

This is a section from my upcoming book “Stop Your Family From Walking on Eggshells. It should be coming out in 2008.

Randi Kreger

Coauthor of Stop Walking on Eggshells and the

Author of the Stop Walking on Eggshells Workbook

Dialectical Behavior Therapy

Because Dialectical Behavior Therapy (DBT) is the fastest-growing treatment method for Borderline Personality Disorder, we’re going to examine it in some depth so you can evaluate whether or not it is appropriate for your situation, and, if it is, how to find it.

DBT is a subset of CBT. It is one of the few treatment methods with set treatment protocols that remain the same from one mental health organization to another. This is in contrast with the majority of therapists, who develop their own unique approach to treating borderline clients. Neither is necessarily better than the other; however, this makes DBT programs easier to evaluate.

DBT focuses on helping patients modify their ways of thinking and behaving. The word “dialectical” simply means that two opposite things can be true at the same time—in this case, that patients need to accept themselves, warts and all, yet recognize that by changing their destructive coping methods and learning other skills, they could have a better life.

More than a dozen states have incorporated DBT in their mental health systems. So have forensic hospitals, substance abuse centers and prisons in the U.S. and abroad. About 3,700 therapists have taken the DBT training course offered by founder Marsha Linehan, Ph.D. Linehan is a professor of psychology at the University of Washington in Seattle.

Many studies show that DBT reduces the rate of self-injury. And in a recent study, DBT reduced suicide attempts by half compared with other types of psychotherapy. DBT also has been shown to reduce emergency room and inpatient hospital visits, which is making it more attractive to insurers. But

unfortunately, as of yet the research doesn't show that patients become any happier--although it does seem to lift depression.

The Origins of DBT

DBT is a mixture of behaviorism, CBT, and Zen Buddhism. Linehan sums up the DBT philosophy as “You're perfect—now change.”

She says, “When I began developing DBT, I was going to save the most miserable people in the world... I'm a highly emotional person, which helps me understand DBT clients.”

Linehan consulted spiritual leaders, eventually borrowing the Zen concepts of “radical acceptance” and “mindfulness.” These ideas, which we'll talk about later, anchor the program in place.

“People who meet the criteria for BPD almost always hate themselves,” she says, “so I figured I needed to accept them myself, and then teach them how to accept themselves. If you don't accept yourself as you are, you can't change. It's a paradox, but true.”

Fundamental DBT Concepts

Patients are doing the best they can

Linehan believes that destructive behavior has its own logic. It's understandable, she says, given patients' current life situation. Destructive coping mechanisms they used to defend themselves in childhood might have served a useful purpose back then. But now, they prevent patients from having stable, close relationships.

Patients are motivated and willing to change

DBT patients have tried to conquer their pain and loneliness on their own. But it's been too much for them. They're tired of feeling like a failure, fearing abandonment, and taking impulsive actions that end relationships or

put them in the hospital. Thus, they have a strong and conscious commitment to change.

Radical acceptance is essential to recovery

Radical acceptance is a theory that relates to the word “dialectic.” It means that before you can move toward positive change, you must accept yourself without judgment or blaming. Radical acceptance is a lifetime project for all of us, not just those with BPD.

For example, let’s say that every time a young man loses a relationship, he curses himself for falling apart for months, sobbing, panicking at the thought of being alone, and needing to rush into another relationship. Everyone tells him to get over it already, be a “man” about it, and log on to Match.com. He suffers both the end of the relationship and the shame of his vulnerability.

Radical acceptance, Linehan says, will release him from the shame. “This is the way I was made,” he could tell himself calmly. “I wish it wasn’t the case.” Ironically, once we release our judgments about ourselves, we can truly move forward. The website LotusInTheMud.com explains it this way:

One of the deepest forms of suffering in our culture is the pain of feeling that "something is wrong with me." Radical acceptance is the capacity to see clearly what is happening in the moment, and to accept what we see with love.

Mindfulness is a Key to Managing Emotions

Pain of any kind is bad enough. Depending upon how deep the injury, anger, frustration, grief, and other emotions can overwhelm us. *Mindfulness* says that we should step back for a moment, observe what’s happening inside and all around us, and live and breathe *in that moment* --not the past or the future. “You’d be amazed how much suffering is due to thinking about the future or ruminating about the past,” Linehan says.

For example:

- At a reunion, you see your first love, your old girlfriend who broke up with you many years ago. You notice the familiar pangs in your stomach. You even recognize other emotions; the thankfulness and the sorrow that you'll never be that young and innocent again. You let it flow through you, then choose to let it pass rather than dwell on the breakup.
- Mindfulness also means living in the moment during the good times. It's taking a walk through the park and being totally in the moment, forgetting about everything else on your plate. It's taking time to notice the shape of the clouds and the blue of the sky as you walk from the parking lot to your destination.

Mindfulness is also a great coping tool for non-BPs.

How DBT Works

Patients have therapy twice a week. The first is a 2 to 2.5 hour skills training session led by a therapist skills trainer, and the second is a session with an individual therapist. Telephone crisis management is available if needed.

Skills Training

- Skills training is the heart of the program. There, all of the principles comes together as a skills trainer guides patients through four interrelated modules: distress tolerance, core mindfulness, emotional regulation, and interpersonal effectiveness.

Distress tolerance module

“I tell clients that Distress Tolerance is about getting through a crappy moment without doing something to make it worse,” says Michael Baugh, LCSW.

“DBT offers a large collection of ways to distract attention that are more positive than planning suicide attempts, taking street drugs, or jumping into abusive relationships,” he says.

One method is “opposite action,” such as doing something nice for someone you’re angry with. Another is observing and describing emotions such as sensing your body changes and examining your assumptions, beliefs, and appraisals about the situation.

Emotional Regulation module

The goal of the emotion regulation module is decreasing the intensity of patients’ anger, fear, shame, and sadness. Linehan says, “To try to stop being so emotional and fit in with less emotionally sensitive people, clients who meet criteria for BPD have often learned to ignore their emotions and really don’t know how they are feeling until they are completely taken over by an emotion.”

Interpersonal effectiveness module

The interpersonal effectiveness module is designed to decrease patients’ interpersonal chaos and decrease their fear of abandonment by teaching patients to have a more positive outlook about their environment, their relationships, and themselves.

The content of this module are very similar to that of an assertiveness class, with lessons in:

- Asking others to meet their needs is a more positive manner
- Asserting ones limits.
- Implementing strategies for keeping relationships going well.

Individual sessions

Once a week, patients meet with their private therapist. DBT program managers prefer that patients meet with therapists affiliated with the program. During the session, the therapist’s first priority is to discuss self-injury and suicidal behaviors during the week. The second is “therapy interfering behaviors” such as coming late to sessions and phoning at unreasonable hours.

The next subject is problems that lessen the patient's quality of life—factors like depression and substance abuse. Lastly, the individual therapist follows up to see how patients are progressing with skills training. This priority system is much more structured than the free-flowing sessions practiced by most therapists unaffiliated with a specific orientation.

Some patients take the therapy series twice because it covers so much ground.

How to find a DBT therapist

DBT therapists come in one in one of two types:

1. Those who have completed the official training approved by Linehan.
2. Those who have taken some training, or who use some of the patient educational materials and techniques. (Many use the exercises in the workbook). It is common for clinicians to use the workbook forms: they are supposed to be copied for clinicians' use.

DBT adherents caution that clinicians who fall into the second group may not produce the positive results shown in studies.

DBT has limitations

DBT offers great hope and a way to counter the oft-repeated maxim that “There is no treatment for BPD.” Many patients swear by the therapy, saying it has improved their lives tremendously. However, DBT is not a panacea or a miracle cure. As you evaluate treatment alternatives, keep these limitations in mind:

- DBT was designed for patients who are suicidal and/or practice self-harm: the acting-in instead of the acting-out BP.
- Per the guidelines, it is for patients who acknowledge their illness, want to learn about it, and will work hard in therapy. DBT is very demanding, both intellectually and emotionally.

- DBT programs can be very difficult to find locally; in some states it is not available at all. Establishing a DBT treatment program is a major undertaking that takes a great deal of time and resources. Luckily, many parents of borderline offspring have been successful in persuading a health organization near them to create a program.

Finding a DBT program

- First, try the Behavioral Technology Transfer website (www.behavioraltech.com). You can search the therapist database by state. If you're checking out a local program, see if it's listed here. If not, ask why not.
- Call the head of the nearest University Department of Psychiatry or Psychology in your community and ask for a referral to a DBT program.