

Dialectical Behavior Therapy (DBT)

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About Us

Palo Alto University's Continuing and Professional Studies delivers advanced training for mental health professionals, with programs customized to individual learning needs. High caseloads, limited resources, limited time and budgets — we understand the everyday barriers to achieving the level of professional development you need.

With content curated by psychologist Dr. Patricia Zapf and our Advisory Board, we make training for developing skills, following best practices, and improving credibility. Our continuing education programs are accessible and individualized to fit every schedule so you can take your practice to the next level.

In this Series

Dialectical Behavior Therapy (DBT) is an evidence-based, structured psychotherapy originally developed for individuals with borderline personality disorder. It is now effectively used to treat a range of conditions involving emotion dysregulation, including post-traumatic stress disorder (PTSD), depression, substance use disorders, eating disorders, and other complex clinical presentations. Grounded in cognitive-behavioral principles, DBT integrates mindfulness and dialectical strategies to promote emotional regulation, distress tolerance, and improved interpersonal functioning.

Learn about DBT and how it works at Palo Alto University's Continuing and Professional Studies.

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What is DBT & How Does it Work?

EVIDENCE- BASED HELP FOR COMPLEX BEHAVIORS



What is DBT?

Dialectical Behavior Therapy (DBT) is an evidence-based treatment designed initially in the 1980s by Marsha Linehan, PhD, for individuals with borderline personality disorder (BPD). It was developed to treat high-risk behaviors among individuals who had poor prognoses. In addition, DBT may reduce extreme emotional suffering and increase effective coping behaviors. Early research on its effectiveness comprised individuals with numerous diagnoses, and efficacy studies indicate that DBT is an effective and flexible treatment for clients with complex behaviors and high rates of comorbidities. Over the years, DBT has been quickly adapted for numerous populations. DBT helps motivate clients to change aspects of their lives that they can change.

DBT focuses on living in the moment, developing healthy ways to cope with unpleasant emotions, learning how to be flexible with our feelings, and improving our relationships with ourselves and others. The philosophical perspective of dialectics influences DBT. Mental health professionals work with their clients to assist them with holding two opposite views at once.

DBT believes that

- Our thoughts, beliefs, and behaviors are connected to our moods, physical experiences, and events in our lives.
- Change is constant, and we cannot avoid it or stop it.
- Opposite thoughts and feelings can be combined to form a thought/feeling that is better suited.

How Does DBT Work?

DBT teaches strategies, methods, and skills that are helpful with mood problems such as sadness, anxiety, anger, panic, jealousy, guilt, and shame. The skills taught can help solve relationship problems, handle stress better, improve self-esteem, become less fearful, and grow more confident. [The dialectic at the heart of DBT is acceptance and change](#). This unique aspect of DBT brings together these two opposites in therapy to bring better results than one alone.

Mindfulness

The practice of being fully aware & present in this one moment



Emotional Regulation

How to change emotions that you want to change



Distress Tolerance

How to tolerate pain in difficult situations, not change it



Interpersonal Effectiveness

How to ask for what you want & say no while maintaining self-respect & relationships with others



Mindfulness

- Be in the moment
- Acceptance based

Emotion Regulation

- Identify and deal with emotions
- Change based

Distress Tolerance

- Cope with super-strong emotions
- Acceptance based

Interpersonal Relationships

- Set boundaries and communicate clearly
- Change based

DBT Techniques

DBT strategies leverage various techniques to achieve treatment goals.

Individual Psychotherapy

The goals of individual therapy are to reduce life-threatening behaviors, reduce therapy interfering behaviors, decrease quality-of-life interfering behaviors and increase behavioral skills. The clinician will utilize diary cards to inform what must be addressed in each session. A behavioral chain analysis identifies links (thoughts, feelings, behaviors, external events) that led to problem behavior and consequences. Then a solution analysis is completed to determine intervention points to prevent the maladaptive behavior from recurring. Individual therapy relies on clinicians increasing clients' commitment to trying new behavior.

Skills Training

Skills training usually happens weekly in a group format and is concurrent with individual therapy sessions. These groups are psychoeducational and teach Mindfulness, Interpersonal Effectiveness, Emotion Regulation, and Distress Tolerance.

Telephone Consultations

Telephone coaching is used as needed to help clients generalize skills outside of the therapy room. Clients will call their clinician when they need help utilizing a skill or do not know what skill to use.

Therapist Consultation Team

The consultation team is in place to increase clinicians' motivation and help deliver competent and effective treatment and adhere to DBT principles.



2

Pros and Cons of DBT

BEHAVIOR CHANGE

Dialectical Behavior Therapy (DBT) helps individuals tolerate and regulate their emotions. It comprises behavior therapy, cognitive behavior therapy (CBT), and mindfulness. Many clients who benefit from DBT are often considered “difficult to treat.” People often wonder, what are the advantages and disadvantages of DBT? Learn whether DBT is suitable for you by reviewing some of the advantages and disadvantages listed below!

Benefits of DBT

- DBT is evidence-based. It goes beyond mental health illness and improves individuals' quality of life.
- It reduces [anxiety](#), depression, [trauma](#), and stress symptoms and decreases suicidal and self-harming thoughts and behaviors.
- Increases consumers' self-worth and self-respect.
- Consumers can access their DBT clinician in the moment when they are struggling.
- The group component of DBT allows consumers to learn and practice skills in a safe and supportive environment.
- Researchers have found that the effectiveness of DBT is far-reaching and generalize to clients of various ages, gender identities, sexual orientations, and race/ethnicities.
- DBT has been adapted for various populations, mental health problems, and [settings](#); including, [psychosis](#), [mania](#), [substance use](#), [eating disorders](#), [adolescents](#), and [forensic settings](#), to name a few!
- DBT incorporates Zen Buddhist mindfulness practices, which may be appealing to consumers who want to work toward spiritual fulfillment.
- DBT teaches consumers that thinking is dialectical, not “right” or “wrong,” evaluating and integrating contradictory ideas.



Criticisms of Dialectical Behavior Therapy

- DBT requires a significant time commitment (from the consumer and the clinician).
- There are many skills in DBT, which may be overwhelming. As a result, consumers who may benefit from it may find it overly complex and unwilling to try.
- DBT involves homework that may not be well suited for everyone.
- DBT is structured and has strict boundaries that must be set and followed.
- There is no formal trauma processing in DBT, which may be a necessary component of treatment for some clients to recover from a traumatic experience(s) entirely.
- Certain facets of DBT are derived from Eastern religious philosophies; therefore, some clients whose religious values are Western (e.g., Christianity, Judaism, and Islam) may object to Zen Buddhist teachings.
- DBT clinicians must be highly trained mental health professionals as there is the possibility for increased risky behavior from consumers throughout treatment.



3 Radical Acceptance with DBT

ACCEPTING REALITY AS IT IS IN THAT PRECISE MOMENT

Dialectical Behavior Therapy (DBT) helps consumers tolerate and regulate their emotions. It comprises behavior therapy, cognitive behavior therapy (CBT), and mindfulness.

The act of learning to observe and experience things you didn't expect or didn't want — without judging or rejecting — is a large part of DBT mindfulness. This type of acceptance frees us from unnecessary sadness, frustration, and self-criticism and has been termed Radical Acceptance. DBT's Radical Acceptance helps us sit with where and who we are in the present moment without judging ourselves or becoming too upset. It is a mindset used when individuals cannot keep painful events and emotions from coming their way.

Radical Acceptance can be defined as accepting life events that are out of your control and not resisting what you cannot change. Accepting situations without judging them is an essential part of Radical Acceptance as it reduces suffering.



What is Radical Acceptance?

Radical Acceptance is completely accepting reality as it is in that precise moment. The skill is used when someone has trouble “getting over” something or someone or “moving on from” a painful or traumatic experience.

Radical means, all the way. You totally and completely accept reality in your mind, body, and emotions. Radical Acceptance is when you stop fighting reality because reality is not the way you want it and let go of bitterness. It helps people learn how to accept painful events, individuals, or aspects of their life. It is not approval, compassion, love, passivity, or against change. It is a decision to accept reality, acknowledging that all of the painful situations or events happened (or are happening). Coming to terms with the aspects of the problems that we cannot change will liberate the energy we are using to fight reality, and then if needed, we can use that energy to make a plan to change the situation for the better.

How Does Radical Acceptance in DBT Help?

DBT asserts that rejecting reality usually turns pain into suffering. However, when you radically accept, you embrace facts. In turn, you cope with reality and live your life. Radical Acceptance reduces the impact of the painful emotions associated with the event.

Why Accept Reality?

1. Rejecting reality does not change it
2. To change reality, we must first accept it.
3. Pain cannot be avoided – it is nature’s way of letting us know something is wrong.
4. Refusing to accept reality can keep an individual stuck in painful emotions – such as bitterness, anger, sadness, or shame.
5. Deep calmness usually follows acceptance.

How Do You Radically Accept?

Radical Acceptance is a difficult skill. It challenges you to accept something painful about life. Individuals who don’t have the skills for acceptance usually do not know how to accept painful events and facts. In addition, sometimes people may believe that if you accept a painful event that you are making light of it, or you are approving of it and that in the future, nothing will be done to change or prevent future painful events. Lastly, emotions can get in the way of Radical Acceptance (sadness, anger, rage, shame, guilt). DBT’s Radical Acceptance helps consumers overcome these interfering factors. It provides skills and education for tolerating distress and practicing Radical Acceptance step by step.

Watch Tara Brach explain why it is so hard for us to practice Radical Acceptance with ourselves in less than two minutes. 

Step-by-Step for Radical Acceptance

1. Observe that you are questioning or fighting reality.
2. Remind yourself that the unpleasant truth is just as it is and cannot be changed.
3. Remind yourself there are causes for the reality (acknowledge history led up to the moment, consider how a series of factors have shaped people lives).
4. Practice accepting with the whole self. Be creative! Use acceptance self-talk, consider using relaxation, mindfulness, half-smile, willing hands, or other skills learned throughout the distress tolerance module of DBT.
5. Practice opposite action! Act as if you have already accepted the event/situation. Then, engage in the behavior you would do if you had accepted it.
6. Cope head. Imagine believing what you don't want to accept. Then, rehearse what you would do if you accepted what seems unacceptable.
7. Attend to your body's sensations as you think about what needs accepting.
8. Allow disappointment, sadness, or grief to arise within you.
9. Acknowledge that life can be worth living even when there is pain.
10. Do pros and cons if you find yourself resisting practicing acceptance.

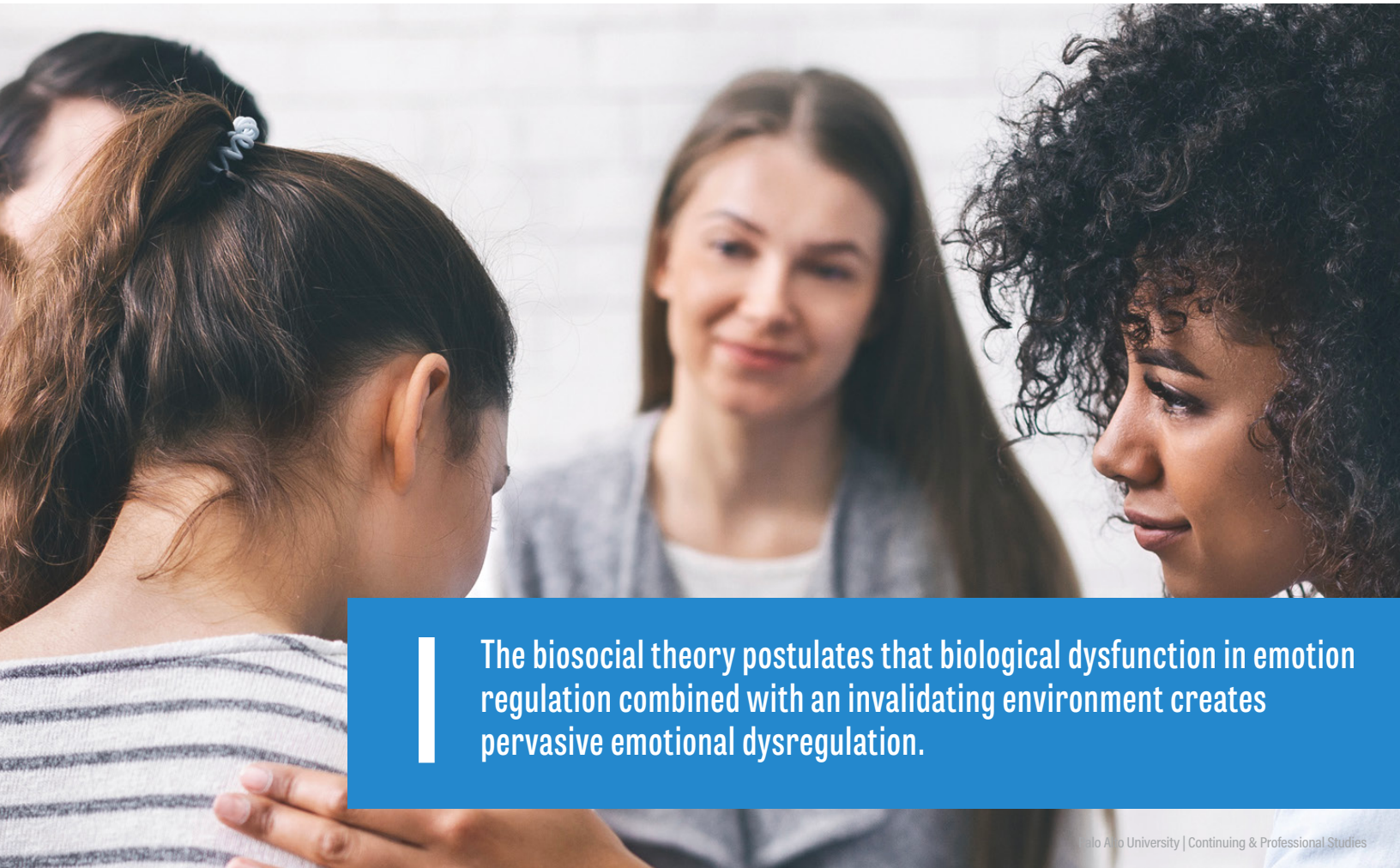
4 What is the Biosocial Theory?

WHAT IS AN INVALIDATING ENVIRONMENT?

An invalidating environment pervasively negates, punishes, corrects, ignores, or dismisses behavior directly or indirectly, sending an individual a message that something is wrong with their emotions, and they are expected to manage them alone.

Invalidation is not just done by responding negatively, a child may be invalidated when they are ignored.

Repeated invalidation causes an individual to mistrust and judge their feelings negatively. Moreover, children may believe that they are a “bad” person for experiencing emotions.



The biosocial theory postulates that biological dysfunction in emotion regulation combined with an invalidating environment creates pervasive emotional dysregulation.

Some examples are:

- Telling a child not to come out of their room until they calm down sends the message to the child that they should deal with their emotions on their own.
- Asking questions such as, “Why are you upset over that? That’s nothing to be upset over,” tells a child that their emotions are wrong or bad.

What about if a child is crying and that crying is ignored? The same child then cries harder until they are told to “pull yourself together” or “stop being a baby.” While the verbal response and indirect message are negative, the child has learned how to get someone to respond to them by getting extremely upset or angry.

- Oversimplification of problem-solving, e.g., “pull yourself together,” does not allow individuals to foster practical problem-solving skills and inhibits their ability to meet goals.
- Invalidation may also cause individuals to vacillate between emotional inhibition and extreme emotional escalation.

DBT understands that parents and caregivers are doing the best they can.

- A parent may not know how to validate their child’s emotions because their emotions were never validated.
- A parent may have mental health or substance use struggles and may be experiencing their own emotions and troublesome behaviors, making it impossible for them to attune to their child’s emotional needs.
- Ignoring a child’s emotions teaches them that their emotions do not exist. In the future, children may self-invalidate when experiencing any emotion (e.g., “I’m so dumb for getting upset”).

5

Understanding Behaviorism

PSYCHOLOGY HAS ITS ROOTS IN BEHAVIORISM

What Is A Behavioral Psychologist?

Psychology has its roots in behaviorism. Behaviorism began with the work of Ivan Pavlov, who discovered classical conditioning, and B. F. Skinner, who developed operant conditioning.

Behaviorism is based on the idea that environmental factors determine all behavior, not internal mental states. This means that all behavior can be explained by how we have been conditioned to respond to our environment. Behaviorism has been very influential in the development of psychology as a science. However, it has also been criticized for its lack of focus on mental states and its emphasis on external factors as the cause of all behavior.

Behaviorism is the key to understanding human behavior. By understanding the principles of behaviorism, we can explain why people behave the way they do and better manage our behavior and the behavior of others.



The Basic Principles of Behaviorism

Behaviorism is the study of observable behavior. The basic principle of behaviorism is that behavior is a function of the environment. It focuses on the principle that behavior is learned through conditioning. There are two types of conditioning: classical conditioning and operant conditioning.

Classical Conditioning

- When a behavior is learned in response to a stimulus that is not naturally associated with that behavior. There are lots of examples of classical conditioning in everyday life, such as if a person is exposed to loud noise (the conditioned stimulus) and then feels fear (the unconditioned response), they may learn to fear loud noises (the conditioned response).

Operant Conditioning

- When a behavior is learned in response to the consequences of that behavior. [Operant conditioning](#) examples in everyday life include if a person gets a reward (the reinforcer) for completing a task (the operant behavior), they are more likely to complete that task in the future.

The Role of Learning in Behavior

Behaviorism is all about [learning](#). Specifically, it concerns how organisms learn from their environment and how this learning changes behavior. There are three main approaches within behaviorism – classical conditioning, operant conditioning, and observational learning. All three methods involve the process of conditioning, whereby an animal or person learns to associate a particular stimulus with a particular response.

Classical Conditioning

- When a neutral stimulus becomes associated with a particular response. For example, if a rat is given a food pellet every time it hears a click, it will eventually learn to associate the click with the food. It will start to salivate in anticipation of the food whenever it hears the click.

Operant Conditioning

- A type of learning that occurs as a result of the consequences of a behavior. If a behavior is followed by a positive consequence (such as a reward), then that behavior is more likely to be repeated in the future; if a behavior is followed by a negative consequence (such as punishment), then that behavior is [less likely to be repeated in the future](#).

Observational Learning

- A type of learning that occurs as a result of observing the behavior of others. An example of observational learning includes if a child sees another child being rewarded for picking up a set of toy blocks, the child is likely to pick them up the next time they are available.

The Role of Cognition in Behavior

[Cognition](#) is just another word for thinking or knowing. We're aware of pretty much anything that goes on in our heads. That includes things like remembering, imagining, planning, and paying attention. Our behavior is mostly just a reaction to the things happening around us and the things we're thinking about. Behaviorism is the idea that our behavior is mainly a result of our environment and learning.

Cognition plays a significant role in our behavior. Our thoughts and memories can influence what we do in the present moment. For example, if we're thinking about a scary movie we saw, we might start to feel afraid.

The Role of Motivation in Behavior

Motivation is a crucial factor in behavior. A [motivated](#) individual is likelier to engage in behavior than those who are not motivated. Internal factors include things like need, want, or desire. External factors include things like rewards or punishments.

Behaviors that are reinforced (rewarded) are more likely to be repeated than behaviors that are not reinforced. Behaviors that are punished are less likely to be repeated than behaviors that are not punished.

People often talk about motivation in terms of [positive and negative reinforcement](#). Positive reinforcement occurs when a behavior is followed by a positive consequence (reward). Negative reinforcement occurs when a behavior is followed by removing a negative consequence (punishment). Positive and negative reinforcement can increase the likelihood of repeated behavior.

The Role of Emotion in Behavior

All three behavior theories suggest that emotion plays a role in behavior.

- **Classical Conditioning** is based on the idea that emotions are learned through association. For example, if a person has a positive experience with a certain stimulus (e.g., eating a delicious meal), they are likely to associate positive emotions (e.g., happiness) with that stimulus. On the other hand, if a person has a negative experience with a stimulus (e.g., being bitten by a dog), they are likely to associate negative emotions (e.g., fear) with that stimulus.
- **Operant Conditioning** is based on the idea that emotions can influence behavior. For example, if people feel happy, they are likelier to behave positively (e.g., being friendly to others). On the other hand, if a person feels angry, they are more likely to behave negatively (e.g., being aggressive).
- **Social Learning Theory** suggests that emotions play a role in behavior because we learn by observing the feelings of others. For example, we might become angry if we see someone getting angry. Similarly, if we see someone happy, we might become happy ourselves.

Conclusion

By understanding how we behave, we can change our behavior to get the desired outcomes. We can use this knowledge to improve our relationships, health, and well-being.

6 Reinforcement & Punishment

TWO WORDS THAT MIGHT BE CONFUSING:

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PUNISHMENT & REINFORCEMENT

Behaviorism vocabulary can be complex and challenging, especially when words have different meanings in common usage and therapeutic situations. [Therapists](#) often use words differently than others, which can cause some confusion.

The two most frequently used words that might be confusing are “punishment” and “reinforcement.”

- Punishment is bad, a penalty for acting in an unwanted way. A child disobeys his parent and loses access to electronics. The desired effect of the punishment is that the child will not transgress again.
- Reinforcement is a reward for doing something right. A child cleans her room and watches her favorite show on TV.

The terms “positive” and “negative” are added when referring to reinforcement and punishment, which may confuse things even more. Punishment versus negative reinforcement can often be the most confusing.

- Positive reinforcement increases the target behavior by adding something desirable. Positive punishment involves the addition of an aversive stimulus to decrease behavior.
- Negative reinforcement increases the target behavior by taking away something aversive. Negative punishment involves the removal of a desirable stimulus to decrease behavior.



The Role of Reinforcement in Behavior

[Click for examples of Reinforcement & Punishment](#)

Reinforcement is any consequence that increases the likelihood of a behavior being repeated. Reinforcement is largely unique to each individual. However, some things, such as a sweet treat or increased freedom, are reinforcing for most people.

In behaviorism, there are two types of reinforcement: positive and negative. Below are the definitions and examples of positive and negative reinforcement.

- **Positive reinforcement** involves providing something desirable, such as praise, attention, or privileges, to increase the likelihood of a desired behavior occurring again. Common positive reinforcement strategies include giving a child stickers for telling the truth, a dog's favorite treat for coming when called, and an employee receiving a raise for excellent performance reviews.
- **Negative reinforcement** also increases the likelihood of a behavior being repeated, but it does so by removing an unpleasant consequence after the desired behavior is displayed. Common negative reinforcement strategies include buckling your seat belt to stop the beeping sound, putting on sunscreen to avoid sunburn, and leaving early for work to avoid traffic.

The Role of Punishment in Behavior

There is a long-standing debate in psychology about the role of punishment in behavior. On one side, there are those who believe punishment is an effective way to change behavior. On the other side, some think punishment is ineffective and has harmful effects. Punishment may have short-term benefits, such as increased obedience, but it can also have longer-term negative consequences, such as increasing aggression or turning individuals against those who are supposed to help them.

There are a few cases in which punishment may be the only option: when the goal is to prevent very bad behavior, when there is no other effective way to get the desired behavior, or when the possible consequences of not punishing are worse than the potential consequences of punishment. In these cases, it is important to use punishment appropriately and sparingly to avoid resentment or increased hostility. Similar to reinforcement, there are two kinds of punishment: positive and negative. Positive and negative punishment can effectively decrease undesired behaviors, but they work differently:

- **Positive punishment** is the addition of an aversive stimulus following a behavior to decrease the likelihood of that behavior occurring again. Time-outs are often used as a form of punishment. Time-outs are usually effective for reducing the possibility of engaging in a problematic behavior by taking away privileges (or time) that the child enjoys. Time-outs can decrease problem behaviors when used correctly but should only be used as a last resort. Other examples of positive punishment include teaching manners early, rewarding good behavior, and providing positive reinforcement like attention and praise.
- **Negative punishment** is the removal of a reinforcing stimulus following a behavior to decrease the likelihood of that behavior occurring again. For example, if a child throws a tantrum to get a toy, the therapist may take the toy away, which is a form of negative punishment. Disciplinary measures like grounding or sending them to their room without dessert might effectively decrease undesired behaviors but should only be used as a last resort and always preceded by clear verbal communication.

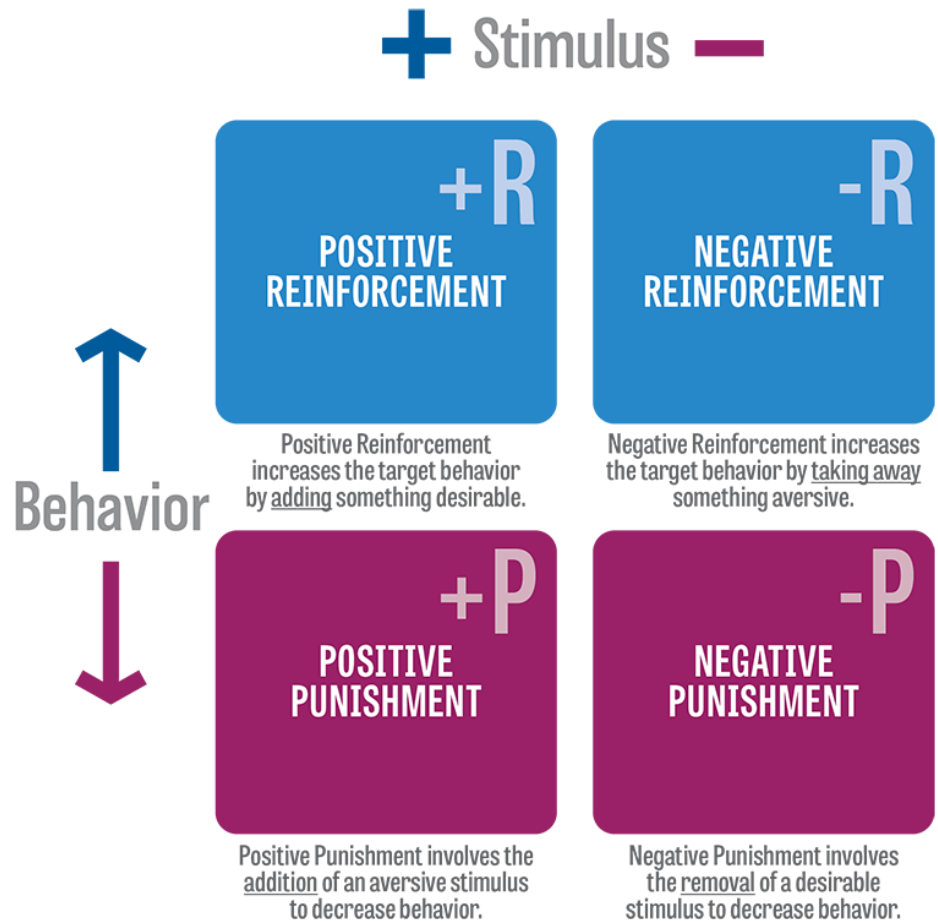
Reinforcement or Punishment

Positive reinforcement is generally more helpful than punishment. First, it has the potential to result in more desired behavior from the person being reinforced. Additionally, positive reinforcement often leads to a person feeling better about themselves, which can motivate them to keep exhibiting the desired behavior. Plus, punishment can lead to resentment or revenge.

Second, positive reinforcement is more motivating. Everyone likes to be rewarded for something they're struggling with, and positive reinforcement lets them know they're doing well, encouraging them to keep trying.

Finally, positive reinforcement is more effective in the long run. Punishment may work in the short term, but it usually takes a little time for people to get used to it and start ignoring it.

On the other hand, positive reinforcement can be a lasting motivator. Positive reinforcement may be the way to go if you want to change someone's behavior, not just temporarily stop them from doing something.



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Below are examples of therapeutic interventions that utilize principles of operant conditioning.

Shaping

Shaping behavior is a controlled reinforcement process that encourages successive approximations of desired behaviors. Shaping involves rewarding desired behaviors and ignoring or punishing undesired behaviors. Over time, this reinforcement will lead to the individual exhibiting behaviors more often.

How is Shaping Used in Daily Life?

Individuals use shaping to influence behavior change all the time. Consider how you might train your dog to sit. Once your dog consistently stands still, you reward it only when they sit down. Eventually, your dog will learn that sitting down is the behavior that gets rewarded, and they will start sitting down more often.

Another example is that you wish to develop a regular exercise routine. Rather than immediately expecting you to engage in a lengthy and intense workout, you can start by rewarding yourself for smaller steps toward your goal. Initially, you may reward yourself for putting on your exercise clothes or completing a short workout. Over time, you gradually increase the reward criteria, shaping the behavior until you reach your desired exercise routine.

Shaping is a powerful tool that can influence behavior change. It requires patience and consistency. Shaping involves reinforcing behaviors that are progressively closer to the desired outcome. By gradually raising the bar and providing reinforcement along the way, individuals are more likely to adopt behavior.

The Premack Principle

The Premack Principle is when a frequently occurring behavior is used to reinforce a behavior that doesn't happen often enough. Sometimes it is called "first this, then this" or "grandma's rule." The Premack principle says that if you do something more likely to happen (like eating your vegetables), you can do something less likely to happen (like watching TV). This principle states that behaviors more likely to lead to a desired outcome are more likely to be repeated. In other words, to increase a desired behavior, you must make it more likely. By leveraging The Premack Principle in daily life, individuals can increase their motivation and productivity by using activities they enjoy.

How is the Premack Principle Used in Daily Life?

The Premack principle is based on the idea that we are more likely to engage in activities that we find enjoyable. Therefore, linking an unpleasant or unwanted behavior with a more desirable activity can increase the likelihood of the undesirable behavior being replaced by the desired behavior.

An example of The Premack Principle would be, "First do your homework, then you can watch TV." In this example, TV is the behavior that occurs frequently and is used to reinforce the behavior of completing homework, which is not happening often enough. Another example is after studying for a specific period, you can take a break to play a video game, have a snack, or chat with a friend.

It's important to note that while The Premack Principle can be an effective motivator, it's essential to strike a balance and not rely solely on external rewards. Finding intrinsic motivation and deriving satisfaction from the activities is also crucial.

Chaining

Behavior Chaining is a psychological concept focusing on the sequential arrangement of behaviors leading to a specific outcome. It views behavior as a series of linked actions, each serving as a cue or stimulus for the subsequent step. The concept was initially developed by behaviorist psychologists who studied the relationship between environmental triggers, individual actions, and their consequences.

Behavior Chaining focuses on identifying and breaking down complex behaviors into smaller, manageable steps. This process allows individuals to recognize the actions contributing to a desired outcome and determine the most effective way to achieve it. From building new habits to overcoming challenges, Behavior Chaining provides a structured approach to breaking down complex behaviors into manageable steps.

How is Chaining Used in Daily Life?

When learning new skills, behavior chaining helps individuals grasp the sequential order of actions required to master a particular task. By systematically practicing each step, individuals progress toward proficiency. For example, someone learning to drive may start by familiarizing themselves with the vehicle's controls, then practice basic maneuvers, and finally venture onto more complex driving scenarios.

Another example of Behavior Chaining can be seen when we modify existing behaviors by identifying antecedents and consequences. Individuals can gradually reshape their behavior by replacing maladaptive actions with adaptive ones and adjusting the environmental cues. An example of behavior modification is when someone is trying to quit smoking. They may identify triggers, such as stress, and replace smoking with healthier coping mechanisms when stressed.

Conclusion

In conclusion, the principles of operant conditioning, namely shaping, The Premack Principle, and behavior chaining, offer valuable insights into understanding and influencing behavior. Shaping allows for the gradual development and refinement of desired behaviors by reinforcing successive approximations. The Premack Principle provides a powerful tool for motivation and productivity by utilizing preferred activities as rewards for engaging in less preferred ones. On the other hand, behavior chaining helps break down complex behaviors into manageable steps, enabling individuals to achieve their goals effectively.

By harnessing these principles, mental health professionals can assist clients in shaping behaviors, increasing motivation, and creating a structured path toward positive change. Whether cultivating new habits, modifying existing behaviors, or acquiring new skills, operant conditioning principles provide a framework for understanding and shaping human behavior, ultimately empowering us to thrive and reach our full potential.



8

Getting Rid of a Behavior You Don't Like

**IN THE FIELD OF
PSYCHOLOGY,
EXTINCTION
REFERS TO THE
PROCESS OF
REDUCING OR
ELIMINATING
A LEARNED
BEHAVIOR BY
WITHHOLDING
THE REINFORCING
CONSEQUENCES
THAT PREVIOUSLY
MAINTAINED IT.**

Extinction plays a significant role in classical and operant conditioning, shedding light on how behaviors can diminish over time. The sections below will delve into extinction, examining its applications in classical and operant conditioning and its implications for behavior modification.

Classical Extinction

Classical Extinction occurs when a response to a conditioned stimulus diminishes or disappears due to the absence of the unconditioned stimulus. In Ivan Pavlov's seminal experiments, the sound of a bell (conditioned stimulus) was paired with the presentation of food (unconditioned stimulus), leading to salivation (conditioned response) in dogs. However, if the bell is repeatedly presented without the food, the conditioned response of salivation becomes extinct.

In daily life, Classical Extinction can be observed in various scenarios. For instance, if someone fears dogs (conditioned response) due to a previous negative experience (unconditioned stimulus), exposing them to friendly, non-threatening dogs over time can lead to the extinction of their fear response. By consistently exposing the individual to dogs without negative consequences, the conditioned response of fear gradually diminishes.

To provide another example, we can consider a veteran who develops a fear response to thunderstorms due to a traumatic experience in their past. Whenever they hear thunder (conditioned stimulus), they experience intense fear and anxiety (conditioned response). This fear response was initially established because the sound of thunder may be reminiscent of the relentless explosions they witnessed on the battlefield that naturally elicited fear.

To address their fear, they undergo a therapeutic Classical Extinction process. They begin by exposing themselves to recorded sounds of thunderstorms without actual thunderstorms occurring. Initially, the fear response may still be present, as the conditioned response has been deeply ingrained. However, as they repeatedly expose themselves

to the recorded thunderstorm sound without any adverse consequences or dangerous situations, the fear response gradually diminishes. Consistent exposure to thunderstorm sounds in a safe environment weakens their conditioned fear response, and they begin associating the sound of thunder with non-threatening situations. With each encounter, the individual can consciously reframe their perception of the thunder, associating it not with the horrors of war but with the cleansing power of nature's symphony, indicating successful Classical Extinction.

It's important to note that Classical Extinction may vary in its effectiveness and timeline for each individual, depending on factors such as the intensity of the initial conditioning, personal experiences, and the context in which extinction is practiced. Patience, consistency, and gradual exposure are key to facilitating the process of classical extinction and overcoming conditioned fear responses.

Operant Extinction

Operant Extinction is the gradual reduction or elimination of a previously [reinforced behavior](#) when the reinforcing consequence is no longer provided. In operant conditioning, behaviors are strengthened or weakened based on the consequences that follow them. If behavior is no longer reinforced, it may undergo extinction.

Mental health professionals may use operant extinction when [working with families](#). Consider the example of a child who throws a tantrum to gain attention from their parent. If the parent consistently ignores the tantrum behavior, the child may eventually realize that their tantrums are no longer effective in obtaining attention. As a result, the behavior of throwing tantrums diminishes over time through Operant Extinction.

Moreover, a therapist may use Operant Extinction in the therapy room with a client. For example, suppose a client engages in attention-seeking behaviors such as interrupting, talking excessively, or seeking constant reassurance. In that case, the therapist may consistently ignore or minimize these behaviors without providing attention or reinforcement, and the client may eventually stop these behaviors.

In daily life, Operant Extinction can be applied in various contexts. For instance, if an employee frequently interrupts colleagues during meetings to gain attention, the colleagues can collectively practice extinction by refusing to engage or acknowledge the interrupting behavior. Over time, as the interrupting behavior fails to elicit the desired response, it will likely diminish and eventually extinguish.



Key Differences Between Operant & Classical Extinction

Operant Extinction and Classical Extinction are two distinct processes within the realm of behavior modification. While both involve the reduction or elimination of learned behavior, they differ in terms of the underlying principles and mechanisms involved:

Conditioning Types:

- **Classical Extinction** is associated with classical conditioning, where a conditioned response is weakened or extinguished due to the repeated presentation of the conditioned stimulus without the unconditioned stimulus. *The focus is on the association between stimuli.*
- **Operant Extinction**, on the other hand, is associated with operant conditioning, where behavior is weakened or extinguished by withholding the reinforcing consequence that previously maintained it. *The emphasis is on the relationship between behavior and its consequences.*

Process:

- In **Classical Extinction**, the conditioned response weakens over time as the conditioned stimulus is presented repeatedly without the unconditioned stimulus. The absence of the unconditioned stimulus leads to a gradual reduction or elimination of the conditioned response.
- **Operant Extinction** involves gradually reducing or eliminating behavior when the reinforcing consequence is no longer provided. The behavior gradually diminishes over time by withholding the reinforcement that previously maintained the behavior.

Focus:

- **Classical Extinction** primarily focuses on the conditioned response previously associated with the conditioned stimulus. The goal is to weaken or eliminate the conditioned response through repeated presentation of the conditioned stimulus without the unconditioned stimulus.
- **Operant Extinction** focuses on the behavior and its relationship with reinforcing consequences. The aim is to reduce or eliminate the behavior by withholding the reinforcing consequence that previously reinforced it.

Reinforcement:

- In **Classical Extinction**, the absence of the unconditioned stimulus serves as the basis for extinction. The conditioned response decreases as the conditioned stimulus is presented alone without the reinforcing unconditioned stimulus.
- In **Operant Extinction**, extinction occurs when the reinforcing consequence previously maintained the behavior is no longer provided. By withholding the reinforcement, the behavior gradually decreases and may eventually extinguish.

Challenges and Considerations

While extinction is a powerful tool for behavior modification, it comes with [challenges](#). One common challenge is an **extinction burst**. When a behavior is no longer rewarded, the individual may exhibit an increase in the frequency or intensity of the behavior. For example, if a child's tantrums are no longer reinforced, they might throw tantrums to regain the desired response. It is crucial to remain consistent during this phase and continue withholding reinforcement to facilitate extinction.

[Another consideration](#) in extinction is spontaneous recovery. After a behavior has gone through extinction, it may reappear when exposed to its original context or associated cues. Consistency in not reinforcing the behavior will lead to its re-extinction.

Conclusion

Extinction in Classical and Operant Conditioning provides valuable insights into modifying and eliminating learned behaviors. Classical Extinction is associated with weakening or eliminating a conditioned response by repeatedly presenting the conditioned stimulus without the unconditioned stimulus. Operant Extinction, however, involves reducing or removing a behavior by withholding the reinforcing consequence that previously maintained it.

While Classical Extinction focuses on the association between stimuli, operant extinction centers around the relationship between behavior and its consequences. By understanding the principles of extinction, individuals can apply these concepts in various settings to shape behavior and promote positive change. However, it is important to approach extinction with patience, consistency, and an understanding of the potential challenges that may arise.

By appropriately applying extinction techniques, individuals can modify behaviors and foster personal growth and development.



9

Unraveling Behavior:

The Power of Behavioral Chain Analysis

Behavioral Chain Analysis (BCA) is a powerful therapeutic tool for understanding complex behavioral patterns. By breaking down a sequence of actions and their antecedents and consequences, BCA allows individuals to gain valuable insights into the factors contributing to their behaviors.

Below, we will explore the concept of [Behavioral Chain Analysis](#), its applications, and how it can be utilized as a transformative tool for self-reflection, problem-solving, and behavior change.

Understanding Behavioral Chain Analysis

Behavioral Chain Analysis is a systematic and analytical approach to exploring the intricate links between a specific behavior chain's antecedents, behaviors, and consequences. It recognizes that behaviors do not occur in isolation but are interconnected sequences influenced by various factors. By deconstructing these chains, individuals can better understand the triggers, reinforcements, and maintaining factors contributing to their behaviors.

The Process of Behavioral Chain Analysis

- **Identifying the Target Behavior:** The first step in BCA is to define the target behavior that will be analyzed clearly. It could be an undesired behavior that an individual wishes to understand and change or a desired behavior that they want to reinforce and maintain.
- **Breaking Down the Behavior Chain:** Once the target behavior is established, the next step is to break down the behavior chain into smaller components. This involves identifying the antecedents, the actual behavior, and the consequences. This process allows individuals to gain a comprehensive understanding of the entire sequence.
- **Examining Antecedents:** Antecedents are the events or circumstances that precede behavior. They can be internal (thoughts, emotions, sensations) or external (situations, environmental triggers). Through careful analysis, individuals identify the antecedents that influence a specific behavior. This step helps recognize patterns and understand contributing contextual factors.
- **Analyzing Behaviors:** The focus then shifts to the behavior itself. By examining the actions, thoughts, and emotions associated with the target behavior, individuals gain insights into the functional aspects of the behavior. They explore the purpose the behavior serves, the thoughts or beliefs related to it, and the immediate gratifications or relief it provides.
- **Unraveling Consequences:** The final step involves analyzing the consequences that follow the behavior. This includes both immediate and long-term consequences. Individuals identify the [reinforcements](#) (positive or negative) that maintain the behavior and examine any unintended consequences that may reinforce it further.

Applications of Behavioral Chain Analysis:

- BCA serves as a vital tool in behavior modification. By understanding the specific factors contributing to a behavior, individuals can identify potential intervention points and develop strategies to change or replace the behavior with more desirable alternatives.
- BCA can be applied to problem-solving by systematically analyzing the chain of events leading to problem behavior. Individuals can develop effective solutions, modify their responses, and implement preventive measures by understanding the triggers and consequences.
- BCA provides a framework for self-reflection and introspection. By objectively analyzing one's behavior chains, individuals gain self-awareness, identify patterns, and recognize the factors influencing their actions. This self-awareness paves the way for personal growth and empowers individuals to make conscious choices.

AN EXAMPLE OF A BEHAVIOR CHAIN ANALYSIS

→ 01 Identifying the Target Behavior

- > Substance use.



Identifying Target Behavior



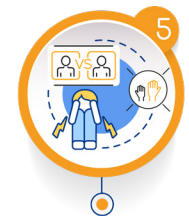
Breaking Down the Behavior Chain



Analyzing Antecedents



Analyzing Behaviors



Unraveling Consequences

→ 02 Breaking Down the Behavior Chain

- > The **antecedents** are factors that contribute to substance use, such as stress, social situations, availability of the substance, negative emotions, or peer pressure.
- > The **behavior** is engaging in substance use, which involves acquiring, preparing & consuming the substance.
- > The **consequences** of substance use can be both immediate and long-term.
 - Immediate consequences: relaxation, temporary relief from stress or negative emotions, altered mood or perception & peer acceptance.
 - Long-term effects: addiction, health issues, strained relationships, legal problems, or impaired cognitive functioning.

→ 03 Analyzing Antecedents

- > **Stress:** High levels of stress, whether related to work, relationships, or personal challenges, can act as a trigger for substance use.
- > **Social Situations:** In environments where substance use is prevalent, such as parties or social gatherings, it may create social pressure or temptation.
- > **Availability:** Easy access, either through personal possession or proximity to places where it is readily available, can increase the likelihood of substance use.
- > **Negative Emotions:** Experiencing negative emotions such as sadness, anxiety, or frustration may lead to using substances as a means of self-medication or temporary escape.

→ 04 Analyzing Behaviors

- > **Acquiring Substances:** Seeking out and obtaining the substance, which may consist of contacting dealers, visiting specific locations, or asking friends.
- > **Preparing & Consuming Substances:** Preparing the substance for consumption (e.g., rolling a joint, measuring out a dosage) and consuming it through smoking, ingesting, or other methods.

→ 05 Unraveling Consequences

- > **Immediate effects** such as altered mood, euphoria, relaxation, reduced stress, or temporary escape from negative emotions.
- > Engaging in substance use in social situations can lead to **acceptance, a sense of belonging, or peer approval.**
- > Substance use can have **long-term consequences**, including addiction, physical and mental health issues, strained relationships, academic or occupational problems, legal ramifications, financial difficulties, and an overall negative impact on quality of life.

Conclusion

Behavioral Chain Analysis offers a powerful lens through which individuals can understand, dissect, and modify their behaviors. Individuals gain valuable insights into their actions by deconstructing behavior chains into smaller components and examining the antecedents, behaviors, and consequences. BCA is a transformative tool for self-reflection, problem-solving, and behavior change. Through the systematic analysis of behavior chains, individuals can make informed decisions, modify their responses, and embark on a path of personal growth.

10 Why DBT is Needed in Correctional Settings

DBT SKILLS CAN BE ESPECIALLY HELPFUL IN CORRECTIONAL SETTINGS

Individuals incarcerated in jails and prisons often experience extreme stress, isolation, and violence. Many come from backgrounds of trauma, abuse, or neglect, which contribute to difficulties in managing emotions and behaviors. Traditionally, correctional systems have focused more on punishment than rehabilitation, with little emphasis on addressing the root causes of criminal behavior. As a result, many individuals cycle in and out of the prison system without receiving the necessary treatment for their emotional struggles, which leads to high recidivism rates.

DBT offers a different approach, [focusing on helping incarcerated individuals understand and manage their feelings](#). Instead of simply trying to control behavior, DBT teaches people to deal with emotions like anger, frustration, and shame in healthier ways. This gives individuals the tools to improve their emotional well-being and behavior, both in prison and once they're released.



Adapting DBT for the Unique Challenges of Correctional Settings

While DBT has shown success in traditional therapeutic environments, adapting it for prisons and jails comes with unique challenges. Correctional settings are strict, with tight schedules, limited resources, and heightened security concerns. These factors can make it difficult to provide therapy in the way DBT was originally designed. However, [DBT can be adapted to work within these constraints](#).

- **Group Therapy:** In correctional settings, individual therapy may not always be possible due to staff shortages or other logistical issues. Group therapy offers an effective alternative, allowing inmates to learn from each other and practice DBT skills in a social context. It also provides a sense of community, which is crucial in a setting where isolation and disconnection are common.
- **Focus on Skills Training:** Given the time limitations and restricted access to resources in jails and prisons, DBT programs often emphasize teaching practical skills over long-term therapy. These skill-building sessions are designed to provide immediate, actionable tools that incarcerated individuals can use to manage their emotions, reduce stress, and improve their behavior. Focusing on practical skills also makes DBT more accessible and relevant for those in correctional environments.
- **Flexible Scheduling:** Inmates often lack flexibility with their schedules, with obligations like work assignments, court appearances, and lockdowns. This makes it difficult for them to attend therapy regularly. To address this, DBT programs in correctional settings may offer shorter sessions or have more flexibility in scheduling. Offering supplemental materials, like handouts or video resources, can help inmates stay engaged with DBT even if they miss a session.
- **Creating a Safe Space:** Trust is a critical element in any therapeutic process, but it can be difficult to establish in prison, where fear and distrust are common. DBT therapists must work hard to create a safe, non-judgmental environment where incarcerated persons feel comfortable sharing their feelings and experiences. This requires setting clear boundaries, maintaining confidentiality, and fostering an atmosphere of respect.

The Benefits of DBT for Incarcerated Individuals

When DBT is implemented in jails and prisons, it can have a significant positive impact on incarcerated individuals. Many report improved emotional regulation, reduced impulsivity, and fewer instances of aggressive behavior. Since DBT addresses the root causes of criminal behavior, such as trauma and mental health struggles, it can help individuals understand and heal from the past, which ultimately makes them less likely to reoffend.

DBT also equips incarcerated persons with the skills needed to build better relationships, both inside and outside of prison. Effective communication, setting boundaries, and conflict resolution are key to maintaining healthy relationships, whether with fellow inmates, correctional staff, or family members. These skills are crucial for successful reintegration into society once someone is released.

The Future of DBT in Correctional Settings

As the criminal justice system continues to evolve, there's a growing focus on rehabilitation and [DBT is well-positioned to play a key role in this shift](#), offering incarcerated individuals the tools they need to break the cycle of reoffending.

In the future, DBT could become an integral part of correctional systems, helping individuals manage their feelings, improve their relationships, and develop the skills they need to reintegrate into society. With its emphasis on emotional regulation and practical coping strategies, DBT offers hope for reducing recidivism and helping incarcerated persons lead healthier, more fulfilling lives after their release.

Conclusion

Behavioral Chain Analysis offers a powerful lens through which individuals can understand, dissect, and modify their behaviors. Individuals gain valuable insights into their actions by deconstructing behavior chains into smaller components and examining the antecedents, behaviors, and consequences. BCA is a transformative tool for self-reflection, problem-solving, and behavior change. Through the systematic analysis of behavior chains, individuals can make informed decisions, modify their responses, and embark on a path of personal growth.

11 Turning Your DBT Certification into a Career

EXPAND YOUR CLINICAL PRACTICE

DBT Certification Unlocks New Doors

A host of challenging populations would benefit from Comprehensive DBT. By completing Palo Alto University's Continuing and Professional Studies [DBT training certification](#), you can expand your clinical practice and work with new populations. Here are a few populations that are targeted in our DBT programs that may interest you:

- **Forensic Settings:** The need for appropriate mental health treatment for individuals in the United States criminal justice system is paramount. DBT has been found to have practical utility for reducing violence and self-harm in forensic settings. Many of the programs in this certificate will provide specific adaptations and strategies that are clinically useful for various adult and juvenile forensic settings such as jails/prisons, forensic hospitals, and juvenile justice settings.
- **Children & Adolescents:** DBT can help kids and teens who have a lot of trouble handling their intense emotions. Clinicians can use DBT to help kids relate to others more healthily. Kids need tools to manage their problems and stick to adaptive habits such as eating well, taking medication, staying away from drugs, and getting enough sleep. DBT provides clinicians with various ways to teach youth these tools. Specific to this population, the DBT skill walking the middle path teaches kids how to validate others and compromise and negotiate.
- **Substance Use:** Clinicians can integrate DBT skills demonstrated as effective at helping addicted people stop using drugs and alcohol into treatment plans. Learn how DBT commitment strategies are enhanced for persons with substance use disorders. Support patients with mindfulness practices for "Urge-Surfing." Clinicians can use DBT to assist clients in changing their behavior and their surroundings to help facilitate sobriety.



Is Comprehensive DBT Covered by Insurance?

Mental health professionals are becoming keenly aware of the overwhelming and challenging process of finding a clinician. It is not any easier for consumers to access high fidelity DBT and in the midst of what is likely an already incredibly overwhelming time, this can be additional and unnecessary. We at Palo Alto University's Continuing and Professional Studies are happy to offer comprehensive DBT training to clinicians and organizations, to provide the field with additional DBT providers who have gone through a rigorous certification program. By becoming DBT certified clinicians are eligible for insurance reimbursement, making themselves more marketable and consumers' search easier.

When a consumer is in search of a specialized form of psychotherapy, but there is no provider or even program who offers it who is in their network, they may be able to receive the service out-of-network with the in-network copay/deductible. This is called a "Single Case Agreement (or exception)" and it is possible for consumers to receive DBT this way!

With a SCA, out-of-network services are the same cost as in-network therapy. Being aware of this allows clinicians to help their clients who would benefit from DBT do so in a cost-effective manner. As a clinician or an agency, reaching out to insurance companies to become a credentialed provider allows clinicians to expand their caseload and consumers to easily access necessary services.



12 What to Expect in DBT

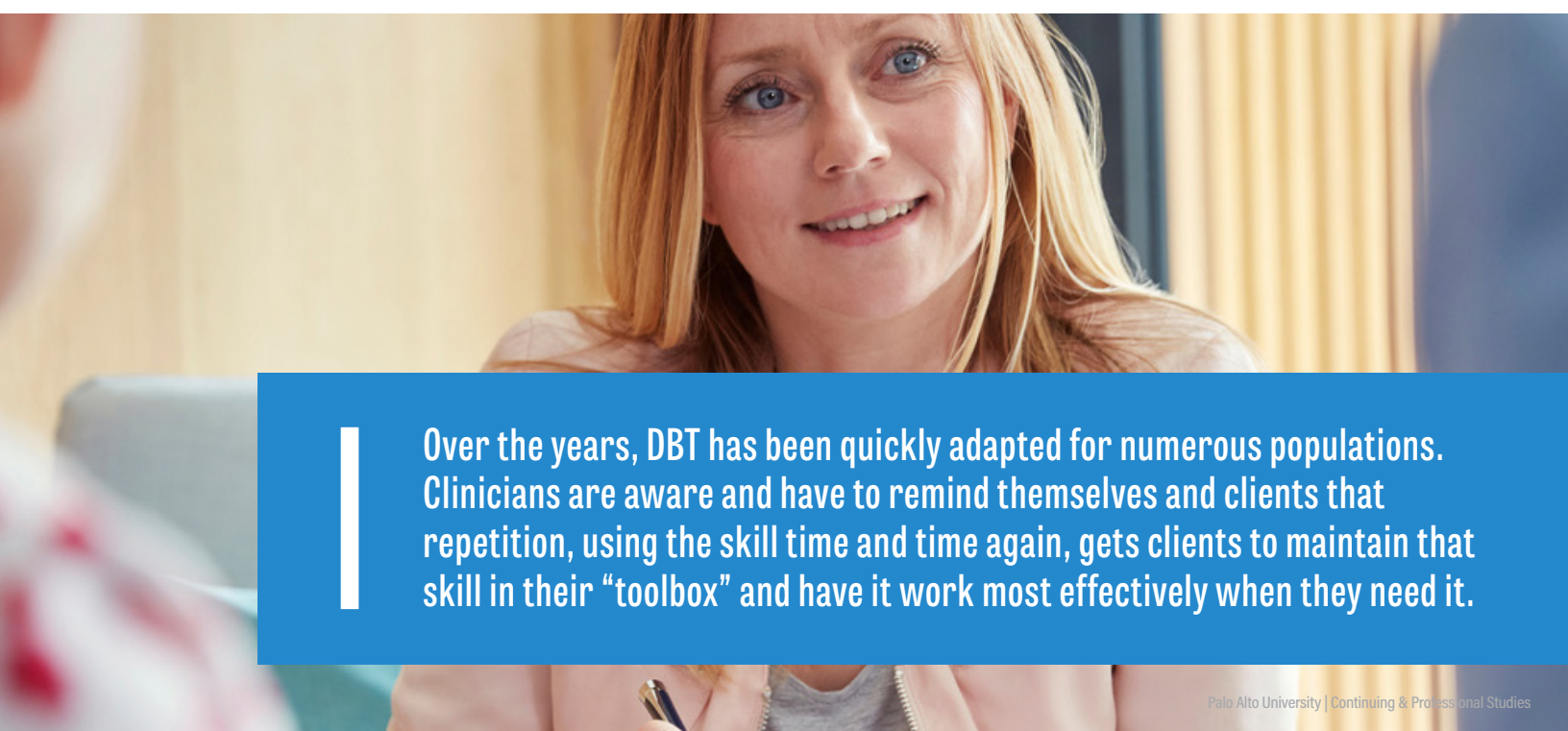
WHAT TO EXPECT AS A DBT CLINICIAN?

DBT is a highly structured therapeutic intervention. It is an evidence-based treatment to help clients feel comfortable with negative emotions. DBT clinicians approach clients with an understanding that clients are doing the best they can with what they have at the moment.

- **It is a highly prescribed intervention, and establishing shared goals is essential to bring a person joy and help them cultivate a life worth living.**
- **Clarity, precision, and compassion are of the utmost importance when conducting DBT.**

Clinicians should know what DBT intervention they utilize and why they utilize it.

- Likewise, clients should know what skill they are using and why they are using it.
- DBT clients have likely experienced chaos throughout their lives; therefore, clarity and predictability in therapy are necessary.



Over the years, DBT has been quickly adapted for numerous populations. Clinicians are aware and have to remind themselves and clients that repetition, using the skill time and time again, gets clients to maintain that skill in their “toolbox” and have it work most effectively when they need it.

When conducting DBT, a clinician asks clients to “get rid of,” probably the only thing that has worked to get rid of their pain, e.g., self-harm, substance use, aggression. Forcing clients to stop doing what typically helps them to cope with intense emotions can be scary for them. For example, clients may be concerned that their pain will never get better, and they may feel anger that clinicians are “taking away” what works for them. But clinicians are aware that DBT is not just telling clients what not to do and getting rid of maladaptive behaviors – it is also telling clients what to do instead and how to do this. This direction is critical as DBT clients likely have difficulty effectively problem-solving.

Clinicians are aware and have to remind themselves and clients that repetition, using the skill time and time again, gets clients to maintain that skill in their “toolbox” and have it work most effectively when they need it.

Common Characteristics of DBT Clients

- **Cognitive Instability**
 - Chronic suicidality
 - Dissociation
 - Paranoid ideation
 - Black & white thinking
 - **Emotional Instability**
 - Severe or long-term emotional dysregulation
 - These problems may present differently in men and women. For example, in men, it may be externalized (e.g., aggression), and in women, it may be internalized (e.g., self-harm).
 - Intense mood swings
 - Problems with anger and shame
 - Low frustration tolerance
 - Difficulties with a sense of self
 - Feelings of emptiness
 - In children and teens, this can present as “boredom”
 - **Behavioral Instability**
 - Intentional self-injury
 - Impulsivity
 - Substance use
 - **Environmental and inter-personal instability**
 - History of chaotic and intense relationships
 - Feeling disempowered and dehumanized in relationships
 - Fear of abandonment
 - History of trauma
-

Common Diagnoses

- Borderline personality disorder
- Adolescents with multiple problems
- PTSD
- Depression
- Anxiety
- Eating disorders
- Substance use disorders
- Aggressive and violent behavior

DBT Assumptions about Clients

- Clients are doing the best they can
- Clients want to improve
- Clients must learn new behaviors in all relevant contexts of their life
- Clients cannot fail in DBT
- Clients may not have caused all their problems, but they have to solve them anyway
- Clients' lives are unbearable as they are currently being lived

DBT Assumptions about Therapy

- The most caring thing a clinician can do is help clients change so they are closer to their own life goals
- The therapeutic relationship is a real relationship between equals
 - There is reciprocal communication
 - | *Warm engagement, responsiveness, genuineness, validation, self-disclosure*
- DBT clinicians can fail
- DBT can fail, even if the clinician does not
- Clinicians conducting DBT need support

13 The Course of Treatment in DBT

INITIAL SESSIONS – ORIENTATION & COMMITMENT

Before the four stages of DBT, all potential DBT clients must participate in a “pre-treatment phase.” During this phase, the clinician and the client work together to move from pre-treatment to treatment.

Commitment Strategies are used to engage the clients in treatment and garner commitment to treatment. These strategies are used during a conversation, and not all strategies must be used to gain commitment. Clinicians can select which techniques to use based on their knowledge of the client’s history, problem behaviors, and long-term and short-term goals. Strategies can be interweaved throughout a conversation. Gaining commitment is goal-directed and specific. It is essential to know that gaining commitment from a client can be an arduous task for clinicians.

Orienting Clients to Treatment is another critical aspect of pre-treatment. Clinicians provide clients with an understanding of the length of treatment and what they can expect from DBT. When clients are informed of goals and expectations in treatment, compliance in therapy increases. Throughout pre-treatment, the client is oriented to the structure, philosophy, and research/empirical support for DBT. In addition, clients are introduced to phone coaching, the Diary Card, creating values-based goals, and establishing therapy agreements between therapist and client. It is critical to properly orient clients to the function of the various modes of DBT treatment (e.g., phone coaching is used to reduce suicidal behaviors). Clients should also understand the relation between problem areas to decrease and skills to increase before the skills group. Pre-treatment ends when the client begins attending skills groups.

To effectively treat clients, DBT has four stages of treatment. Each is defined by the severity of a client’s behavior. The stages are not chronological, and there may be issues requiring repeated work throughout each stage.

Pre-Treatment Phase

- Discuss Areas of Dysregulation
 - Emotional, Behavioral, Interpersonal, Cognitive, Self
- Present Treatment Modes
 - Modes of treatment (e.g., group, individual, phone coaching)
 - Function (e.g., phone coaching to reduce suicidal behaviors)
 - Map Skills onto Areas of Dysregulation
- Discuss Treatment Hierarchy & Regulation
- Discuss Research & EST

Stages of DBT

→ 01 Behavioral Dysregulation

When beginning DBT, clients typically feel miserable and helpless. Engaging in life-threatening behaviors, therapy interfering behaviors, or other destructive behaviors exhibit a client's emotional distress. Throughout stage one, the client and clinician reduce problem behaviors and increase skill-based practice.

> **The goal for stage one is to gain behavioral control.**

→ 02 Quiet Desperation

After a client gains behavioral control, they may continue to suffer in silence. Their behavior is improving, but their emotional functioning is still inhibited. During stage two, childhood and traumatic experience are addressed.

> **The goal for stage two is to move clients out of the silence.**

→ 03 Ordinary Problems in Living

When clients are in an emotional health space, they learn to live a healthy life. As a result, clients create goals, increase self-respect, and foster happiness.

> **The goal for stage three is for a client to cope with the highs and lows that they will encounter in life.**

→ 04 Freedom of Choice

The last stage helps clients find meaning through a spiritual existence. As a result, clients gain a capacity for experiencing joy and freedom.

> **The goal of stage four is for clients to garner a sense of connectedness, as they are part of a great whole.**

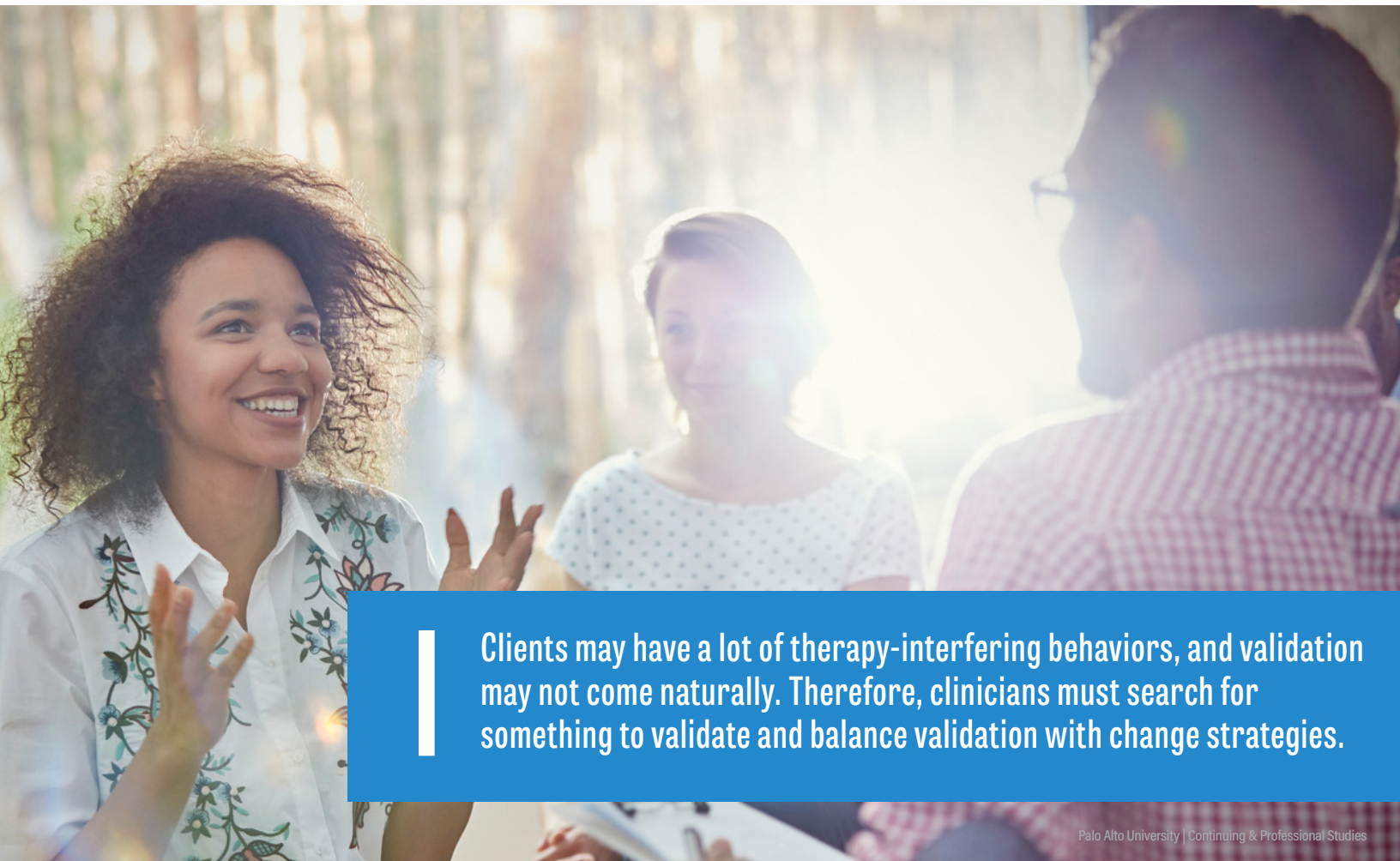
DBT teaches strategies, methods, and skills that are helpful with mood problems such as sadness, anxiety, anger, panic, jealousy, guilt, and shame. The skills taught can help solve relationship problems, handle stress better, improve self-esteem, become less fearful, and grow more confident. The dialectic at the heart of DBT is acceptance and change. This unique aspect of DBT brings together these two opposites in therapy to bring better results than one alone.

14 Validation in DBT

TIMING, USES & TYPES OF VALIDATION

Dialectical Behavior Therapy (DBT) is a form of therapy effective for treating many disorders. DBT teaches clients two seemingly opposing strategies to help improve their functioning. One is that clinicians teach clients that their experiences, emotions, and behaviors are valid through acceptance and change strategies. Second, it teaches that positive change is necessary to manage their emotions and behaviors to move forward.

The biosocial theory denotes an invalidating environment creates problems for an emotionally sensitive individual; therefore, it is reasonable that a validating environment will be part of the treatment.



Clients may have a lot of therapy-interfering behaviors, and validation may not come naturally. Therefore, clinicians must search for something to validate and balance validation with change strategies.

How Do Clinicians Use Validation?

Clinicians put themselves in the position of the client. Clinicians work to see a situation the way their client does.

- Communicate that a client's response makes sense and is understandable for the given situation.
 - Demonstrate respect for the client and their point of view.
 - Refuse to treat a person negatively for how they are behaving.
-

Why Do Clinicians Validate?

When clinicians validate a client, they are modeling how the client can validate themselves.

- Labeling emotions through validation helps clients de-escalate their behavior and regulate their feelings.
 - Clients are more likely to trust someone who understands where they are coming from.
-

Timing

It is crucial to consider the timing of validation.

- Clinicians should not use validation immediately after a problem behavior, as validation could maintain the behavior.
- Instead, clinicians must be aware of how validation is received and subsequently how it impacts behavior, i.e., increasing, decreasing, or maintaining it.



Know when to move to next stage

How is behavior impacted?

How is validation received?

Types of Validation

There are three main types of validation in DBT.

- **Emotional Validation:** Validate without escalating an emotion. Emotional validation focuses on the primary emotion and requires a non-judgmental stance.

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For example, clients will often express anger (a secondary emotion) and not realize that they are angry because they are sad or hurt.

Validating the underlying emotion can help clients improve their ability to identify several emotions in a given situation.

- **Behavioral Validation:** Communicate that their behaviors are understandable. Behavioral validation is used in every session when looking over a diary card. Whether a behavior is adaptive or maladaptive, clinicians communicate that it is understandable.

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For example, if a client engages in self-harm to reduce an overwhelming negative emotion. Behavioral validation will let the client know that it makes sense they cut themselves when they were distressed because, in the past, that has helped them feel less overwhelmed.

It is essential to understand the fine line between reinforcing and validation. Clinicians should not invalidate clients when they share that they have engaged in maladaptive behavior, and at the same time, clinicians do not want to reinforce the problematic behavior.

- **Cognitive Validation:** Articulate the underlying assumptions, beliefs, rules, and expectancies of the clients and find the validity in them. This type of validation requires clinicians to be aware of a client's and human behavior patterns.

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For example, when clinicians have information about the types of patterns that occur when a client is thinking something specific, clinicians can guess what the client would feel like next and help the patient see the pattern based on their previous experience.



Levels of Validation

Six levels of validation include:

- Being awake to the communication of the client (listening, communicating that you hear and understand).
- Accurately reflecting what you have been told. Restating without parroting and without distorting or adding to what was said.
- Stating the unarticulated. Mind reading what the client is not saying. State as a question and be willing to be wrong.
- Validating through the client's personal history or biology. Behavior is understandable (not necessarily acceptable or effective) given what the client has experienced in the past, their learning history, or their physiology.
- Normalizing the client's behavior. The client's feeling or behavior is typical of what anyone would experience or do.
- Radical Genuineness. Use a manner and tone that is not condescending, fragilizing or rule bound. Respond to the client as you would to anyone else.

Tips for Validation

In the beginning, validation will be used more often, and over time, it will fade.

- Relationships are easier to build when someone is being validated. Validation will help the relationship develop and maintain it.
- Become aware of how much validation a patient will require, as the need for validation fluctuates from patient to patient.
- When clinicians validate a client, they are modeling how the client can validate themselves.
- Validation can be influential through non-verbal communication (eye contact, head nodding, smiling), so clinicians should use both words and actions to validate.
- Be aware of barriers experienced by the client and the clinician:
 - Lack of skill
 - Strong emotions
 - Unwillingness
 - Fear of worsening a behavior
- Know the receiver – they will ultimately be the one who determines if something is validating or not. It is essential to pay attention and keep the whole person in mind.

Clients may have a lot of therapy-interfering behaviors, and validation may not come naturally. Therefore, clinicians must search for something to validate and balance validation with change strategies.

What Validation is Not!

- Simply trying to make the client feel better
- Agreeing with whatever the client says
- Patronizing or condescending behavior or speech
- Justifying harmful and maladaptive behaviors
- Normalizing a thought, feeling, or behavior that is not normal
- Venting to the client
- Reframing what the client says into something positive
- Telling the client that they should not feel a certain way



Offer Premium Care as a DBT-Certified Therapist

Join the Waitlist for Our Next Live DBT Certification Cohort



Hospitals, correctional facilities, clinics, and other health settings are rapidly adopting Dialectical Behavior Therapy, recognized for its ability to reduce problem behaviors and stabilize environments. DBT is particularly effective in reducing suicide, self-harm and violence. This treatment modality integrates Eastern principles of acceptance and compassion with rigorous behavioral science, using DBT Skills as a fundamental component. DBT-certified therapists deliver cutting-edge treatments for clients and demonstrate professional distinction among their peers. **Past PAU DBT certification cohorts were specially tailored for therapists providing DBT in jails, prisons, forensic hospitals and juvenile justice settings, pairing skills training with case management.**

Get an Email Update When the Dates of Our Next Cohort Are Available

[Join Waitlist](#)

Past Live DBT Certification Cohorts Have Featured:

- **Presentation by a DBT Expert** and a leading researcher adapting DBT for forensic populations.
- **Adaption for Forensic Settings**, addressing complex clinical presentations found in juvenile and adult justice settings.
- **Comprehensive Skill Development**, from foundational mindfulness and cognitive-behavioral techniques to advanced consultation and implementation strategies.
- **A Small Student-to-Instructor Ratio**, including dedicated time for discussion and Q&A, enhancing the learning experience.
- **Certification and Professional Advancement** in 3-4 hours per week over approximately 15 months. Past participants gained the credentials needed for DBT certification through Palo Alto University, a significant professional milestone that can open doors to new opportunities and higher credibility.
- **Evidence-Based Learning**: Didactic presentations were supplemented with relevant case examples, alternating with hands-on practice of DBT skills.
- **Instruction in How to Deliver All Modes of DBT**: Individual therapy, group skills training, coaching, and the therapist consultation team. The program also includes detailed information about successfully implementing DBT into milieu settings.