

University of Alabama in Huntsville

LOUIS

Honors Capstone Projects and Theses

Honors College

4-11-2023

Dialect Behavior Therapy's Effects on the Therapeutic Reduction of Self-Destructive Behavior and Cognitive Processes

Sara Nicole Pinkston

Follow this and additional works at: <https://louis.uah.edu/honors-capstones>

Recommended Citation

Pinkston, Sara Nicole, "Dialect Behavior Therapy's Effects on the Therapeutic Reduction of Self-Destructive Behavior and Cognitive Processes" (2023). *Honors Capstone Projects and Theses*. 830.
<https://louis.uah.edu/honors-capstones/830>

This Thesis is brought to you for free and open access by the Honors College at LOUIS. It has been accepted for inclusion in Honors Capstone Projects and Theses by an authorized administrator of LOUIS.

Dialectical Behavior Therapy's Effects on the Therapeutic Reduction of Self-Destructive Behavior and Cognitive Processes

by

Sara Nicole Pinkston

An Honors Capstone

submitted in partial fulfillment of the requirements

for the Honors Diploma

to

The Honors College

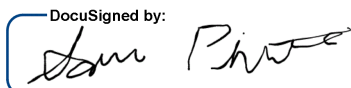
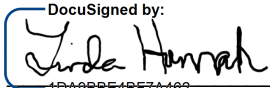
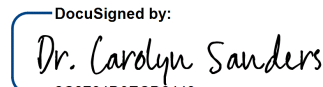
of

The University of Alabama in Huntsville

April 23rd, 2023

Honors Capstone Director: Professor Linda Hannah

Instructor of Psychology

<small>DocuSigned by:</small>  <small>8B5ACD399CDA46E...</small>	4/11/2023
Student (signature)	Date
<small>DocuSigned by:</small>  <small>1DA9BBE4BF7A402...</small>	4/11/2023
Director (signature)	Date
<small>DocuSigned by:</small>  <small>2C8764D0ECD6449...</small>	4/11/2023
Department Chair (signature)	Date

Honors College Dean (signature)	Date
---------------------------------	------



Honors College
Frank Franz Hall
+1 (256) 824-6450 (voice)
+1 (256) 824-7339 (fax)
honors@uah.edu

Honors Thesis Copyright Permission

This form must be signed by the student and submitted as a bound part of the thesis.

In presenting this thesis in partial fulfillment of the requirements for Honors Diploma or Certificate from The University of Alabama in Huntsville, I agree that the Library of this University shall make it freely available for inspection. I further agree that permission for extensive copying for scholarly purposes may be granted by my advisor or, in his/her absence, by the Chair of the Department, Director of the Program, or the Dean of the Honors College. It is also understood that due recognition shall be given to me and to The University of Alabama in Huntsville in any scholarly use which may be made of any material in this thesis.

Student Name (printed)

Sara Pinkston

Student Signature

DocuSigned by:

8B5ACD399CDA46F

Date

4/11/2023

Contents

<i>Preface</i>	3
<i>Dedication</i>	3
<i>Abstract</i>	4
<i>Introduction</i>	5
<i>What Suffices as DBT?</i>	7
<i>Effectiveness of DBT on Self-Harm Behaviors</i>	11
<i>Flaws of DBT and the Surrounding Research</i>	15
<i>Effects of DBT on Various Populations</i>	20
<i>DBT Compared to Other Therapy Forms</i>	25
<i>Conclusions and Discussion</i>	27
<i>References</i>	29

Preface

This preface serves as a warning to those sensitive to topics such as self-harm, suicide, and mental disorders such as BPD, eating disorders, and depression. This work will include possible traumatic phrases, stories, case studies, and sensitive topics. Please be aware of the subject matter before reading any further. If you or someone you know is experiencing self-harm or suicidal behaviors, please text or call the 24/7 Suicide and Crisis Lifeline at **988** or call **911** for life threatening situations.

Dedication

I would like to thank all of the amazing faculty in the Psychology Department as well as the Honors College for providing me a wonderful space in which I learned about the field, myself, and how to prepare for my journey in academia.

I would like to thank my friends and family for guiding me through this process and being supportive throughout my academic and personal journey.

I would like to especially thank Mrs. Linda Hannah for providing me with enough courage and supervision to confidently form this thesis around our class's subject matter.

I hope to make a positive impact on my readers and thank you for taking the time to assess this material.

Abstract

Dialectical Behavior Therapy proves to hold its rank as a common force throughout recent history in treating clients/patients who show common cognitive distortions and exhibit self-destructive behavior in a therapeutic setting. The impact of this style of therapeutic application is vast and ever-changing in a constantly adapting and dynamic field. This paper is intended to educate on the methods and impacts of dialectical behavior therapy (DBT) and attempts to garner information on how this specific treatment modality is effective in treating self-inhibiting behaviors such as suicidal ideations and self-harm all the way to cognitive distortions and self-detrimental behaviors. This paper aims to shed light on strengths of dialectical behavior therapy as well as attempt to explain the possible downsides to this form of therapeutic approach such as reliance on verbal and mental processes as opposed to behavioral tendencies. Dialectical behavior therapy's entrance into commonplace counseling methods will be explored in detail through its comprehensive usage and clinical validity in a setting where there tends to be not one consistently right answer. The ever-changing nature of counseling and therapeutic practice lends itself to changing methodologies and structure; dialectical behavior therapy will be explored as a means by which counselors and therapists can help their clients resolve inner conflict as well as decrease self-antagonizing thought processes and behaviors.

Keywords: dialectical behavior therapy (DBT), self-harm, suicidal ideations, preventative care.

Introduction

The term “therapy” or “counseling” can mean various things to different people and these personal definitions may need some refining when evaluating a form of therapy holistically and objectively without personal biases. Some people who utilize counseling and therapy may think of counseling as almost related to a car maintenance visit whereas a person can just get a “tune up” every now and then for their mental health. Some other people use counseling when in dire situations where they require the skills of a professional. Others, unfortunately, view counseling and therapy as pseudoscience and see attending these forms of mental health aids as a weakness. In reality, counseling is a dynamic service that can be very helpful for many people but not always for everyone. One thing the latter group does not assess accurately is the overall impact of the right form of therapy for specific ailments and how important this topic is for mental health advocates around the globe. Finding the right form of counseling is pertinent to utilizing the benefit of psychotherapy as a whole. As for some people, Dialectical Behavior Therapy is the right answer but they might need some convincing to seek help due to the stigmas around mental health aids. DBT is an important process intended to help people govern their cognitive processes in a constructive manner.

In definition, Dialectical Behavior Therapy (DBT) serves as the link between promoting positive mental and emotional relationships and positive psychotherapeutic change in clients adhering to their DBT regiment. Dialectical behavior therapy has its roots in cognitive behavior therapy (CBT) and is typically a modified form of its original foundation. In fact, DBT began as an altered version of CBT. DBT is used to teach patients how to develop healthy ways of living in the present moment as well as how to cope with issues they have experienced in the past that may still be troubling them. DBT provided therapists and patients alike with a path to develop

new ways to cope with the uncertainties of life as well as how to adapt to current surroundings. DBT emphasizes acceptance of the individual as a whole as well as changing or altering the aspects that may prove to be troublesome to the psyche. Therapists typically utilize DBT in the form of positive psychology based practice and pinpointing troublesome behaviors. The practice of DBT includes an almost humanistic form of conceptualizing the person holistically and teaching them to accept their inner nature while still recognizing that they may have tendencies or behaviors they must change in order to become a healthier person with a healthy mentality.

The use of DBT by psychotherapists is especially prevalent in those patients with borderline personality disorder (BPD) and people who demonstrate self-destructive behaviors such as self-harm, suicidal ideation or attempt, and non-suicidal self-injury (NSSI). DBT's effectiveness in these at-risk populations demonstrates its rigid structural workings as well as its flexible nature with different patient backgrounds and ailments. DBT proves itself as a program "designed to both reduce emotion dysregulation and associated maladaptive behaviors" (Fischer & Peterson, 2015, p. 79) and therefore decrease NSSI and suicidal events or behavioral tendencies. DBT has been noted to be effective in treating any age group, but I intend to evaluate its effectiveness in not only the various age groups, but also in treating other forms of mental illnesses or self-destructive behaviors such as eating disorders (Fischer & Peterson, 2015) and autistic spectrum disorder or ASD (Huntjens et al., 2020). I also intend on comparing the effectiveness of DBT when viewed against cognitive therapy (Lin et al., 2019) and TAO (stands for treatment as usual) which is ultimately the typical route of psychotherapy the therapist would engage in before implementing DBT (Mehlum et al., 2019; Haga et al., 2018). Overall, the implications of DBT should meld adequately with any group or ailment within the individuals accessing this form of treatment.

Furthermore, DBT's effectiveness will be evaluated in terms of statistically significant test results from these articles and serve to educate others on how DBT can more fluidly be utilized in underserved populations (Berk et al., 2020) and age groups. This paper is meant to inform and educate about the uses of DBT.

The main ailments of discussion in this paper are self-harm behaviors and suicidal demeanor. Self-harm behaviors are described as actions deliberately meant to cause oneself harm in an intentional and possibly repetitive manner. Non-fatal and non-suicidal intentional self-harm activities are referred to as NSSI, which is the preferred term in the United States (Freeman, 2016), so this will be the phrasing and acronym used throughout this paper. Suicidal behavior will be referred to as such. DBT will be evaluated in different settings on individuals with self-reported NSSI and suicidal behaviors. This paper will shed light on the impact of DBT and its effects on vulnerable mindsets as well as providing the counseling world and at-risk individuals hope for the future of counseling for these unfortunate dispositions.

What Suffices as DBT?

First, I would like to begin by deliberating on the humble beginnings of DBT. Dr. Marsha Linehan (1993) developed the concept of DBT out of the already established approach of cognitive behavioral therapy (CBT) in order to help assess and treat those with borderline personality disorder (BPD) symptoms that were deemed invasive to their lives. Throughout the articles quoted in this paper, every single paper quotes Dr. Linehan as the originator of this extensive form of therapy. DBT's roots are in the behaviorist camp and Zen Buddhist principles (Cannon & Umstead, 2018; Linehan, 1993), so Dr. Linehan was all-encompassing when developing her method of treating severe personality disorders (BPD at its origin) and behavioral

risks like NSSI and suicidal actions. The intent of Dr. Linehan's pursuit was originally to manage destructive (self- and otherwise) behaviors in patients with borderline personality disorder, but she then realized the impact it could have on other precarious mental states and adapted her theory to initiate aid for a wide variety of people.

To evaluate the effectiveness of DBT on at-risk populations, we must first define and characterize this form of treatment. Dialectical Behavior Therapy has its basis rooted in behaviorism and the concept of dialectics, which commonly means synthesizing two opposing ideas; it also typically "consists of four treatment components, including a weekly skills training group, individual therapy, consultation and supervision meetings specifically for counselors, and as-needed phone consultations between the client and their counselor" (Cannon & Umstead, 2018, p. 89). In totality, the DBT application is a hands-on, intensive approach designed to alter mental (and potentially physical) behaviors and conventions to better reflect a positive and productive mindset. DBT was originally designed to aid women who possessed symptoms of BPD (Fischer & Peterson, 2015), but it has since been transformed to fit other lifestyles and mental ailments, namely altered and utilized to assist at-risk individuals with NSSI behavior and suicidal ideation. Mindfulness about acceptance and change is the main acting force in DBT, and it also influences the curriculum and encourages patients to participate in mindset-altering metacognition.

DBT also relates a patient to their surroundings as an environmental aid. This theory is "based on biosocial theory, assuming a transactional relationship between the individual and the environment" (Freeman et al., 2016, p. 125). In other words, the DBT focus is on how one's environment can play a role in their mental health, analyzing these roles, and possibly changing how the client views these influences to create a more autonomous feel to their own awareness.

Counselors and therapists are simply a catalyst in this mental environment and should strive to have a positive (appropriate) professional relationship with their clients in order to be a force for good in altering the patient's cognitive functioning. The overall consensus of DBT is that it is a collaborative effort in which the client must demonstrate immense levels of routine and motivation to garner results and the counselor must be willing to be committed to supporting their client along this psychological journey. In order to create a symbiotic bond between the two contributors (the therapist and the patient) the "development of a strong alliance between therapists and patients is thought to be especially important for effective intervention" (Huntjens et al., 2020, p.2). Learning how to collaborate as a unit can be an utmost effective strategy in therapy and is obligatory for the success of DBT as a whole. For the efforts of DBT to be worthwhile, both patient and therapist must be willing to reach a strong and potentially vulnerable relationship point in which they can comfortably move forward with treatment. Each party must be willing to be vulnerable emotionally with one another in a symbiotic and positive relationship where disclosure of emotions is a prime focus. If one or the other is not willing to adhere to the relationship's success, the process will not succeed as intended. A professional relationship is necessary for the sake of the patient's long-term mental health when dealing with their therapeutic journey. A professional relationship is pertinent to the long-term survival of the learned aspects of DBT because the therapists acts as the client's confidant and support. The relationship should include feelings of reciprocity between the therapist and the client in order to ensure the client that their feelings are valid and that they have someone they can go to in a dire situation for aid. The importance of the professional relationship is a primary factor of DBT to ensure the client that their needs matter and that they have a positive alliance with someone who possesses the basis of knowledge for helping them. In this way, trust in another person can lead

the client to trusting themselves more as well as having a positive role model for handling situations and emotional reactions.

DBT is also a somewhat humanistic approach in the terms of acceptance and change. A main aspect of DBT, most likely associated with the Zen Buddhist principles from Dr. Linehan (1993), is the acceptance of one's personal qualities. The "acceptance and change" based curriculum within the "modules" commonly used in DBT are used to validate a patient's mindset while also encouraging the alteration of the negative aspects (Cannon & Umstead, 2018, p.89). The concepts of accepting and changing are used as a whole unit as opposed to separate entities in order to establish the dialectical aspect of the therapy. Though these two terms seem offsetting, dialectical behavior therapy emphasizes the process of combatting multiple offsetting concepts in order to progress psychologically away from the destructive behaviors or attitudes. Creating combatting mindsets seems counterproductive but is actually a fundamental aspect in this form of therapy.

Overall, DBT serves as a multifaceted approach to dismantling erroneous mindsets and attitudes within patients who have underlying behavioral or mental ailments. Dr. Linehan intended the approach to help patients, guided by the help of their therapeutic alliance, in their ability to deal with their internal cognitive dissonance and therefore aid them in distinguishing their problematic behavioral tendencies. Beginning as a CBT approach means the DBT methodology finds its roots in understanding and reevaluating underlying cognitive processes. This fact is especially important when viewing DBT as a mindset and motivation altering intervention, but the impact of DBT expands beyond mental processes as it also tackles destructive behavioral issues such as NSSI and suicidal conduct. DBT is intensive on both the patient as well as the therapist, so therefore the need for a harmonious and symbiotic

client-therapist relationship is of the utmost importance. In total, the client must provide the drive to accept and change themselves while the therapist must provide the knowledge and strategies for the intervention to be successful. Mutual respect is required for one another as well as for the possibly lengthy process that can possibly take anywhere from five months (Haga et al., 2018) to three years (Berk et al., 2020) when analyzing the articles used in this paper. DBT can be utilized to tackle invasive mental ailments as well as aiding in the reduction of unhealthy behaviors.

Effectiveness of DBT on Self-Harm Behaviors

DBT has been improved upon and altered in order to assist those engaging in risky and/or dangerous behaviors. As previously mentioned, DBT emphasizes the utilization of mindfulness when deciding whether or not to act on urges. To begin the conversation on mindfulness, I would first like to present an example that will lead into thoughtful rumination; In Cannon & Umstead's (2018, p. 92) study, a counselor treats a college-aged male student at a university through the university's clinic. He presents self-harm behaviors such as punching a wall in his room when irritated and driving while intoxicated. In one session, the counselor stands up and runs out of the room in the middle of a conversation to supposedly check her messages at the front desk. When the counselor returned, the patient was very upset as to why she just ran out and left the session in the middle of an important discussion section. She then explained that she acted on her urge, so what was so wrong about it? This, therefore, conceptualized the working issue to the patient. Urges can occur, but they must be thought about with mindfulness instead of blindly guiding actions taken (Cannon & Umstead, 2018). This, in effect, is the basis of self-harm reduction of patients in DBT. The mission of DBT includes accepting oneself and changing the behaviors that are troublesome through mindful rumination. In the example, the

patient could understand how acting on urges can not only be deemed as socially inappropriate, but also harm relationships on top of being mentally intrusive.

When analyzing how DBT treats and manages NSSI and suicidal events in an individual, we must first analyze the results on the psychopathology of the individual. One study by Berk et al. (2020) tested suicidal and NSSI self-reporting adolescent participants for six months and found that when comparing pre- and post-DBT self-report inventory scores, the post-DBT scores showed a significant decrease in impulsivity, emotional dysregulation, mild to severe depressive symptoms, substance use, PTSD symptoms, and BPD criterion met as well as a significant increase in livelihood, reasons for living, family expressiveness, and overall improved psychopathology (Berk et al., 2020). When an individual can begin to control their emotional state as well as their impulsivity, this can lower the risk of NSSI or suicidal behaviors since these tend to be spontaneous or impulsive urges that the individual feels they must act on. If a patient (in this case, an adolescent) comes to therapy with issues of emotional dysregulation and self-mutilation behaviors, DBT can be administered with the modules of acceptance in one's core personality as well as adhering to changing the destructive behaviors. After some time in this therapeutic setting, this adolescent will be able to control their emotive state and will most likely (based on the research) decrease their NSSI behaviors and urges. Emotional regulation is a key aspect of a healthy psyche, so being able to determine the risk factors of specific emotions and behaviors leads to greater positive self-regard and self-concept. Therefore, this sense of intervention is pertinent in the alteration of mental attitudes of those who commit acts against themselves or others. In the honest and blunt form, these individuals "cannot have a meaningful life or enact change if they are dead" (Linehan, 1993; Cannon & Umstead, 2018, p. 94), so it is better to implement these changes while still possible. Mindfulness exercises found within DBT

enact a sense of contemplation and hesitation to any urges one may feel which gives the individual practicing DBT the upper hand on their emotive state as opposed to the urges having the precedent over the individual..

When analyzing other destructive behaviors, we can additionally look at invasive and unhealthy behaviors such as disordered eating. The technical definition of disordered eating includes bulimia nervosa (BN), anorexia nervosa (AN), and eating disorders not otherwise specified (EDNOS) and we can assess the risk factors within these conditions as a way to gauge the effectiveness of of DBT as a whole (Fischer & Peterson, 2015). These forms of eating disorders also bring symptoms of depression, suicidal ideations, and self-injurious behaviors. Seven participants, who were screened over the phone for criteria to meet the study's standards for eating disorders, attended both full outpatient DBT sessions as well as a weekly skills training group and other weekly meetings to ensure the adherence to DBT standards (Fischer & Peterson, 2015). When assessing the effectiveness of this form of psychological intervention on this at-risk population, Fischer & Peterson (2015) found that three out of their seven participants no longer met the criteria for possessing an eating disorder at the 6-month evaluative mark while the others had significant decreases in their symptom prevalence after DBT was implemented. The decrease and possible eventual extinction of negative behaviors such as disordered eating and the usual negative behaviors that accompany it proves itself to be a pertinent indicator of DBT's overall effectiveness against harmful urges and behaviors.

Though there are many unforeseen risk factors for destructive and suicidal behaviors, Mehlum et al. (2019) determined that one of the lesser regarded risk factors of suicidal intent and NSSI is the persistent state of hopelessness in both adults and adolescents. Through DBT work in at-risk adolescents, Mehlum et al. (2019) determined that, as compared to enhanced usual

care, the adolescents who underwent the DBT clinical interventions in their therapy sessions proved to possess less relapses in their abstinence from self-harm and suicidal behaviors after a post-test assessment was completed when the DBT sessions had ceased. Hopelessness can contribute to the lack of a positive mindset and the influx of negative self-talk can spiral into manifesting NSSI behaviors. An adolescent who begins to attend DBT therapy for their concerning self-destructive behaviors will undergo mindset-altering therapeutic interventions through DBT to alter those thought processes that influence the behavioral urges that lead to NSSI and suicidal ideation. Hopelessness is one of these negative emotive mindsets that influences the behavioral urges that lead to NSSI and suicide. The implementation of mindfulness and intentionality of actions can reduce levels of hopelessness in an individual by creating a mental heuristic for reacting to situations. When practicing mindfulness, one deliberates on their urges and chooses the best option. When this is practiced at length, it becomes second nature. Therefore, the mindset that previously held hopelessness can now conceptualize a meaning in life obtained through meaningful and worthwhile musing. Hopelessness can contribute to an internal desire for escapism to run away from one's problems and can therefore lead to NSSI and suicidal ideation. The name of the DBT game is sustained as changing one's mindset while also accepting the individual holistically, so DBT can humanize one's problems as being apart from themselves as well as tackling those unfortunate thought processes head on to decrease negative self-talk and actions. DBT emphasizes the importance of mindfulness and changing one's mindset, so changing an individual's self-concept through calculated contemplation and decision-making can, in the long- or short-run, reduce symptoms of depression and suicidal ideation.

In total, DBT has been found in several studies and situations to significantly reduce symptoms and indicators of self-harm and suicidal behaviors while altering the mindset of the individual to better prepare them for the world in front of them. DBT has been supported in clinical and research studies in its objective of reducing NSSI and self-destructive behavioral tendencies as well as aiding individuals in therapy to accept themselves as a functioning individual and also to change the problematic areas of their lives through meaningful deliberation and mindfulness practices.

Flaws of DBT and the Surrounding Research

As with any therapy form, DBT has its downsides for certain circumstances and people. CBT itself as well as various forms of CBT are generally criticized for being based in behavior and generally ignore the effects and influences of emotions. In this form of behavioral intervention, DBT can pose as a non-receptive therapy method to some that are highly receptive to emotional functionality. Though DBT directly assesses and attempts to alter destructive mindsets, patients have the potential to think of the treatment as simply trying to change them as opposed to adhering their mentality to the duality of the program's accept and change protocol (Cannon & Umstead, 2018). Some patients may see the therapy as harmful and trying to change their internal attributes and not as a way to accept oneself and make positive change for the future. This may contribute to the idea of hopelessness as previously discussed in Mehlum et al. (2019). In this sense, the therapist needs to ensure that the therapist-client relationship is strong in self-disclosure and may need to remind the client of the intention of the programming and to evaluate the connections previously made in order to guarantee mutual understanding of the subject matter as well as the intention of the programming.

One specific way in which DBT may not be the most effective therapy form is evident in the discussion by Freeman et al. (2016) on how the research is conducted. Within the study, the researchers debate in their discussions section why DBT may have been inappropriately studied and implemented in previous studies. The first reasoning they gave for this statement is that a simple treat-and-assess formatting is not viable for the long-term mental health of the patients. While some studies had follow-up assessments, none of them went past about three years post-intervention. The researchers in Freeman et al. (2015) describe how DBT should be analyzed through a longitudinal lens and the researchers should include longitudinal studies in order to most effectively analyze the effects it has on the reduction of self-harm and suicidal behaviors. Lin et al. (2019) also noted the follow-up period being a limitation to their study as a longitudinal study would have yielded more secure and adequate results when assessing for the longevity of the effects of DBT. Though these researchers were mainly discussing limitations in their research, these topics are also readily available to explain the possible low retention and low positive therapeutic intervention for potential DBT programs. The patients enrolled in these programs deserve to follow through with the program as it is intended and not in a form where they are not fully supported according to the blueprint. The long-term mental health of the patients is a vital aspect of the entire objective of DBT. In sum, these articles and researchers could remedy the limitation of the studies and the therapy form as a whole by implementing a longitudinal setup for their future research to ensure the results of the testing are not prone to results that are the outcome of assessing post-test reports so soon after the initial treatment has ceased as well as encouraging the continued therapeutic intervention and positive change instigated by the patients themselves and aided by the therapists and program itself.

To expand upon the concept of inadequacies within the scientific community regarding DBT, the researchers in Freeman et al. (2015) also describe another major flaw in the contemporary research surrounding DBT's effectiveness: they describe how almost none of the research articles establish a concrete operational definition of the term "self-harm" but still study the effects of DBT on whatever their arbitrary definition is. In total, not every paper describes "self-harm" in the same way. The lack of a consistent operational definition across mediums and research leads to the conclusion that no absolute conclusion can be taken from paper to paper, only within the same paper since the definitions are not standardized. One way to solve this is to create a universal definition and set specific criteria that can be used to assess someone to see if their behaviors meet the standards of being called self-harm. The term NSSI seems to be an attempt at solving this issue, but there is still confusion regarding the criterion and how it is assessed below surface level by the therapist or any researchers working on determining the effectiveness of DBT as a whole.

Additionally, Freeman et al. (2015) mentioned that the formatting of DBT requires a feedback loop as well as required supervision per its usage instructions. The main issue these researchers took with other research performed on DBT is that this feedback loop as well as the required supervision was mostly not adhered to. In this way, not only can the experiment be altered in a negative manner, but also the treatment the participants receive can be inadequate to the original nature of the program. As mentioned previously, mutual feedback between patient and therapist is a necessity when practicing any sort of intervention wherein emotional vulnerability takes place. Some of the research surrounding the effectiveness of DBT does not mention a feedback loop whatsoever and we, as readers, cannot conclude that the professional relationship between therapist and client was maintained in a cooperative and crucial fashion.

Though this may affect the research surrounding DBT, it more so affects the clients who receive the care. The neglect of required supervision portion that Freeman et al. (2015) mentioned also comes into play in this demeanor since the process of creating and maintaining the therapeutic relationship is very emotionally taxing and must be monitored by a third party to ensure the professionalism of the relationship as well as safeguard the transference and countertransference that may appear.

On the aspect of the research flaws, Mehlum et al. (2019) listed one of their limitations as having a small sample size. A typical sample size, like found in Lin, et al. (2019), consists of around 80 participants to ensure the data is adequate for the topic. Most, if not all, of the research I have assessed for this paper included a somewhat limited sample size, usually due to the criteria utilized to ensure the most adequate testing and reporting protocols for the specific populations. Though these sample sizes are narrowed down to control for confounding factors, the small number of participants can affect the outcome of an experiment especially when most of the participants are similar in their specific ailments. Many studies, such as Berk et al. (2020), note their small sample size as well as their lack of control group as two main limitations. The control variable is important when dictating how effective the research is as compared to treatment as usual (TAO). Without it, we can only assume things about the data with regards to how it functions alone and we cannot assess whether it is comparatively better or worse than other forms of intervention. The solution to this issue could be utilizing a larger population size within the research in order to normalize the data to the most applicable samples of people who seem to require some sort of cognitive intervention. In this way, the scientific and psychological community can understand the effects of DBT on more people and the data will overall benefit from this as well.

Another limitation of CBT, specifically of DBT itself, is the potential for this form of intervention to not fit the patient's personality and needs effectively. In Cannon & Umstead's (2015) research, a college student was assessed since he presented self-harm tendencies. The intervention seemed to work out for this patient, but the researchers state that the limitation to this form of psychotherapy is that "modified DBT intervention may not be the most appropriate treatment approach for all clients presenting with self-harm, as it is possible that students with severe self-harming concerns may need a more structured approach" (Cannon & Umstead, 2018, p. 94). The potential for something to not suit everyone is just a factor of humanity, but can be seen as a limitation especially when researching DBT's effectiveness on these at-risk populations presenting with self-harming behaviors. Their research was geared specifically towards college aged students seeking help from their on campus counseling center, so the statement made regarding the limitations is in regards to the irregular pattern of outpatient care necessary and available in this setting. Though this was a specific population, it is still important to note the inconsistencies of outpatient programming when a curriculum like DBT is to be administered. DBT, by design, is a methodical approach wherein regularity and systematic self-reporting is an absolute fundamental to adequate care. The lack of a structured schedule can alter the effectiveness of the program and can therefore lead to various unsatisfactory outcomes such as low retention in the program and incoherent received messages regarding the intent of the program.

DBT presents several downsides in not only the research methodology but also the implementation of the therapeutic intervention. Though these flaws can alter the reception of the original message of DBT, there are proposed solutions to these glaring issues that will overall benefit the scientific community surrounding this work. Additionally, the therapeutic world will

benefit from more research on DBT since it is not highly studied or implemented in adequate forms. As more satisfactory research pours into the journals and databases, the more we will see DBT used regularly as an intervention for not only severely at-risk groups but also for the common person seeking aid.

Effects of DBT on Various Populations

As previously mentioned, the original concept of DBT was devised as a therapeutic intervention for women with symptoms or a diagnosis of BPD by the original creator Dr. Marsha Linehan (1993). In modern practice, since this intervention is so versatile regarding the mental alterations that can be made within and through the program, it can be applicable and suitable for other at-risk groups such as those who have eating disorders, people who are diagnosed with ASD (autism spectrum disorder), adolescents, college students seeking aid in their college clinic, and even the low-income community.

First, we will look at the usage with the original intended population; those diagnosed with BPD. Lin et al. (2019) assessed college students in China diagnosed with BPD and found that after a trial of DBT, these students self-reported decreased suicide attempts as well as decreased levels of depression overall. The students found themselves able to be more attentive and were able to more accurately alter their negative cognitions regarding appraisals of situations (Lin et al., 2019). The implications of these findings are imperative in the functionality of the treatment. Lessening the negative cognitive functionings of those with mental disorders that affect their general cognition is pertinent when discussing the impacts of this approach. Since DBT was originally intended to reduce depression and self-harm tendencies in women with BPD, the implementation of DBT in those with BPD of any gender imposes a great outlook for

the program since the research found that the intervention style worked as intended in reducing those negative attributes.

Going along with Lin et al., (2019), college students are a prime population that needs assistance when it comes to suicidal behaviors. Lin et al. studied 80 college students from two different universities to see the effects of DBT on this population with one group of 40 getting DBT group work and the other 40 receiving cognitive therapy group (CTG). Though the participants possessed symptoms of BPD, we can still assess the effects of DBT since symptoms of BPD include self-harm behaviors as well as destructive behaviors. The results from this study dictate that DBT aided in the elimination of suicide attempts during the follow-up period as well as the decrease in suicidal intent, suppression, and increase emotional regulation in college students (Lin et al. 2019). In the same vein as Lin et al. (2019), Cannon & Umstead et al. (2018) also studied the impact of DBT on the college-aged population and specifically as a case study on one college-aged man. The case study on this specific client was well documented by the researcher (who was also conducting the sessions) and they found that the programming was effective for a short-term intervention in self-destructive tendencies. The researcher stated the importance of DBT in this population since “using the acceptance skills of mindfulness and distress tolerance may serve as a treatment starting place for counselors working with clients engaging in self-harm” (Cannon & Umstead, 2018, p. 94). These college-aged students who seek out psychological help are cognizant of their behaviors and may require a more extensive program than a college campus can provide both time-wise and effort-wise. A college campus counselor can only provide services to a student if they are taking classes that semester, so when this time period ends, the program they are in must cease as well. This can be detrimental to the program’s success as the student is not in control of their ending period for DBT, which typically

requires a set timeframe. DBT packs a lot of mental and emotional techniques into each session and the more sessions there are, the more effective the intervention is, but this specific study stated that after the first session, the client was already engaging in cognitive reflection and mindfulness about his actions. Additionally, Haga et al. (2018) determined that DBT provides a fast-acting mental change as well as a long-lasting effect which proves to be beneficial for college students. The research study within Cannon & Umstead's article (2018) only lasted for four sessions, but the participant was noted to seek outside counseling to continue the program after its end. In this way, DBT proves as an effective intervention for college-aged students due to the rich information found within the individual modules and sessions and within the short therapeutic intervals which are common for college clinics. This form of psychotherapy is influential in its effects on the systematic reduction of self-harm and the increase in emotional regulation of college students.

As a segue from college-aged individuals, the general stereotype about students in college is that they are broke. For those with a lower income (and not just in college) their financial status can then impact their ability to afford proper counseling and intervention on top of other economic obligations. One influential study assessed the cost effectiveness of DBT as compared to typical therapy or treatment as usual (TAO) and the researchers found that participants that underwent a DBT intervention had a significant decrease in self-destructive tendencies and that this decrease was significantly more than the enhanced usual care group (Haga et al., 2018). The researchers assessed then that the DBT group garnered a better efficiency for lower income groups considering the testing was done in a short period of time and DBT gathered more positive results in a short period of time compared to the enhanced usual care group (Haga et al., 2018). In this sense, since the effects were greater for DBT as compared

to the enhanced usual care in the same timeframe, the DBT intervention was more cost efficient for those in lower income groups and who seek out low cost and high reward treatments.

Another at-risk group that can potentially find benefit in DBT is those who exhibit disordered eating behaviors, which are self-destructive holistically and can also bring about other NSSI and suicidal behaviors. Fischer & Peterson (2015), as previously discussed, studied the impacts of DBT on patients who self-reported eating disorders to various degrees. These participants, when provided DBT intervention, showed significant reductions in their overall count of eating disorder behaviors as well as their self-reported NSSI behaviors and suicidal ideations. Participants engaging in binge eating found not only that their symptoms were decreased at the six month follow-up, but one even changed weight categories from obese to overweight indicating a significant decrease in the disordered eating behaviors (Fischer & Peterson, 2015). DBT has been shown to decrease NSSI and eating disorder behaviors in those afflicted with those behaviors and can lead to an overall extinction of eating disorder symptoms after the DBT intervention, as seen in three out of the seven participants in Fischer & Peterson (2015)'s study.

An at-risk population that may be on the outskirts of the scientific community is adolescents. Many adolescents exhibit NSSI behaviors and can attempt suicide. In one study, Haga et al. (2018) studied adolescents ($N=77$) with a mean age of 15.6 that self-reported NSSI behavioral problems. As discussed previously with regards to the cost-effectiveness of DBT, the participants in this study reported significantly higher levels of effective intervention after a short timeframe than those who underwent the enhanced usual care. With this in mind, we can also extrapolate that these adolescents continued care and continued the decrease of these negative cognitions and behaviors. Another study that involves adolescents specifically studied the

long-term effects of DBT intervention work and found that adolescents who self-harm and are at risk of suicidal intentions significantly decreased their self-injurious behaviors as well as improved their self-reported mental state after DBT intervention took place (Mehlum et al., 2019). This study also stated that adolescents at risk for suicide require an intensive treatment such as DBT to regulate emotional reactions and extinguish the feelings of hopelessness that come with depressive symptoms and NSSI. Lastly, Berk et al. (2020) assessed how DBT functioned for adolescents in a community clinic setting. It is worth noting that most of the participants in this study were female and Latina so this demonstrates the cultural reach that this program can assess as well. In their findings, the researchers discovered that both the ‘youth and parent reports indicated a high degree of satisfaction with the treatment’ (Berk et al., 2020, p. 75) as well as the general significant improvement and/or reduction of suicidal risk factors such as emotional dysregulation, BPD symptoms, substance abuse, self-harm, family expressiveness, and reasons for living. Due to the setting of this study, the importance of this type of care for adolescents is paramount since these adolescents may not have any other resource other than their community clinic. Therefore, the implementation of DBT in each of these cases is important in the journey of protecting adolescents from negative cognitive implications as well as maintaining the mental health of all of those in any given community.

The last major group I would like to discuss regarding the impact of DBT on specific groups is the autism-spectrum disorder (ASD) community. ASD is categorized by decreased social tolerance as well as the need for sameness or routine, so DBT can be a positive, routine-producing intervention for those diagnosed with or showing symptoms of ASD as well as NSSI or suicidal intentions. As always, the therapist-patient relationship is paramount. Huntjens et al. (2020) state that the symptoms of ASD and BPD are similar and some are the same so

people with ASD symptoms may benefit from DBT more than they would from treatment as usual considering DBT was originally formatted to deal with the same types of cognitive dysfunction and maladaptive behaviors that are present in BPD as well as ASD. In total, ASD persons who undergo therapy will benefit from DBT as opposed to treatment as usual due to the short-term impact of DBT and the routine-producing sessions regarding cognitive functioning.

DBT Compared to Other Therapy Forms

A comprehensive test of a therapy method's effectiveness is when you compare it to another form of therapy in terms of their overall impacts. Though these other therapy forms are not negatively impacting participants, it is important for the sake of educating others on this therapy form compared to popular forms used commonly.

First, I will evaluate the effectiveness of DBT against EUC (enhanced usual care). Usual care is defined generally as the typical format that a counselor defaults to when treating a patient, so enhanced usual care (EUC) is a therapy form wherein typically psychodynamic and CBT techniques are utilized, as well as therapists trained in specific suicide prevention tactics and safety protocols (Haga et al., 2018). In Haga et al., (2018), researchers found that DBT provided more rapid and persistent improvement as compared with EUC as well as being more cost effective. In this sense, someone seeking mental health aid can look to DBT as a better financial intervention as well as a better outlook for their continued mental health. Another study found that neither group (DBT or EUC) in the 3-year follow-up relapsed and also found that DBT is almost a necessity to eliminate or strive to eliminate self-harm behaviors (Mehlum et al., 2018). Mehlum et al. (2018) also found that self-harm episodes were reported significantly less in the DBT group than the EUC group. DBT proves itself to be an effective mediator in the realm of

the reduction of self-harm and suicidal behaviors and it seems that it is more effective when compared to EUC in this manner.

Furthermore, we can look at DBT as compared to its original form and where it stems from: CBT (cognitive behavioral therapy). Marsha Linehan (1993) developed DBT from CBT, so evaluating its effectiveness against its original format can prove how it can be more effective for certain populations or ailments such as suicidal behavior. Lin et al. (2019)'s study tested 42 participants receiving DBT and 40 receiving CBT; both groups received their given intervention in the form of two-hour long group sessions. In the end, DBT and CBT mostly garnered similar reductions in the participants' scores regarding symptoms of borderline personality disorder (BPDFS) as well as reductions in adult suicidal ideation (ASIQ-S) while DBT showed a greater decrease in both factors at the 6-month follow-up (Lin et al., 2019). CBT showed greater improvements in cognitive appraisals and errors while DBT showed increased levels of acceptance and suppression decreases. DBT showing greater increases in acceptance and decreases in the suppression of core emotions and feelings may be linked to the skills training within DBT's intervention that aids patients in achieving their optimal outcome for their emotional state and was first introduced by Linehan (1993) to aid those BPD patients in their emotional regulation journey. DBT also possessed a lower intervention dropout rate as compared to CBT, which gives insight into the effectiveness as well as the retention of the program. None of the participants attempted suicide during the duration of the program. In total, DBT as well as its predecessor are both effective interventions for suicidal behaviors and destructive mindsets while DBT has a lower dropout rate and increased emotional regulation while CBT possessed increased power over altering cognitive distortions.

Overall, DBT benefits participants, who show more maladaptive tendencies such as self-harm, suicidal intent, and cognitive distortions, to get their headspace right and alter their behaviors. DBT can be more beneficial as compared to CBT and EUC for these at-risk populations but it should be noted that this form of therapy is typically used in dire cases involving suicidal ideation and may not be the best intervention for someone who does not possess these thoughts or actions.

Conclusions and Discussion

Counseling can mean many different things to various people. In terms of the profession, counseling means aiding someone else through their problems with the skills you possess and training you have acquired. Counseling can also be a form of prevention for other intense issues such as self-harm, suicide, and harm to others. Through proper counseling, those at-risk for the aforementioned cognitive intrusions can find and get help for their respective issues. For some, this form of counseling is found through dialectical behavior therapy.

Dialectical behavior therapy, or DBT is a form of cognitive-behavior therapy created by Dr. Marsha Linehan (1993) and was conceptualized originally in order to provide life-changing and mindset-altering intervention for women who possess BPD symptoms that harm their day-to-day functioning. This form of therapy has been altered to aid those who possess self-destructive and harmful behaviors. In aiding those behaviors, DBT has shown to be effective in the reduction of self-harm as well as in the improvement of mental health and the decrease in attempted suicides.

DBT can aid at-risk populations such as those with eating disorders, those on the autism spectrum, adolescents, college students, and those with BPD. The breadth of this form of

treatment proves its versatility as well as its overall reach across the spectrum of humanity. It can be utilized to aid many at-risk groups and provides the benefit of being cost effective, quick to take effect, and long-lasting.

There are a few faults to the DBT process such as lengthy intervention periods, extensive effort on all parties involved, and an involved feedback loop that can be difficult to obtain. DBT can still be effective, but more research needs to be done regarding the optimization of DBT and how to best alter it to everyone's standards and not just those with severe disorders or presenting behaviors. When compared to other therapy forms, DBT outperforms these others in the terms of the reduction of emotional dysregulation and tends to retain its participants better than other therapy forms.

All in all, DBT is beneficial in most facets and deserves to be studied more. I believe developing this therapeutic intervention is the key to the systematic reduction of self-harm behaviors and suicidal ideations and can aid those who seek psychological help tremendously. The aspects of DBT meld well into one's life and can be mindset altering and reduce maladaptive urges and behaviors. Dialectical behavior therapy is essential for helping those who need help as well as aiding those who seek it. The world of counseling can benefit greatly from the addition of DBT techniques into usual practice.

References

- Berk, M. S., Starace, N. K., Black, V. P., & Avina, C. (2020). Implementation of dialectical behavior therapy with suicidal and self-harming adolescents in a community clinic. *Archives of Suicide Research*, 24(1), 64–81.
<https://doi-org.elib.uah.edu/10.1080/13811118.2018.1509750>
- Cannon, J. L., & Umstead, L. K. (2018). Applying dialectical behavior therapy to self-harm in college-age men: A case study. *Journal of College Counseling*, 21(1), 87–96.
<https://doi-org.elib.uah.edu/10.1002/jocc.12089>
- Fischer, S., & Peterson, C. (2015). Dialectical behavior therapy for adolescent binge eating, purging, suicidal behavior, and non-suicidal self-injury: A pilot study. *Psychotherapy*, 52(1), 78–92. <https://doi-org.elib.uah.edu/10.1037/a0036065>
- Freeman, K. R., James, S., Klein, K. P., Mayo, D., & Montgomery, S. (2016). Outpatient dialectical behavior therapy for adolescents engaged in deliberate self-harm: Conceptual and methodological considerations. *Child & Adolescent Social Work Journal*, 33(2), 123–135. <https://doi-org.elib.uah.edu/10.1007/s10560-015-0412-6>
- Haga, E., Aas, E., Grøholt, B., Tørmoen, A. J., & Mehlum, L. (2018). Cost-effectiveness of dialectical behaviour therapy vs enhanced usual care in the treatment of adolescents with self-harm. *Child and Adolescent Psychiatry and Mental Health*, 12.
<https://doi-org.elib.uah.edu/10.1186/s13034-018-0227-2>
- Huntjens, A., van den Bosch, L. M. C. W., Sizoo, B., Kerkhof, A., Huibers, M. J. H., & van der Gaag, M. (2020). The effect of dialectical behaviour therapy in autism spectrum patients with suicidality and/ or self-destructive behaviour (DIASS): Study protocol for a

multicentre randomised controlled trial. *BMC Psychiatry*, 20.

<https://doi-org.elib.uah.edu/10.1186/s12888-020-02531-1>

Lin, T.-J., Ko, H.-C., Wu, J. Y.-W., Oei, T. P., Lane, H.-Y., & Chen, C.-H. (2019). The effectiveness of dialectical behavior therapy skills training group vs cognitive therapy group on reducing depression and suicide attempts for borderline personality disorder in Taiwan. *Archives of Suicide Research*, 23(1), 82–99.

<https://doi-org.elib.uah.edu/10.1080/13811118.2018.1436104>

Linehan, M. M. (1993). Cognitive-behavioral treatment of borderline personality disorder. Guilford Press.

Mehlum, L., Ramleth, R., Tørmøen, A. J., Haga, E., Diep, L. M., Stanley, B. H., Miller, A. L., Larsson, B., Sund, A. M., & Grøholt, B. (2019). Long term effectiveness of dialectical behavior therapy versus enhanced usual care for adolescents with self-harming and suicidal behavior. *Journal of Child Psychology and Psychiatry*, 60(10), 1112–1122.

<https://doi-org.elib.uah.edu/10.1111/jcpp.13077>