# Is DBT for me? Information for the undecided: Part II

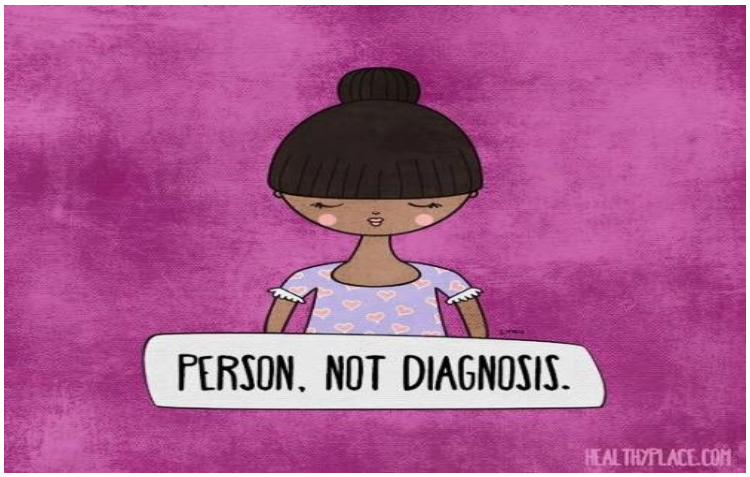
## What is Dialectical Behavior Therapy?

Dialectical Behaviour Therapy is a treatment developed specifically for people who suffer intense emotional distress and was developed to treat people who have attempted suicide multiple times.

It has been shown to be an effective treatment for people who self-harm, even when the self-harm is severe and long-standing. DBT is a life-enhancement programme, as we all need a life that feels worth living.

DBT has a lot in common with CBT, which is a well-established approach for many different mental health problems. DBT also draws on the traditions of Zen and mindfulness, and this brings a focus on accepting who you are, even while you want to change or are under pressure to change.

DBT is compassionate and scientifically valid. The evidence base is strongest for those who meet the criteria for a diagnosis of Borderline Personality Disorder (also known as Emotionally Unstable Personality Disorder).




## For more information:

You can access the official DBT website: www.behavioraltech.org (see resources section). You can also access an independent view of DBT and compare it to other treatment options on the Emergence website: (click on 'service users' and 'therapy guide'). If you would prefer a leaflet to online information, ask your

therapist for a leaflet developed by MIND: ‘Making sense of DBT’. You may not want to read anything further about DBT. The paragraph above is enough information for many people.

“I first heard about DBT when the PD Service became involved in my care. DBT was talked about, but I don’t have much memory of what was discussed. I’m sure I must have been told what it consisted of but I just don’t remember”

You may receive treatment that is informed by DBT and other evidence-based therapies. This can be in the form of care provided by a key worker or therapist, and research has shown that good outcomes can be achieved by treatment teams who do not follow a specific model such as DBT. A DBT programme lasts for one year and includes weekly skills groups and weekly individual therapy sessions.

## Reasons <u>not to</u> commit to DBT treatment

In session, you were provided with a personal story that outlines possible downsides of DBT treatment. These included:

- Feeling patronised by the constant and repeated focus on learning skills
- The requirements of the programme triggering off an impulse to rebel
- Supportive contact (phonecall to DBT therapist during office hours or to Lifeline out of office hours) is not provided for 24 hours after an incident of self-harm
- Being given support can be scary. Letting someone in can be hard.
- DBT therapists can be very challenging – making ‘irreverent’ responses to very sensitive issues
- There are no guarantees about the outcome – if you drop out early or are dissatisfied with the outcome, there is no follow up provided by the DBT team.

## How it will turn out for you.

If one has to jump a stream and knows how wide it is, he will not jump. If he does not know how wide it is, he will jump, and six times out of ten he will make it.

(Translated from a Persian proverb)

## Why we believe DBT can work for you

If you have been given this leaflet by our service, you have been assessed as needing DBT treatment. You may have very mixed feelings about this or be against it entirely. Or you may be highly motivated and want to dive in, but the DBT team has some concerns about your readiness for treatment.

DBT is a life-saving treatment and has transformed the lives of countless people, who now have lives that truly feel worth living. It takes great courage to encounter the pain that arises through treatment. In DBT we work together as a community of patients and a community of therapists, and this helps us through the difficult times.


Your emotional suffering is probably all too apparent at times, but you are likely to be very good at appearing to able to cope and make choices easily. People who suffer from BPD are often their own worst critics and question whether they really are the cause of their own problems and are undeserving of happiness.

When the same outcome occurs repeatedly, this does not mean that you were intending this. No matter how much you might doubt yourself at times. DBT will give you the skills to prove this to yourself, once and for all. In some ways, you have already started DBT as making this decision is a very important first step. The 'terms' of your commitment to treatment will have a big impact on how effective DBT will be for you.

Talk to your DBT therapist. Ask the questions you need to ask.

## How this leaflet was created

The idea for this leaflet was developed by a lady who completed our DBT programme and found that it did not work for her. Her central aims were to work out why it didn't work for her when she was told it would. She also hoped to warn others that you can embark on treatment that is very difficult and not achieve the gains that you desperately need. She reminded me of the magnitude of the responsibility DBT therapists have when they raise someone's hopes that personality disorder is not for life and it is possible to recover.

There is no way to do this without disrupting the balance of someone's fragile hold on surviving each day and each moment, through unbearable emotional suffering.

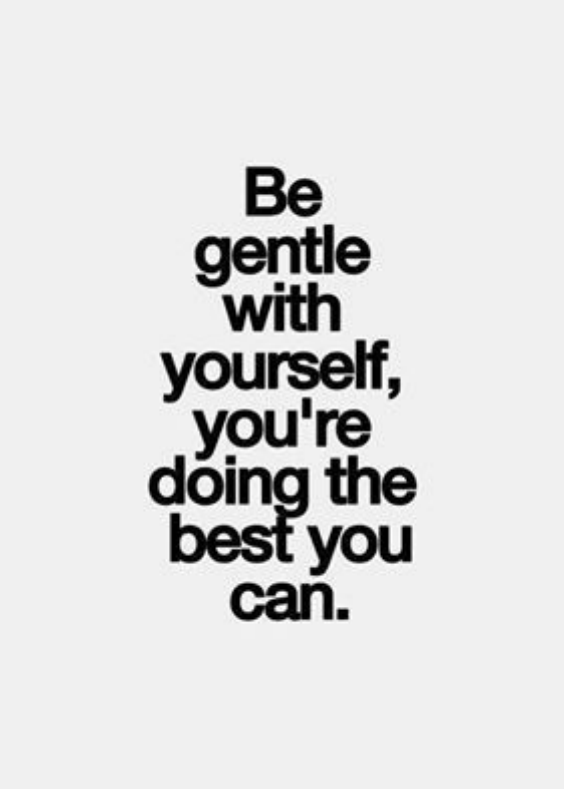
I was pleased to hear her tell me that one thing she got from DBT is the realization that she can be rebellious "...like a stubborn thirteen year old....I didn't see that before". She told me that she still can't step out of it but can see it. This realization is important in itself and I hope it will help over time. I can see hundreds of times when she has stepped out of being willful. I don't think she sees it yet.

A big question for this lady was: "What do I do now that DBT didn't work for me?"

One thing she did was sign up to a project called 'Ten Involved', with Queens University Belfast. This aimed to support and train mental health service users on how to influence mental health services, and make good use of their lived experience of mental illness. Although DBT had not worked out well for this lady, she had been surviving her problems for a long time before DBT.

More than simply surviving, she had raised a family and had successfully trained and volunteered as a mental health advocate in the past. I could see many great achievements in her past work towards personal recovery, but then 'life had kept happening', and unfortunately she does not have a 'happily ever after' recovery story just now.

At first I was very dubious about accepting the offer of an information leaflet on DBT, which would be co-authored by someone who had very negative feedback on her year long experience of our DBT programme. I firmly believe that DBT does work, and I also knew that this lady had an important story to tell. So we dived in. I hope you found some benefit from our leaflet.




Sharon Vaughan, Project Lead
Anne Darcy, Project Sponsor
Michelle Kavanagh, Ten Involved Project