DBT and Adlerian Therapies: A Possible Solution for Every Diagnosis

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Abstract

Dialectical Behavioral Therapy, more commonly known as DBT is generally used for people who have been diagnosed with Borderline Personality Disorder. This project explores the basis behind DBT, how this writer has seen DBT used for clients other than those diagnosed with Borderline Personality Disorder, and how Adlerian Therapy also can be beneficial alongside DBT and with clients who have various other diagnoses. Dialectical Behavioral Therapy and Adlerian Therapy have some similar principles from which all people could possibly benefit. Research that this writer found gives examples of how Dialectical Behavioral therapy could utilized among different populations. Mostly, researchers found that DBT is beneficial for eating disorder patients. Adlerian Therapy is beneficial for most any population. Unfortunately, this writer was not able to find evidence that supported the theory that DBT and Adlerian could work together. However, this writer strongly believes that the two do work well together.
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Introduction

Dialectical Behavioral Therapy is an approach which has typically been used for the management and treatment of Borderline Personality Disorder. Adlerian Therapy is an approach that has been used for the management and treatment of a wide variety of diagnoses. This writer is now proposing that Dialectical Behavioral Therapy could also be used for a variety of diagnoses. The basic principles of Dialectical Behavioral Therapy, or DBT as it is commonly referred, are broad. Therefore, although they were designed to assist those with Borderline Personality Disorder specifically, they apply to many people and could potentially be useful in many genres of therapy.

This writer has found after researching the topic that some others agree with this proposal. DBT has been used for other diagnoses besides Borderline Personality Disorder. Most commonly, this writer found that the literature reflects a usefulness for DBT in eating disorder patients. However, at the internship site where this writer worked, a DBT group was formed to assist anyone who felt the need for something different in their way of thinking and living. It was not required that they have a diagnosis of Borderline Personality Disorder for them to be a member of the group. Consequently, many people have benefitted from the knowledge given to them through DBT.

Throughout this paper, an overview of Dialectical Behavioral Therapy will be given as well as an overview of Adlerian Therapy. It is this writer’s intent that by the end of this argument, many will see the benefit of using both classifications of therapy on a variety of clients. The following are articles that show the benefits of Dialectical Behavior Therapy in eating disorder patients.
“A Dialectical Behavior Therapy Program for People with an Eating Disorder and Borderline Personality Disorder- Description and Outcome” written by Birchall et al, (2003), suggests the DBT can and should be used for clients who not only have Borderline Personality Disorder, but also for those who have an eating disorder. The article states that there are not many successful programs in place for clients who suffer with eating disorders. However, Dialectical Behavioral Therapy and its principles have been proven effective in many cases.

In this study, patients attended a DBT program run by three psychiatric nurses, two psychiatrists and a clinical psychiatrist who had undergone extensive training in DBT. The clients attended the program for six to eighteen months. The program consisted of a weekly individual therapy session, a weekly group meeting and telephone contact. All of the subjects were women who not only had Borderline Personality Disorder, but also had an eating disorder. All of the women had previously engaged in acts of self-harm. At the end of the study, all women were alive and well, and none of them were exhibiting behaviors of self-harm anymore. The only problem with this study is the lack of participants and the fact that this was the only group studied. There was no comparison group.

Birchall et al (2003) writes:

The program included a novel skills training module written especially for eating-disordered patients. The program was run for 18 months. Days in hospital and major acts of self-harm were counted for the 18 months before and after DBT. There were no dropouts from the program. The patients seemed to benefit. Most patients were neither eating disordered nor self-harming at follow-up. Full DBT is an expensive and demanding treatment but deserves consideration for patients with an eating disorder and co-morbid Borderline Personality Disorder and self-harm (p.289).
The article is interesting and beneficial in that it is an example of how Dialectical Behavioral Therapy is useful to clients with other diagnoses besides Borderline Personality Disorder. Once again, an article shows that self-harmful behaviors can be decreased or eliminated after a client learns and practices Dialectical Behavioral Therapy.

The article, “Dialectical Behavior Therapy for Binge Eating Disorder” by Agras, Linehan and Telch, (2001) also proposes that DBT can be used for eating disorders as well as Borderline Personality Disorder. DBT treatment was delivered to forty-four women who met the criteria for a binge eating disorder. The course was delivered over a twenty-week period.

Agras, Linehan and Telch (2001) report:

This study evaluated the use of dialectical behavior therapy adapted for binge eating disorder. Women with BED were randomly assigned to group DBT or to a wait-list control condition and were administered the Eating Disorder Examination in addition to measures of weight, mood, and affect regulation at baseline and posttreatment. Treated women evidenced significant improvement on measures of binge eating and eating pathology compared with controls, and eighty-nine percent of the women receiving DBT had stopped binge eating by the end of treatment. Abstinence rates were reduced to fifty-six percent at the six-month follow-up. Overall, the findings on the measures of weight, mood, and affect regulation were not significant. These results support further research into DBT as a treatment for BED (p. 1061).

Therefore, although the results appear promising, the authors suggest more studies be done before being conclusive and stating that DBT is an effective therapy for all eating disorder patients. Even though DBT has obviously been useful for many people, it may not be the right solution for everyone. It is clearly another example of how Dialectical Behavioral Therapy can
be used, however.

The article, “Telephone Skill- Coaching with Eating Disordered Clients: Clinical Guidelines Using a DBT Framework, by Ben-Porath and Wisniewski (2005) suggests that DBT be used on a population of clients who have eating-disorders. The article describes how components of DBT can be used for clients with eating disorders who call into get advice over the phone. Many of the clients who call have suicidal ideation, so the DBT model fits well with their needs.

Ben-Porath and Wisniewski (2005) state:

We propose that intersession telephone skill-coaching may prove to be a useful adjunct to the traditional treatment of clients diagnosed with an eating disorder. Telephone skill-coaching is an integral component in some, but not all, DBT treatments for eating disorders described in the literature. However, we suggest here that telephone skill-coaching may also be used as an adjunct to a cognitive-behavioral treatment with a client who requires more structure and accountability. Intersession telephone contact provides a client with semi-structured access to her therapist, with the goal being to decrease problematic behaviors and facilitate skill generalization, to teach the client how to adaptively ask for help, and to repair the relationship if needed. (p. 349)

The authors mentioned that the only problems they foresee in this model is if the therapist is not properly trained in DBT and may potentially reinforce inappropriate behaviors, or if the client fails to utilize the telephone services. This author cannot see any other reasons why DBT would not work over the phone. At this author’s internship site, DBT clients who were involved in our group also had the opportunity to call an on-call service for additional DBT training and help in difficult situations. This proved as an effective addition to the training the clients
received in the group and individual DBT settings.

**Overview of DBT**

*Dialectics.* In order to truly understand Dialectical Behavioral Therapy, it is first important to know what it means. The creator of Dialectical Behavioral Therapy, Marsha Linehan, has written many books on the subject. The following statement is the general goal of Dialectical Behavioral Therapy. Linehan stated, “To learn and refine skills in changing behavioral, emotional, and thinking patterns associated with problems in living, that is, those causing misery and distress” (p. 107). One learning Dialectical behavioral Therapy is expected to make a commitment to the process and want to learn and to change. Basic assumptions about the process are positive and it is that positive way of thinking that DBT clinicians and instructors encourage their clients to envelope.

Linehan, Miller and Rathus (2007) stated the following:

Dialectics teaches us that there is always more than one way to see a situation, and more than one way to solve a problem. All people have unique qualities and different points of view. It is important not to see the world in “black-and-white,” “all-nothing” ways. Two things that seem like (or are) opposites can both be true. Change is the only constant. Meaning and truth evolve over time. Change is transactional. (Handout C.1)

The importance of dialectics is to accept who you are and simultaneously want to change the behavior that creates suffering. Dialectics also teaches us to avoid using extreme words like “always” and “never.” We are to remember that no one has the absolute truth and that there are many sides to every situation. Different opinions can be valid and we can agree to disagree with others at times. Lastly, we cannot expect others to know what we are thinking, nor can we assume that we know what others are thinking. We should ask questions and be explicit.
**Mindfulness.** According to Dialectical Behavioral Therapy, there are three states of mind. They are: reasonable mind, wise mind and emotional mind. The first concept for patients using DBT to understand is what state of mind they are presently in and be aware of this on a more regular basis.

Reasonable mind is the state of mind that contains facts and logic. It is what we think to be true. People who are most commonly in the reasonable state of mind tend to think through every situation and what it entails before making any decisions or acting on them.

Wise mind is the state of mind that contains our gut-intuition, so to speak. It is what we know to be true. People who are most commonly in the wise state of mind tend to look at the situation rationally from both sides: the reasonable side and the emotional side. Typically in this state of mind, decisions are made intelligently and this is the ideal state of mind for clients.

Emotional mind is the state of mind that contains feelings that may lead to irrational or impulsive decisions. This is the state of mind in which target behaviors, whatever they may be for each individual client, take place. A few examples of target behaviors include suicidal ideation, shopping, drinking or over-eating. Emotional mind is what we feel to be true. Emotional mind is probably the most dangerous place for any client to be. Typically, if a client is feeling the emotional state of mind most often, a typical response from a DBT therapist would be to try a form of alternate rebellion, a common term used in DBT. Alternate rebellion means that one can satisfy the wish to rebel without experiencing undesirable results which could follow engaging in target behaviors. One of the number one goals of DBT is to keep clients away from engaging in target behaviors.

Another important aspect of Mindfulness is what Marsha Linehan, creator of Dialectical Behavioral Therapy, refers to as the “What” skills. The “What” skills are: observe, describe and
participate. Observe means to notice whatever experience you are having. Do not react to it. Let your thoughts come and go. Be aware of what is going on with your five senses. Describe entails putting words to your experiences. Tell yourself exactly what is happening. Participate means becoming involved with your experience. One should truly think about how to act using wise mind.

The “How” skills come next. The “How” skills include: non-judgmentally, one-mindfully, and effectively. When we are thinking non-judgmentally, we are using only facts. We are not evaluating the situation. Opinions are not useful here. DBT wants us to accept and acknowledge each moment without placing any judgement upon it. One-mindfully means to concentrate on what you are doing. Do one thing at a time and avoid distractions. Do each thing with your complete attention and do not let your mind wonder to other things. Effectively means to act as skillfully as possible. Keep your original goal in mind. Focus on what works and do what is necessary and right to achieve each objective in a given situation.

In the article, “Mindfulness and Acceptance-Based Approaches” Mardula, (2009) writes about mindfulness and its range of use. Mardula (2009) states:

A number of mindfulness and acceptance-based approaches have been developed, and are now being used in a range of settings, including community care, hospitals, schools, prisons and businesses. Applications of these approaches include the management of stress, anxiety, pain, cancer, chronic mental and physical illness, trauma, and the prevention of depressive relapse (No page number given).

The main goal of the article is to teach others that Mindfulness can be integrated into many types of therapies and is not solely used for Dialectical Behavioral Therapy. The hope is that after clients learn how to use Mindfulness, difficult life situations will no longer be
something that a client handles poorly. In order to better teach Mindfulness to a variety of people, Jon Kabat-Zinn developed a program called Mindfulness-Based Stress Reduction, otherwise known as MBSR, in 1970. The program is generally taught within eight weeks. He used the program on a wide range of clients and diagnoses to prove that it works for anyone.

Mardula (2009) concluded:

Research carried out on a group of meditators who had completed an MBSR course found an increase in left-sided activation of the brain which was associated with an increased ability to access a soothing response rather than an alert/fear response. Further, in a study exploring to what extent the promotion of mindfulness in psychotherapists in training influences the treatment results of their patients, it was found that a therapist bringing a mindfulness orientation to their work could positively influence the therapeutic course and treatment outcome. While there is much research still to be undertaken in this field, it would appear that mindfulness practice can increase the capacity of the teacher/therapist to be accepting, non-judgmental and compassionate, and that these qualities enhance the therapeutic relationship, perhaps mirroring secure attachment and facilitating the client’s ability to develop a compassionate and soothing attitude towards themselves (no page numbers were given).

This article stresses that Mindfulness could benefit a variety of audiences and could influence many different therapists and the way they conduct therapy. It helps the average person understand the true meaning of Mindfulness.

**Distress tolerance.** The Distress Tolerance portion of Dialectical Behavioral Therapy is designed to teach the skills necessary for one to tolerate painful events and emotions. There are four major components to Distress Tolerance. They are: Distract with “Wise Mind ACCEPTS,”
Self-soothe the five senses, Improve the moment, and Pros and Cons.

The first is “Wise Mind ACCEPTS.” “ACCEPTS” is an acronym to help one remember what to do in difficult moments. **A** is for activities. Find a hobby or something else to engage in such as visiting friends or family or going for a walk. **C** is for contributing. Contribute something to someone. This could mean doing volunteer work or doing anything nice for another person. The next **C** is for comparisons. Compare your situation to someone who has a worse situation. Watch the news or a sad movie. If you cannot think of someone who has a worse situation, think of yourself at a time when you were worse off than you are now. **E** is for emotions. Find something to do that creates a different emotion than the one you are currently experiencing. For example, if you are sad, watch a comedy movie or read a funny greeting card. **P** stands for pushing away. Mentally leave the distressing situation for awhile. Block bad thoughts from your mind. Put them away for a short time, but remember that you will have to come back to it at some point because problems do not solve themselves. **T** is for thoughts. Put your mind on something else. Do something that makes your mind think about anything but the distressing situation. Examples would be to count anything or to work a word puzzle. **S** is for sensations. Find strong sensations to pull your mind away from whatever it is that is distressing at the moment. Examples would be to take a hot or cold shower or hold ice in your hand.

Self-soothe the five senses is the second component of Distress Tolerance. The five senses are vision, hearing, smell, taste and touch. For vision, find something visually appealing to focus on such as a beautiful painting. You could also go to the park and watch the people and animals that go by as well as taking in nature. For hearing, listen to a favorite song or go outside and listen to the birds chirp. Find something that is relaxing and soothing to your ears. For smell, it often helps to smell something that brings back fond memories of your past. Light a candle or
make some food that brings about good smells. For taste, bake your favorite treat and enjoy every bite. Go to a local restaurant or bakery and indulge in your favorite food. Put a pinch of cinnamon or something spicy on your tongue that makes you aware of something other than your distressing thought. For touch, pet an animal. Rub on lotion very slowly. Play with play-doh or a soft ball. All of these things should take you away from thinking about whatever is distressing you. Especially if you are using Mindfulness.

IMPROVE the moment is the next component of Distress Tolerance. IMPROVE is also an acronym. I stands for imagery. Imagine something calm and relaxing in your mind such as a luxurious vacation. Imagine that everything in your life is going well. M stands for meaning. Find an ultimate good in something bad. Spiritual values can often be helpful in finding meaning. P is for prayer. Even if you do not believe in God, open up to a higher power, even if it is your own wise mind. Turn your thoughts over to God or to that other higher power. R is for relaxation. Find ways to relax your mind and body. Get a massage or tighten all of your muscles and relax them again. Take a soothing bubble bath. Practice deep-breathing. O stands for One thing in the moment. Be mindful and focus only on the present. Focus your entire attention on physical sensations that you have as you walk, clean or exercise. V is for vacation. Take a brief vacation, even if it is only a mental vacation. If you can, rent a hotel room for a night. Go get a spa treatment. Treat yourself to something that will not cost a lot of money. If you cannot get away on an actual vacation, take a mental trip to somewhere that soothes you in your mind. Imagine a beach or country scene that puts your mind at ease. E is for encouragement. Encourage yourself that you are doing the best you can and that things will get better. If you cannot encourage yourself, find someone who will encourage you.

Pros and cons is the last component of Distress Tolerance. Make of list of the pros and
cons for tolerating distress and the pros and cons for not tolerating distress. Compare the lists, thinking of long-term goals and thinking rationally using wise mind. Imagine what positive consequences may be available for you if you end up tolerating the distress and achieving your goals. Think about all the negative consequences that await you if you do not tolerate the distress.

The following are other ways in which you can take your mind off of your distressing situation and focus on the present. First of all, observe your breath. One can do this in several ways. Deep breathing is one way. Lie on your back and focus on the movement of your stomach. Allow your stomach to rise as you breathe in, and fall as you breathe out. Another way to observe your breath is by measuring your breath by your footsteps. One can do this by walking slowly and letting the length of breaths be determined by number of footsteps. One can take longer or shorter inhalations and exhalations by increasing or decreasing the number of footsteps. Another way to observe breathing is by counting your breath. This is simple. Sit or stand in a comfortable position. One could even go for a walk. As you inhale, think “I am inhaling, one.” As you exhale, think “I am exhaling, one.” Continue on through ten, inhaling and exhaling slowly and from the stomach. If you lose count, return to one. One could also follow one’s breath while listening to music, carrying on a conversation and just being aware, “I am inhaling, I am exhaling.” Once one becomes accustomed to following his or her breath, one can begin to quiet the mind and body by breathing. This helps to enter into wise mind.

Second, learn how to accept reality using half-smile exercises. A half-smile is not a frown or a full grin. Both of these are tense actions. A half-smile is a relaxed facial expression with slightly turned-up lips. Your body can communicate to your mind how you are feeling and often a half-smile will make you feel better on the inside. You can utilize the half-smile several times a
day and in several different ways. Put a happy message on your ceiling or bathroom mirror- somewhere that you will see it right away when you get up each morning. Half-smile while reading the message and focusing on your breathing. One can utilize the half-smile while listening to music, during free time or while irritated. Finally, try half-smiling while thinking about someone who you despise or irritates you. Imagine this person and what makes them happiest and gives them the most pain. Think about what kind of person they are and whether or not they are truly happy with their life. Think about this until you can feel compassion for this person and let go of the anger and hurt that you feel.

Third, use awareness exercises that will bring you to the present, non-judgmentally. Be aware of the positions of the body. Focus on whatever position you are in while breathing deeply. Find the purpose in the position you are in. For example, I am lying down because I am tired. I am tired because I had a long day at work. I had a long day at work in order to make money for my family, and so on.

Be aware of your connection to the universe. What is your body touching right now? What is that touching? For example, maybe you are sitting in a chair. You feel the seat cushion and the arms of the chair. The chair is touching the floor. The floor is touching another type of floor, or dirt. The dirt leads to the inner parts of the earth. Think about how the chair and everything else are supporting you and keeping you from falling down. Find appreciation in it all.

Pick any object and study it or think about it. Where did this object come from? What is its chain of production? For example, you decide to think about the potatoes that you are eating. You made the potatoes. Before that, you peeled them and washed them. You had taken them out of the pantry. You unloaded them from the grocery bag before that. You had taken the grocery
bag out of the car. The bag had before been in your cart at the store. The potatoes went through checkout. You pulled them off of the shelf. Before that, someone else put them on that same shelf. They had been unloaded from a box or truck, possibly by another person. Somehow they were sold and put into distribution. They probably came from a farm before that in which the farmer had to pull them out of the ground. Well before that, the farmer had watched them grow after planting them. The ground would have been prepared before that. As one can see, there is a huge chain from which any item may derive. If one stops to think about something like this, it takes the mind off of more distressing matters for the time being.

Be aware while doing anything around the house. Break what you are doing down into steps. For example, while doing the dishes think about each motion that you make. Feel the water, soap and dishes on your hands. What does each thing feel like? Is the water warm? Does the soap make your skin soft? What types of motions are needed in order to get the dishes clean? Focus your attention only on the task at hand.

Be aware while taking a leisurely shower or bath. Focus all of your attention on each step necessary to make your body clean. Smell the different scents and feel what each cloth or soap feels like on your skin. Pay attention to what your body does in order to wash your hair versus washing your back, etc. Allow yourself plenty of time and relax.

Finally, practice awareness through meditation. Meditation can be done in different ways. Make sure you are sitting comfortably and focus your entire mind on what you feel in your body. Close your eyes or keep them open only a little in order to focus on one thing in front of you. Do not allow other thoughts or interruptions to enter your mind while in meditation. The purpose is to find relaxation and tolerance for distress.

Through Distress Tolerance, one can eventually learn how to accept reality. Consider
what is called “Radical Acceptance.” Pain is inevitable but suffering is a choice. We all have to accept some painful situations, but that does not mean that we have to approve of them. For example, this writer knew a woman who used radical acceptance to get through her mother’s death. Her mother was diagnosed with cancer and was told she only had a short while to live. The woman was not happy about this but knew she had no choice in the matter. She chose the path of radical acceptance by telling herself that her mother would die and she should spend as much time with her before that as possible. She did just that and was able to tell her mother everything she wanted to say to her and enjoy their last moments together. After her mother passed, she was sad of course, but was able to find peace with the way she handled the situation. Her brother on the other hand, could not accept the prognosis and never even went to see his mother before she died. To this day, he is still suffering with the entire situation and the choices that he made. Radical acceptance will help one make wise mind decisions.

Distress Tolerance is one of the aspects of DBT that seems to help the most with suicidal ideation. In the article, “Dialectical Behavior Therapy,” Swales, (2009) writes how DBT can be beneficial to a variety of people with a variety of diagnoses, especially those who have experienced suicidal ideation.

Swales (2009) explains:

DBT treatment programs aim to assist clients with a history of serious suicidal behaviors to build a life worth living. The treatment is comprehensive, requiring attention to increasing clients’ capabilities, improving their motivation to change and assisting them to generalize their newfound competencies to all areas of their lives. Mindfulness plays a central role in this process by helping clients and therapists to remain focused in a compassionate and non-judgmental way on solving the problems of the present (No page
The article goes on to explain the meanings of dialectics, mindfulness, validation and change; as well as the functions of DBT and two case studies showing how Dialectical Behavioral Therapy works. This article is beneficial in that it teaches DBT in a simple manner to those who want a quick explanation of Dialectical Behavioral Therapy and how it can be used.

The article, “Dialectical Behavior Therapy as a Treatment for Deliberate Self-Harm: Case Studies From a High Security Psychiatric Hospital Population” written by Duggan et al (2001), shows how DBT can be effective as a treatment for those who may or may not have Borderline Personality Disorder, but who do have the tendency to hurt or want to hurt themselves, which is a common factor for people with Borderline Personality Disorder. In this study, fifteen women who had been referred by their medical officers, took part in treatment by DBT. Once again, as in most scenarios, treatment was offered as one-hour weekly of individual therapy and one-hour weekly of group therapy.

This group of patients was different from many others in that the clients were in a residential, high-security placement.

Duggan et al (2001) explains the difficulties:

There were many challenges in implementing this therapy within a high security institution, some of which were due to the institutional setting, where security overrides everything else. In any therapeutic community setting, there is usually a therapy room that can be used regularly, and affords privacy and a sense of safety. Within this high security setting however, there was no set therapy area or special room to conduct therapy; sessions were thus carried out on the wards where there was a lack of privacy, since doors had to be kept open, or rather slightly ajar for security reasons, and other
people on the ward could look into the rooms in passing. Other constraints involved the lack of choice and lack of control that the patients had in implementing some skills, and improving their level of independence and responsibility for self. They could not choose to take part in activities such as, for example, going to the gym when they wanted, because it was not part of their schedule within the institution. There were many restrictions on when they could go outside for some fresh air because staffing levels dictated to large extent the number of activities or distractions that the patients could engage in. The use of tools or instruments that could be potentially dangerous was of course restricted. Personal items held in their own rooms were controlled because of security and safety. (p. 299-300)

The team teaching DBT to this population did the best they could, despite the circumstances. The patients were still able to gain knowledge of the skills. The instructors found that one year of DBT was not appropriate for this population. Also, due to the number of constraints on these clients, they were not able to implement so many of the skills learned. However, the authors found that some improvement was made, and they feel as though even a little improvement in such a group as this, is beneficial.

This author can see how difficult it would be to implement a true DBT group in these conditions. However, this author also agrees with the authors of the article in that any improvement made in any population, especially a population where self-harm is involved, is beneficial. Another upside is that Dialectical Behavioral Therapy is being tried on a number of different populations which is useful for future research and the progression of DBT in America and all over the world. This could truly change how therapy is useful to people who have had traumatic experiences throughout their lives.
Written by Janet Feigenbaum, “Dialectical Behavior Therapy: An Increasing Evidence Base” (2007) lists several disorders in which DBT could prove beneficial due to similarities among these disorders and Borderline Personality Disorder. The author lists the following disorders, problems, and settings as possible candidates for DBT: substance abuse, eating disorders, ADHD, depression, suicidal ideation and crisis settings. The author also suggests that both adolescents and adults could benefit from Dialectical Behavior Therapy.

Feigenbaum (2007) stated:

It has been suggested that DBT is a treatment for parasuicidal behaviors rather than a treatment for BPD. DBT has a clear hierarchy of treatment goals, commencing with reduction in any risk behaviors which increase the likelihood of the individual dying or failing to attend therapy, followed by addressing goals relating to Axis I disorders and quality of life behaviors. (p. 60)

The author then suggests that further evidence be gathered in order to prove the efficacy of DBT among other populations. This author agrees, despite the fact that this author does not see how DBT could cause any sort of harm to any population. If anything, this author believes that Dialectical Behavior Therapy could only bring benefits or possibly, no results at all instead of negative results.

Another article, “The Use of Dialectical Behavior Therapy Strategies in the Psychiatric Emergency Room” (2003) written by Balestri, Belfi and Sneed, also suggests the use of DBT in alternate settings. The authors pointed out that since suicide is such a major concern for the world in this day and age, a different approach to helping those who are in the severe and drastic situations needs to be taken. They feel that DBT may be the way to go. Many suicidal patients need some of the main components of DBT in order to realize what is really taking place in their
lives and find ways to heal their pain. Validation and communication are both necessary factors for change, acceptance and healing. A chain analysis can also help a patient see where their life went wrong through looking back at their major life occurrences and issues.

Balestri, Belfi and Sneed (2003) state:

The goal of the present article is to show how specific dialectical behavior therapy strategies and techniques can supplement traditional psychiatric emergency room practice by potentially increasing outpatient treatment compliance in parasuicidal patients with borderline personality disorder traits. Unlike the traditional psychiatric approach, DBT provides emotionally dysregulated patients with a framework for understanding their chaotic interpersonal lives. (no page number given)

Through three case studies, the authors show how DBT can work in an emergency room setting. The data was not empirically validated; however, the three cases did show improvement through their knowledge and use of Dialectical Behavior Therapy. This author believes that although the use of DBT in a variety of settings does need to be researched more heavily, this is another article that shows that some improvement was made and no negative side effects were taken on due to the use of DBT. This is just another possibility for the use of DBT.

Emotion regulation. There are three goals of Emotion Regulation training. First, understand the emotions you experience. Identify the emotion you are experiencing by observing and describing what it is. Also, understand what emotions do for you. Second, reduce emotion vulnerability. Do this by increasing positive emotions and by not becoming vulnerable to a negative, emotional mind. Third, decrease emotional suffering. Learn to let go of painful emotions and change those emotions through opposite actions.

First, one must understand that there are two types of emotional experiences. They are
primary and secondary. Primary emotions are a reaction to the event itself. Secondary emotions are our reaction to our thoughts and feelings, or in other words, irrational judgments.

Next, in order to control one’s emotions, one must understand what function emotions serve. Emotions communicate to others. Often, our facial expressions provide our emotion to others. Whatever emotion we are experiencing can often influence others. Emotions also organize and motivate action. Often times we do not need to think about what we will do next, our emotions prepare the action for us. Emotions can also be self-validating. However, we must remember that emotions do not equal facts. Sometimes in an emotional state of mind, we are led to think things that may not be true in an effort to come up with an explanation.

What is validation? First of all, validation does not equal agreement. Validation simply means that we hear what someone else is trying to tell us and that we understand. Self-validation means perceiving our own thoughts, feelings and actions as acceptable. Validation is an important aspect to any relationship and helps us to feel better about ourselves.

One way that we can learn how to avoid vulnerability to negative emotions and stay out of an emotional state of mind is with an acronym that DBT refers to as “PLEASE MASTER.” “PLEASE MASTER” stands for treat Physical illness, balance Eating, avoid mood-Altering drugs, balance Sleep, get Exercise, and build MASTERY.

The first is to treat physical illness. This means taking care of our bodies by going to the doctor on a regular basis and when necessary and taking prescription drugs as they are prescribed. The second is balanced eating. Some foods make certain people feel overly emotional. Stay away from those foods. Also, do not eat too much or too little. The third is to avoid mood-altering drugs. Stay away from alcohol and any drugs that are not prescribed. The fourth is to get balanced sleep. Get the amount of sleep that is necessary to feel good and if sleep
is hard to get, try to get on a sleep program that works. The fifth is to get exercise. Try to get some sort of exercise everyday and build up to at least twenty minutes of vigorous exercise. The sixth is to build mastery. Mastery over oneself is the goal to achieve. Find and do something everyday that makes you feel worthwhile and competent. Through the use of all of these things, emotional mind will not be something that is impossible to tackle anymore. When the body is well taken care of, so is the mind.

Another important aspect to Emotion Regulation in DBT is increasing positive emotions. We can do this by building positive experiences. In terms of short term, do something each day that is enjoyable and that prompts positive emotions. In terms of long term, one can makes changes in life that make positive events happen more often. Make a list of events that you want to happen in your life and a list of goals that you want to achieve. Take the first step to meeting those goals. Take care of relationships; take care of current relationships, mend old ones and find new ones. Do not give up!

Be aware of the positive experiences that are happening by focusing attention on the positive events already surrounding you and refocusing your mind when it begins to wonder to the negative. Distract from worries such as when the positive experience will end or if you are worthy of the positive event. Think positively as much as possible.

Finally, let go of emotional suffering. Observe each emotion that comes along. Note that it is there, but do not become stuck to it. Experience the emotion, whatever it may be. Do not try to block the emotion by taking part in target behaviors such as eating or gambling. Do not judge the emotion. Also, do not try to keep the emotion around or make it bigger than it is. Remember that your emotions do not define you. You do not have to act on any emotion and remember that there were times when you felt different from now. Love and accept your emotion. Take it for
Interpersonal effectiveness. The final component of Dialectical Behavioral Therapy is Interpersonal Effectiveness. DBT says that there are four main situations for Interpersonal Effectiveness. All conflict falls under one of the following situations. The first is attending to relationships. In order to do this, one must not let problems build up, but rather use relationship skills learned to ward off problems. One should also end relationships that are obviously hopeless.

The second situation is balancing priorities versus demands. Priorities can be defined as what one feels to be important and what one wants. Demands can be defined as what other people want us to do. First of all, put off demands that are of low-priority. Remember that it is alright to say no and ask others for help when necessary. If one does not have enough to do, offer to help others and structure responsibilities.

The third situation is balancing the wants to shoulds. Wants can be defined as what we enjoy. Shoulds are internal thoughts of what we think we ought to do. Try to find a balance between the two. Again, as mentioned before, it is alright to say no when necessary and to ask others for help.

The fourth situation is building mastery and self-respect. In order to do this, learn to stand up for yourself. Stand behind your opinions and values. Interact with others in a way that makes you feel effective and competent. Ask yourself this question, “How do I feel, or want to feel, about myself after I interact with others?”

There are three goals of Interpersonal Effectiveness. The first is getting your objectives or goals in a situation. An acronym that DBT provides to help us achieve this goal is “DEAR MAN.” “DEAR MAN” stands for Describe, Express, Assert, Reinforce, Mindful, Appear
confident, and Negotiate. **Describe** means to tell the person you are dealing with about the current situation if necessary. Remember to stick to the facts and be non-judgmental. **Express** means to give your feelings and opinions about the situation. Always assume that what you are feeling is not self-evident. Only use “I” statements, otherwise it appears as if you are demanding. **Assert** means that you should ask for what you want or say no clearly. Assume that others will not figure it out on their own. However, remember to keep it short and to the point. **Reinforce** means to tell the person ahead of time that you appreciate what they are doing for you. Explain the positive effects of you getting what you want and the negative effects of not getting what you want. Reward the person afterwards. **Mindful** means that you should remain mindful throughout the interaction by keeping your focus on your objective. Do not allow yourself to get distracted. If necessary, repeat yourself over and over. If the person tries to change the subject or becomes hostile, do not respond. Keep making your point and ignore the attack. **Appear confident** means that you should be confident and effective by not stammering or whispering. Make direct eye contact with the other person. **Negotiate** means that it is best to be willing to give as well as to get. Ask for alternative solutions. Reduce your request if necessary.

The second goal of Interpersonal Effectiveness is getting or keeping a good relationship. An acronym that helps us achieve this goal is “GIVE.” “GIVE” stands for Gentle, Interested, Validate and Easy manner. **Gentle** means that during an interaction, be courteous. Do not attack, threaten or judge. **Interested** means that we can act interested by listening to others. **Validate** means that we are showing the other person that we understand their point of view, even if we do not agree with it. **Easy manner** means that we should remain light-hearted and smile during the interaction, if possible.

The third goal of Interpersonal Effectiveness is keeping or improving self-respect and
liking for yourself. An acronym for this goal is “FAST.” “FAST” stands for Fair, Apologies, Stick to values and Truthful. Fair means be fair to yourself and to the other person. Apologies means that one should not be overly apologetic. Do not apologize for your own opinion. Stick to values means be true to your own values. Remember that no one can take away your self-respect unless you let them or give it up. Truthful means do not lie or act helpless. Do not make excuses for yourself. It is alright at times to tell little white lies, however. Just make sure not to make this a habit.

There are obstacles that can get in the way of Interpersonal Effectiveness. Try to be mindful of obstacles in order to meet your objective. The first is lack of skill. This could occur from lack of planning or finding yourself in a new and unexpected situation.

The second is worry thoughts. One may worry about bad consequences, whether or not you deserve to get what you want, or worry about not being effective. You have the ability to act effectively, but the worry thoughts interfere in the way you speak or act.

The third obstacle is emotions. Emotions such as anger, frustration, fear and guilt get in the way of you acting effectively. The emotions tend to control what you had originally planned on saying or doing.

The fourth obstacle is indecision. You cannot make up your mind about what you really want. You cannot prioritize or balance and this makes it difficult to speak effectively with others.

The fifth and final obstacle that gets in the way of Interpersonal Effectiveness is environment. Occasionally, we find ourselves in an environment that we were not prepared for. Other people may be too powerful and may not give you what you want. This can interfere no matter how skillful you are.

The afore-mentioned makes up most aspects of Dialectical Behavioral Therapy. This
therapy provides skills needed to get through many situations in life. It may take longer for some to learn and skillfully act upon than others. Obviously there are other aspects of Dialectical Behavioral Therapy that have not been mentioned. It takes time and willingness to fully understand the entire Therapy.

**Overview of Adlerian Therapy**

*Strategies.* Carlson, Maniaci and Watts (2006) stated, “a therapeutic strategy is the overall, long-term goal of the psychotherapy. The strategic goal of Adlerian psychotherapy is to foster in the client a sense of community feeling” (p. 134). Adler wanted clients and therapists practicing Adlerian therapy to feel the need and desire to help others in the community. This also includes caring for each other. Through Adlerian therapy, each one of us should want to be a part of the community and participate in any way that we can.

*Techniques.* Carlson, Maniaci and Watts (2006) stated, “a technique is that which is used to get to the strategic goal. Some techniques in Adlerian psychotherapy are life style assessment, encouragement and antisuggestion” (p.134). In order to fully make sense of Adlerian techniques, many of them are listed under the upcoming section of Adlerian tactics, to show when the techniques can and should be used. However, here is a brief explanation of the three techniques already mentioned. The life style assessment is a series of questions that give the therapist and client a well-structured and detailed look into the background of the client. Early recollections are taken during the life-style assessment. Early recollections are memories that the client has that can be associated with a situation that is occurring now in the client’s life. Usually the memories are taken from childhood. Life-style assessments may also look at a client’s dreams. Questions are asked about the client’s family of origin as well as their family now. Much of the information taken focuses on what the client’s childhood was like and how he
or she would compare him or herself to siblings.

Encouragement is pretty self-explanatory. The therapist will encourage the client to keep
trying, that they are doing the best they can, that things will get better, etc.

Carlson, Maniacci, and Watts (2006) stated the following:

There are two directions on which to focus. Clinicians can encourage clients’ self-concepts, or they can encourage clients’ self-ideals. Therapists can say “Nice effort” and therefore encourage the self-concept by focusing on what was done. They can also say “I know you failed this time, but you’ll get it next time. I believe in you.” They are encouraging clients to do something they have not yet done, and that helps reinforce the client’s self-ideal (p. 143).

Antisuggestion is agreeing with the client when the client is stating that things are bad in order to create a paradox. Many times clients wish to remain stuck in a situation. It is when the therapist agrees that things really are as bad as they seem that the client may begin to argue with the therapist and realize that there is a solution to the problem.

*Tactics.* Carlson, Maniacci and Watts (2006) wrote, “the term tactics, however, refers to when and how techniques are used. For example, Adlerians tend to use the life style assessment early in therapy, when clients and therapists need to better understand the core convictions that may be leading the clients to trouble” (p. 134).

There are many Adlerian tactics which include several Adlerian techniques. Confrontation tactics can be used when a good relationship has already been established between the therapist and client. Confrontations do not have to be dealt strongly. They can be used to in gentle manner but they do require a response from the client. Addressing a client’s immediate behavior and movement is one type of confrontation. Asking the client when they plan to take
action is another type of confrontation. Each of these requires a client to respond and take action.

Paradoxical tactics are used when a client wants to subconsciously remain stuck in a symptom after creating a purpose for why it exists. As mentioned earlier, antisuggestion is a paradoxical tactic. Spitting in the soup is another paradoxical tactic. This refers to the therapist showing the client what their symptoms are and encouraging the continuous use of them which no longer makes the symptom quite as useful or enjoyable.

Encouragement tactics are useful at a time when a client is not able to encourage him or herself or remember a time when they were ever successful. Lessons from the past is a technique that forces the client to recall a time in their past when they succeeded at something they wanted to accomplish, such as riding a bike. Then the therapist can encourage the client to take the same sort of courage now. Another encouragement tactic is minus to plus. The therapist is then taking a characteristic of the client that the client views as negative and turning it into a positive and useful characteristic.

Change tactics are useful throughout Adlerian therapy since change is one of the ultimate goals that Adlerian therapists are after for their clients. Acting “as if” is an Adlerian technique that takes a situation that the client is experiencing and asks the client to explore other endings and possibilities to the situation that may not be realistic, but the client can imagine is true. Another change tactic is task setting, which is done during a therapeutic session, or homework, which is done in between sessions. Change can come from being asked and practicing to do something differently.

Humor is a tactic that can be used to make a client feel at ease in therapy. Adlerians often use jokes as a way to lighten up the atmosphere and help a client see how things could be
different. This sort of tactic can be used when the therapist especially wants the client to remember something said and to make therapy more enjoyable.

Imagery tactics are used to create motivation in clients. The pushbutton tactic is used especially when a client is feeling depressed. They are given a negative pushbutton and a positive pushbutton to take home that can theoretically take away or create such outcomes. In between sessions, the client can use the pushbuttons and during the next session, the therapist can ask which button the client has been using the most and why. This can teach clients the role they play in creating and maintaining both their positive and negative emotions. Early recollections are also used as imagery tactics. As discussed before, early recollections encourage clients to think about a time in their past when they felt similar to how they are feeling now. This can promote a change in the way the client is behaving and reacting to a similar situation now.

Motivational tactics are used when a client knows what to do they just need help getting motivated to make the action. Selling is one of the motivational tactic techniques. The therapist can sell the action or change that is needed to be made any way that he or she can. The “stick and carrot” is another technique that can be used under motivational tactics. Sometimes we all need a little reinforcement in order to make a necessary change. What is reinforcing for us may not be reinforcing for another. The therapist needs to ask the client what would be reinforcing to him or her.

Anxiety-reducing tactics are used when a client needs help in order to calm down. Naming the demon is a technique that simply puts a name to what the client is experiencing and can therefore create relief for the client. Taking over is another anxiety-reducing technique in that at times, some clients just need for someone else to take control. In this case, the therapist simply tells the client the direction in which they need to take.
DBT could also be beneficial with clients who have anxiety issues or other psychiatric disorders. “Adapting a Dialectical Behavior Therapy Group for use in a Residential Program” by Wolpow, (2000), describes how DBT can be adapted to use on clients with a variety of psychiatric disorders. The author explains why DBT makes sense for residential programs.

Wolpow (2000) states:

The use of a modified DBT skills group applied within a rehabilitation program also made sense, since many of the basic values and functions of DBT closely parallel those of psychiatric rehabilitation. DBT functions include: enhancing capabilities, improving motivation, assuring generalization to the natural environment, enhancing therapist capabilities and their motivation to treat people effectively, and structuring the environment. A basic assumption of DBT is that the most caring thing a therapist can do is help patients change in ways that bring them closer to their own ultimate goals. Those notions are quite similar to the values of psychiatric rehabilitation. Namely, psychiatric rehabilitation focuses on building skills to increase functioning, working as partners on personally meaningful goals, on recognizing and enhancing strengths, working on skill development in real world settings, emphasizing practical application, linking goals to one’s environment and addressing needs for environmental modification, where needed (No page numbers given).

Participants in the study were four women and two men who had diagnoses of Obsessive Compulsive Disorder, Schizoaffective Disorder and Schizophrenia. No participant had Borderline Personality Disorder. The four DBT modules were split up into a month of training for each. The instructors and clients participating found that the DBT model was easy to teach and to learn and that it was non-threatening to the clients participating. Instead of focusing on
their weaknesses, clients liked that the DBT model focused on their strengths.

The author suggests that in the future, more time be spent on the Mindfulness module, as many of the clients found it difficult to stay focused. The author also suggests that the DBT program be modified through the use of the homework sheets that Marsha Linehan provides. Apparently, many of the residential clients found them difficult to adapt to their own lives and situations. However, the author also found that the residential clients seemed to have benefited and enjoyed the new program regime, especially since most of them had experienced poor therapeutic experiences in the past, being that they had been mandated. This article was helpful in knowing that DBT can be adapted for other groups with clients who do not have Borderline Personality Disorder and that the group participating does not necessarily have to be an outpatient group.

Countering tactics are used at the point in therapy when the client has learned a lot from the therapist and starts to question his or her old assumptions. The client will then need help to make sense of the old and new convictions that are forming in the client’s head. A technique called alternative explanations is one of countering tactics used in Adlerian therapy. The therapist can begin by making up a scenario and asking the client to come up with possible explanations for the outcome of the scenario. Once the client has mastered simple scenarios, they can then begin to look into their own life and come up with possible explanations as to why certain events took place the way they did. Substituting useful beliefs is another technique used under countering tactics. Through this technique, clients can be shown how certain alternative explanations can be more useful than others. Clients then can usually begin to understand how the life style assessment and everything else explored in therapy is connected in some way or another. These are just some of the techniques and tactics used in Adlerian therapy.
Real life example of how DBT can be used for a variety of diagnoses

As mentioned earlier, this writer took part in an internship at Sioux Trails Mental Health Center in Saint Peter, Minnesota. This writer had the opportunity to take part in a group that taught Dialectical Behavioral Therapy to clients. A few of these clients had been diagnosed with Borderline Personality Disorder, which is who Dialectical Behavioral Therapy had been created for. However, many of the clients involved in the group had other diagnoses. The supervisor who led the group believed, just as this writer now believe, that Dialectical Behavioral Therapy is something that every human being could learn and take advantage of. The skills learned through DBT are simple and well-explained. Many of the skills are relaxation techniques and techniques that could help anyone to better their relationships and interactions with others, as well as get by on a day to day basis while dealing with stress and anxiety that comes with living life. It also truly helps one to understand the function and purpose of emotions as well as how to deal with them as they arise. Therefore, a diagnosis of Borderline Personality Disorder is not necessary for one to be able take advantage of the skills learned through this type of therapy.

Many clients graduated from the group after learning and effectively showing use of the DBT skills. One of the most important sections of Dialectical Behavioral Therapy in my eyes is the Distress Tolerance section. While teaching this section, we urged our clients to create what we called Distress Tolerance kits. When in a distressed state of mind, one is usually not thinking rationally. Often when distressed, one’s mind races ahead and it is hard to slow down thoughts and urges. A distress tolerance kit is there and already put together with all of the things that help bring down an individual’s distress levels. If you are in a distressed state of mind, it is highly unlikely that you will remember many of the skills learned or remember what helps you calm down. Since the kit is already put together and in a place that is easily accessible, one should be
able to go get the kit, open it up and make use of the things that help bring distress levels down. Some examples of things to put in a distress tolerance kit would be play dough, a joke book, pictures of friends and family, a funny movie, lotion, hard candy or chocolate, and word searches or a good book. Our clients had a lot of fun putting their kits together and have used them many times since. Therefore, this writer personally has seen how Dialectical Behavioral Therapy has been useful for a variety of people with a variety of diagnoses. This writer hopes to continue to teach DBT to others after obtaining her degree.

The following articles are further proof of how Dialectical Behavior Therapy can be effective in other settings and for other populations. “A Process of Cross-Fertilization: What Sex Offender Treatment can Learn from Dialectical Behavior Therapy” written by Shingler, (2004) proposes that clients who suffer from Borderline Personality Disorder show similarities to clients who are sexual offenders and therefore both can benefit from learning DBT. One of the major similarities being that there is no easy therapy route for either group. Both are known for not succeeding in many therapy programs. The author states that Marsha Linehan, creator of DBT, shows five forms of dysregulation that apply to those who have been diagnosed with BPD. These five forms are emotional dysregulation, interpersonal dysregulation, behavioral dysregulation, cognitive dysregulation and self-dysregulation. The author proposes that these five forms apply equally to sexual offenders. Therefore, the principles that make up Dialectical Behavioral Therapy not only will work for Borderline Personality Disorder clients, but also sexual offender clients. However, the author is not proposing that the entire DBT program would necessarily work for sexual offenders.

Shingler (2004) states:

Dialectical Behavior Therapy was designed as a way of treating a challenging and “high-
risk” client group with cognitive-behavioral strategies. As such, its philosophies and techniques are ideally suited to being adapted for use with sexual offenders. Most therapists working with sexual offenders within the criminal justice system are working within the boundaries of accredited programs. Therefore, this paper has been aimed at extracting those strategies and ideas that can be applied to any setting and any program, as a subset of the range of the skills and techniques available to the therapist, rather than considering the application of DBT as an entire therapy to sexual offenders. That is not to say that the latter could not be achieved, but this would need to be done under conditions of careful evaluation and assessment (p.179).

Once again, another article is proposing the use of Dialectical Behavioral Therapy for clients suffering with something other than Borderline Personality Disorder. This goes to show the versatility of the program. The principles and functions of DBT are widely adaptable.

Another article, “Dialectical Behavior Therapy in the Treatment of Abusive Behavior” by Waltz (2003), suggests that men who meet certain criteria for Borderline Personality Disorder and who are also abusive, may benefit from DBT.

Waltz (2003) writes:

There are a number of reasons that Dialectical Behavior Therapy is attractive as a potential treatment model for partner abusive men. There is overlap in the Borderline Personality Disorder population, for whom Dialectical Behavior Therapy was developed, and the population of partner abusive men. In addition, many of the difficulties faced by mental health professionals working with partner abusive men are issues that Dialectical Behavior Therapy attempts to address (p.77).

The author goes on to explain the different areas of DBT that coincide with partner
abusive men and their characteristics. She also goes on to explain that since no study was done on the subject, Dialectical Behavioral Therapy may not be right for all men who are partner abusive. Although it is felt that DBT may be a promising solution for partner abusive men who need treatment, it is not guaranteed. Again, it is believed that Dialectical Behavioral Therapy is broad enough that it could be a potential solution for other diagnoses besides Borderline Personality Disorder.

The article, “Dialectical Behavior Therapy with Transitional Youth: Preliminary Findings” by Rakfeldt, (2005) is based on a study of DBT used on youth who were considered severely emotionally disturbed with emerging mental illness. Fifteen participants took part in a typical DBT setup. That is, each client took part in individual therapy, as well as a Dialectical Behavioral Group for two hours each week, lasting an average of one year. The study decided to use DBT in particular as the mode of therapy due to the lack of effective therapeutic methods for this population of people. Rakfeldt (2005) states, “although onset of mental illness for many people occurs during adolescence and young adulthood, intervention and treatment resources for this age group are sorely insufficient” (p. 62).

The article goes on to explain what the definition of Dialectical Behavioral Therapy is, as well as the participants, methods and instruments used and results of the study. It is important to note that the participants were placed into one of two groups: a DBT group or a comparison group. Results found that those who had participated in the DBT group had significantly better outcomes than those who had participated in the comparison group.

Rakfeldt (2005) found the following:

The results from this study support the potential efficacy of DBT for transitional youth.

In this regard, these findings fit into a growing body of literature suggesting that DBT
may be an evidence-based best practice for dealing with conditions characterized by emotion dysregulation and impulse control spectrum disorders. Moreover, the skills training groups were specifically geared to develop greater social interpersonal skills, articulate hopes, dreams, and aspirations, as well as to use time more productively. Vocational activities were not part of this intervention, And, as one would anticipate, the results suggest improvement only in the areas that were the focus of the intervention, namely in the areas of social relationships and intentionality (meaning a clearer sense of purpose and personal goals, and a more effective use of time (p. 72).

This study was helpful in that it showed how Dialectical Behavioral Therapy could be effective in a whole new population of clients, meaning a younger population. Not many other resources have suggested the use of DBT on youth. This author can see no reason why DBT could or should not be used on any age group. It would seem as though the principles of DBT are understandable and detailed enough that any population could find it beneficial. In fact, this author’s internship site offered a Dialectical Behavioral Therapy group for adolescents as well as adults. It would seem as though DBT is really making an impact on a variety of ages and diagnoses, which is what this author set out to prove.

**Conclusion**

Dialectical Behavioral Therapy and Adlerian Therapy have a lot in common and can work in conjunction with each other in that encouragement and validation are major components. This author clearly believes that both therapies would be beneficial to any population of clients, no matter what the diagnosis. Dialectical Behavioral Therapy was created for Borderline Personality Disorder; however, through the examples provided, it has been shown that DBT does not have to be strictly for the BPD population. In the future, this author sees many more
possibilities for the use of Dialectical Behavioral Therapy throughout the world, in multiple therapeutic settings and for multiple diagnoses.
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