

Note: there is no running head on student papers. Page numbers start on the title page and continue normally.

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The title is centered, bolded, and three or four lines below the top of the page.

DBT: Building a Life Worth Living

Example Student

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CO245: History of Psychological Systems

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Student name is two lines below the title, then the department in the college, the course, professor name and title, and the due date follow underneath.

The title Abstract is centered and bolded. The paragraph for the abstract is not indented.

Abstract

This paper is a comprehensive exploration into the psychotherapy of Dialectical Behavior Therapy (DBT) created during the 1980s by Marsha Linehan. The history and development of DBT is given with some clarifying definitions of Borderline Personality Disorder (BPD), which was the disorder used to build up DBT. The components of DBT are observed and outlined with attention given to the integrative and experiential therapy. Next, the stages of the treatment, as well as the corresponding components are detailed. Lastly, the therapy's core philosophies are compared to and evaluated against the system of counseling from a biblical worldview.

Usually, the abstract will not contain citations. If you need to refer to another work, just mentioning the author's name will suffice.

The title is bolded and centered right above the introduction paragraph. There is no introduction heading. Also note that there is no running head.

DBT: Building a Life Worth Living

In the words of educator Thomas H. Palmer, “If at first you don’t succeed, try try again.”

After running into many problems in treatment of highly suicidal people using behavioral therapy, Marsha Linehan took initiative to find the solutions to these obstacles by forming a new therapy model. And thus Dialectical Behavior Therapy (DBT) was created. DBT is a type of Cognitive Behavioral Therapy (CBT) that has been adjusted and refitted to help people with

If you only paraphrase a source, include the author and the date in the citation with a comma in between.



(Dimeff & Linehan, 2001). Since its inception, DBT has been used to treat various behavioral disorders such as substance abuse, binge eating,

(Dimeff & Linehan, 2001). DBT has

come a long way from its early origins with little research to a full blown therapy with increased popularity.

Background

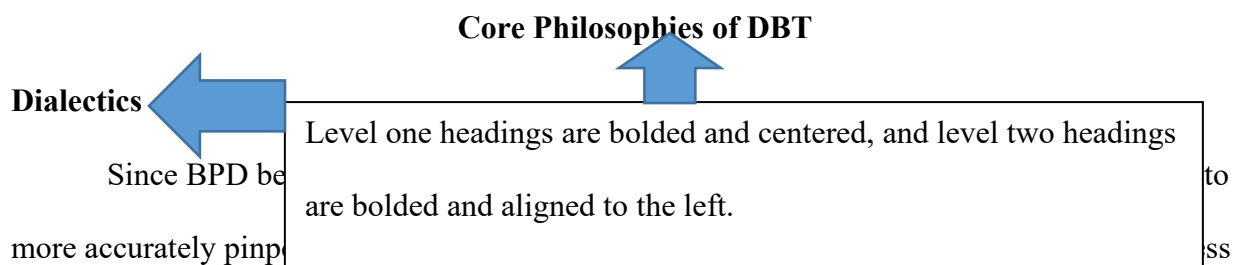
Linehan first began her endeavors into the treatment of highly suicidal individuals in conjunction with the National Institute of Mental Health (NIMH) in the 1970s and 1980s (National Institute of Mental Health, 2011). It was during this time that Linehan noticed the shortcomings of behavioral therapy. Clients exhibited extreme sensitivity to invalidation as she focused on changing them instead of accepting them (Dimeff & Linehan, 2001). On the other hand, when she tried to exhibit a more acceptance based mindset, the client felt as if they were not being helped. Linehan remarked that a majority of her patients had already been through therapy where they “talk, get listened to, and understood” but that does not bring about the change they are seeking (BorderlinerNotes, 2017). In order for Linehan to further her study and development of DBT, she had to find a specific mental disorder in which to base her research in. It was out of her previous observations in her suicidal clients and reviews from other colleagues

Spell out abbreviations the first time you use them.

that Linehan stumbled upon Borderline Personality Disorder (BPD) (National Institute of Mental Health, 2011). Little did she know that this particular disorder would be a foundational part of her development of DPT.

Defining BPD

Borderline Personality Disorder in simplest terms is “a mental illness marked by an ongoing pattern of varying moods, self-image, and behavior” (National Institute of Mental Health, 2017). This disorder includes a list of common symptoms and signs such as: problems in relationships, sensitivity to emotional triggers, unstable sense of self, self-damaging behaviors such as cutting and substance abuse, feelings of invalidation, and lack of ability to regulate emotions and behaviors (Chapman, Turner, & Dixon-Gordon, 2010). According to the biosocial theory of this disorder, “BPD arises when this biological vulnerability is coupled with an invalidating environment” (Chapman et al., 2010). These components are commonly observed in environments in which one’s thoughts, feelings, and emotions are criticized as wrong or inaccurate, which then manufacture feelings of invalidation and separation. There are also influences of passive invalidation where neglectful environments lead the person to difficulty in understanding how to interpret themselves and the world around them (Arlo, 2017). This significant lack of interpersonal and self-evaluative skills brings about a repetitive cycle dysfunctional beliefs and actions based upon those beliefs (Dimeff & Linehan, 2001).



to a life worth living. Linehan knew she had to be integrative in approach to be effective in

reaching the client. DBT does just that by focusing on a worldview and approach that is dialectical in nature. A dialectic helps to synthesize things that may seem to be opposite or opposing one another (Dimeff & Linehan, 2001). When used in DBT therapy, dialectical thinking “enables us to address splitting or polarization without having to adopt an either/or position and instead embrace a both/and position” (Arlo, 2017). “Dialectical dilemmas” are quite prevalent clients with borderline personality disorder since they have difficulty integrating conflicting views (Chapman et al., 2010).

One of the main dialectics in DBT is the balance between acceptance and change. Therapists focus on simultaneously displaying radical acceptance towards the client while also nurturing them towards change through traditional cognitive-behavioral techniques (Chapman et al., 2010). Radical acceptance strives to accept and acknowledge one’s current circumstances as they stand while the techniques given from cognitive-behavioral therapy provide skills for the client to learn to overcome their obstacles in growth (Chapman et al., 2010). However, it should also be noted that, “indulging either of these forces [acceptance and change] on its own would be incomplete, and could jeopardize the effectiveness of treatment” (Chapman et al., 2010). This delicate balance can be a challenge for therapists to effectively handle especially with those struggles with BPD or other behavioral disorders. They must “dance between change and acceptance” to gauge and adjust to the constant change in emotion and behavior for the client (Dimeff & Linehan, 2001).

Zen Practices and Mindfulness (Acceptance)

DBT uses an eclectic approach that is rooted in multiple...
 Zen principles. The practice of mindfulness plays a huge role in helping the client to “accept negative or painful emotions, rather than to avoid them” (Chapman et al., 2010). In DBT,

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mindfulness does not center on meditation and breathing exercises but rather “translating Zen

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behavioral language” (BorderlinerNotes, 2017). Some methods of
 e “attention to the present moment, assuming a non-judgmental
 (Dimeff & Linehan, 2001, p.99). DBT strives to concentrate
 le path” where genuine warmth and unconditional empathy is
 A collaborative approach between the client and therapist is also

a helpful piece in diminishing the power differential between them (Chapman et al., 2010). The
 simplistic skills from Zen practices help to emphasize the acceptance half of dialectical thinking.

Cognitive Behavioral Techniques (Change)

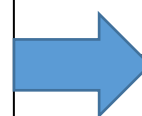
Another approach that DBT strives to balance out with Zen mindfulness is cognitive-behavioral techniques. The skills and techniques based out of this therapy are just as crucial as the eastern mindfulness skills. It is within the cognitive-behavioral techniques that therapists are able to encourage change in their clients through a “benevolently demanding approach” (Dimeff & Linehan, 2001). Some of these change strategies include “skills training, contingency management (i.e., reinforcers, punishment), cognitive modification, and exposure-based strategies” (Dimeff & Linehan, 2001). Target behaviors that work to increase or decrease certain behaviors are established between the therapist and client to help establish positive change (UC San Francisco (UCSF), 2015). The therapist remains empathetic and supportive as the client learns new skills and targets their emotional dysregulation with problem solving tactics.

Eclectic

As previously noted, DBT is heavily eclectic in its approach combining not only Zen mindfulness and cognitive behavioral techniques but also humanistic and psychodynamic traditions. The emphasis upon mindfulness actually helps to pull in these other traditions through

the emphasis of holistic thinking and unconditional validation. Humanistic philosophies are clearly observed when it comes to “techniques of validation and cheerleading” (Chapman et al., 2010). Clients are supported by their therapist to come to a place of self-guided change backed with the confidence that the client is doing the best that they can. Within psychodynamic thinking, there is parallel focus to DBT with moving toward individuation and acceptance of what is out of one’s control (Smith, 2019). While being integrative and eclectic in pulling from various theories and philosophies, DBT still strives to have a “theoretically consistent approach” with increased (Chapman et al., 2010).

If a source has more than two authors, list just the first one and et al. to indicate the rest.



Building a Life Worth Living

Since DBT was built off of a control group of people who were highly suicidal and had BPD, it may be assumed that DBT is at its core a suicide prevention strategy. However, based upon Linehan’s interactions with her clients, she asserts that DBT is not a prevention program

If there are two authors of a source, list them both and use & to separate them.

program (BorderlinerNotes, 2017). The central focus is to move toward wanting to live: “the ultimate goal of the treatment: to

move the client from a life in hell to a life worth living as quickly and efficiently as possible” (Dimeff & Linehan, 2001). This goal can be evidently seen through the steps stages, training skills, and components of the treatment.

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Conclusion

The end goal of Dialectical Behavior Therapy is to build up a life that is worth living. Whether the client is dealing with depression, suicidal thoughts, substance abuse, or another behavioral disorder, DBT strives to take clients from a place of despair to hope and normal

functioning. DBT, while more recently developed than other therapies, still carries with it major fallacies and shortcomings when compared to the system of counseling based out of the authority of Scripture. To make DBT work for the biblical counselor they must first remove the philosophies of eastern thought and secular humanism and implement a biblical worldview with God's Word as the unwavering source of truth and authority. Only then can one implement the positive techniques and skills of DBT like building a positive dual-relationship with the counselor, promoting empathy and genuineness, and creating a place of hope and growth (Smith, 2019). DBT can be used effectively and wisely if one gives the time to carefully examine the philosophies against the Scriptures and replace unstable presuppositions with unshakeable truth from God's Word.

“References” are on a new page, centered and bolded. The page is double-spaced, and each entry uses a hanging indent (every line except the first is indented).

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Authors are listed with their last name first, then their first (and middle) initials. If there are multiple authors, write them all out.

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Only capitalize the first word in journal articles (and the first word in the subtitle if there is one). Journals have every important word capitalized as expected, and they are italicized.

A video is cited by the person or group who uploaded it, the date uploaded, the title of the video with only the first word capitalized (and first word in subtitle), the platform, and the url.

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