following tasks are to be fulfilled:

- 1) Analyze the theoretical and practical postulates of dialectical and behavioral therapy
- 2) Reveal the essence of techniques that help in understanding yourself and others.

### Methodology and Results

#### Materials and methods

The main goals of DBT are:

- 1) Increase behavioral standards of behavior.

- 2) Increase the motivation of the individual to change.
- 3) Assistance in the formation of new patterns of behavior outside of therapy.
- 4) Structuring of the therapeutic environment.
- 5) Increase the capabilities and motivation of the therapist.

In dialectical behavioral therapy, these goals are achieved through a variety of work formats, including individual psychotherapy, group skills training, telephone counseling, and the DBT counseling group. Emotional dysfunction and behavioral control are known to be common symptoms of many mental health disorders.

In the research, Shelley McMain, Lorne M. Korman, and Linda Dimeff [1] analyze the biosocial theory of dialectical behavioral therapy. The essence of this theory is that borderline personality disorder is treated as one of the emotional disorders of regulation, the result of which is high emotional sensitivity and vulnerability with a corresponding deficit of skills in the regulation of emotions. Marsha Linehan views most dysfunctional behaviors in borderline clients as a way for a person to regulate intense affect or the result of emotional dysregulation. Modern experimental studies show that emotions cause biochemical reactions in the brain, corresponding physiological changes (e.g. changes in heart rate, muscle tone, body temperature) and activate personality behavior (e.g. attack with anger, flight with fear). Such a dynamic response concerns the physiological and/or psychological readiness to act appropriately to maintain, break, change the relationship of man with the environment, as noted by S. Freud. Expressive behavior, as a leading component of the emotional sphere, includes body language (e.g. changes in posture, face, etc.), verbal transmission of emotions, as well as other forms of nonverbal communication. Such expression takes place, according to scientists, due to the desire of man to survive, to adapt to a changing society.

According to DBT protocols, treatment in this area includes weekly individual therapy, weekly group skills training, telephone coaching on motivation and the current state of clients with borderline personality disorder. As M. Linehan [2] notes, the combination of these components is a prerequisite for therapy.

### Discussion and Conclusion

According to Marsha Linehan [2] in both biological psychiatry and cognitive psychology a certain modality of behavior provokes the disharmony of personality, and in dialectical behavioral therapy no modality of behavior dominates as a cause of human functioning. In general, dialectical-cognitive therapy does not consider behavioral dysfunction as a result of a dysfunctional cognitive process, in contrast to cognitive theories [3]. However, this does not mean that cognitive activity does not affect physiological and motor detection, behavior, but rather the opposite. The example of this is the experimental study of A. Beck and his colleagues [3,4] that using pessimistic expectations about the future can predict suicidal behavior. At the same time, the dialectical approach does not involve the search for simple causal models, which is manifested in behavioral patterns. As P. Manicas and P. Secord [5] note, it is important to clarify the nature of this process in specific circumstances. According to this provision, behavioral actions will be the result of complex causal relationships of one or many levels.

It has been experimentally established that dialectical-behavioral therapy for borderline personality disorders has a high level of effectiveness. This has been investigated using meta-analytical calculations (Cohen, 1992; Kliem etc., 2010). In addition, a meta-analysis conducted by Binks etc. (2006) demonstrated that DBT in dealing with borderline clients reduces self-harm and suicidal behavior and optimizes thinking.

Jill Myerow Bloom, Eva N. Woodward, Teresa Susmaras, David W. Pantalone [6] note the clinical usefulness of dialectical-behavioral therapy, especially in the treatment of borderline personality disorder, reduction symptoms of self-harm, improvement of human functioning in stress.

DBT skills training aims to master skills that help reduce dysfunctional behavior and facilitate the adoption of new patterns of thinking, emotional and behavioral response. The four basic modules address the skill deficits that are inherent in people with borderline disorder:

- The center of basic skills of attention to the ways of strategic deployment of attention control;
- Emotional regulation skills teach clients to identify and influence emotions caused by the environment;
- Interpersonal efficiency skills help clients learn to respond effectively to conflict and interpersonal relationships.
- Skills of tolerance to distress, which help identify a crisis situation and feel the power of emotions, inhibiting dysfunctional behavior.

Therapeutic strategies are used in DBT to achieve the set goals. This concept means a coordinated activity, techniques and procedures used by the therapist. This term in dialectical-behavioral therapy means the same as the terms “protocol”, “procedure”, “technique” in other psychotherapeutic areas. Thus, M. Lineham identified 4 main categories:

- 1) Dialectical strategies;
- 2) Basic strategies;
- 3) Stylistic strategies;
- 4) Individual management strategies.

In general, a set of strategies and techniques is presented in the fundamental work of Marcha Linehan «Cognitive-Behavioral treatment of borderline personality disorder» (1993) (Figure 1).

Dialectical Behavioral Therapy – Skills Training Quick Reference List										
<p><b>Skills Training AAA Model</b></p> <p>Awareness Acceptance Action</p>	<p><b>Emotion Regulation Goals</b></p> <ul style="list-style-type: none"> <li>• Understand Emotional Experience</li> <li>• Reduce Emotional Vulnerability</li> <li>• Decrease Emotional Suffering</li> </ul>	<p><b>Problem Solving</b></p> <ol style="list-style-type: none"> <li>1. Identify Problem</li> <li>2. Gather Data</li> <li>3. Analyze Data</li> <li>4. Find Solution</li> </ol>								
<p><b>Mindfulness</b></p> <table border="0"> <tr> <td><b>How Skills</b></td> <td><b>What Skills</b></td> </tr> <tr> <td>One-mindfully</td> <td>Observe</td> </tr> <tr> <td>Non-judgmentally</td> <td>Describe</td> </tr> <tr> <td>Effective</td> <td>Participate</td> </tr> </table>	<b>How Skills</b>	<b>What Skills</b>	One-mindfully	Observe	Non-judgmentally	Describe	Effective	Participate	<p><b>Emotion Regulation</b></p> <p>Physical activity Illness treatment Eat balanced meals Avoid mood-altering drugs Sleep balance Exercise</p> <p>Mindful to emotion Action opposite to emotion Self-validation Turn the mind Experience building positives Radical acceptance</p>	<p>Validate Imagine Take small steps Applaud yourself Lighten your load Sweeten the pot</p>
<b>How Skills</b>	<b>What Skills</b>									
One-mindfully	Observe									
Non-judgmentally	Describe									
Effective	Participate									
<p><b>Distress Tolerance</b></p> <p>Activities Contributing Comparisons Emotion opposites Pushing away Thoughts Sensations</p> <p>Imagery Meaning Prayer Relaxation One thing at a X Vacation Encouragement</p>	<p><b>Interpersonal Effectiveness</b></p> <p>Describe Express Assert Reinforce</p> <p>Mindful Appear confident Negotiate</p> <p>Gentle Interested Validate Easy manner</p> <p>Fair Apology free Stick to values Truthfulness</p>	<p><b>Setting Goals</b></p> <p>Specific Meaningful Achievable Recordable Timeline plan</p>								
<p><b>Pros &amp; Cons</b></p> <p>Temperature Intense physical exertion Paced breathing</p> <p><b>Self Soothe with the Senses</b></p> <table border="0"> <tr> <td>Taste</td> <td>Smell</td> <td>Sight</td> </tr> <tr> <td>Hearing</td> <td>Touch</td> <td></td> </tr> </table>	Taste	Smell	Sight	Hearing	Touch			<p><b>Relapse Prevention</b></p> <ul style="list-style-type: none"> <li>• Practice Skills Daily</li> <li>• Enhance Positive States</li> <li>• Disregard Social Pressure</li> </ul> <p><b>Thought Modification</b></p> <ul style="list-style-type: none"> <li>• Turn the Mind</li> <li>• Radical Acceptance</li> <li>• Willingness</li> </ul>		
Taste	Smell	Sight								
Hearing	Touch									
		<p><b>Behavior Chain Analysis</b></p> <ol style="list-style-type: none"> <li>1. Prompting event</li> <li>2. Problem thought</li> <li>3. Problem emotion</li> <li>4. Target Behavior</li> <li>5. Short term Relief</li> <li>6. Long term Consequence</li> </ol>								

Figure 1: List of leading techniques and strategies of DBT (According to M. Lineham, 1993).

Let's analyze some strategies and techniques in more detail. Dialectical strategies are the basis of the DBT's dialectical essence. Basic strategies include validation and problem-solving strategies and, together with dialectical techniques, they are at the heart of the DBT method. Stylistic strategies define interpersonal and communicative styles which are compatible with DBT. Individual management strategies relate to the therapist's interaction with the social network in which the patient is involved, as well as his reactions thereof. New combinations of strategies may be needed for each new situation.

Dialectical strategies focus on the creative tension that arises between incompatible emotions, as well as opposite patterns of thinking, values and behavioral strategies both within the individual and in the system "individual-environment". At the heart of this is the postulate of accepting the surrounding reality as it is.

The dialectical focus of therapy contains two levels of therapeutic behavior. First, the specialist responds empathetically to dialectical tension and balance in therapeutic relationships. Second, the therapist teaches the client dialectical behavioral patterns and models them. In the context the client is explained that truth is not absolute or relative, but rather it develops and is constructed over time.

Primary dialectical strategy is the balanced use of therapeutic strategies and positions of the therapist in the therapeutic relationship. The emphasis on acceptance can promote change, and the emphasis on change can promote acceptance. It takes time and has no clear therapeutic time frame.

The therapist helps the patient to move from the "either-or" model to the "and, and" model. The specialist should not devalue the first idea, view or opinion of the client, but instead voice alternatives, other positions (for example: "Yes, but in addition to this opinion there is another..."; Not "Yes, but neither was wrong...").

This position should be taken in relation to actions and emotional reactions. There are two points to consider. First, the possibilities of personal and social change do not arise externally and do not go beyond this system, but are realized in the existing contradictions of each specific social context (Sipe, 1986). Second, extremes and rigid behavioral patterns signal that a dialectical balance has not been struck. Here it is important not to find yourself in the web of extremes and not to get entangled in the pursuit of "enlightenment" but instead - to outline "middle path way".

Mastering the skills of tolerance to stressful situations helps a person accept himself and what is happening in his life. To do this, use methods of distraction complacency, improve interpretation of the situation, reflect on the pros and cons of intolerance to stressful situations.

These techniques help a person prepare for the experience of intense emotions and allow you to deal with these emotions with a more positive and lasting effect. For example, the technique in which you need to control your body: start running up and down the stairs; go out into the fresh air; if a person is sitting, it is worth walking, moving. The point is to use a distraction technique, with emotions as if watching the body.

Another interesting technique for improving and enhancing interpersonal efficiency is the GIVE technique. This technique allows you to become more persistent and effective in interpersonal communication, i.e. to be able to express their needs and at the same time to say "no" while the personality radiates with positivity and constructivity. Because here it is important to learn the ability to listen and communicate, you should communicate with different people while showing respect for yourself and others.

So, let's decipher the reception of GIVE:

- 1) Gentle - To be polite to the interlocutor, not to attack, not to condemn, taking a position.

- 2) Interested - To be interested, to show interest with the help of active listening skills, without interrupting.
- 3) Validate - In fact it is the recognition of the thoughts and feelings of another person, while checking with questions, feelings and opinions of the interlocutor.
- 4) Easy manner - This skill requires a person to be able to easily relate to the communicative process, often to smile.

Dialectical behavioral therapy successfully works with the regulation of emotions, the ability to control strong feelings. To begin with, individuals are taught to identify and name the emotion they are experiencing, and then change the emotions. This skill is extremely important because when a person is able to recognize and cope with intense negative emotions (anger, aggression), emotional vulnerability is reduced and more positive emotional feelings are evoked. A good example of such regulation of emotional response is an exercise that focuses on opposite actions. So, determine how you feel now, for example if you feel depressed, uncomfortable in the company where you are, you should plan to meet the desired people (partners, loved ones, parents, etc.) and then implement it.

The following STOP technique is used to develop tolerance in order to cease distress:

- S (Stop): stop. In the event of any negative situation, you should stop, and not tense your muscles. This is important, because our emotions will try to push us to a unconscious certain bodily reaction. Therefore, you should control your body and watch what is happening on the physical level.
- T (Take a step back) - You need to take a step back as if to get out of a negative situation. Pause, if possible, to leave the place that reminds you of the negative and take a deep breath. The goal is not to let emotions make you act impulsively.
- O (Observe): Pay attention to what you feel, what you experience inside and monitor what is happening outside. Analyze the situation in which you find yourself, where you are, what thoughts and feelings arise, and then analyze what the environment does and says.
- P (Proceed mindfully) is to act consciously. In this case, before you do something or make a decision, you need to take into account the situation, your own experiences, thoughts, as well as the experiences and opinions of others. Understand and remember the goals you need to achieve. In this context, it is worth appealing to the wise mind, which contains a dialectical synthesis of emotional and rational consciousness, which will help make the most effective decision.

In summary, we can say that in dialectical-behavioral therapy there is a variety of techniques and strategies that work effectively with multiple personality disorders and more. It is well known that the founder of this method Marsha Linehan developed DBT to correct the shortcomings of cognitive-behavioral therapy, which proved ineffective for people with borderline disorders and suicides.

Thus, the fundamental postulate of dialectical behavioral therapy is that the regulation of the affective sphere of the individual with borderline personality disorder is dysfunctional, so this type of therapy is aimed at overcoming the dysfunctional emotional regulation. The main goal of dialectical behavioral therapy in the beginning of treatment is to analyze the behavior that gets out of control, the behavior that is life-threatening, and to identify effective patterns of behavior, which helps achieve a balance in behavioral, and emotional reactions. However, secondary patterns of behavior actualize emotional vulnerability. In dialectical behavioral therapy, there are special techniques and strategies that enhance the regulation of emotions, including the method of exposure, attention to experience, skills of attentive behavior, description and understanding of emotions and more.

The aim of our further research is to find out the influence of DBT techniques on the behavior and experiences of post-suicides case [7-9].

### Bibliography

1. McMain S., et al. "Dialectical Behavior Therapy and the Treatment of Emotion Dysregulation". *Psychology/In Session* 57 (2001): 183-196.
2. Linehan M and Chelsey R Wilks. "The Course and Evolution of Dialectical Behavior Therapy". *American Journal of Psychotherapy* 69.2 (2015): 97-110.
3. Beck AT, et al. "Prediction of eventual suicide in psychiatric inpatients by clinical ratings of hopelessness". *Journal of Consulting and Clinical Psychology* 57.2 (1989): 309-310.
4. Beck AT, et al. "Hopelessness and Eventual Suicide: A 10-Year Prospective Study of Patients Hospitalized with Suicidal Ideation". *The American Journal of Psychiatry* 142.5 (1985): 559-563.
5. Manicas PT and Secord PF. "Implications for psychology of the new philosophy of science". *American Psychologist* 38.4 (1983): 399-413.
6. Bloom JM., et al. "Use of Dialectical Behavior Therapy in Inpatient Treatment of Borderline Personality Disorder: A Systematic Review". *Psychiatric Services* 63.9 (2012): 881-888.
7. Gutteling BM., et al. "Dialectical behavior therapy: is outpatient group psychotherapy an effective alternative to individual psychotherapy? Preliminary conclusions". *Comprehensive Psychiatry* (2012): 1161-1168.
8. Louisa MC Van Den Bosch., et al. "Efficacy and cost-effectiveness of an experimental short-term inpatient Dialectical Behavior Therapy (DBT) program: study protocol for a randomized controlled trial". *Trials* 15 (2014): 152.
9. Neacsiu AD., et al. "Dialectical Behavior Therapy Skills: An Intervention for Emotion Dysregulation". In J. J. Gross (Edition.). *Handbook of Emotion Regulation*, Volume 2. Guilford Press, New York (2015).

**Volume 13 Issue 12 December 2021**

**©All rights reserved by Andrushko Yaryna.**