Dialectical behavioral therapy (DBT) is an empirically proven method of helping patients with borderline disorders and suicidal tendencies. Dialectical-behavioral therapy is aimed at orienting a person in personal changes, increasing behavioral standards, working with acceptance. At the same time, the therapist plays the role of a guide who helps to calm down, encourage and help the patient to survive this experience. The purpose of the study is the theoretical-practical analysis of dialectical-behavioral therapy and classical techniques of this psychotherapeutic direction. Research methods: theoretical, in particular analysis and synthesis, generalization, systematization and explanation. The results. The clinical utility associated with the use of DBT in an inpatient setting abroad has been substantiated. The specificity of treatment is effective and contributes to the reduction of symptoms of borderline personality disorder and improvement of global functioning when standard practices and principles are incorporated with reliability into defined treatment models. It is noted that research is necessary for the standardization of DBT in the hospital.
and the results of measurements in Ukrainian realities, which will help to determine the critical mechanisms of symptoms and behavior; change and evaluate the effectiveness of further outpatient treatment. DBT is the treatment model with the most published scientific articles showing effectiveness. Some techniques of the dialectical-behavioral direction are analyzed.

Conclusions. In general, each strategy used in DBT requires a dialectical approach that combines change and acceptance. Separated techniques of the dialectic-behavioral direction allow the individual to become more persistent and effective in interpersonal communication, contribute to the formation of the ability to express one’s needs and at the same time the ability to say "no", while the individual is focused on the positive and constructive. The development of tolerance skills when overcoming stress in dialectic-behavioral therapy is not a little important.

Key words: dialectic-behavioral therapy, borderline personality disorder, validation, acceptance, DBT techniques.

Introduction
Dialectical behavioral therapy (DBT) emerged in the late 1980s due to the need to work effectively with suicidal clients and clients with borderline personality disorder. The founder of this method is Marsha M. Linehan (1993).

DBT is a complex method of cognitive-behavioral therapy, which is focused on treating complex personality and behavioral disorders. DBT is based on a combined deficit-motivational model of borderline personality disorders. Individuals with such disorders are characterized by problems in interpersonal communication and low levels of self-regulation and distress. And individual and environmental factors often block the client’s behavioral responses and reinforce dysfunctional behavior.

DBT combines basic behavioral therapy strategies with awareness techniques and exercises. The dialectical approach implies the inevitability of difficult to combine opposites, such as the need for acceptance and change, passivity and activity, personal vulnerabilities, the need for contacts, etc. This type of therapy helps form flexible dialectical patterns of thinking and behavior, overcoming a rigid form of thinking.

This type of psychotherapy is a branch of cognitive-behavioral therapy, but there are some differences between these methods, namely:

ще необхідними є дослідження для стандартизації ДПТ в стаціонарі і результатів вимірювань в українських реаліях, що допоможе визначити критичні механізми симптомів і поведінки, змінити і оцінити ефективність подальшого амбулаторного лікування. ДПТ – це модель лікування з найбільшою кількістю опублікованих наукових статей, що показують ефективність. Проаналізовано деякі техніки діалектико-поведінкового напряму. Висновки. Узагальнено, що кожна стратегія, яка використовується в ДПТ вимагає діалектичного підходу, який поєднує в собі зміну і прийняття. Виокремлені техніки діалектико-поведінкового напряму дозволяють особистості стати більш наполегливою і ефективною в міжособистісній комунікації, сприяють формуванню вміння висловити свої потреби і одночасно вміння сказати "ні", при цьому індивід акцентований на позитивні та конструктивні. Немало важливим є вироблення навичок толерантності при подоланні стресу в діалектико-поведінковій терапії. Ключові слова: діалектико-поведінкова терапія, межовий розлад особистості, валидизація, прийняття, техніки ДПТ.

Вступ
Діалектико-поведінкова терапія (ДПТ) виникла наприкінці 80-х років XX століття у зв’язку з потребою ефективної роботи з суїцидальними клієнтами та клієнтами з межовим розладом особистості. Засновницею цього методу є Марша Лінхем (1993).

ДПТ – це комплексний метод когнітивно-поведінкової терапії, який зорієнтований лікувати складні особистісні та поведінкові розлади. ДПТ заснована на комбінований дефіцитарно-мотиваційній моделі межових розладів особистості. А для особистостей з такими розладами притаманними є проблеми в міжсобіствісній комунікації, низький рівень саморегуляції та переживання дистресу. Індивідуальні чинники та чинники середовища найчастіше блокують поведінкові реакції клієнта і підкріплюють дисфункціональну поведінку. ДПТ поєднує базові стратегії поведінкової терапії з техніками та вправами усвідомленості. Діалектичний підхід має на меті неминучість виникнення важко поєднуваних протилежностей, наприклад необхідність прийняття та зміни, пасивності та активності, вразливості особистості, потреба в контактах тощо. Цей різновид терапії допомагає формувати гнучкі
1) emphasis on acceptance and validation, with the emphasis on the current state;
2) focus on behavior modification that interferes with therapy;
3) attention to therapeutic relationships as a necessary condition for treatment;
4) emphasis on the dialectical approach.

Taking into consideration the differences between dialectical behavioral therapy and cognitive-behavioral therapy, it should be noted that the fundamental basis is the acceptance of human behavior and actions then provided in other methods. The need for balancing change and acceptance is inherent in dialectical behavioral therapy.

The main postulate of DBT is the statement that the client accepts himself as he is while the therapist helps client achieve the change. Acceptance skills include attentiveness and distress tolerance. Attentive skills are focused on being present in a moment invaluable and in an active position. Distress tolerance refers to the ability to endure pain in the short and long term, without complicating the situation with thoughts and so on.

Change skills include emotional regulation and interpersonal effectiveness. Emotional regulationskills are atoof forlabeling and identifying emotions, changing unwanted emotions, and reducing vulnerability to problematic emotions. Interpersonal efficiency skills are the achievement of goals in communication, maintaining existing relationships, maintaining self-esteem.

In summary, DBT acceptance skills include awareness techniques as well as validation and acceptance strategies. Skills of change in DBT include behavioral analysis of maladaptive patterns of behavior and decision-making techniques, training of interpersonal skills, emotional regulation, exposure techniques.

The purpose of the research is the theoretical and practical analysis of dialectical behavioral therapy and classical strategies of this psychotherapeutic direction. To achieve the purpose, the following tasks must be completed:
1) To analyze the theoretical and practical postulates of dialectical and behavioral therapy
2) To reveal the essence of techniques that help to understand oneself and others.

Methodology
In the process of our research, we used the leading conceptual studies of the founder of the method, Marsha Linehan (1993), as well as followers and contemporaries of this direction, Clark Susan M. (2016), J. Blum (2012), A. Nissau (2015), and others. Scientific emphasis is placed on classical techniques and methods used in dialectic-behavioral therapy Chelsey R. Wilks (2015), A. Miller (2022), Manning S.Y. (2011), Lane Pederson (2017), etc.).

The results
Because at its core, dialectical-behavioral therapy has the principles of dialectical philosophy, which contribute to the presentation of information to clients in a synthetic balance, and therefore change their problematic behavior patterns while learning to accept those aspects of themselves that cannot be changed.

As already mentioned, DBT was originally conceived as a therapy for people with borderline personality disorder, who are characterized by impulsivity, emotional lability, and self-injurious behavior. At the same time, modern research in the USA and Europe indicates that this method works effectively with bipolar disorder, PTSD, addictive behavior, and eating disorders.

Scientists investigating this issue at the experimental level note that dialectical behavioral therapy can be modified, in particular, they proposed radical open dialectical behavioral therapy (Pederson, 2017). This type of therapy is intended for people with a high level of control (hypercontrol), tendencies to inhibit behavior, desires, impulses. If it is not dealt with, it can lead to social isolation, avoidance of society and impaired communication, which is inherent in anorexia nervosa, depression, obsessive-compulsive disorder.

Recent studies by A. Huntjens et al. (2020) of autistic spectrum and suicidal individuals demonstrated a measure of improvement in patients following once-weekly individual DBT therapy and twice-weekly skills training over six months. Such medical therapy has shown
a decrease in the level of anxiety in patients, an increase in the level of sociability, a decrease in depressive symptoms, and an improvement in the quality of life. However, as the scientists note, this subject needs further research, especially when it comes to autistic disorder.

In his new work, H. Bruell (2022) describes the life and suicide of his 14-year-old daughter, who was not diagnosed with borderline disorder, but had symptoms.

Until recently, it was believed that borderline personality disorder can cause suicide in 10.0% of patients and is the reason for hospitalization of every fifth patient in adulthood. Current neurobiological research allows to state that borderline disorder actually develops in childhood and adolescence, and its diagnosis and treatment require modern treatment protocols, and most importantly, timely diagnosis.

The main goals of DBT are:
1) increase behavioral standards of behavior.
2) increase the motivation of the individual to change.
3) assistance in the formation of new patterns of behavior outside of therapy.
4) structuring of the therapeutic environment.
5) increase the capabilities and motivation of the therapist.

In dialectical behavioral therapy, these goals are achieved through a variety of work formats, including individual psychotherapy, group skills training, telephone counseling, and the DBT counseling group. Emotional dysfunction and behavioral control are known to be common symptoms of many mental health disorders.

DBT skills training aims to master skills that help reduce dysfunctional behavior and facilitate the adoption of new patterns of thinking, emotional and behavioral response. The four basic modules address the skill deficits that are inherent in people with borderline disorder:
- the center of basic skills of attention to the ways of strategic deployment of attention control;
- emotional regulation skills teach clients to identify and influence emotions caused by the environment;
- interpersonal efficiency skills help clients learn to respond effectively to conflict and interpersonal relationships.

 терапії ДПТ один раз на тиждень та тренінгу навичок двічі на тиждень впродовж шести місяців. Така лікувальна терапія показала зменшення рівня тривожності у пацієнтів, підвищення рівня комунікабельності, зменшення депресивних симптомів, покращення якості життя. Однак, як зазначають вчені, ця тема потребує подальшого дослідження, особливо коли мова йде про аутистичний розлад.

H. Bruell (2022) у своїй новій праці описує історію життя та самогубства його 14-річної доньки, в якій не було встановлено діагноз межового розладу, однак симптоми були.

До недавнього часу прийнято було вважати, що межовий розлад особистості може спричинити самогубство у 10.0% пацієнтів і є причиною госпіталізації кожного п'ятого пацієнта у дорослому віці. Теперішні нейробіологічні дослідження дозволяють стверджувати, що межовий розлад насправді розвивається в дитячому та підлітковому віці та його діагностика та лікування потребують сучасних протоколів лікування, і що основне, вчасної діагностики.

Провідними цілями ДПТ є:
1) збільшення поведінкових еталонів поведінки;
2) підвищення мотивації особистості до змін;
3) сприяння у формуванні нових патернів поведінки за межами терапії;
4) структуризація терапевтичного простору;
5) підвищення можливостей та мотивації терапевта.

У діалектико-поведінковій терапії ці завдання досягаються за допомогою різних форматів роботи, зокрема індивідуальної психотерапії, групового тренінгу навичок, телефонного консультування і консультативної групи ДПТ. Як відомо порушення емоційної регуляції та поведінковий дисконтроль є загальними симптомами для багатьох розладів психічного здоров’я.

Навчання навикам ДПТ має на меті ово- lodіння навиками, які сприяють зменшенню дисфункціональної поведінки та полегшення прийняття нових моделей мислення, емоційного та поведінкового відреагування. Чотири основні модуля стосуються дефіциту навичок, які притаманні особам з межовим розладом: центр основних навичок уважності щодо шляхів стратегічного розгортання контролю уваги; навички регулювання емоцій вчать клієнтів
- skills of tolerance to distress, which help identify a crisis situation and feel the power of emotions, inhibiting dysfunctional behavior.

Therapeutic strategies are used in DBT to achieve the set goals. This concept means a coordinated activity, techniques and procedures used by the therapist. This term in dialectical-behavioral therapy means the same as the terms "protocol", "procedure", "technique" in other psychotherapeutic areas. Thus, M. Lineham identified 4 main categories: 1) dialectical strategies; 2) basic strategies; 3) stylistic strategies; 4) individual management strategies.

In general, a set of strategies and techniques is presented in the fundamental work of Marcha Linehan "Cognitive-Behavioral treatment of borderline personality disorder" (1993). Let's consider the fundamental foundations of dialectical-behavioral therapy in more detail.

The main concepts on which DBT is based are acceptance, self-awareness and activity. Self-awareness techniques include 2 groups of techniques: 1) "How" skills (being in the moment, here and now; not judging; being effective); 2) "What" skills (observe; describe; participate).

The next separate block is distress tolerance techniques, which include exercises for focusing on one's senses (taste, smell, sight, hearing, touch), as well as isolation of physical sensations (temperature, deep breathing, intense physical exercises). In addition, various types of activities are used (meditation, relaxation, prayers, work with imagination, meanings, encouragement, rest, etc.). An important technique here is the identification of the advantages and disadvantages of the situation/problem.

Emotional regulation as one of the leading blocks is aimed at awareness of one's emotional experience, reduction of emotional vulnerability and emotional suffering. In order to achieve this goal, such practices and exercises as physical and spiritual direction exercises, balanced sleep, avoidance of mood swings, balanced nutrition, awareness of emotions experienced, radical acceptance of reality, self-validation, return of mood, etc. are used.

The block related to interpersonal interaction is aimed at describing, expressing, defending
and strengthening the individual's communication skills. At the same time, it is necessary to be self-aware, to feel confident, to be able to negotiate, including with yourself. Communication requires the use of validation, interest, simple manners, being sincere and honest.

We consider the technique of solving the problem, which we use in practical work with 70.0% of clients, to be extremely effective. The essence of this technique comes down to clearly defining the problem, collecting all the necessary information, analyzing the facts in detail and finding a solution/solution.

Let's analyze some strategies and techniques in more detail. Dialectical strategies are the basis of the DBT's dialectical essence. Basic strategies include validation and problem-solving strategies and, together with dialectical techniques, they are at the heart of the DBT method. Stylistic strategies define interpersonal and communicative styles which are compatible with DBT. Individual management strategies relate to the therapist's interaction with the social network in which the patient is involved, as well as his reactions thereof. New combinations of strategies may be needed for each new situation.

Dialectical strategies focus on the creative tension that arises between incompatible emotions, as well as opposite patterns of thinking, values and behavioral strategies both within the individual and in the system "individual-environment". At the heart of this is the postulate of accepting the surrounding reality as it is.

The dialectical focus of therapy contains two levels of therapeutic behavior. First, the specialist responds empathetically to dialectical tension and balance in therapeutic relationships. Second, the therapist teaches the client dialectical behavioral patterns and models them. In the context the client is explained that truth is not absolute or relative, but rather it develops and is constructed over time.

Primary dialectical strategy is the balanced use of therapeutic strategies and positions of the therapist in the therapeutic relationship. The emphasis on acceptance can promote change, and the emphasis on change can promote acceptance. It takes time and has no clear therapeutic time frame.
The therapist helps the patient to move from the "either-or" model to the "and, and" model. The specialist should not devalue the first idea, view or opinion of the client, but instead voice alternatives, other positions (for example: "Yes, but in addition to this opinion there is another..."). Not "Yes, but neither was wrong...").

This position should be taken in relation to actions and emotional reactions. There are two points to consider. First, the possibilities of personal and social change do not arise externally and do not go beyond this system, but are realized in the existing contradictions of each specific social context (Sipe, 1986). Second, extremes and rigid behavioral patterns signal that a dialectical balance has not been struck. Here it is important not to find yourself in the web of extremes and not to get entangled in the pursuit of "enlightenment" but instead – to outline "middle path way".

Mastering the skills of tolerance to stressful situations helps a person accept himself and what is happening in his life. To do this, use methods of distraction complacency, improve interpretation of the situation, reflect on the pros and cons of intolerance to stressful situations.

These techniques help a person prepare for the experience of intense emotions and allow you to deal with these emotions with a more positive and lasting effect. For example, the technique in which you need to control your body: start running up and down the stairs; go out into the fresh air; if a person is sitting, it is worth walking, moving. The point is to use a distraction technique, with emotions as if watching the body.

Another technique we use to improve and increase interpersonal effectiveness is the GIVE technique. This technique allows you to become more persistent and effective in interpersonal communication, to be able to express your needs and at the same time to say "no" while the personality radiates with positivity and constructively. Because here it is important to learn the ability to listen and communicate, you should communicate with different people while showing respect for yourself and others.

So, let's decipher the reception of GIVE: 1) gentle – to be polite to the interlocutor; not to attack, not to condemn, taking a position; 2) interested – to be interested, to show

У контексті цього, клієнту пояснюється, що істина не є абсолютною чи відносною, а радше вона розвивається та конструється з часом.

Первинна діалектична стратегія – збалансоване використання терапевтичних стратегій та позицій терапевта при взаємодії терапевта і клієнта. Акцент на прийнятті може сприяти змінам, а акцент на зміні може сприяти прийняттю. Це потребує часу і не має чітких терапевтично-часових рамок.

Терапевт допомагає перейти пацієнту від моделі "або-або" до моделі "і, і". Фахівець повинен не знецінити першу ідею, погляд, думку клієнта, а навпаки озвучити альтернативи, інші позиції (наприклад: "Так, однак окрім такої думки є ще....", а не "Так, але ні, це було неправильно....").

Таку позицію варто займати по відношенню до дій та емоційних реакцій. При цьому варто враховувати два моменти. По-перше, можливості особистісних та соціальних змін не виникають зовні і не виходять за межі цієї системи, але реалізуються в наявних суперечностях кожного конкретного соціального контексту (Sipe, 1986). По-друге, крайності та жорсткі поведінкові патерни сигнализують про те, що діалектичний баланс не був досягнений. Тут важливо не опинитися в тенетах крайностей або не заплутатися остаточно в прагненні досягнення "просвітлення", варто окреслити "середній шлях".

Оволодіння навичками толерантності до стресових ситуацій допомагає особистості підготувати себе до того, що відбувається в її житті. Для цього використовують методи відволікання уваги, самозаспокоєння, покращення тлумачення ситуації, розмірковувати про плюси та недоліки нетерпимості до стресових ситуацій.

Ці техніки допомагають людям підготуватися до переживання напруженних емоцій та дозволяють впоратися з цими емоціями з більш позитивним та довготривалим ефектом. Наприклад, техніка, в якій потрібно керувати своїм тілом: почати бігати вгору-вниз по сходах; виходити на свіже повітря; якщо людина сидить, то варто походити, порухатися. Сутність у тому, щоб застосувати прийом відволікання, при цьому емоції немобі стежити за тілом.

Ще однією технікою, яку ми використовуємо для покращення та підвищення

Andrushko Yaryna Stepanivna
interest with the help of active listening skills, without interrupting; 3) validate – in fact it is the recognition of the thoughts and feelings of another person, while checking with questions, feelings and opinions of the interlocutor; 4) easy manner – this skill requires a person to be able to easily relate to the communicative process, often to smile.

Dialectical behavioral therapy successfully works with the regulation of emotions, the ability to control strong feelings. To begin with, individuals are taught to identify and name the emotion they are experiencing, and then change the emotions. This skill is extremely important because when a person is able to recognize and cope with intense negative emotions (anger, aggression), emotional vulnerability is reduced and more positive emotional feelings are evoked. A good example of such regulation of emotional response is an exercise that focuses on opposite actions. So, determine how you feel now, for example if you feel depressed, uncomfortable in the company where you are, you should plan to meet the desired people (partners, loved ones, parents, etc.) and then implement it.

Consider another leading technique used to develop tolerance to STOP distress and has the following interpretation. S (Stop) – stop. In the event of any negative situation, you should stop, and not tense your muscles. This is important, because our emotions will try to push us to a unconscious certain bodily reaction. Therefore, you should control your body and watch what is happening on the physical level. T (take a step back) – you need to take a step back as if to get out of a negative situation. Pause, if possible, to leave the place that reminds you of the negative and take a deep breath. The goal is not to let emotions make you act impulsively. O (observe): pay attention to what you feel, what you experience inside and monitor what is happening outside. Analyze the situation in which you find yourself, where you are, what thoughts and feelings arise, and then analyze what the environment does and says. P (proceed mindfully) is to act consciously. In this case, before you do something or make a decision, you need to take into account the situation, your own experiences, thoughts, as well as the experiences and opinions of others.

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Understand and remember the goals you need to achieve. In this context, it is worth appealing to the wise mind, which contains a dialectical synthesis of emotional and rational consciousness, which will help make the most effective decision.

**Discussion**

In the research, S. McMain et al. (2001) analyze the biosocial theory of dialectical behavioral therapy. The essence of this theory is that borderline personality disorder is treated as one of the emotional disorders of regulation, the result of which is high emotional sensitivity and vulnerability with a corresponding deficit of skills in the regulation of emotions. Marsha Linehan (1993) views most dysfunctional behaviors in borderline clients as a way for a person to regulate intense affect or the result of emotional dysregulation. Modern experimental studies show that emotions cause biochemical reactions in the brain, corresponding physiological changes (e.g., changes in heart rate, muscle tone, body temperature) and activate personality behavior (e.g., attack with anger, flight with fear). Such a dynamic response concerns the physiological and / or psychological readiness to act appropriately to maintain, break, change the relationship of man with the environment, as noted by S. Freud (1920). Expressive behavior, as a leading component of the emotional sphere, includes body language (e.g., changes in posture, face, etc.), verbal transmission of emotions, as well as other forms of nonverbal communication. Such expression takes place, according to scientists, due to the desire of man to survive, to adapt to a changing society. According to DBT protocols, treatment in this area includes weekly individual therapy, weekly group skills training, telephone coaching on motivation and monitoring the current state of clients with borderline personality disorder. As M. Linehan (1993) notes, the combination of these components is a prerequisite for therapy.

According to Marsha Linehan (1993), in both biological psychiatry and cognitive psychology a certain modality of behavior provokes the disharmony of personality, and in dialectical behavioral therapy no modality of behavior dominates as a cause of human functioning. In general, dialectical-cogni-

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According to Marsha Linehan (1993), in both biological psychiatry and cognitive psychology a certain modality of behavior provokes the disharmony of personality, and in dialectical behavioral therapy no modality of behavior dominates as a cause of human functioning. In general, dialectical-cogni-
tive therapy does not consider behavioral dysfunction as a result of dysfunctional cognitive processes, in contrast to cognitive theories (A. Beck, 1990). However, this does not mean that cognitive activity does not affect physiological and motor detection, behavior, but rather the opposite. The example of this is the experimental study of A. Beck and his colleagues (Beck, Brown, & Steer, 1989; Beck, Steer, Kovacs, & Garrison, 1985) that use pessimistic expectations about the future can predict suicidal behavior. At the same time, the dialectical approach does not involve the search for simple causal models, which is manifested in behavioral patterns. As P. Manicas and P. Secord (1983) note, it is important to clarify the nature of this process in specific circumstances. According to this provision, behavioral actions will be the result of complex causal relationships of one or many levels.

It has been experimentally established that dialectical-behavioral therapy for borderline personality disorders has a high level of effectiveness. This has been investigated using meta-analytical calculations (Cohen, 1992; Kliem et al., 2010). In addition, a meta-analysis conducted by Binks et al. (2006) demonstrated that DBT in dealing with borderline clients reduces self-harm and suicidal behavior and optimizes thinking.


Conclusions

In summary, dialectical behavioral therapy has a variety of techniques and strategies that work effectively with multiple personality disorders. It is known that the founder of this method, Marsha Lineham (1993), developed DBT to correct the shortcomings of cognitive-behavioral therapy, which is ineffective for people with borderline disorders and suicidal people.

So, the fundamental postulate of dialectical-behavioral therapy is that the problem of regulating the affective sphere of a person with borderline disorder is dysfunctional, so this type of therapy is aimed at overcoming emotional regulation disorders. The main goal of dialectical-
behavioral therapy at the beginning of treatment is to analyze behavior that is out of control, poses a threat to life, to fix effective patterns of behavior, which helps to achieve a balance in behavioral and emotional reactions. However, secondary patterns of behavior actualize emotional vulnerability. Dialectical-behavioral therapy has special techniques and strategies that strengthen the regulation of emotions, in particular, it is the method of expositions, paying attention to experience, skills of attentive behavior, description and understanding of emotions.

We see the prospect of scientific research in clarifying the impact of DBT techniques on the behavior and experiences of post-suicide victims.

References


Висновки
Узагальнюємо, що у діалектико-поведінковій терапії є розмаїття технік та стратегій, що ефективно працюють з множинними розладами особистості. Відомо, що засновниця цього методу Марша Лінехам (1993) розробила ДПТ, щоб скорегувати недоліки когнітивно-поведінкової терапії, яка є неефективною для людей з межовими розладами та суїцидентами.

Отже, фундаментальним поступом діалектико-поведінкової терапії є те, що проблема регуляції афективної сфери особистості з межовим розладом є дисфункціональною, тому цей різновид терапії зорієнтований на порушення регуляції емоцій. Основна мета діалектико-поведінкової терапії на початку лікування полягає в аналізуванні поведінки, що виходить з-під контролю, ставити загрозу життю, фіксування ефективних патернів поведінки, що допомагає досягти балансу в поведінкових та емоційних реакціях. Однак вторинні моделі поведінки актуалізують емоційну вразливість. У діалектико-поведінковій терапії є спеціальні прийоми та стратегії, які посилюють регулювання емоцій, зокрема це метод експозицій, зверення в увагу до досвіду, навики уважної поведінки, опис та розуміння емоцій.

Перспективу наукових досліджень вбачаємо в з’ясуванні впливу ДПТ технік на особливості поведінки та переживань постсуїцидентів.

Список використаних джерел


