



## Frequently Asked Questions About DBT

### What is DBT?

Dialectical Behavior Therapy, or DBT, is an evidence-based treatment that helps individuals establish transformative life skills. It was developed in the late 1980s by Marsha M. Linehan to help better treat borderline personality disorder. Since its development, it has also been used for the treatment of other kinds of mental health disorders.

The “D” means “dialectical.” A dialectic is a synthesis or integration of opposites. In DBT, dialectical strategies help both the therapist and the client get unstuck from extreme positions.

The “B” stands for “behavioral.” DBT requires a behavioral approach. This means that we assess the situations and target behaviors that are relevant to people’s goals in order to figure out how to solve the problems in their lives.

### Who benefits from DBT?

DBT was initially developed to treat individuals with Borderline Personality Disorder who exhibited suicidality or self-harm. It has since evolved and is effective for anyone experiencing chronic emotion dysregulation – which can look like the following:

- Over-control of emotions
- Under-control of emotions
- Lability
- Extreme anger
- Extreme shame
- Extreme guilt
- Extreme sadness
- Suicide attempts
- Suicide threats
- Suicide ideation/thoughts/plans
- Cutting, burning, SIB
- Alcohol abuse/dependence
- Substance abuse/dependence

- Binging/purging/restricting food
- Gambling/shoplifting
- Overspending
- Poor choices in relationships

### **What is Included with the DBT program?**

DBT is a comprehensive program of both group and individual therapy. Our DBT program is a specialized outpatient therapy approach that requires a one-year commitment for most clients. Individual sessions and skills group each take place once a week and assign coordinated homework assignments to create and strengthen skills. Participation in the fidelity program includes access to coaching phone calls so that guidance can be given about how to maintain skills when or before a situation escalates.

### **Am I going to have to be in DBT treatment forever?**

No! DBT is a recovery based model. This means that we will try our hardest to work with you on building a life that doesn't require you to be in DBT or any other treatment. Most clients who graduate from our program go on to live very meaningful lives with much reduced suffering. Clients commit to DBT for six month intervals and may re apply for another six months based on their progress. A typical stay in the DBT program is one year.

### **Do I need to have hope to be in DBT?**

No. Many people who come to DBT have very little, if any, hope that their suffering can be lessened. We know that it is only with time that your experiences with DBT will help to increase hope. We ask that clients "act opposite" to their limited hope by showing up regularly to sessions, practicing their skills, and allowing the treatment to work!

### **Is DBT a suicide prevention treatment?**

No. While the majority of clients who come to DBT have chronic thoughts about committing suicide and may have attempted suicide on multiple occasions, the goal of DBT is not to prevent suicide. The goal is to help clients "build a life worth living" by learning skills, accepting who they are, and changing what they can so that they will no longer want to kill themselves.

### **Is DBT a trauma treatment?**

No. The majority of clients who come to DBT have single or multiple traumas. However, in DBT, we believe that if clients do not have the skills to deal effectively in their daily lives, they surely do not have the skills necessary to work through trauma effectively. As a result, trauma treatment is recommended and conducted only after clients complete skills training and are no longer showing self-harm and suicidal behaviors.

## **Is DBT only for people with Borderline Personality Disorder?**

No. While DBT was originally created for individuals with BPD who were chronically suicidal and self-harming, it is now used to treat individuals with multiple diagnoses who have difficulties with emotional dysregulation, distress tolerance, interpersonal relationships and impulsivity.

## **Will I be encouraged to talk about my past/childhood in DBT?**

It depends. While early childhood experiences are helpful in the beginning of therapy to fully understand how the biosocial theory applies to you (e.g., invalidating/ineffective environment, biological irregularities), DBT primarily focuses on the present and future.

## **Can DBT work for me even if nothing else has worked?**

Definitely! Many clients who come to DBT have had limited success in other therapies. This is usually because the other therapies did not effectively treat the skills deficits that lead to their difficulties. DBT believes that gaining "insight" into the reasons for difficulties/behaviors does not solve the issue. Instead it may be the first step to changing the behaviors. However, insight is not necessarily required to make changes.

## **I have had family, friends and even therapists tell me that I do not want to get better and/or that I am "lazy." Will I hear those things in DBT?**

Absolutely not! In DBT we have the following beliefs/assumptions about clients:

- Clients are doing the best they can
- Clients want to improve
- Clients need to do better, try harder, and be more motivated to change
- Clients may not have caused all of their own problems but they have to solve them anyway
- The lives of suicidal, borderline individuals are unbearable as they are currently being lived
- Clients must learn new behaviors in all relevant contexts
- Clients cannot fail in therapy

## **How fast does DBT work?**

DBT is a marathon, not a sprint. Changing behaviors takes time and patience. In some ways, we are "re-wiring" the connections in the brain by teaching people to act and think in different ways which then leads to different outcomes. It is usually right after the first six months of continuous treatment that clients start to see some changes. Most adult DBT research suggests that it is not until an individual has completed the curriculum two times (one year) that the real changes take place.

## **Are there rules in DBT?**

Only one. The only real "rule" in DBT is that if you miss four consecutive individual sessions or four consecutive DBT skills group sessions, you are discharged from the program. This is based on the idea that DBT can only work if a person is coming to treatment. There are other "guidelines" for DBT treatment and for the DBT program; however, these are more flexible and violations of them are seen as learning opportunities.

## **I've been "kicked out" of a lot of programs because of my difficulties. Will you kick me out?**

The only real way to be "kicked out" is to absence out. Any other issues that come up (e.g., violations of guidelines, suicidal behavior, self-harm behavior, treatment interfering behaviors, etc.) will be worked on with your therapist with the goal of helping you not absence out. Behaviors that occur in group that are destructive or make the environment unsafe for other clients or the leaders may result in your not being allowed back in group until a plan has been created to prevent the behaviors from recurring. As long as that plan is in place without your missing four groups in a row, you will not be discharged.

## **I am not willing to stop my self-harm or suicidal behaviors. Should I come to DBT?**

Probably not. DBT sees both suicidal and self-harm behaviors as problem solving strategies, that, while potentially effective in the moment to deal with distress, will not help you in the long-term. The behaviors also have many consequences that lead you to suffer more and feel worse. If you are not willing to work on replacing these strategies with more effective long-term strategies, all DBT sessions would be filled with endless battles because of differing goals. Both you and the therapist would quickly get burnt out and therapy would not be able to continue.

## **My family members want me to go to DBT but I don't want to. Should I come to DBT?**

Unless you want to be in DBT treatment, it is unlikely to work. Just showing up is not enough. You will be asked to practice skills and do homework outside of sessions, and if you do not have at least a little bit of motivation and/or interest in doing the work, changes are unlikely to occur.

## **I've heard that DBT has strict attendance guidelines. What are they?**

In DBT, if you miss four consecutive individual sessions or four consecutive DBT skills group sessions, you are discharged from the program. This is based on the idea that DBT can only work if a person is coming to treatment. There are no "excused" absences for things like being in the hospital, going on vacation, or being sick. Ultimately, if a client misses a full month of treatment for any reason, it is clear that the timing just isn't right for them to be in DBT. In addition to the four-miss rule of standard DBT treatment, Trinitas also has a guideline stating that any more than six misses in six months will likely lead to

discharge. Coming late to sessions does not count as one of these misses because we want clients to try and come to sessions even if they are running late.

### **What constitutes an absence in DBT?**

Not showing up to session, cancelling a session, or coming more than 15 minutes late to session.

### **How can I be excused for an absence?**

While there are understandable, justified, and valid reasons for missing a session, there are no excused absences in DBT.[back to top](#)

### **How much work do I have to put in outside of my sessions?**

Each week you will be expected to complete a homework assignment for the DBT skills group. This homework usually involves practicing a skill and filling out a short worksheet. You will also complete a daily diary card that you bring to both DBT skills group and individual sessions. At times, homework may also be assigned by your individual therapist if you or he/she believes it will be helpful in reaching your goals. While not required, clients who review what was taught in skills group during the week tend to have more success in DBT.

### **Can I still see my outside therapist when I join DBT??**

Unfortunately not. There are several reasons why clients who join DBT must take a break from any other therapists:

- DBT follows a specific structure and theory. Having an outside therapist who has a different perspective would be confusing for the client because he/she may get very mixed messages and suggestions
- To know if a particular treatment is helpful, it is best to give the treatment a chance in its most "pure" version. This is similar to a medical doctor who will start with one research supported medication and add another only when it is clear that the first one is not enough on its own
- Part of what makes DBT effective for clients is that there is frequent collaboration between skills trainers and individual therapists. The level of necessary collaboration would not be possible with a therapist who was not part of our team
- Your current therapist may be amazing at helping you with certain issues and you may choose to go back to them after completing the program. However, if you were experiencing the success you were hoping with your current therapist, you probably would not be looking for a comprehensive DBT program.

## Can I still see my outside psychiatrist when I join DBT??

Yes. Because any medication treatment is considered "ancillary" treatment to DBT, you may keep seeing your outside psychiatrist. However, there are a few things to consider when doing so:

- DBT uses a method called "consultation to the client" which means that you will be in charge of discussing any issues that come up with your psychiatrist. Your individual therapist will not be talking to the psychiatrist on your behalf under most circumstances
- If you do any form of "talk therapy" with your psychiatrist, it will need to stop when you join our DBT program. Appointments with your psychiatrist are to focus only on issues related to medication and medical conditions
- If, at any point, your individual therapist or the team feel that your psychiatrist is somehow getting in the way of your reaching your goals (much like if a family member, significant other, or friend is believed to be getting in the way), you will be asked to problem solve this issue using your skills so that your progress towards your goals can stay on track