

# making sense



dialectical  
behaviour therapy

## **Making sense of dialectical behaviour therapy**

This booklet is for anyone who is considering dialectical behaviour therapy (DBT), and would like to learn more about it. It explains what DBT is and who might benefit from it.

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## What is dialectical behaviour therapy (DBT)?

Dialectical behaviour therapy (DBT) is a type of talking therapy which was originally developed by an American psychologist named Marsha Linehan. It is based on cognitive behaviour therapy (CBT), but has been adapted to meet the particular needs of people who experience emotions very intensely.

It is mainly used to treat problems associated with borderline personality disorder (BPD), such as:

- repeated self-harming
- attempting suicide
- using alcohol or drugs to control emotions
- eating problems, such as binge eating and purging
- unstable relationships.

### What is the difference between DBT and CBT?

- CBT focuses on helping you to change unhelpful ways of thinking and behaving (see Mind's booklet *Making sense of cognitive behaviour therapy* for more information).
- DBT also helps you to change unhelpful behaviours, but it differs from CBT in that it also focuses on accepting who you are at the same time. DBT places particular importance on the relationship between you and your therapist, and this relationship is used to actively motivate you to change.

You can find out more about the development of DBT on the official DBT website, Behavioral Tech (see 'Useful contacts' on p.13).

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## How does DBT work?

The goal of DBT is to help you learn to manage your difficult emotions by letting yourself experience, recognise and accept them. Then as you learn to accept and regulate your emotions, you also become more able to change your harmful behaviour. To help you achieve this, DBT therapists use a balance of acceptance and change techniques.

### What does 'dialectics' mean?

In a nutshell, 'dialectics' means trying to balance seemingly contradictory positions. For example, in DBT you will work with your therapist to find a good balance between:

- **Acceptance** – accepting yourself as you are.
- **Change** – making positive changes in your life.

You might eventually come to feel that these goals are not as conflicting as they seem at first. For example, coming to understand and accept yourself, your experiences and your emotions, can then help you learn to deal with your feelings in a different way.

### Acceptance techniques

Acceptance techniques focus on understanding yourself as a person, and making sense of why you might do things like self-harm or abuse drugs. A DBT therapist might suggest that this behaviour may have been the only way you have learned to deal with the intense emotions you feel – so even though it's damaging to you in the long-term, and might be very alarming to other people, your behaviour actually makes sense.

👉👉 *Finally someone is saying 'yes, it makes sense' rather than 'no, that's wrong'.* 👉👉

### Change techniques

DBT therapists use change techniques to encourage you to change your behaviour and learn more effective ways of dealing with your distress. They encourage you to replace behaviours that are harmful to you with behaviours that can help you move forward with your life. For example, you might learn how to distract yourself from difficult emotions during crises by engaging in activities instead of self-harming. You can also start challenging your unhelpful thoughts and develop a more balanced way of looking at things.

### What is the treatment like?

Standard DBT has four elements:

- individual therapy
- skills training in groups
- telephone crisis coaching with a therapist
- a therapists' consultation group.

A course of DBT is usually offered for about one year, although this may vary across different services.

#### Individual therapy

Theoretically there are four 'stages' of individual therapy, but usually when people talk about DBT they just mean stage 1, which is about helping you gain control over your behaviour. This is the most commonly available stage of DBT, and the only one that has been evaluated in research.

DBT stage 1 has three main treatment goals:

- **To keep you alive and safe** – by stopping suicidal and self-harming behaviours.
- **To reduce behaviours that interfere with therapy** – by addressing issues that might come in the way of you getting treatment.
- **To improve your quality of life** – by addressing anything that interferes with this, such as other mental health problems like depression or hearing voices, traumatic experiences, employment or relationship problems.

#### Weekly one-to-one sessions

Individual therapy involves one-to-one weekly sessions with a DBT therapist. Each session should last about 50–60 minutes.

At the beginning of the course of treatment, you and your therapist set some goals – these always include the three stage 1 goals, as well as any specific changes that you want to make in your life. Over time you work together to solve problems that get in the way of these goals, such as self-harming, alcohol and substance misuse, or not attending sessions.

DBT therapists usually ask you to complete diary cards in your everyday life to monitor your emotions and actions. You then use this information to decide together what you will work on in each session.

### Skills training in groups

DBT therapists offer skills training to a group of people at once. This is not group therapy, but more like a series of teaching sessions.

There are typically four skills modules:

1. **Distress tolerance** – teaching you how you can deal with crises in a more effective way, without having to resort to self-harming or other problematic behaviours.
2. **Interpersonal effectiveness** – teaching you how to ask for things and say no to other people, while maintaining your self-respect and important relationships.
3. **Emotion regulation** – a set of skills you can use to understand, be more aware and have more control over your emotions.
4. **Mindfulness** – a set of skills that help you focus your attention and live your life in the present, rather than being distracted by worries about the past or the future.

👉👉 *Each set of skills had a different benefit for me, for example the interpersonal effectiveness module helped me to repair my relationship with my mother, something neither of us thought would be possible.* 👉👉

## Making sense of dialectical behaviour therapy

There are usually two therapists in a group and the sessions tend to last for about two hours. You are also given homework each week to help you practise these skills in your day-to-day life. By completing the homework weekly, you might find that these skills gradually become second nature and you become better at dealing with difficult situations.

●● *The repetition of the modules in the skills training sessions meant that even though I was fighting it and sometimes wanted to self-harm, I was constantly being reminded of alternative ways to deal with difficult situations.* ●●

## Telephone crisis coaching

DBT sometimes uses crisis coaching to support you to learn how to use your skills in real-life situations. This means that you can telephone your therapist outside of therapy sessions in the following situations:

- When you need help to deal with an immediate crisis (such as feeling suicidal or the urge to self-harm).
- When you are trying to use DBT skills but want advice on how to do it.
- When you want to repair your relationship with your therapist.

## Therapists' consultation groups

DBT therapists usually work in teams, rather than independently, because working with people with suicidal feelings and self-harming behaviours can be stressful.

A group of therapists might have a weekly session with each other where they can discuss any issues that come up in treatment sessions. This is a way for them to express their feelings and concerns, and to ask for advice and different ideas that may help them to treat their clients more effectively. So in a sense you're actually getting the benefit of a team of therapists, rather than just one therapist.





## Who can benefit from DBT?

DBT was originally developed to treat borderline personality disorder (BPD), and you are most likely to be offered DBT through the NHS if you have a diagnosis of BPD.

Some NHS services also offer DBT to children and adolescents, people with drug and alcohol problems, eating disorders and offending behaviour. The evidence for DBT is still being developed, but research shows that DBT can prove helpful in tackling a range of problems such as:

- self-harming
- suicide attempts
- depression
- eating problems
- feelings of hopelessness
- drug and alcohol problems.

 *I had a course of DBT after being admitted to hospital after battling with BPD for several years [...] It's given me a new lease of life and although I'm far from perfect, I actually feel quite content with myself and my life, which as fellow BPD sufferers can relate to, is not something you're used to feeling.* 

The National Institute for Health and Care Excellence (NICE) (see 'Useful contacts' on p.13) particularly recommends DBT for women with BPD who want to reduce self-harming. This does not mean that research has shown that DBT is less effective for men, but only that most of the research so far has evaluated outcomes specifically for women.

(For more information about BPD, suicidal feelings, self-harm, depression and eating problems, see Mind's booklets *Understanding borderline personality disorder*, *How to cope with suicidal feelings*, *Understanding self-harm*, *Understanding depression* and *Understanding eating problems*.)

### Different experiences of DBT

Although many people can benefit from DBT, not everyone finds it helpful. Some people who start a course of DBT end up dropping out of treatment, or find it doesn't work for them.

Before pursuing a course of DBT, it might be helpful to think about these questions:

- **Is changing my behaviour my priority?** DBT therapists focus very much on enabling you to change your problematic behaviour. If changing your behaviour isn't the main thing you want to get out of treatment, then you might feel that your therapist doesn't accept you, or is being critical of you.
- **Am I able to put the work in?** DBT can be hard work, and requires doing homework outside of individual sessions. If you don't like doing homework, you might find a course of DBT too rigid or demanding, which might be demoralising.
- **Is DBT relevant to me?** If you're mainly interested in talking about your problems in general and trying to understand where they came from, then DBT might not seem relevant to you. In this case, there are various other talking therapies you might like to consider. You can find out more about alternative therapies in Mind's booklet *Making sense of talking treatments*, and also on the Emergence website (see 'Useful Contacts' on p.13).

Many people find DBT difficult in the beginning, as it requires accepting your problems and working hard to change them. However, later on you might come to feel that your efforts were worthwhile.

●● *After the first session on mindfulness, I came out thinking it was, quite frankly, a load of rubbish. But I stuck with it and to me it's been a life saver.* ●●

●● *It takes a lot of effort [...] At the time I wasn't sure if it was helping me or not. It wasn't until I'd done the course twice over that I realised the skills had been ingrained in my mind.* ●●

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## How can I access DBT?

DBT is offered on the NHS in some places, but its availability varies and waiting lists can be long. You can ask your GP or Community Mental Health Team to tell you more about what's available in your area.

●● *It is only something I have been able to access after being at the end of a very long waiting list for months and months. Good luck to anyone out there who is on a similar waiting list – it'll be worth it in the end.* ●●

DBT is also available in the private sector, although private therapists charge a fee. There is currently no official, comprehensive register of DBT therapists in the UK, but specialist organisations such as British Isles DBT Training or Refer self counselling psychotherapy practice (RSCPP) provide details of some DBT teams and therapists on their websites (see 'Useful contacts' on p.13). The society for DBT in the UK and Ireland also intends to set up a register of DBT therapists and services, although this has not happened yet (see 'Useful contacts' on p.13).

Private DBT therapists might not be able to deliver the whole standard DBT model (including group sessions) as described on p.6. Similarly, some therapists might offer psychotherapy that includes some DBT techniques, but which is not standard DBT.

### Can I do DBT by myself?

Trying to learn DBT techniques by yourself is not likely to work as effectively as attending individual and group sessions with trained DBT therapists. This is because when you start doing DBT you might feel overwhelmed by intense emotions, and find it hard or even impossible to do the work without support.

●● *It's very challenging, and at times you fight it, and feel as though it's impossible (I had many moments like that, believe me).* ●●

There are various benefits to working with a trained therapist, for example:

- Individual therapy sessions can help you to stay motivated if you have a difficult patch and feel like giving up.
- Talking to your therapist can help you highlight potential situations where you can practise DBT skills.
- Being with other people in skills training groups who experience similar problems can be very supportive. It can be helpful to realise that you are not alone – that there are others who understand how you are feeling and go through the same difficulties, and your successes are acknowledged and congratulated in the group.

●● *Having a 'pushy' therapist in DBT kept me on track with making changes in my life.* ●●

DBT self-help materials such as diary cards, exercises and behavioural analysis sheets are freely available online. You can use them to brush up your DBT training alongside or after finishing a formal course. The DBT Self Help and Middle path websites both offer these resources (see 'Useful contacts' on the next page).

## Useful contacts

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### Mind

Mind Infoline: 0300 123 3393  
 (Monday to Friday 9am to 6pm)  
 email: [info@mind.org.uk](mailto:info@mind.org.uk)  
 text: 86463  
 web: [mind.org.uk](http://mind.org.uk)

Mind is the leading mental health organisation in England and Wales. For information on mental health issues, or details of your nearest local Mind association, contact us.

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### Behavioral Tech

web: [behavioraltech.org](http://behavioraltech.org)  
 The official DBT website. It provides information on BPD and DBT.

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### British Isles DBT Training

web: [dbt.uk.net](http://dbt.uk.net)  
 Provides details of DBT training programmes for therapists.

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### DBT Self Help

web: [dbtselfhelp.com](http://dbtselfhelp.com)  
 Service-user-led website with information on DBT and relevant material, such as diary cards.

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### Emergence

web: [emergenceplus.org.uk](http://emergenceplus.org.uk)  
 UK service-user-led website with information on BPD and a list of services for personality disorders.

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### Middle path

web: [middle-path.org](http://middle-path.org)  
 Service-user-led website with information on BPD and DBT.

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### National Institute for Health and Care Excellence (NICE)

web: [nice.org.uk](http://nice.org.uk)  
 Provides guidelines for DBT treatment within the National Health Service.

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### Refer self counselling psychotherapy practice (RSCPP)

web: [rscpp.co.uk](http://rscpp.co.uk)  
 List of private counsellors and psychotherapists, including DBT therapists.

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### Society for DBT in the UK and Ireland

web: [sfdbt.org](http://sfdbt.org)  
 Information on DBT aimed primarily at therapists.

## Further information

Mind offers a range of mental health information on:

- diagnoses
- treatments
- practical help for wellbeing
- mental health legislation
- where to get help

To read or print Mind's information booklets for free, visit [mind.org.uk](http://mind.org.uk) or contact Mind Infoline on 0300 123 3393 or at [info@mind.org.uk](mailto:info@mind.org.uk)

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(National Association for Mental Health)  
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London E15 4BQ  
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# Mind

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