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## Dialectical behavior therapy techniques pdf

The modules skills in dialectic behavioral therapy Dialectical Behavioral Therapy (DBT) is an evidence-based psychotherapy that began with efforts to treat borderline personality disorder (also known as emotional disorder instability). There is evidence that DBT can be useful in treating mood disorders, suicidal ideas, and changing behavioral patterns such as self-harm, and substance abuse. DBT has evolved into a process in which the therapist and the client work with acceptance and change-oriented strategies, and ultimately balance and synthesize them, thus comparable to the philosophical dialectical process of the hypothesis and the antithesis, followed by synthesis. This approach was developed by Marsha M. Linehan, a psychology researcher at the University of Washington, to help people increase their emotional and cognitive regulation by learning about the triggers that lead to reactive states and helping to assess what survival skills apply in sequences of events, thoughts, feelings and behaviors to help avoid unwanted reactions. Linehan developed DBT as a modified form of Cognitive Behavioral Therapy (CBT) in the late 1980s to treat people with borderline personality disorder (BPD) and chronically suicidal people. Studies on its effectiveness in the treatment of other conditions have been fruitful; DBT has been used by practitioners to treat people with depression, drugs and alcohol, post-traumatic stress disorder (PTSD), traumatic brain injury (TBI), binge drinking disorder and mood disorders. Studies show that DBT can help patients with symptoms and behaviors associated with spectrum mood disorders, including self-in-the-face. Recent work also offers its effectiveness with sexual-abuse survivors<sup>11</sup> and chemical dependence. DBT combines standard cognitive-behavioral methods of regulating emotions and testing reality with notions of tolerance for distress, acceptance and conscious awareness, largely derived from contemplative meditation practices. DBT is based on biosocial theory of mental illness and is the first therapy that has been experimentally demonstrated to be generally effective in the treatment of BPD. The first randomized DBT clinical trial showed a decrease in suicidal gestures, psychiatric hospitalizations and dropout rates compared to treatment as usual. A meta-analysis showed that DBT has achieved moderate effects in people with borderline personality disorder. The DBT review is considered part of the third wave of cognitive behavioral therapy, and DBT adapts CBT to help patients cope with stress. Linehan observed 'burnout' in therapists how he coped with unmotivated patients who refused to cooperate in successful treatment. Her first basic understanding was to recognize that the chronically suicidal patients she studied had been raised in invalid environment, and therefore required a climate of loving kindness and somewhat unconditional recognition (not Carl Rogers positive humanist approach, but Th'ch Nhât Hạnh metaphysical neutral), in which to develop a successful therapeutic alliance. (note 1) Her second understanding is due to the need for commensurate commitment on the part of patients who need to be prepared to accept their severe level of emotional dysfunction. DBT aims to make the patient consider the therapist as an ally rather than an adversary in the treatment of psychological issues. Accordingly, the therapist tends to accept and verify the client's feelings at any given time, while nonetheless informing the client that some feelings and behaviors are maladaptive, and showing them the best alternatives. DBT focuses on the client acquiring new skills and changing their behavior, with the ultimate goal of achieving a life that is worth living as defined by the patient. In the biosocial theory of BLD DBT, clients have a biological predisposition to emotional dysregulation, and their social environment confirms non-adaptive behavior. Linehan and others combined commitment to basic acceptance and change through the principle of dialectic (which synthesizes talking points and antithesis) and collected many skills for emotional self-regulation, drawn from Western psychological traditions such as cognitive behavioral therapy and interpersonal variant, motivational learning and contemplative meditation traditions such as mindfulness meditation. One of her contributions was to change the adversarial nature of the therapist-client relationship in favor of an alliance based on inter-subjective, rigid love. All DBT can be said to include 4 components: Individual - therapist and patient discuss the issues that come during the week (recorded on the diary card) and follow the treatment of the target hierarchy. Self-confident and suicidal behaviour, or life-threatening behaviour, is of paramount importance. The second priority is behavior, which, although not directly harmful to yourself or others, interferes with the course of treatment. This behavior is known as behavioral intervention therapy. Third priority is quality of life and work to improve one's life as a whole. During individual therapy, the therapist and the patient work to improve the use of skills. The skill group is often discussed and obstacles to skillful action are resolved. Group - The group usually meets once a week for two to two and a half hours and learns to use specific skills that are broken down into four modules of skills: basic mindfulness, interpersonal efficiency, emotional regulation and disaster tolerance. Therapist Advice Team - Therapist Counseling Team includes all therapists providing The meeting is held weekly and serves to support the therapist in providing treatment. Phone Coaching - Phone coaching is designed to help summarize skills in the patient's daily life. Phone coaching is concise and limited to focusing on skills. No component is used on its own; The individual component is considered necessary to keep suicidal urges or uncontrollable emotional problems from disrupting group sessions, while group sessions teach skills unique to DBT, and provide practice with regulating emotions and behaviors in a social context. (quote is necessary) DBT skills training is only used to address treatment goals in some clinical settings, and the broader goal of regulating emotions that DBT has allowed for the use of it in new environments, such as supporting parenting. Four modules This article or section contains a close paraphrase of one or more nonfree copyrighted sources. The relevant discussion can be found on the conversation page. Ideas in this article should be expressed in the original manner. (December 2013) (Learn how and when to delete this message template) Mindfulness Chart used in DBT, showing that the wise mind is overlapping the emotional mind and intelligent mind Additional information: Mindfulness (psychology) Mindfulness is one of the main ideas behind all elements of DBT. It is considered the basis for other skills taught in DBT because it helps people accept and tolerate powerful emotions that they can feel when challenging their habits or exposing themselves to upsetting situations. The concept of mindfulness and meditation exercises used for learning derives from traditional contemplative religious practice, although the version taught in DBT does not include any religious or metaphysical concepts. Within the DBT, it is the ability to pay attention, with an open mind, for the moment; about living in the moment, experiencing your emotions and feelings to the fullest, but with perspective. Mindfulness practice can also be designed to make people more aware of their environment through their 5 senses: touch, smell, sight, taste and sound. Mindfulness relies heavily on the principle of acceptance, sometimes referred to as radical acceptance. Acceptance skills depend on the patient's ability to deal with situations without judgment, as well as accept situations and their accompanying emotions. This causes less distress in general, which can lead to reduced discomfort and symptomology. Adoption and change The first few DT sessions introduce dialectic acceptance and change. The patient must first become comfortable with the idea of therapy; Once the patient and the therapist have established a trusting relationship, DBT methods can flourish. An integral part of learning is to first understand the idea of radical acceptance: radical acceptance embraces the idea of facing situations, situations, positive and negative, without judgment. Adoption also includes mindfulness and emotional regulatory skills that depend on the idea of radical acceptance. These skills in particular are what set DBT separate from other treatments. Often, once the patient is familiar with the idea of adoption, they will accompany him with a change. DBT has five specific states of change that the therapist will consider with the patient: pre-temperature, contemplation, preparation, action and maintenance. Precontemation is the first stage in which the patient is completely unaware of his problem. In the second stage, contemplating, the patient realizes the reality of his illness: it is not an action, but awareness. It is not until the third stage of the preparation that the patient is most likely to take action, and is preparing to move forward. It can be as simple as researching or contacting therapists. Finally, at the 4th stage, the patient takes action and receives treatment. In the final stage, maintenance, the patient should strengthen their changes to prevent a relapse. After capturing the taking and changing, the patient can completely move on to mindfulness techniques. What skills what skills that one does when practicing mindfulness: observe, describe, or participate. These activities should be performed only one at a time. Watching is a special draw for the moment. To describe it put in words that one watched. Participation is full participation in the activities of the present moment. Watch this used to nonjudgmentally observe one's environment within or outside of itself. This is useful in understanding what is happening in any situation. DBT recommends developing the Teflon mind, the ability to skip feelings and experiences without inserting in the mind. Describe this used to express what one observed with observation of skill. It should be used without subjective statements. It helps to let others know what one is watching. Once the environment or inner state of mind is observed with 5 senses, a person can put the words of observations and thus better understand the environment. Participation in this is used to fully focus on and participate in the activities that a person is doing. Skills As Skills, how one observes, describes and participates in mindfulness practice: taking an unbiased position (unbiased), focusing on one thing at a moment (one-mindfulness), and doing what works (effectively). Unlike that skills, that needs to be done one by one, how skills can be done at the same time. This is an act of describing facts rather than thinking in terms of good or bad, fair or unfair. These are judgments, not actual descriptions. Being unbiased helps make points effectively without a decision that someone else might disagree with. One-remembering it is used to focus on one thing. One-mindfulness is helpful in keeping your mind from getting lost in emotion due to lack of attention. In fact it's just doing what works. It is a very wide range of skills and can be applied to any other skill to help in its success. Disaster Tolerance Additional information: Disaster Tolerance Many modern approaches to mental health treatment focus on changing disturbing events and circumstances such as dealing with the death of a loved one, loss of employment, serious illness, terrorist attacks and other traumatic events. They paid little attention to acceptance, making sense and tolerable work. This task is usually solved by human-centered, psychodynamic, psychoanalytic, gestalt, or narrative therapy, along with religious and spiritual communities and leaders. Dialectical behavioral therapy emphasizes learning to skillfully tolerate pain. Disaster tolerance skills are a natural development of DBT mindfulness skills. They deal with the ability to accept, in non-evaluation and unbiased fashion, both themselves and the current situation. Since this is an unbiased position, it means that it is not a statement or resignation. The goal is to become able to calmly recognize negative situations and their impact, rather than being overwhelmed or hiding from them. This allows people to make wise decisions about whether and how to take action rather than get into the intense, desperate, and often destructive emotional reactions that are part of borderline personality disorder. TIP Skill is one of the fastest and most popular disaster tolerance skills. This eases the disaster very quickly. Customers are advised to use this skill when they are very emotionally overwhelmed and strong urge to self-harm are present. Overturning the temperature of the face is very cold water. The idea is to bring on the immersion reflex and bring the physiology down to slow it down. Intense exercise for about 20 minutes. The pace of breathing as well as paired muscle relaxation. Distraction with ACCEPTS Is a skill used to distract yourself temporarily from unpleasant emotions. Activities - Use positive actions that one enjoys. Contribution - Helping others or the community. Comparisons - Compare yourself to either people who are less fortunate or like the one once when in worse condition. Emotions (others) - to make yourself feel something different, provoking your sense of humor or happiness with the appropriate activity. Click away - Put your own situation on the back burner for a while. Put something else temporarily first in your mind. Thoughts (others) - Make the mind think about something Feelings (others) - Do something that has a strong sense of feeling than what one feels like a cold shower or spicy candy. Self-consolation is a skill in which a person behaves comfortingly, caringly, kindly and tenderly towards himself. One uses it to do things that calm down. It is used in moments of distress or excitement. New York Jets wide receiver Brandon Marshall, who was diagnosed with BPD in 2011 and is a strong supporter of DBT, cited events such as prayer and listening to jazz music as important in his treatment. IMPROVE moment This skill is used in moments of distress to help relax. Images - Imagine a relaxing scene, everything goes well, or other things that are nice. Meaning - Find some purpose or meaning in what one feels. Prayer - Either pray to whomever you worship or, if not religiously, to chanting a personal mantra. Relaxation - Relax your muscles and breathe deeply; Use with soothing. One thing at the moment is to focus on what one is doing. Keep yourself in the present. Vacation (briefly) - Take a break from it all for a short period of time. Encouragement - Cheerleading yourself by telling yourself that you can make it through the situation and cope as it will help resilience and reduce vulnerability. Pros and cons Think of the positive and negative things about not tolerating disaster. Radical Adoption Let Goes Fighting Reality. Accept the situation as it is. Turning to reason, turn your

mind to the position of acceptance. It should be used with radical recognition. Ready against willfulness be prepared and open to doing what is effective. Let go of your position, which goes against the adoption. Keep an eye on the next target. Emotions Regulation Additional information: Emotional self-regulation of individuals with borderline personality disorder and suicidal individuals is often emotionally intense and labile. They may be angry, severely frustrated, depressed or concerned. This suggests that these clients can benefit from learning to regulate their emotions. Dialectical Behavioral Therapy Skills to Regulate Emotions Include: 31 32 Identify and Designate Emotions Identify Obstacles to Emotion Change Reducing Vulnerability to Emotions of the Mind Increase In Positive Emotional Events Increase Mindfulness to Current Emotions Take Opposing Measures Apply Tolerance To Stress 28 Emotional Regulatory Skills Based on The Theory that Intense Emotions are a Conditioned Response to Troubleable Experiences, Conditional Incentive , and therefore are obliged to change the patient's conditional response. These skills can be categorized into four modules: understanding and naming emotions, changing unwanted emotions, reducing vulnerability, and managing extreme conditions: understand and call emotions: the patient focuses on recognizing their feelings. This segment is directly related to care, which also exposes the patient to his emotions. Changing unwanted emotions: The therapist emphasizes the use of opposite reactions, fact-checking and problem solving to regulate emotions. When using opposite reactions, the patient targets the anxiety of feeling by responding with opposing emotions. Reducing vulnerability: The patient learns to accumulate positive emotions and plan survival mechanisms in advance to better cope with difficult experiences in the future. Extreme Conditions Management: The patient focuses on incorporating their use of mindfulness skills to their current emotions to stay stable and alert in a crisis. Emotional History This skill is used to understand what emotions you feel. Pushing the case Of Interpretation of the Case Body Sensation Body Language Action Call Action Emotions name based on previous items on the list , please this skill concerns ineffective health habits that can make another vulnerability to the emotions of the mind. This skill is used to maintain a healthy body, so one is most likely a healthy emotion. Physical Disease (treatment) - If one is sick or injured, get proper treatment for it. Nutrition (balanced) - Make sure to eat enough and feel satisfied. Avoid mood changes - Not when taking other un prescribed medications or medications. They can be very harmful to the body, and can make the mood unpredictable. Sleep (balanced) - Don't sleep too much or too little. Eight hours of sleep is recommended per night for the average adult. Exercise - Make sure to get an effective amount of exercise, as this will both improve your body image and release endorphins, making one happier. Build skill Try to do one thing a day to help build competence and control. The opposite action This skill is used when a person has unjustified emotions that do not belong in a situation at hand. It is used by doing the opposite of its motives at the moment. It is a tool to bring one of unwanted or unjustified emotions, replacing it with emotions that are opposite. This can be done by completing an action that is the opposite of what you feel encouraged to do, such as if you feel like you want to isolate yourself, instead, actively go and reach out to someone, or if you feel the urge to avoid something, go and do it. Solving a problem is used to solve a problem when emotions are justified. It is used in conjunction with other skills. Release emotional suffering and experience your own emotions, accept them, and then let go. Interpersonal interpersonal models taught in training DBT is very similar to those taught in many classes on assertiveness and interpersonal problem solving. They include effective strategies to ask what is needed, say no and deal with interpersonal conflict. Conflict, with borderline personality disorder often have good interpersonal skills in the general sense. Problems arise when these skills are applied to specific situations. A person may be able to describe effective behavioral sequences when discussing another person facing a problem situation, but may be completely unable to generate or conduct a similar behavioral sequence when analyzing their own situation. The interpersonal efficiency module focuses on situations where the goal is to make a difference (for example, ask someone to do something) or to resist changes that someone else is trying to make (for example, to say no). The skills taught are designed to maximize the chances that a person's goals in a particular situation will be achieved, while at the same time not harming the relationship or the self-esteem of the person. DEAR MAN - Transferring your needs to another person This acronym is used to help one in getting what one wants when asking. Describe your situation using specific factual statements about the recent situation. Express the emotions you feel when the situation happened, why it's a question and how you feel about it. Approve yourself by asking clearly and specifically for what behavior to change a person seeks. Strengthen your position by offering positive consequences if someone was to get what one wants. Mindful of the situation, focusing on what one wants and ignoring distractions through scrutiny/sympathy and redirection back to the point. There are confident and assertive, even if the person does not feel confident. Negotiate with an indecisive person and come to a comfortable compromise at his request. GIVE - Giving something This skill set helps maintain your relationship, whether it's with friends, co-workers, family, romantic partners, etc. It should be used in conversations. Gentle: Use appropriate language, no verbal or physical attacks, don't put down, avoid sarcasm if one is sure that the person is okay with it, and be polite and unbiased. Interested: When a person alone talks about something, act interested in what is said. Maintain eye contact, ask questions, etc. avoid using your mobile phone during a personal conversation. Check: Show understanding and empathy for a person's situation. The test can be flown through words, body language and/or miki. Easy Manner: Be calm and comfortable while talking; Use humor Smile. FAST - Maintaining Self-Esteem is the ability to help one maintain their self-esteem. It should be used in conjunction with other interpersonal efficiency skills. Fair: Be fair to yourself and to the other person. Apologies (several): Not more than once for what one did ineffectively or for something that was ineffective. Stick to your values: Stay true to the fact that one one and stand beside him. Don't let others encourage action against their own values. Truth: Don't lie. Lies can only accumulate and damage relationships and self-esteem. This list does not include the problem-solving module; whose purpose is to practice being your own therapist. Tools specially formatted diary cards can be used to track relevant emotions and behaviors. Diary cards are most useful when they are filled daily. (quote is necessary) Chain Analysis Chain Analysis is a form of functional behavior analysis, but with an increased emphasis on sequential events that form a chain of behavior. It has strong roots in behavioral psychology, particularly the applied concept of chain behavior analysis. A growing body of research supports the use of multi-population behavioral chain analysis. The effectiveness of borderline personality disorder DBT is the therapy that has been studied most for the treatment of borderline personality disorder, and has been conducted enough research to conclude that DBT is beneficial in the treatment of borderline personality disorder. A 2009 Canadian study compared borderline personality disorder treatment with dialectical behavioral therapy versus general psychiatric management. A total of 180 adults, 90 in each group, were admitted to the study and were treated for an average of 41 weeks. A statistically significant decline in suicidal events and non-comical self-confident events were seen overall (48% decrease, p-0.03; and 77% decline, p-0.01; respectively). There was no statistically significant difference between the groups in these episodes (p.64). The number of emergency room visits decreased by 67 per cent (p. 0.0001) and emergency room visits for suicidal behaviour by 65 per cent (p. 0.0001), but there was no statistically significant difference between the groups. A pilot study by Duke University compared treatment of depression with antidepressants and dialectical behavioral therapy. A total of 34 chronically depressed people over the age of 60 were treated for 28 weeks. Six months after treatment, statistically significant differences were noted in remission between groups, with a large percentage of patients being treated with antidepressants and dialectical behavioral therapy in remission. Complex post-traumatic stress disorder Exposure to complex trauma, or experience of traumatic events, can lead to the development of complex post-traumatic stress disorder (CPD) in humans. CPTSD is a concept that divides the psychological community. The American Psychological Association (APA) does not recognize it in DSM-5 (Diagnostic and Statistical Manual of disorders, the guidance used by providers to diagnose, treat and discuss mental illness), although some practitioners claim that CPTSD is separated from post-traumatic stress disorder disorder CPTSD is similar to PTSD in that its symptomatology is widespread and includes cognitive, emotional and biological areas, among others. CPTSD differs from PTSD in that it is believed to be derived from childhood interpersonal trauma, or chronic childhood stress, and that the most common precedents are sexual trauma. Currently, the prevalence of CPTSD is estimated at 0.5%, while PTSD is 1.5%. There are numerous definitions for CPTSD. Various versions are introduced by the World Health Organization (WHO), the International Society for the Study of Traumatic Stress (ISTSS), as well as individual doctors and researchers. Most definitions revolve around PTSD criteria with the addition of several other areas. While the APA may not recognize CPTSD, WHO recognized the syndrome in its 11th edition of the International Classification of Diseases (ICD-11). WHO defines CPTSD as a disorder after one or more events that cause a person to feel stressed or trapped, characterized by low self-esteem, interpersonal deficit, and deficiency-influenced regulation. These deficits affect regulation, among other symptoms are the reason why CPTSD is sometimes compared to borderline personality disorder (BPD). Similarities between CPTSD and borderline personality disorder In addition to affecting dysregulation, case studies show that patients with CPTSD can also exhibit cleavage, mood swings, and denial fears. Like patients with borderline personality disorder, patients with CPTSD were traumatized frequently and/or in the early stages of their development and never learned the proper coping mechanisms. These people can use avoidance, substance, dissociation and other non-adaptive behaviors to cope. Thus, CPTSD treatment involves stabilizing and learning successful behavior, influencing regulation, and building and maintaining interpersonal relationships. In addition to exchanging symptoms, CPTSD and BPD may share neurophysiological similarities, such as abnormal amygdala volume (emotional memory), hippocampus (memory), anterior cingulate cortex (emotion) and orbital prefrontal cortex (personality). Another common characteristic between CPTSD and BPD is the possibility of dissociation. Further research is needed to determine the reliability of dissociation as a hallmark of CPTSD, but this is a possible symptom. Because of the overall symptomatology of the two disorders and physiological correlates, psychologists have begun to hypothesize that a treatment that has been effective for one disorder may be effective for another as well. DBT as a treatment for using CPTSD DBT adoption and targeting goals as an approach to behavior change can help instill empowerment and involve people in the therapeutic process. focus on the future and changes can help prevent prevent from being overwhelmed by their injury his history. This is a risk, especially with CPTSD, since numerous injuries are common within this diagnosis. Typically, health care providers turn to the client's suicidality before moving on to other aspects of treatment. Because PTSD can make a person more likely to experience suicidal ideas, DBT may be an option for stabilizing suicidality and helping in other treatments. Some critics argue that while DBT can be used to treat CPTSD, it is not significantly more effective than standard PTSD treatments. In addition, this argument argues that DBT reduces self-harm behavior (e.g. cutting or burning) and increases interpersonal functioning, but neglects the main symptoms of CPTSD, such as impulsivity, cognitive circuits (repetitive, negative thoughts), and emotions such as guilt and shame. ISTSS reports that CPTSD requires treatment that differs from a typical PTSD treatment using a multiphase recovery model rather than focusing on traumatic memories. The recommended multiphase model consists of security, disaster tolerance and social relationships. Because DBT has four modules that are usually consistent with these guidelines (Mindfulness, Tolerance Distress, Affect Regulation, Interpersonal Skills), this is a treatment option. Other critics of DBT discuss the time it takes for therapy to be effective. DBT applicants may not be able to commit to individual and group sessions, or their insurance may not cover each session. Approximately 56% of people diagnosed with borderline personality disorder also meet the criteria for PTSD. Because of the correlation between the borderline traits of personality disorder and trauma, some settings have begun to use DBT as a treatment for traumatic symptoms. Some providers prefer to combine DBT with other PTSD interventions, such as long exposure therapy (PE) (repeated, detailed description of trauma in a psychotherapy session) or cognitive therapy treatment (CPT) (psychotherapy that tackles cognitive circuitry associated with traumatic memory). For example, a regime that combines PE and DBT will include learning mindfulness skills and disaster tolerance skills and then implementing PE. The individual with the disorder would then be the in reason of taking the occurrence of trauma and how he can continue to affect them throughout their lives. Participants in such clinical trials showed a decrease in symptoms, and no self-confident or suicidal behaviors were reported during the 12-week study. Another argument that supports the use of DBT as an injury treatment depends on the symptoms of PTSD, such as the regulation of emotions and distress. Some treatment for PTSD, such as exposure therapy may not be appropriate for individuals whose distress tolerance and/or emotion regulation is low. Biosocial Theory Theory that the dysregulation of emotions is caused by an increased emotional sensitivity of a person in combination with environmental factors (such as the invalidity of emotions, the continued abuse/trauma) and the tendency to reflect (repeatedly think about a negative event and how the result could be changed). The person who has these functions is more likely to use non-adaptive behavior. DBT may be appropriate in these cases because it teaches appropriate survival skills and allows people to develop some degree of self-sufficiency. The first three DBT modules increase distress tolerance and emotion management skills in humans, paving the way for work on symptoms such as intrusion, self-esteem deficit and interpersonal relationships. It is noteworthy that DBT is often modified based on the population that is treated. For example, in the veteran population, DBT changes to include exposure exercises and accommodate the presence of traumatic brain injury (TBI), as well as insurance coverage (i.e. reduced treatment). Populations with accompanying BPD may have to spend more time in the Security Establishment phase. In the adolescent population, the aspect of DBT skills training has caused a significant improvement in the regulation of emotions and the ability to express emotions appropriately. In populations with substance abuse, adaptation can be done on a case-by-case basis. For example, the provider may wish to include elements of motivational interviewing (psychotherapy that uses empowerment to inspire behavior change). The extent of substance abuse should also be considered. For some people, substance use is the only coping behavior they know, and as such the provider may seek to exercise training skills before the target of reducing the substance. Conversely, a client's substance abuse may interfere with attendance or other follow-up treatment and the provider may choose to address the use of psychoactive substances before implementing DBT for injury. Cm. also Acceptance and Commitment Therapy Behavioral Psychotherapy Cognitive Emotional Behavioral Therapy Therapeutic Therapy based on the treatment of non-violent communication Rational Emotional Behavioral Therapy Social Skills Notes - described by Th'c Nhât Hạnh in his second moral commandment of zen Buddhism as loving kindness. Links to b Chapman, AL (2006). Dialectical behavioral therapy: current readings and unique elements. Psychiatry (Edgmont). 3 (9): 62–8. PMC 2963469. PMID 20975829. B Chapman, A.L. (2006). Dialectical behavior therapy: current readings and unique elements. Psychiatry (Edgmont (Pa. : Village)). 3 (9): 62–68. PMC 2963469. PMID Review of Dialectical Behavioral Therapy - Psych Central. May 17, 2016. Received 2015-01-19. What is DBT?. Linehan Institute. 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