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## What is Dialectical Behaviour Therapy?

Dialectical Behaviour Therapy (DBT) is an evidence-based cognitive behaviour therapy specifically designed for individuals who have significant difficulty regulating their emotions and behaviours. DBT brings together behaviour therapy (based on theories of change), Zen Buddhism (mindfulness) and dialectical philosophy (the concept that two ideas seeming to be in conflict with each other can simultaneously contain a kernel of truth; *“I’m doing the best that I can AND I need to do better, try harder, be more motivated to change”*).

By bringing together acceptance and change strategies and teaching skills in the areas of *mindfulness, distress tolerance, interpersonal effectiveness, emotional regulation and walking the middle path*, DBT helps individuals to decrease their suffering and create lives that are purposeful, meaningful and worth living.

## Who Developed DBT?

DBT was developed by Marsha Linehan, Ph.D, to treat individuals who were born exquisitely sensitive, highly reactive, and slow to return to an emotionally regulated state. She was motivated to develop this therapy when she observed that traditional cognitive behaviour therapy made some of her patients worse despite their best efforts to get well.

Over the past decade, Dr. Alec Miller, a child and adolescent psychologist, together with Dr. Linehan and other clinician scholars, made modifications to the adult DBT program and adapted it for teenagers and young adults.

## Who can benefit from DBT?

While DBT was first developed for adult women, significant research is now demonstrating the effectiveness of DBT with adolescents who are struggling with chronic emotional dysregulation difficulties (individuals who can’t readily regulate their emotions), depression, bipolar disorder, eating disorders, drug and alcohol dependency, self-harming urges/behaviours and suicidal thinking/behaviours.

DBT can also be helpful to teenagers who, in addition to the problem behaviours listed above, struggle with conflict in their family and peer relationships, have an inordinate fear of being abandoned, and difficulty maintaining a coherent sense of their own identity, opinions and values, especially in contexts in which they don’t feel validated and accepted.

## What's involved in a DBT Program?

DBT requires clients to participate in three modes of treatment for a specific period of time that is contracted individually between the client and the individual therapist. These modes of treatment include individual therapy (once or twice per week for 50 minutes), one 60 minute weekly skills group, and telephone coaching as needed.

## Expectations of Teenagers Participating in DBT

All adolescent clients sign a DBT agreement with the therapist outlining the expectations of the treatment. Before signing this agreement, they are fully assessed for the appropriateness of DBT. If DBT is determined to be an appropriate intervention for your teenager, she will then be oriented to the assumptions, requirements and modes of DBT before she is enrolled in the program.

For instance, teenagers learn that DBT will require them to attend weekly therapy sessions, a weekly skills group, complete all homework practice (mindfulness practice, diary cards etc.) that is assigned to them in individual and skills meetings, and to call the individual therapist for coaching when in need of skill support in day to day life.

Teenagers participating in skills groups are also oriented to the expectation of maintaining the confidentiality of peers in the group, including names, schools and personal information. If, however, your teenager ever has a safety concern regarding a peer group member, she is instructed to inform her individual therapist or skills coach, or another adult who can help ensure safety (parent, teacher etc).

Adolescents are also asked to refrain from speaking with other group members about current or past self-harming or suicidal behaviours when outside of group. This expectation helps to contain any contagion effect that discussing these problem behaviours may have among group members who are trying to change behaviours but are still vulnerable to being triggered.

Adolescents' *voluntary consent* is critical to this treatment. As is true with many different types of therapy, DBT requires a significant commitment of emotional resources, time, and homework practice. It's not an easy road, but if it is travelled with dedication and focus, the evidence demonstrates that DBT will lead to the life worth living that kids desire and deserve.

## Expectations of Parents Whose Teenager Is Participating in DBT

Parents who have teenage children struggling with emotional dysregulation and life threatening problematic behaviours often feel at a loss when it comes to parenting their teen. While it's normal for parents of most teenagers to feel periodically frustrated, pushed to their limits and anxious, parents whose kids suffer with emotional dysregulation difficulties are often even more overwhelmed and frustrated than parents of other teenagers. Furthermore, they can also simultaneously feel extremely anxious, helpless and hopeless for extended periods of time.

DBT strives to help parents increase their understanding and awareness of their teenager, their reactions to their teenager, the parent/child dynamic and ultimately, to support both kids and parents in becoming more skillful in their interactions with one another.

In order to maximize the effectiveness of this program, parents' participation is vital. Your teenager will be learning new skills that are important for you to learn too. You will be supported in learning these skills in a variety of ways, including a monthly meeting together with the individual therapist and your teen, reading material about topics relevant to DBT skills and your teen, as well as parenting strategies (teenagers who are 16 years and older are in the position where their consent is required before sharing of information can take place between the therapist and parents).

In addition to these practices, your teen may be asked to teach you the skills that s/he is learning in group (*mindfulness, distress tolerance, interpersonal effectiveness, emotion regulation and walking the middle path*) so that together you are able to practice these skills at home. Book learning is helpful, but experiential learning of the skills is essential to effective treatment.