

Validation in DBT: Basics and Purpose

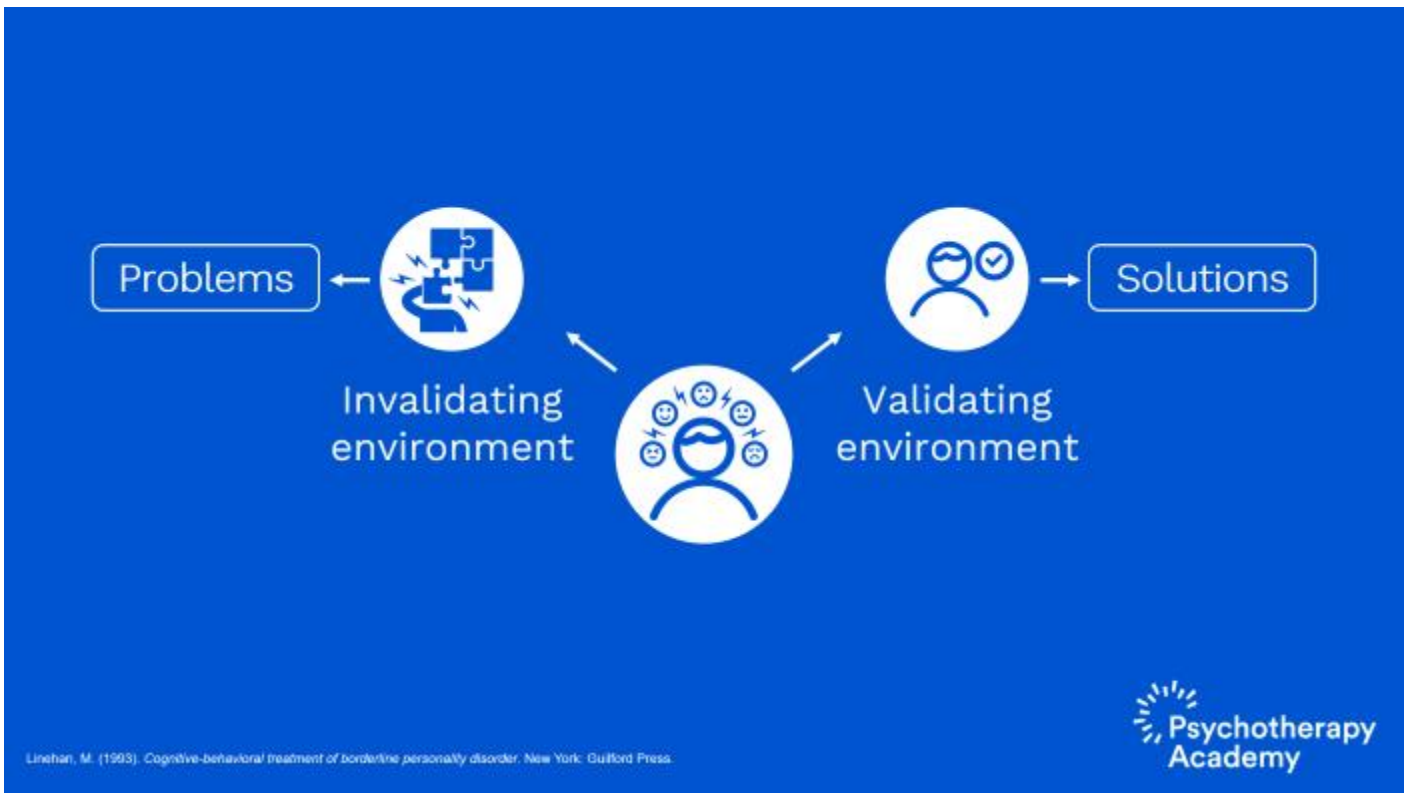
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- Validation is used to balance **change strategies**, teach the patient **how to validate themselves**, maintain the **relationship**, and reduce **emotional dysregulation**.
- Validation is **not** necessarily **agreement**, **approval**, or **condoning** behavior but is a stubborn refusal to treat anyone like they're bad, crazy, or completely wrong regardless of their behavior.
- What is validating for one person is not necessarily the same for another.

Stephanie Vaughn, PsyD

Basics of Validation

Stephanie Vaughn, PsyD



It stands to reason that if an invalidating environment creates problems for an emotionally dysregulated person then a validating environment would be part of the solution.

Communication that his/her responses **make sense** and are **understandable** within his/her current situation

↑
Linehan



Validation

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



Linehan defines validation as a communication to the person that their responses make sense and are understandable within her current life context or situation.



Refusal to treat a person like they're bad, crazy,
or wrong no matter how they're behaving



Validation

⚠ Challenging when the behavior is difficult to validate

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



I like to think of validation as a stubborn refusal to treat a person like they're bad, crazy or wrong no matter how they're behaving. Obviously, this can be challenging at times particularly when the behavior is difficult to validate.



What's the purpose of validation?



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So what is the purpose of validation in DBT? Why do we do it?





1. Balance change strategies

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We do it for a variety of reasons one being to balance all of the change strategies that DBT has. Each patient will require a certain amount of validation in order to balance that change and it will fluctuate from patient to patient. Some will need more than others.





2. Model how to self-validate

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



Another reason is to model for the patient how to self-validate. So when we are validating them, we're demonstrating to them how to validate. And ultimately, having the patient validate themselves is where we are headed.





3. To develop and maintain the relationship



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In addition, validation develops and maintains the relationship. It's much easier to build a relationship if someone is validating and you as the therapist are going to need to be able to do that from the very beginning.





4. To de-escalate and regulate emotions



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Finally, we use it to de-escalate and to help the patient to regulate their emotions. In addition, we're helping them to label these emotions as we're helping them to de-escalate and regulate them. We are constantly giving them the message you make sense. And even if you don't make sense, I know that it's only because I'm having difficulty figuring it out. And so can you help me get there?



Skill that can be learned



Validation



Therapist has to actively search for the validity

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



Validation is a skill which can be learned and practiced by anyone and in this case we are mainly talking about the therapist. In order to validate, it is important to actively search for the validity. So this isn't something that will just fall in your lap. This is something that especially working with patients who have a lot of therapy-interfering behaviors is going to be more difficult. So you have to actively search for the validity much like trying to find a nugget of gold in a cup of sand as Linehan puts it.



Communication
Words Actions



Validation

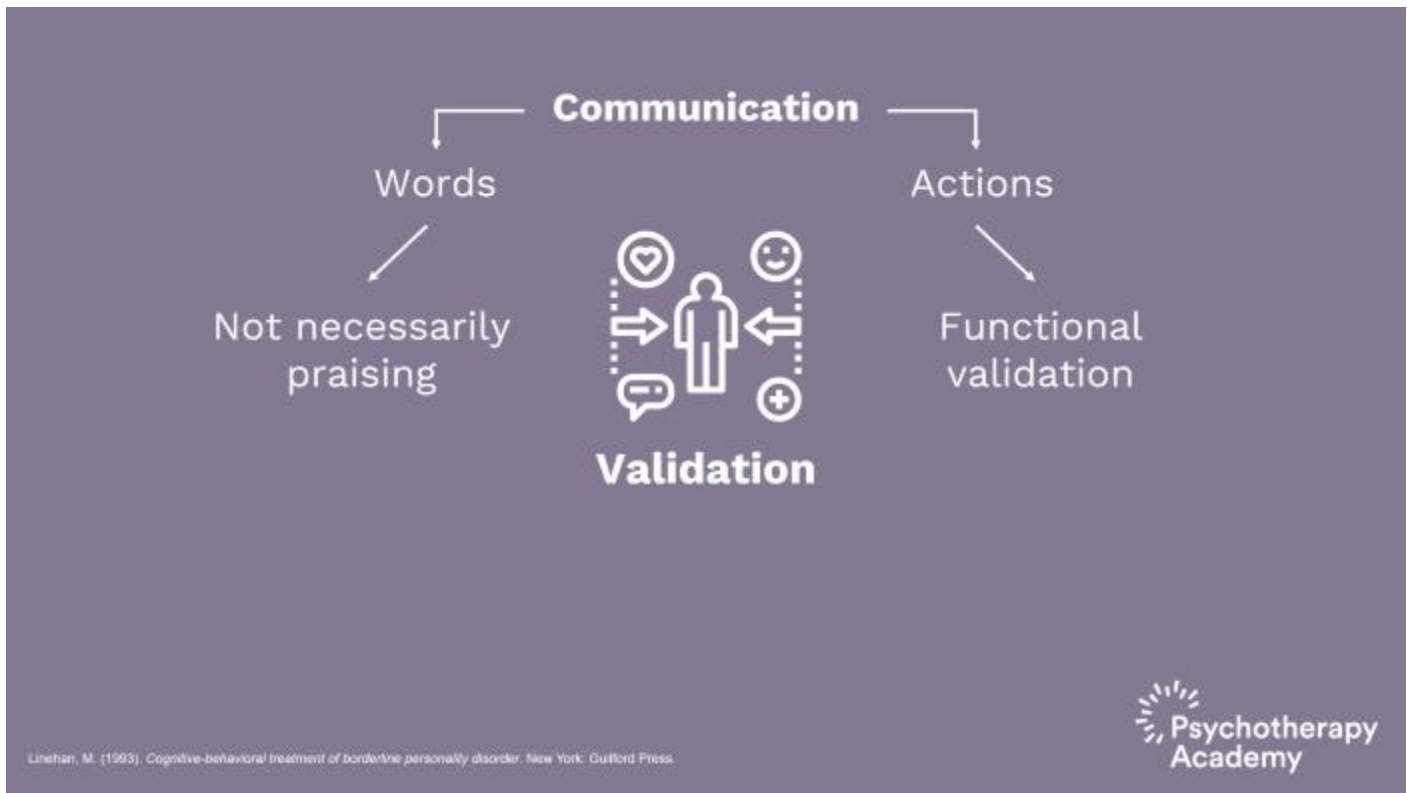
 **Non-verbal expressions** can be powerful



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Validation involves communicating with both words and actions. Non-verbal expressions like eye contact, nodding, smiling, eyebrow furrows and the like can be powerful tools to communicate validation. I once helped a couple by teaching the wife how to simply nod while her husband was trying to explain himself. Prior to that, as he would stumble through what seemed to be an awkward explanation, she would simply look at him. And watching from the outside, I could tell that that was part of the discomfort that he was feeling, was the lack of non-verbal validation. So I coached her on that and it made a ton of difference. So we also want to make sure that we're using not only our words but also our actions.





Beyond words, functional validation puts action behind them so not just non-verbals but actual actions. So for example, instead of validating how heavy that door is, you might step in to help a person actually open it. That would be an example of functional validation. When validating verbally, it's not necessary or even advised to praise or to try to make someone feel good. Validation is not about making someone feel good although feeling good or feeling more peaceful might be an outcome. Although cheerleading and pointing out the positives may be validating for some, that can be actually highly invalidating for others. You might think about a time when you've been grieving a loss. This could be a profound loss or just an irritating loss of something and someone attempted to show you the positives and this is showing you the positives without you coming around and deciding that on your own or asking them to help show you the positives. So that experience was likely not so validating.

How to validate successfully



Location perspective



Their view of where they are in their life



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In order to successfully validate, you must identify with what we call the client's location perspective. In other words, can you see it their way? Can you put yourself in their position, where they are? That's the location, you know, where they are in time, where they are in their lives, where they are in terms of their experiences and what they've gone through, how they're feeling. Do you get them? Location perspective is their view about where they are in their life, how they see things at this point in time. Much like you wouldn't want to take driving directions from someone who had the wrong idea about where you are actually located to begin with, similarly clients don't want to take advice and aren't willing to take advice from someone who doesn't seem to understand where they're coming from and doesn't get them.



Barriers to validation



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There are certain barriers to validation that come up for everyone. The first is just a general lack of skill. You may not know how. You may be a fine validator whenever you can organically see the validity, when you agree with the other person's perspective but when it gets beyond that, then you struggle. So that's where going to those six levels of validation that we're going to discuss later is going to be helpful to find that nugget of gold in the cup of sand. So a lack of skill or never having been taught.

Second, strong emotions. So when our emotions get intense, when things get heated, then of course, we have less access to information that would help us find what is actually validating about a situation. So we don't have as much access to our brain and strong emotions will definitely make it more difficult. So it's important to practice. And when you practice, it's important even to practice with someone else using something more emotionally salient. When I'm teaching graduate students, I will often have them role play with another student and have the other student criticize them. So it's definitely more difficult when you've got skin in the game so to speak.

Another barrier is a lack of willingness. Sometimes, due to multiple aversive interactions, the therapeutic relationship might be damaged to the point that validation is withheld as resentment grows. So you as a therapist might not be willing to. You might wish that you were willing to but just generally might not be willing to validate. It's important to use peer consultation team when and if this occurs to discuss it and use your own skills to get yourself back to a place where you can be willing to validate.

And finally, there is at times especially with new therapists practicing DBT a fear that the patient's behavior will worsen. So if I am validating that a person cut themselves, for example, I might be afraid that this validation means that I'm condoning it or that I'm reinforcing it in some way. And



it's important to recognize the difference between validation and reinforcement. And of course, we don't want to validate something that is reinforced, a problematic behavior that is reinforced by validation. But these are going to be less common than you would imagine and we want to make sure that we have some data to back that up.



Validation



- Reinforcement
- Approval
- Agreement

⚠ One can disagree **and** validate at the same time



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And it's important to recognize the difference between validation and reinforcement. And of course, we don't want to validate something that is reinforced, a problematic behavior that is reinforced by validation. But these are going to be less common than you would imagine and we want to make sure that we have some data to back that up. Validating something again doesn't necessarily mean agreeing, condoning and it doesn't have to reinforce the behavior. Validation is not approval. It's not agreement. In fact, it's okay to disagree and to validate at the same time. That's the dialectic.





Validation

=

Communicate that
you **respect** them and
their point of view

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It's the ability to see things from their eyes and interact in a way that communicates that you respect them and their point of view even if you do not agree with it. So it's really helping reflect to them how they make sense even if you do not agree.



Know your audience



Pay attention and keep the **whole person** in mind



What is or is not validating is ultimately determined by the **receiver**



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Because the same statement may be validating to a person one day but extremely invalidating the next and it may be validating to one person and then not to another, it's important to know your audience, being fully present, listening closely to what is said and what's implied, watching body language and remembering to keep the whole person in mind. Keep that whole person, everything that you know about them when you are verbalizing your validation so that you're not simply validating a statement. You're validating based on the context of what you know about the whole person. This will help inform your decisions about what to say or what not to say even. It would be remiss if I didn't point out that what is validating or invalidating is ultimately determined by the receiver not the sender. When I'm writing notes and I teach supervisees to write notes, I always describe my interventions based on validation as that I attempted to validate. I don't want to say, oh, I validated so and so because I may not be aware of how it was received. That may have been experienced as extraordinarily invalidating. So I want to say I attempted to validate instead of that I did. Keep in mind that you can only do your best when it comes to validation and I can certainly validate the difficulty of validating.



Key Points

- Validation is used to balance **change strategies**, teach the patient **how to validate themselves**, maintain the **relationship**, and reduce **emotional dysregulation**.
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Key Points

Validation is used in DBT to help balance change strategies, to teach the patient how to validate themselves, to maintain the relationship and to help reduce emotional dysregulation.

Validation is not necessarily agreement, approval or condoning behavior but is a stubborn refusal to treat anyone like they're bad, crazy or completely wrong regardless of their actual behavior.

What is validating for one person is not necessarily validating for another person.

