

Dialectic behavior therapy

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Dialectic Behavior Therapy Name: Course: Date: Dialectic Behavior Therapy
Borderline personality disorder (BPD) is a disease characterized by an alteration of the traits of the patient. The disease is characterized by sudden mood variations that occur without warning.

The most prominent treatment for BPD is Dialectical behavior therapy (DBT). This method of treatment is unique as compared to its predecessors that focused on psychotherapy. In the course of treating patients with BPD who were chronically suicidal, Linehan found out that the BPD treatments focused on helping the patients to convert their behaviors, thoughts and feelings.

The psychotherapy-based treatment was not effective as it made the patients feel criticized and they eventually stopped the treatment prematurely. Because of this, a new treatment had to be formulated that would reduce the number of patients leaving the treatment before they completed it (Bouton, 2002). The formulation of DBT, therefore, came up whereby it encompassed the elements of change as well as acceptance. Because of this, patients had a balanced treatment and fewer dropped out of the treatment. Most of the treatments that existed before delved on the modification of the patient's emotions and feelings.

The treatment was thought to regulate the number of times that the patient had fluctuating moods, but this was not the case. However, DBT focused on the key central processes as a method of regulating the moods of the patients. These key central processes include validation, mindfulness, opposite action and behavioral targeting.

The new mechanism was better because it did not require the changing of the patient's emotional system. Elements of acceptance and change form the basis of the DBT method of treatment have drastically lowered the number of patients who dropped out of the treatment program. Other treatments made the patients feel criticized while DBT did not.

One of the key strategies used in DBT treatment is an improvement of acceptance by the use of a mindful practice. Mindful practice refers to both mindful skills and mindfulness. The incorporation of mindful practice was used in the previous treatment methods that relied on psychotherapy, but it was not one of the key treatment methods. In the case of DBT, it is a key aspect of the treatment process. The use of DBT was obtained from the contemplative practices of the Christians and the Zen (Bouton, 2002). The named contemplative practices involved the retaining of an individuals' consciousness only to the present reality, as opposed to another world of fantasy.

Therapists using DBT will teach the patient the importance of the mindfulness skills in regulating his or her moods. In DBT, mindfulness differs from the other approaches used in other treatment methods. DBT's goal is to "participate in and become one with rather than to obtain an objective distance from the individuals experience." (Chapman & Linehan, 2005). Also unique to DBT, mindfulness has been divided into several independent skills such as describing, participating and observing the actions of the individual in questions. Modern theorists have proven that incessant exposure of the patient that is not reinforced to conditioned stimuli does not abate the

involvement formed before by the pairing of the conditioned stimuli with the unconditioned stimuli, contrary to the previous propositions made by the theorists before (Kazdin & Nocks, 2003). Instead, this exposure to the stimuli disguises the relationship existing between the unconditioned and conditioned stimuli. Therefore, in order to bring in new associations involving the conditioned stimuli, extinction training takes place.

Bouton (2002) states “ a previously extinguished internal response may reemerge after a change in context because of a failure to retrieve the memory of extinction in the new context (978)” Because of such findings, it has been concluded that such exposure may solicit some unwanted responses that may alter the treatment. From the above specifications concerning DBT, it is the most suitable treatment for BPD. This is because it ensures the well-being of the patient during the treatment and has minimized the number of patients who dropped out from the treatment program (Kazdin & Nock, 2003). The use of DBT is backed by research from several prominent theorists in this field. The use of DBT as a treatment for borderline personality disorder is acceptable mainly because it has reduced the number of patients who have dropped out of the treatment programs before. The previous treatments were based on psychotherapy, they made the patients feel criticized, and they stopped the treatment altogether.

With the emergence of the new DBT treatment, such patients are assured that they will obtain the help they require in order to recover or manage the condition. References Bouton, M. (2002).

Context, ambiguity, and unlearning: Sources of relapse after behavioral extinction. *Biological Psychiatry*, 52, 976–986. Chapman, A. L., & Linehan, M.

M. (2005). Dialectical behavior therapy for borderline personality disorder. *Borderline personality disorder* (211–242). Kazdin, A. E.

, & Nock, M. K. (2003). Delineating mechanisms of change in child and adolescent therapy: Methodological issues and research recommendations.

Journal of Child Psychology and Psychiatry, 44, 1116–1129. Lynch, Thomas . R., Chapman, Alexander L. & Rosenthal, M. Zachary.(2006). Mechanisms of Change in Dialectical Behavior Therapy: Theoretical and Empirical Observations.

Journal of clinical psychology, 62 (4) 459–480.