

Dialectical Behaviour Therapy (DBT) Workshop

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Welcome, UCT Honours Psychology Students!

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1. What Is Dialectics?

Dialectics is the central philosophical foundation of DBT. In simple terms, a dialectic is the integration or synthesis of two seemingly opposite truths. It recognises that two things that appear to contradict each other can both be true at the same time, and that the tension between them creates a more complete and balanced reality.

In everyday life, we often think in extremes (“all or nothing”, “black or white”). Dialectical thinking moves us away from rigid either/or positions toward “both/and” perspectives. For example:

- You can accept yourself exactly as you are **and** still work hard to change.
- You can be strong **and** vulnerable at the same time.

- You can feel angry **and** still behave skilfully.

Practical Example: A student feels overwhelmed by academic pressure and thinks, “I’m either a total failure or I have to push myself until I burn out.” Dialectical thinking allows them to say, “I am doing my best right now, **and** I can learn better time-management skills to reduce the pressure.”

This dialectical approach draws from philosophical traditions but is applied in a very practical, everyday way in DBT. It helps clients move from extreme thinking that fuels emotional distress to more balanced perspectives that reduce suffering and improve decision-making. Dialectics teaches that reality is constantly changing, that truth evolves, and that the most effective way forward is usually found in the middle path between opposites. This dialectical worldview underpins every skill and strategy in DBT.

2. How Was DBT Brought to the World, and Who Created DBT (A Brief History of Dr Marsha Linehan)

Dialectical Behaviour Therapy (DBT) was created by Dr Marsha M. Linehan, an American psychologist and researcher. Born in 1943 in Tulsa, Oklahoma, Linehan experienced severe emotional suffering as a teenager. At age 18, she was hospitalised for two years in a secure psychiatric unit because of intense self-harm and suicidal behaviours. Her own painful journey through invalidating environments and overwhelming emotions later became the personal foundation for her life’s work.

After recovering, Linehan earned her PhD in clinical psychology from Loyola University Chicago in 1971. She joined the faculty at the University of Washington in Seattle, where she began treating highly suicidal clients. At the time, standard cognitive-behavioural therapy (CBT) helped with many problems but fell short for people with severe emotion dysregulation and borderline personality disorder (BPD). Linehan noticed that these clients needed something more: a balance between accepting their current reality **and** developing concrete skills for change.

Over many years of trial and error, Linehan integrated three main strands:

- Western behavioural and cognitive therapy,
- Dialectical philosophy (the idea of holding opposites in balance), and
- Eastern mindfulness and Zen practices (which she studied deeply during retreats).

In 1991, she published the first controlled clinical trial showing DBT’s effectiveness with suicidal clients. Two years later, in 1993, she released her groundbreaking book *Cognitive-Behavioural Treatment of Borderline Personality Disorder*, which formally introduced DBT to the world. Since then, DBT has become one of the most researched and widely used treatments for emotion dysregulation, self-harm, suicidality, and BPD. What began as one therapist’s determination to help the most distressed clients has grown into a global, evidence-based approach used in hospitals, universities, schools, and private practice worldwide.

3. What Is the Core Philosophy and Biosocial Theory of DBT

Core Philosophy DBT’s philosophy is fundamentally dialectical: it balances acceptance and change. The therapy was designed to help people who experience intense emotional suffering by teaching them to accept themselves and their current reality while simultaneously learning the skills needed to change painful patterns. As Linehan often describes it, the overarching goal is to build “a life worth living”, one that includes joy, meaning, and connection despite pain.

Biosocial Theory The biosocial theory explains **why** some people struggle so much with emotion regulation. It is a transactional model that shows how biology and environment interact over time. No one is “broken”, and no one is to blame; it is simply an unlucky combination of two factors:

Biological vulnerability: Some individuals are born with (or develop very early) a highly sensitive nervous system. This means:

- Emotions are triggered more easily and by smaller events.
- Emotions reach a higher intensity very quickly.
- It takes much longer for emotions to return to a calm baseline.

Invalidating environment: An environment that repeatedly dismisses, punishes, trivialises, or ignores a person’s emotional experiences. Common messages include “You’re too sensitive”, “Stop overreacting”, or “You’re fine, just get over it”. Importantly, the invalidating environment does not have to be abusive; it can be well-meaning but mismatched to the child’s sensitivity (for example, cultural norms that discourage emotional expression).

The transactional cycle. The sensitive person experiences strong emotions → the environment invalidates those emotions → the person’s emotions intensify further → more invalidation occurs → the person begins to doubt their own feelings (self-invalidation) → extreme behaviours develop as a way to regulate overwhelming emotions. Over time, this creates pervasive emotion dysregulation. DBT was built precisely to repair this mismatch: it provides massive validation of the person’s experience **and** concrete, practical skills to manage emotions effectively.

Practical Example: A highly sensitive teenager cries after receiving feedback on an assignment. A parent responds, “Stop being so dramatic, it’s just one mark.” The teenager feels ashamed of their emotions, tries harder to suppress them, and eventually explodes in anger or withdraws completely. The cycle repeats, teaching the teen that their emotions are “wrong.”

4. CBT vs DBT

While DBT grew out of Cognitive Behavioural Therapy (CBT), there are important differences in focus, philosophy, and approach:

Aspect	CBT	DBT
Primary focus	Changing unhelpful thoughts and behaviours	Balancing acceptance of current reality with change
Philosophy	Logic, reason, and cognitive restructuring	Dialectics (acceptance + change) and mindfulness
Target population	Broad range of disorders (depression, anxiety, etc.)	Originally developed for severe emotion dysregulation, BPD, chronic suicidality, and self-harm
Emphasis	Thought patterns drive feelings and actions	Emotions and their intensity are central; validation is key
Acceptance	Less emphasis on radical acceptance	Strong emphasis on accepting pain and self exactly as is

Aspect	CBT	DBT
Skills taught	Cognitive restructuring, exposure, behavioural activation	Mindfulness, distress tolerance, emotion regulation, interpersonal effectiveness
Structure	Usually short-term, individual sessions	Can be comprehensive (individual + group + coaching + consultation team) or skills-only
Goal	Symptom reduction through thought change	Building a life worth living through skills and dialectical balance

Marsha Linehan developed DBT as an extension of CBT specifically to address the needs of clients for whom standard CBT was not sufficient, particularly those with high emotional intensity and chronic suicidality. In short, CBT helps people think differently so they can feel and behave differently. DBT adds deep validation, acceptance strategies, and a broader set of emotion-focused skills for people whose emotions feel overwhelming or out of control.

5. Comprehensive DBT vs DBT-Informed Skills

Comprehensive DBT (also called “adherent” or “full-protocol” DBT) is the complete treatment developed and researched by Marsha Linehan. It includes four coordinated modes of treatment that work together:

1. Weekly individual DBT therapy
2. Weekly DBT skills training group (or individual skills teaching)
3. As-needed phone coaching between sessions
4. Therapist consultation team (to support the therapist)

Comprehensive DBT is the version with the strongest research evidence, especially for people with severe, life-threatening behaviours (chronic suicidality, self-harm, or high-risk behaviours). It addresses all five functions of treatment: enhancing capabilities, generalising skills, improving motivation, structuring the environment, and supporting the therapist. It is often used in specialised clinics for individuals with borderline personality disorder.

DBT-Informed Skills Training (sometimes called “DBT skills only” or “DBT-informed”) uses the same DBT skills and principles but does not include the full four-mode structure. It is typically:

- Skills group or individual skills teaching only
- May be delivered by therapists who are not intensively trained in full DBT
- Often shorter in duration and used as a stand-alone intervention

DBT-informed skills training can be very helpful for people who need practical tools but do not require the full programme's intensity. Research shows that comprehensive DBT is generally more effective for individuals with severe emotion dysregulation or suicidal behaviours. At the same time, skills-only training still produces meaningful improvements in emotion regulation and coping for many people. DBT-informed skills groups are common in community mental health settings, universities, or for clients with milder emotion regulation difficulties.

6. The Four Modules of DBT

DBT organises its skills training into four distinct modules. These modules are sequenced so that foundational skills are taught first. Two modules focus primarily on acceptance (Mindfulness and Distress Tolerance), while the other two focus on change (Emotion Regulation and Interpersonal Effectiveness). Together, they provide a balanced and comprehensive toolkit for managing emotions and building a life worth living.

1. Mindfulness (The Core Foundation) Mindfulness is the practice of being fully aware and present in the current moment, without judgment. It involves paying deliberate attention to what is happening inside us (thoughts, emotions, sensations) and outside us (the environment), while letting go of rumination about the past or worry about the future. In DBT, mindfulness is considered the foundational module because all other skills depend on the ability to accurately and non-judgmentally observe and describe experiences.

Purpose: The main purpose of this module is to develop the ability to observe one's internal and external experiences with clarity and without getting lost in them. This creates a crucial "pause" between stimulus and response, reducing impulsive reactions and increasing emotional awareness and control. Without mindfulness, the other skills cannot be applied effectively because one cannot change what one does not notice.

Practical Examples:

- A student notices rising anxiety before an exam but uses "Observe" to notice the physical sensations in their body without spiralling into catastrophic thinking.
- During a group discussion, someone practises "One-Mindfully" by fully listening to the speaker instead of planning what to say next.

Key Skills Taught:

- Wise Mind
- "What" skills: Observe, Describe, Participate
- "How" skills: Nonjudgmentally, One-Mindfully, Effectively

2. Distress Tolerance Distress Tolerance focuses on learning to endure and survive intense emotional pain and crises without resorting to harmful or impulsive behaviours. It teaches skills that help people "ride out" overwhelming emotions and situations when problem-solving or change is not immediately possible.

Purpose: The purpose of this module is to increase a person's ability to tolerate distress in the short term so that they do not make the situation worse through destructive actions (e.g., self-harm, substance use, or aggression). It promotes survival and stability during high-distress moments. By learning to tolerate distress, individuals gain the freedom to make wise choices rather than being controlled by immediate emotional impulses.

Practical Examples:

- After receiving a rejection email, someone uses TIP (cold water on the face) to bring their heart rate down instead of impulsively sending an angry reply.

- A person feeling overwhelmed by grief practises Radical Acceptance by saying, “This pain is here right now, and fighting it only makes it worse,” allowing them to sit with the emotion without numbing it.

Key Skills Taught: Crisis Survival Strategies

- TIP (Temperature change, Intense exercise, Paced breathing, Progressive muscle relaxation)
- Distract with ACCEPTS
- Self-Soothe with the five senses
- IMPROVE the Moment
- Pros and Cons

Reality Acceptance Skills

- Radical Acceptance
- Turning the Mind
- Willingness
- Half-Smile and Willing Hands

3. Emotion Regulation Emotion Regulation teaches individuals how emotions work, how to identify and label them accurately, and how to influence them in healthy ways. It addresses both reducing vulnerability to negative emotions and increasing positive emotional experiences.

Purpose: The purpose of this module is to help people understand their emotions better, decrease the intensity and frequency of unwanted emotions, and increase the experience of positive emotions. It aims to reduce emotional vulnerability and improve overall emotional stability. This module empowers individuals to become active agents in their emotional lives rather than passive victims of their feelings.

Practical Examples:

- Someone who feels intense shame after making a mistake uses “Check the Facts,” realises the shame is not fully justified, and then chooses Opposite Action by reaching out to a friend instead of isolating.
- A student builds long-term positive emotions by scheduling a weekly coffee with friends (Accumulating Positive Emotions) and uses PLEASE skills to ensure they are eating and sleeping well before exams.

Key Skills Taught:

- Understanding and Naming Emotions
- Check the Facts
- Opposite Action
- Problem Solving
- Accumulating Positive Emotions (short-term and long-term)

- Building Mastery
- Coping Ahead
- PLEASE (Physical illness, balanced Eating, Avoid mood-altering substances, balanced Sleep, Exercise)

4. Interpersonal Effectiveness Interpersonal Effectiveness focuses on developing the skills needed to communicate effectively, build and maintain healthy relationships, and assert one’s needs while preserving self-respect and the relationship.

Purpose: The purpose of this module is to help individuals get what they want and need from others (objective effectiveness), build and maintain strong relationships (relationship effectiveness), and maintain self-respect during interactions (self-respect effectiveness). It teaches how to balance these three priorities in different situations. Effective interpersonal skills ultimately lead to stronger social support networks, which are protective against emotional dysregulation.

Practical Examples:

- A student wants an extension on an assignment. They use DEAR MAN: “Describe the situation, Express how it affects me, Assert what I need, Reinforce the benefit to the lecturer,” while staying mindful and appearing confident.
- During a conflict with a roommate, they use GIVE (be Gentle and Validate the other person’s feelings) to de-escalate and preserve the relationship.

Key Skills Taught:

- DEAR MAN (for asking or saying no)
- GIVE (for building relationships)
- FAST (for maintaining self-respect)

Together, these four modules provide a complete, practical toolkit for managing emotions, relationships, and life challenges effectively.

7. The Distinction Between Judgments That Discriminate vs Judgments That Evaluate in the Context of DBT

One of the most important “How” skills in the Mindfulness module is to act **nonjudgmentally**. In DBT, Marsha Linehan makes a clear and practical distinction between two types of judgments:

Judgments that discriminate (also called discriminating judgments) are factual, descriptive, and necessary for everyday life. They simply notice differences or assess reality without adding personal values. Examples:

- “This pool has no water in it. I will not dive in.”
- “That car is speeding toward me.”

- “This assignment is due tomorrow.”

These judgments help us navigate the world safely and effectively.

Judgments that evaluate (evaluative judgments) add a layer of “good or bad,” “worthwhile or worthless,” or personal approval/disapproval. They are based on opinions, values, or interpretations rather than pure facts. Examples:

- “This pool is terrible because it has no water.”
- “I am a bad student for leaving the assignment until the last minute.”
- “That person is awful for cutting me off in traffic.”

Evaluative judgments often fuel emotional distress, shame, anger, or self-criticism. In DBT, the goal of the nonjudgmental skill is **not** to stop all judgments, but to let go of evaluative judgments while keeping discriminating ones. When you catch yourself evaluating, you gently replace the thought with a neutral description of the facts.

Practical Example in University Life: Evaluative: “I’m a complete failure because I got 65% on the test.”
Nonjudgmental (discriminating only): “I got 65% on the test. That’s below my usual mark, so next time I’ll try a different study schedule.”

Practising this distinction reduces unnecessary suffering and helps you respond to life’s challenges with clarity instead of self-judgment.

8. Walking the Middle Path in DBT

Walking the Middle Path is the practical application of dialectics in daily life. It involves finding a balanced, wise position between two opposing extremes rather than thinking or behaving in rigid, black-and-white ways. This skill helps reduce emotional intensity, interpersonal conflict, and self-defeating behaviours by creating synthesis between opposites.

Instead of choosing one extreme (e.g., total acceptance or total change), you look for the “middle way” that honours both truths at the same time. It is a mindset and a daily practice that makes dialectics usable in real time.

10 Practical Examples for University Students:

1. **Perfectionism vs Not Trying** Middle Path: Submitting good, well-prepared work while accepting it doesn’t need to be flawless.
2. **Socialising vs Studying** Middle Path: Enjoying time with friends while still protecting dedicated study time.
3. **Independence vs Asking for Help** Middle Path: Working hard on your own but reaching out for support when you genuinely need it.
4. **Accepting Emotions vs Changing Them** Middle Path: Validating your feelings (“It makes sense I feel anxious”) while also using skills to regulate them.
5. **Being Assertive vs Being Nice** Middle Path: Being kind and respectful while clearly stating your needs and boundaries.

6. **Rest vs Productivity** Middle Path: Taking time to rest and recharge so you can be more focused and productive when you work.
7. **Self-Compassion vs Self-Improvement** Middle Path: Treating yourself with kindness while still working toward personal growth.
8. **Trusting Others vs Protecting Yourself** Middle Path: Being open in relationships while maintaining healthy boundaries.
9. **Speaking Up vs Staying Quiet:** Middle Path: Choosing when to voice your opinion and when to listen, depending on the situation.
10. **Planning Everything vs Being Spontaneous** Middle Path: Having a general plan for the week while staying flexible when unexpected opportunities arise.

Practising the Middle Path regularly turns dialectics from an abstract idea into a flexible, life-changing habit.

Further Learning Opportunities

If you are interested in continuing your DBT journey beyond today's workshop, I offer the following specialised programmes through **Glenbrook Practice** in Cape Town:

- **Step-Upp® for Teens** – A comprehensive 12-week in-person DBT skills programme designed to help teenagers build emotional resilience, improve relationships, and develop essential life navigation skills.
- **DBT-Thrive for Adults** – An 8-week in-person DBT skills programme focused on building emotional regulation, distress tolerance, and interpersonal effectiveness.
- **Online DBT Skills Groups for Adults** – Flexible online options for those who prefer remote learning or more flexible scheduling.

For more information about these programmes, upcoming start dates, or to enquire, please visit: www.glenbrookpractice.com My Cell Number: 0745122033 Email: jonathan@glenbrookpractice.com

I'd be very happy to answer any questions you may have about these groups after the workshop.

References

- Linehan, M. M. (1993). *Cognitive-behavioural treatment of borderline personality disorder*. Guilford Press.
- Linehan, M. M. (2015). *DBT skills training manual* (2nd ed.). Guilford Press.
- Linehan, M. M., & Wilks, C. R. (2015). The course and evolution of dialectical behaviour therapy. *American Journal of Psychotherapy*, 69(2), 97–110.
- Rizvi, S. L., & Steffel, L. M. (2014). A review of the empirical evidence on the efficacy and effectiveness of DBT. *Journal of Personality Disorders*, 28(6), 1–20.
- Swales, M. A., & Heard, H. L. (2017). *Dialectical behaviour therapy: Distinctive features* (2nd ed.). Routledge.