Is DBT for me? Information for the undecided: Part I

For use in-session with your DBT therapist only

Reasons NOT TO commit to DBT treatment

There is lots of information out there about DBT. Some of it is neutral. Some of it is promoting a specific treatment method, because they believe it helps and also as part of their paid employment.

This is a no-holds barred look at the reality of what you are being asked to undertake. It is based on one person's experience, because personal stories matter. If you are looking for the truth behind the glossy promotional leaflets and the 'do-gooder' enthusiasm of the DBT converts, read on.

Things to know up front

DBT is a behaviour therapy, so a lot of time is spent going over coping skills that seem simple on the surface, and this can feel patronising.

"*I felt I was in the wrong, that I had been living my entire life wrong*"

DBT recognises that self-destructive behaviours are often linked to past traumas, but they are very strict about stabilising behaviour before working on trauma symptoms. DBT Treatment will stick to working on self-destructive behaviours no matter what, and this can make you feel like you are not being understood. They even say: 'you may not have caused all your own problems but you have to solve them anyway'. It is exceptionally hard work and there is no guarantee that things will get better, so this is not a commitment to jump into easily.

"I felt like I was being told that if I simply got up early and faked a smile then I would feel great. I couldn't get mindfulness. No matter what I did, I stayed behind the piece of glass. I tried, I truly did. I was challenged to give up my coping skills but I didn't want to. I was asked 'did I hear how ridiculous I sounded' when I gave an explanation of why I did what I did"

Many people start DBT with little hope it will work but go with it because they have exhausted all other options and life is unbearable as it is. Some even start

DBT only to prove to others that they are hopeless and it won't work. If this is you, you are not alone.

"*For those of us diagnosed with BPD, we are told DBT is our only hope. We are told it is a great therapy and will be the help we really need. Is it really*?"

The darkest moments of DBT

"I liked the people in my group but I struggled being in a group, I felt an overwhelming mixture of emotions. Some days I wanted to cry just being there. I don't know why. I struggled to travel there. I struggled to stay in the room. I couldn't focus. Some days the therapists didn't look real and I couldn't understand them"

If you are someone who tends to rebel against things, you may find the urge to self-destruct becomes stronger and you act on it more often when you do commit to DBT.

"As DBT progressed my mental health went down-hill, self-harming got worse. As a result my social worker was removed so I would focus on DBT and take everything to my DBT therapist. I felt like I was being punished and abandoned. She was a great practical and emotional support and it had a big negative impact. Instead of being honest I ended up lying and pretended things were improving as I was afraid of

being put out of DBT. I rebel when I feel judged or criticised so I rebelled. Not deliberately but it seemed to just happen."

DBT teams usually offer telephone contact between appointments, but they have a rule of no phone calls 24 hours after you self-harm or attempt suicide. It is important to be aware of this as it is really different from the response of most mental health services.

"I was given support I did not know how to use. I could call if I was struggling with a skill but to me a call is a sign of weakness. A sign of failure. So I couldn't call."

If you decide to withdraw after committing to treatment, the DBT team will work to encourage you to stay and may pester you to stick with it, as the commitment is for 12 months. If treatment is not progressing well, the DBT team may decide to put you on a 'vacation' which means you are put out of treatment temporarily. They will give you clear goals to achieve if you wish to return, but this is one time when you are encouraged to think again about continuing or opting out.

"I had shared something personal and felt my DBT therapist didn't listen. I felt judged. I kept trying but something then happened in my life that made things worse. I was honest and told my DBT therapist that I could no longer keep myself safe, I didn't want to be. Being asked to take a vacation for being suicidal was like being told: we will punish you until you comply. They walked away when I was at my lowest. DBT was meant to give me hope. It said quite clearly to me: we have no hope or faith in you either.

I know it wasn't meant that way. It was meant to encourage me to take responsibility. Taking an overdose was me taking responsibility for wanting to end my life. I had avoided hospital for three years, and here I was at the end of supposedly the best therapy ever and I was in hospital. I admit that I am rebellious, stubborn, childish, opinionated, frustrating; but I am a human with feelings. I felt the therapists hated me. A few weeks later we agreed I would complete the last five weeks, but the relationship was ruined and I was paranoid about everyone. The logic of a vacation doesn't work for me."

Looking back now, I'm still struggling, but I am still here because I chose to be. I am still angry about it all. No one was there for me. I still find myself in this position to this day. Now I am thinking that people can't help me because I can't let them. I need to cope alone. I need to find hope within myself."

Having an individual therapist can be difficult - you may be scared of not being able to 'let them in' or starting to need them too much.

"Constant support is scary – If I allow my DBT therapist to be there for me, what do I do without her? What if I need her too much?"

When it ends

The ending of a year-long DBT programme can be a really difficult transition. Most DBT services offer stage 1 treatment which aims to stabilise behaviours. There are several other stages, including treating trauma. For a lot of people this takes a lot longer than 12 months and may involve several separate episodes of treatment, and some people use other therapeutic approaches for later stages. Once you have done a year of DBT, a lot of professionals will think you should be 'cured', and you may find it harder to access services.

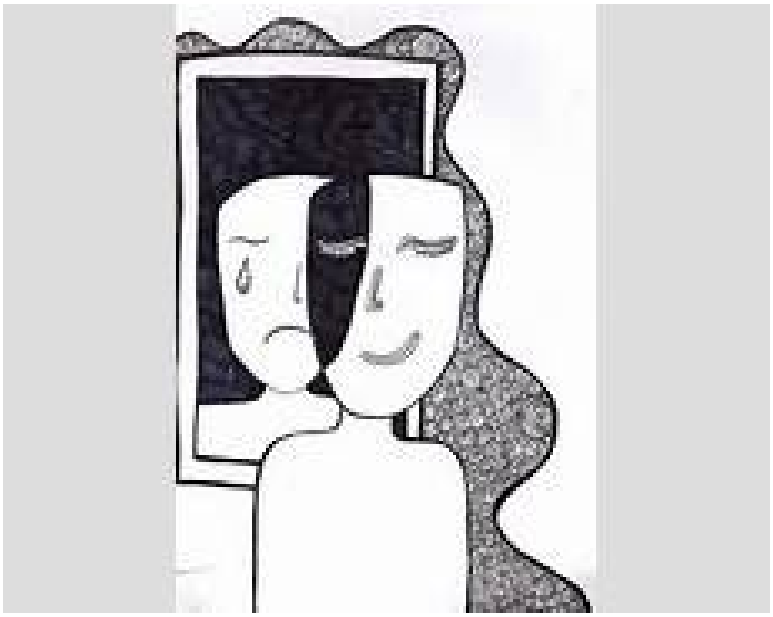
"A really bad panic attack prevented me from going to the last session. I left DBT in a constant state of anxiety, unable to drive alone, be at home alone, look after my kids alone. I had gone back 20 years. I was angry, hurt and felt like a failure. I feel bad

that my feedback has been so negative. I couldn't fault the therapists and I met great people. I have been able to reflect now and accept it is as it is, it just wasn't for me. I know this therapy works for a lot of people. Part of me feels I don't have the right to complain about DBT but I was so upset I feel I have to do something to hopefully prevent others feeling a failure like I did and to let them know it is OK if it doesn't work. It wasn't totally negative for me, and what I did take from it I have kept."

Survival mode is meant to be a phase that helps save your life. It is not supposed to be how you live

We do not provide after-care for those who drop out of treatment or are dissatisfied with the outcome. It is important that people can opt out on their own terms and we allow them to walk away. One safeguard we do have to prevent poor outcomes is to decline some people the offer of DBT when it is not the right time for them or we cannot reach a workable commitment. This booklet is designed to help with this process of committing to DBT or deciding not to proceed.

You will be given Part II of this information sheet to take home with you. It provides some brief information on DBT, and some background about why and how we put this information sheet together.



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