Clinical Update

California Society for Clinical Social Work

Volume XLV Number 5 January, 2014

INSIDE Update

CSCSW Offices will be closed for the Holidays from Monday, December 16th through Tuesday, January 7th.

We wish you a happy and safe holiday season and look forward to working with you in 2014.

President's Column
By Leah Reider, President, LCSW

I feel fortunate to be serving as CSCSW president at a time when the organization is in such good shape under the very competent leadership of Luisa Mardones, our executive director, and her assistant, Cindy Esco. I will outline my goals for my term as president.

One of our main goals is to increase membership. Since Luisa became executive director two years ago, our membership has grown from 629 to over 1000! We hope to add new districts in Oakland, Orange County, and San Diego (north county). We are reaching out to younger members and now have 50 student members and 64 ASW members.

We also plan to increase our continuing education offerings. We have had three DSM-5 workshops, with a total of 161 attending, and hope to offer more of these trainings. We will be putting on other workshops in the spring and welcome your ideas for topics which would be relevant to your work. The districts have had excellent speakers, who have given very informative talks at district meetings.

We will continue our Mentorship Program, which matches new social workers with those who are experienced in the field. This has been a popular program and has provided an introduction to the profession to our ASW members.

One of our most important functions is the protection of our social work licenses. Luisa attends meetings of the Board of Behavioral Sciences and stays abreast of current legislation which will affect our members. The legislative committee, currently composed of board members, reviews the legislation and presents recommendations to the board on what actions the organization should take.

Each year we give several scholarships through the Jeanette Alexander Foundation to second year social work students who have done outstanding work and show promise to become excellent social workers.

(Continued on Page 11)

Published by and for the members of the
California Society for Clinical Social Work

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DISTRICT MEETINGS:

FRESNO DISTRICT:

Coordinators: Gabriele Case and Anne Petrovich
Coordinator Phone: 559-237-9631
Coordinator E-mail: gh.caselcsw@sbcglobal.net
Date: Saturday, January 25, 2014
Time: 9:30 a.m. to 12 p.m.
Presenter: Herman Barretto, LCSW
Topic: **Silence, Secrecy, and Sabotage in Couple Relationships and Post Traumatic Stress Disorder**
Credits: 1.5 (1 CE credit per hour of instruction)
Location: Fresno Pacific University
Steinert Campus Center, Pioneer/Johanson Conference Room 103

Participants will have the opportunity to reflect on the nature of the dynamics of Silence, Secrecy, and Sabotage and Post Traumatic Stress Disorder (PTSD). Participants will be exposed to a PTSD Schematic, reflective of the new criteria as described in the DSM 5, and review the psychobiology of PTSD. Through an exposition of three case examples, participants will be able to appreciate the various couple dynamics when one or both parties suffers from a diagnosis of PTSD and the possible interventions to address these dynamics in conjoint or group sessions.

Herman J. Barretto, LCSW, ACSW, obtained a MSW from California State University, Fresno in May 1992 . Herman's thesis was entitled: "The Impact of Pre-service, In-service, and Post-service Grief on the Vietnam Veteran and Post Traumatic Stress Disorder." Since completing his MSW internship at the Fresno Vet Center during graduate school, Herman has been employed at the Fresno Vet Center, where he has served as an individual, couple, and group readjustment counselor. Herman currently runs two couple therapy groups and has worked extensively with couples and Post Traumatic Stress Disorder.

This course meets the qualifications for 1.5 hours of continuing education credit for MFTs, LPCCs, and LCSWs as required by the California Board of Behavioral Sciences. Members earn credits at no cost. Credits for non-members are $10.00 per unit. All are welcome to attend at no charge (no CEU certificate). MSW students are especially encouraged to attend.

MID PENINSULA DISTRICT:

Coordinator: Virginia Fredrick, LCSW, Joan Berman, LCSW
Coordinator Phone: 650-324-8988
Coordinator Email: ginnyfred@aol.com
Date: Friday, January 17, 2014
Time: 12:20 - 2:00PM
Presenter: Paul Tang MD
Topic: **linkAges: An Innovative, Multigenerational Program That Activates and Engages Community to Support Aging in Place**
Location: Stanford Department of Psychiatry, 401 Quarry Road, Room #1206
RSVP: Via website preferred Click here to be taken to website registration

DISTRICT MEETINGS (Cont'd):

MID-PENINSULA (Cont'd)

Dr. Paul Tang, Vice President, Chief Innovation and Technology Officer and Director of the Druker Center for Innovation at the Palo Alto Medical Foundation, will tell us about a new, innovative program called linkAges. It is a multi-generational program that activates and engages community to support aging in place. This program makes it possible for seniors to use their talents to help others, which in turn helps them to retain their self esteem, health, and sense of well being. Dr. Tang will outline the linkAges system and the community engagement model that brings diverse individuals together to create a redefined vision to support the shifting demographics of our communities. This program can potentially be helpful to our senior clients and to younger clients who can play an important part in helping seniors to age in place. Dr. Tang is a very dynamic speaker who will welcome our ideas and questions.

Dr. Tang directs the David Druker Center for Health Systems Innovation, whose mission is to catalyze, invent, and deploy innovations to advance the health and wellbeing of communities. He has led innovative health information technology programs in healthcare organizations, industry, and national policy-making committees for over 30 years. He is vice chair of the U.S. Department of Health and Human Services' Health Information Technology Policy Committee and chair of its Meaningful Use workgroup. Dr. Tang received his B.S. and M.S. in electrical engineering at Stanford University and his M.D. from the University of California

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NAPA SONOMA SOLANO DISTRICT:

Coordinator:	Kathy Frishberg, LCSW
Coordinator Phone:	707-321-3147
Coordinator Email:	kfrishl@hotmail.com
Date:	January 17, 2014
Time:	12:00-1:3Opm
Topic:	**Clinical and Biopsychosocial Needs of Sexual Assault Victims and the Role of Collaboration Between Treatment and Service Providers**
Presenters:	Kathleen Frishberg, LCSW, Allie Brinkerhoff, BA
Credits:	1.5 CE Credit
Location:	Kaiser Department of Psychiatry 3554 Round Barn Blvd, Santa Rosa.
RSVP	Kathy Frishberg (contact info above)

Victims of crime, including victims of sexual assault are in need of a network of support services and interventions, of which psychotherapy treatment is one. As a clinician providing treatment to this population, it is critical to have not only the psychotherapy treatment skills, but also the understanding of the wider biopsychosocial needs and available resources for these individuals. This program will offer the opportunity to gain an awareness of both the clinical needs, as well as the awareness and importance of collaboration with those community resources that provide concrete services that will benefit the client and facilitate the treatment process.

Kathy Frishberg received her BA in psychology from Case Western Reserve University and her MSW from the University of Tennessee. Practicing psychotherapy for over 30 years, Kathy has provided treatment to clients in both urban and rural settings and for families, groups and individuals across the life span. In recent years she served as Clinical Supervisor for Senior Programs at a local agency. She continues in private practice where the majority of her clients are older adult women with histories of disrupted attachment and/or trauma in childhood or adult life. She is trained in Psychodynamic, Cognitive Behavioral and EMDR Therapies.

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Allie Brinkerhoff, received her BA in Women's Studies from Sonoma State University and has been a sexual assault victim advocate at Verity since 2010. Her program is housed at the Family Justice Center of Sonoma County. She is actively involved in the coordination of resources for victims of crime, including sexual assault victims. She is also a California State Certified sexual assault crisis line counselor.

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SACRAMENTO DISTRICT:

Coordinator: Nathan Stuckey, ASW
Coordinator Email: Nstuckey13@gmail.com
Date: Saturday, January 18, 2014
Time: 9:30 am till 12:00 pm
Presenter: Paula Smith, PhD
Topic: **Understanding Adult ADHD**
Credits: 2.0
Location: Friends Meeting House

Talk will cover symptoms of ADHD and assessment tools, brief history, etiology, prevalence, resources, and treatment, including use of medication and compensatory techniques.

Paula Smith is currently a clinical psychologist at Kaiser South Sacramento and works half time in Adult Psychiatry, and half time in Behavioral Medicine. She Initiated and implemented pscyhodiagnostic assessment at South Sacramento. Her special interests are in adult ADHD evaluations, DBT classes for Axis H Cluster B patients, and Eating Disorder NOS (Obesity) patients.

SAN DIEGO DISTRICT

Coordinator: Ros Goldstein
Coordinator Phone: 619-692-4038, #3
Coordinator Email: goldsiegel@gmail.com
Date: Thursday, January 9, 2014
Time: 5:30 – 7:30
Presenter: Allen Ruyle, LCSW
Topic: **Healing the Hidden Hurts**
Credits: 1.5
Location: Jewish Family Services, 8804 Balboa Street (Kearney Mesa between hwy. 163 & 15). Park on West side of building.

This presentation will focus on "Sexual Abuse of Men: Prevalence, Effects & Treatment." The speaker will address the specific issues that men struggle with as a result of their abuse history, dispel many commonly held myths about male survivors of sexual abuse and highlight treatment practices that foster hope, safety, support and healing.

Members earn 1.5 CE credits at no cost. Credits for non-members are $10.00 per unit. Non-members are welcome and may attend at no charge (no CEU certificate). MSW students are encouraged to attend. Our meetings begin with a half hour for people to mingle, network, and build community. Bring your flyers and business cards.

Future meetings;:
February 6, 5:30 pm, Catherine Dickerson, LCSW, on **Play Therapy**
March 6, , 5:30 pm, Paula Ketulla, PhD, **Sensory Motor Assessment**

(Continued on Next Page)

GREATER LOS ANGELES DISTRICT:

Coordinator: Lynette Sim
Coordinator Phone: 310-394-7484
Coordinator Email: simlcsw@verizon.net
Date: Saturday, February 1, 2014
Time: 10:30 am to 1:00 pm
Presenter: Patrick Bezdek, MD
Topic: **Sleep: Elusive for Some and Escape for Many – Best Practices for Treating Sleep Disorders**
Location: 3267 Corinth Ave, Los Angeles 90066, 2 ½ blocks south of National Blvd, 1 block west of Sawtelle Blvd, within a mile of the junction of the 10 and 405
RSVP: Judy Messinger, 310-478-0560 or messingerlcsw@yahoo.com

Dr. Bezdek, a psychiatrist and psychopharmacologist, will present an overview of research into the function and importance of sleep, the assessment and diagnosis of sleep disorders and the current best practices for treating sleep problems. After a brief summary of recent advances in sleep research he will discuss clinical examples of the different DSM 5 sleep disorder diagnoses. He will also present clinical cases illustrating the assessment and treatment of common sleep problems that present co-morbidity with major mental disorders. Besides discussing sleep hygiene techniques and cognitive behavioral therapy for sleep problems, he will review the benefits and risks of current pharmacological treatment. Finally he will discuss new medications that are in development to help with sleep problems.

Dr. Bezdek is a board certified General and Child and Adolescent Psychiatrist, in clinical practice for 34 years. He practices in West Los Angeles and as most clinicians deals in his clinical practice every day with sleep problems.

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Future meeting:
April 5 – Lisa Blum, PhD: **Emotionally Focused Therapy**
June 7 – Ave Stanton, LCSW: **Mindfulness**
Sept 6 – James Long, MD: **Psychotherapy and Religion**
Nov 15 – Andrew Susskind, LCSW: **Coaching Recovering Addicts**

SAN FERNANDO VALLEY DISTRICT:

Coordinator: William Noack, LCSW
Coordinator Phone: (818) 990-7391
Coordinator Email: bnocaklcsw@aol.com
Date: Sunday, February 9, 2014
Time: 9:30 am to 12:00 pm
Presenter: Marsha Spike, LCSW, Nickie Godfrey, MFT, Charles Lerman, PhD, Yolanda Noack, LCSW
Topic: **Parenting Adult Children: Identifying and Treating Issues Between Parents and Adult Children**
Location: Sherman Oaks Galleria Community Room (parking will be validated)

The members of this panel---experienced therapists practicing in the San Fernando Valley---have collaborated for many years on developing strategies for parents aged 50 or older to understand and improve their relationships with their adult children.

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Just as therapists have focused on the issue of separation as a developmental task for young adults, this presentation will focus on the parents's own task of separating and transitioning as their children grow older.

Here are examples of material to be covered in the presentation: *Accepting* their children's major decisions---career, marriage, etc.; *Differentiating* between financial support and enabling; and *Understanding* their children's need to define their own lives. The talk will explore the dilemma of imagining that parenting would end when the kids are chronologically adult, versus the reality that nowadays parents often end up with a more complicated situation that requires analysis and careful thinking.

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The AAPCSW (American Association for Psychoanalysis in Clinical Social Work)
AAPCSW.org
Northern California Chapter:
CE's sponsored by California Society for Clinical Social Work

Co-Chairs: Velia Frost, LCSW & Rita Karuna Cahn, LCSW

Program: **Lesbian Parenting: Facts and Fantasies**
Presenter: Janet Linder, PhD, LCSW
Date: Saturday, January 11, 2014
Time: 10 a.m. to 12:30 p.m.
We are pleased to offer an exciting presentation and rich conversation with Dr. Janet Linder.

Dr. Linder says, "Intentional lesbian parenting is a relatively recent socio-cultural phenomenon. Here in the San Francisco Bay Area we have one of the largest lesbian parenting communities in the country, and in fact, in the world." She will present research findings from her Sanville Institute doctoral dissertation, "Lesbian Non-biological Mothers/Parents During the Transition to Parenthood," and she will share fantasies of lesbian mothers and parents from her interviews and clinical work. Her presentation will address relationship satisfaction, division of labor, gender dynamics, sex, and point to contrasts with opposite sex parenting couples. The transition to parenthood and the role of the non-biological mother/parent will be emphasized. As always, we welcome your observations and countertransference experiences from your own clinical work.

Janet Linder, PhD, LCSW is in private practice in San Francisco and Berkeley for nearly three decades. She is on the faculties of the Women's Therapy Center and The Psychotherapy Institute, Berkeley. She leads a weekly supervision group for new therapists, and specializes in working with trauma, addiction, gender, parenting, and couples. She received her PhD from the Sanville Institute.

**********Please note new Location**********
120 Commonwealth Ave., (Between Euclid & Geary) S.F., CA. 94118
Home office of Gabie Berliner, PhD, LCSW
(call for directions) 415-751-3766
Seating is limited: please RSVP by E-mail to: ritakaruna@mac.com

Dialectical Behavioral Therapy: Walking the Tightrope when Treating Clients with Borderline Personality Disorder

By Wendy Douglas, LCSW, MSPH

Many therapists avoid working with those diagnosed with borderline personality disorder (BPD) due to high rates of self-harm and suicide, which can be daunting and emotional for clients and therapist alike. Therapists also fear sudden and unexpected volatility, not only in the life of the client, but also in the therapeutic relationship. However, more and more therapists have had some exposure to Dialectical Behavioral Therapy, or DBT, one of the few evidence-based therapies proven to be successful in treating the symptoms of BPD. DBT not only provides the structure and skill-set to be able to work with clients with BPD, but also helps prevent therapist burn-out by using a team-based approach. Below is a brief overview of DBT, a modality that can also be helpful in treating those with depression, PTSD, anxiety, eating disorders and substance abuse. Though practicing DBT requires significant training, the basic skills used can be generalized and used in therapy in a variety of contexts.

DBT is a Commitment

For a client to fully participate in a program – and to legitimately be called DBT – they must attend weekly individual therapy, a weekly skills group, complete homework assignments, and have access to phone coaching with the therapist. (Some therapists have limited hours for phone calls, others are available around the clock, depending on personal limits.) The therapist must be part of a DBT team, a critical piece in preventing therapists from getting burnt-out and overwhelmed. Since these components add up to being quite a big commitment for client and therapist, before starting, a certain amount of time is spent with the client in "pre-treatment." This usually occurs over the course of 2-4 sessions during which both client and therapist discuss therapeutic goals and determine if they can work together. The therapist makes no qualms about the difficulty of treatment and lets the client know that he or she will have to work very hard. The therapist may even discourage the client to commit to therapy unless the client is highly motivated (door-in-face technique) while balancing this with encouraging statements to entice the client to commit (foot-in-door). If the client still wants to continue with treatment by the end of pre-treatment, both client and therapist will sign a contract, usually one year in duration. (The contract may be renewed again after completion.) This agreement becomes a focal point of leverage when the client wavers, engages in behavior that interferes with treatment, or wants to quit therapy.

The Development of DBT

In the 1980s Marsha Linehan discovered that Cognitive Behavioral Therapy (CBT) alone wasn't working with borderline clients because the treatment was too invalidating. It takes a certain amount of ego-strength to admit things need to change. While most clients can handle this idea, to a borderline client, recognizing they may be failing in certain areas of life feels terrible. Linehan dealt with this by adding validation strategies. One of the first opportunities for validation may be to introduce the idea that clients may not have created all of the problems in their life, yet they have to deal with them anyway. The therapist might say, "This situation may not be your fault, but it is up to you to decide what to do about it?"

Linehan compares working with borderline clients to working with a third degree burn victim. Their "emotional skin" is so incredibly thin that their lives are unbearable.

Linehan also added mindfulness strategies to treatment after training for many years with a Zen master. She knew that borderline clients often get so caught up in intense emotions that it takes them out of the moment, sometimes even skewing reality. Mindfulness became a cornerstone of treatment, teaching clients to stay present, since usually, in any given moment, nothing bad is actually happening.

She also added a team-based approach, a necessity in keeping therapists from dropping out as well. Linehan compares working with borderline clients to working with a third degree burn victim.

(Continued on Page 12)

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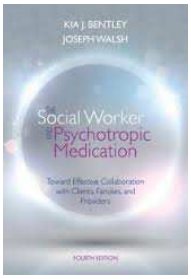


The Social Worker and Psychotropic Medication: Toward Effective Collaboration with Clients, Families, and Providers (Fourth Edition).
By Bentley, K. J. and Joseph Walsh (2013).
Paperback: 352 pages
Publisher: Cengage Learning; 3rd edition (February 14, 2013)
Reviewed by: Michael J. Rogers, LCSW

A confluence of events led me to Dr. Bentley's work on the clinical social worker's evolving role with our client's psychotropic medication. First my graduate students asked me good questions, second I heard Dr. Bentley interviewed in a series of three The Social Work Podcasts, and the third was a lively discussion at Miles Montgomery, JD, LCSW's Law and Ethics CEU class about the clinical social worker's scope of practice and how the Affordable Care Act would change what clinical social workers do and how we do it.

Dr. Bentley proposes that we challenge our assumptions about our scope of practice and bring them up to date with the current realities of the emergence of the recovery model, the aggressive advertising of psychotropic medications on television, and managed care companies' implementation of parity laws to maximize profit by minimizing mental health care and having primary care physicians prescribe generic medications. She suggests that clinicians should be aware of our feelings and assumptions about our clients' medications, similar to our awareness of our countertransference. She advocates that we be knowledgeable enough about psychotropic drugs that we can help our clients make hard decisions about their use, support their safe adherence to collaboratively developed plans, and give them the opportunity to 'make meaning' about how their meds fit in their lives. I realized how important exploring the meaning of medication can be when a client, who had developed disabling obsessive compulsive disorder, procrastinated for months about discussing medication for her symptoms with her doctor. She had the very frightening misconception that obsessive compulsive disorder meant that she was "crazy and would be locked up in a psych ward for years." It seemed that the idea of taking medication threatened her magical thinking that her symptoms would disappear on their own. After a thorough discussion of her fears and misconceptions, she was able to obtain and take appropriate medication that has, along with psychotherapy, helped her gain symptom relief.

Dr. Bentley uses a unique form of qualitative interviews that goes beyond traditional interviews and asks participants to make art on the topic of the meaning meds have in their life. From this she developed seven typologies of how clients make meaning of their medication from "as a symbol of differentness and dependency" to "as a pervasive positive force." These can serve as a guide in helping clients examine the various meanings the medications have, including those that are just outside of consciousness.

This book delineates best practices for making a referral to a prescriber, intervention concerns for special populations and a solid, understandable grounding in psychopharmacology that every agency and private practice should have in their library. This book is expensive ($135 in paperback and $125 on Kindle), but is a rich resource of up to date information that clinical social workers who are imbued by the recovery model should have access to.

We do our clients a disservice if we simply "refer and forget." Our role is much broader and richer; our expertise as clinical social workers and our unique therapeutic relationship allows us to be in the position to 'make meaning' and promote autonomy.

When Dr. Bentley creates the fifth edition, I hope she collaborates with psychodynamic psychotherapists to even more fully understand the meaning that psychopharmacological medications can have on a person's life and I hope she can find a way to make this book more affordable.

(Continued on Page 11)

INSIDE THE INSTITUTE
A Message from Whitney van Nouhuys, PhD
Academic Dean

I hope that as a member of the Clinical Society you think of The Sanville Institute as YOUR institute. I've recently been reviewing some of our archival documents, and am reminded that the Institute was the inspiration of Bob Dean, the first Executive Director of the Society, who was very concerned that the direction of social work education was moving away from clinical work. This was in the mid 1970s and he called on Jean Sanville to help establish an advanced educational program devoted to clinical social work. Although at this point our program is open to all master's level clinicians who are licensed or license-eligible, the degree that we offer is a PhD in clinical social work – very few schools offer a PhD in clinical social work, and no others in California.

In March, together with CSCSW, we will present Jean Sanville Days in San Francisco and Los Angeles, focusing on Jean's work. Tentative dates are March 8th in Los Angeles and March 15 in San Francisco and continuing education credits will be offered. Jean was a prominent teacher and writer, in the US and abroad, as well as a practicing psychoanalyst. At the 2014 Jean Sanville Days, presenters will discuss different aspects of Jean's writing and teaching, which may include, for example, her writings on gender and culture, creativity, play, psychoanalysis and clinical social work, and on the aging therapist.

I would also like to remind you about, and invite you to, our winter convocation in Sherman Oaks on Saturday January 25 -- *Harry Stack Sullivan: Living, Working, and Theorizing as a Closeted Gay Professional in Historical Context: 1926-1949.* There is a published transcript of a case seminar Sullivan led in 1946 including the case presentation by a psychiatric resident and comments by all of the seminar attendees. Those same commentators met and discussed the seminar again in 1971. Our program will include a dramatic reading of this material from 1946 and 1971, and discussion from our perspective in 2014.

The Sanville Institute Holiday Party will be on January 19, also in Sherman Oaks, to celebrate the New Year, and you are all invited. This is always a fun event with good food and wine, lively socializing, and a raffle that never fails to delight. Information is on our website www.sanville.edu

The Sanville Institute is a private, non-profit, unaccredited school that is approved by the State of California's Bureau for Private Postsecondary Education (www.bppe.ca.gov). "Approved" means compliance with state standards as set forth in the California Private Postsecondary Education Act of 2009 [California Education Code, Title 3, Division 10, Part 59, Chapter 8, §94897(l)].

CORRECTION

Due to production errors in the December issue, the conclusion of *Medical Masquerades: When "Psychological" Disorders Are Physical* by Stacy Taylor, was out of order. For a copy of the entire article, please email us at cesco@clinicalsocialworksociety.org.

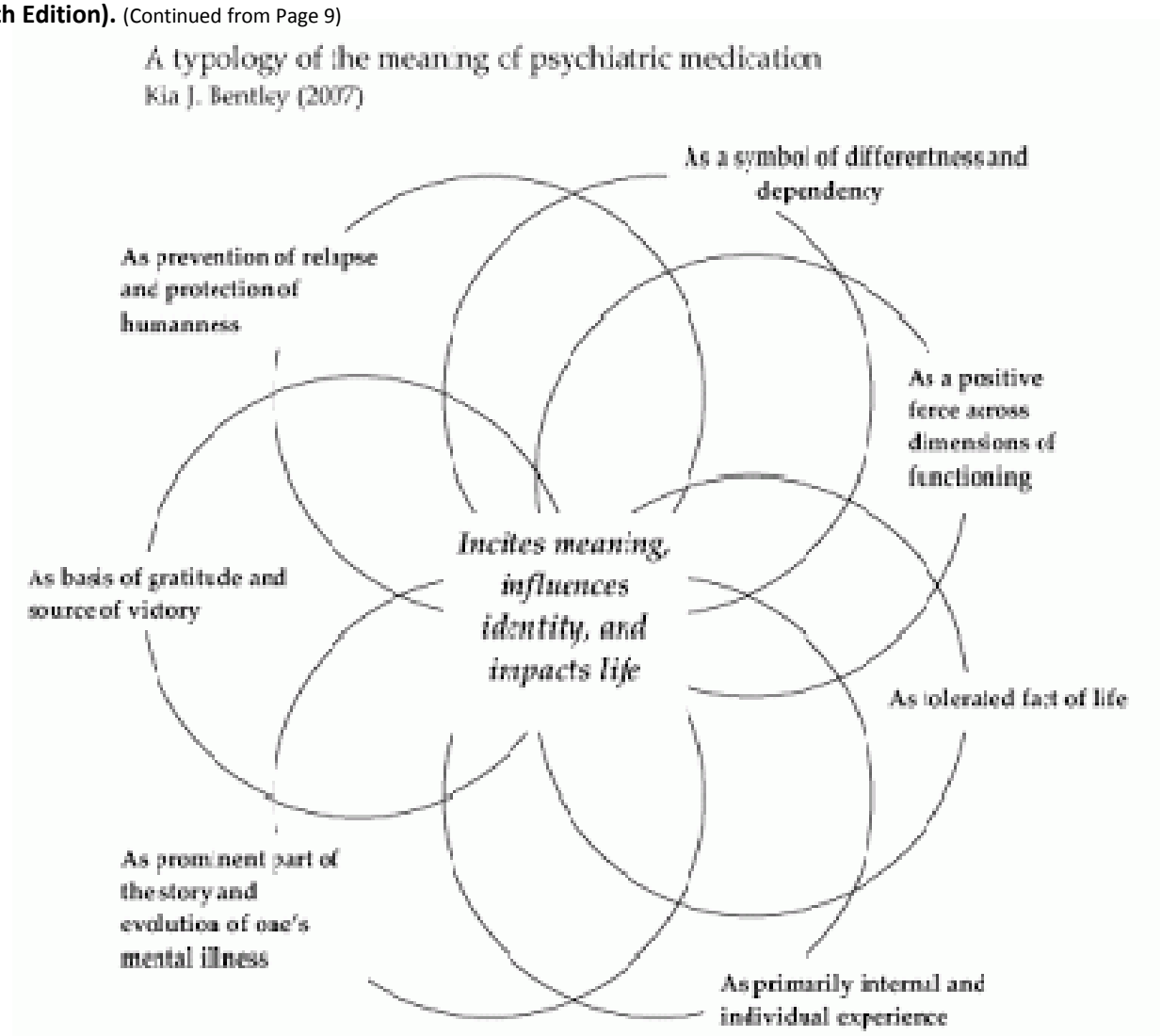
President's Column
(Continued from Page 1)

If you know any qualified second year students, please encourage them to apply for a scholarship before January 15. If you would like to make a contribution to the Jeanette Alexander Fund, please contact our Sacramento office at (916)560-9238.

We want to meet the needs of our members. Please be in touch with us to let us know how we can be helpful to you. You may call our office or email Luisa (lmardones@clinicalsocialworksociety.org) or me (lreider@clinicalsocialworksociety.org).

Leah Reider received her BA in psychology from Wellesley College and her MSW from UC Berkeley. She worked for Jewish Family and Children's Services in Belmont and Palo Alto for 15 years and has been in private practice for 28 years. She works with children, adolescents, and adults. Leah has two daughters. One lives in New Zealand and the other is a second year student at Smith College School for Social Work. Prior to becoming President, Leah served six years on the board of CSCSW.

The Social Worker and Psychotropic Medication: Toward Effective Collaboration with Clients, Families, and Providers (Fourth Edition). (Continued from Page 9)



Mick Rogers LCSW BCD is a psychotherapist and training coordinator at CSUS' Counseling & Psychological Services. He is also a PhD student at Smith College School for Social Work's Clinical Social Work program. Mick's more than 30 years of experience as a clinical social worker includes Sutter Counseling Center's Child Guidance Clinic, St. Louis County's Child Guidance Clinic and Dorothea Dix State Mental Hospital's Adolescent Treatment Program. Mick is the Past-President of the California Society for Clinical Social Work.

Dialectical Behavioral Therapy: Walking the Tightrope when Treating Clients with Borderline Personality Disorder
(Continued from Page 7)

Their "emotional skin" is so incredibly thin that their lives are unbearable. This is why DBT treatment is like walking a tightrope, or a delicate dance of managing opposing forces. The need for validation is carefully balanced with strategies to create change. In other words, it's a dialectic.

What does 'Dialectical' mean?

Dialectic is a philosophical term to describe two opposing truths that exist at the same time. We see them in life all the time. One example is a love-hate relationship. We don't always like the things friends and family do, in fact we can be really angry with them at times, yet we hold loving feelings for them anyway. Borderline clients often have trouble holding dialectical points of view. This can lead to an all-or-nothing approach, and big problems in interpersonal relationships. DBT seeks to explore dialectics, searching for a synthesis to black and white thinking. This corrects the tendency for thoughts and emotions to swing too far in any one direction; and practically speaking, helps prevent bridge burning in relationships. It brings the client back to a more mindful, centered and effective approach to any given problem. Over time, the client learns to control intense emotions that prevents emotional reactivity.

One dialectical concept that shows up in the DBT is a skill called Wise Mind. DBT teaches clients that there are two types of thinking: Rational Mind and Emotional Mind. In the Rational Mind, or left-brain thinking, one is very logical. Humans need to use logic to solve problems, make lists and build bridges. The Emotional Mind, however, is very different. Emotional Mind, or right-brain thinking, allows us to feel, to fall in love, write poetry and form friendships. Many people vacillate between these, struggling to find any sort of integration of the two. The concept of Wise Mind teaches clients to integrate both ideas at once, accessing one's intuition. Borderline clients often have great instincts and are highly attuned to people and their environments. Getting the client to tune into both rational and emotional points of view is critical. The therapist usually does this by walking the client through a meditation, allowing the client to take deep breaths and focus on a conflict or dilemma. The therapist may ask the client to notice what they observe about the problem using their logical mind and then notice what emotions they feel. The therapist then asks the client to tune into both at the same time, accessing the client's deep knowing about this issue. This is how the client learns to find his or her Wise Mind. For example a client might feel enraged over not receiving a paycheck on time, feeling compelled to confront or yell at the employer, or not show up to work at all. Helping the client to tune into both rational and emotional points of view, so the response reflects a Wise Mind approach, is critical. Through this process, the client may realize that straining the relationship with the employer may well be detrimental. Instead, the client may want to first use other skills to find out why the paycheck is late. And if the employer has indeed been neglectful, the client may want to ask for what he or she needs in a skillful way, one that simultaneously meets the objectives while maintaining the relationship.

In another dialectical skill, clients are encouraged to challenge myths. For example, if a client subscribes to the idea that "showing emotion is a form of weakness," the client would be asked to find an alternative perspective. The clients might discover that showing emotion can be helpful in letting others know we need help. Often times, when using this skill, a client will say, "Yes, but I don't *believe* any of the challenges to the myth." DBT says you don't have to believe the challenge to the myth, you just have to be *willing* to find an alternative perspective.

Willingness

The concept of willingness is perhaps the most helpful part of DBT treatment. Often, the client's participation in therapy, particularly when there is a lot of resistance, hinges around a discussion of willingness vs. willfulness. In DBT the therapist often refers back to the original treatment contract. The client was initially *willing* to come to therapy and *willing* to make the necessary changes to improve their lives. They must be reminded of this. For example, when a client is asked to practice or role-play a skill in session, they might say, "I just don't feel like it today." The therapist would remind the client that in order for therapy to work, they have to be a *willing* participant – something they agreed to early on. This highlights another dialectic. How does the therapist advocate for the client to move past their willfulness while respecting the client's personal limits in the moment?

Reducing Fragilization

DBT subscribes to the belief that clients with BPD should not be treated as fragile, preventing the feeling of "walking on eggshells." After all, clients need to deal with life on life's terms, which isn't always fair. Often therapists will find themselves going out of their way not to upset the client. One of the roles of the DBT team is to point out when this might be happening, give the therapist feedback, and support the therapist to treat the client like anyone else. This might require a certain amount of bravery on the part of the therapist.

As an example, a therapist might be nervous about changing the session time to attend a doctor's appointment, fearing the client might get upset. However, the team might encourage the therapist to proceed anyway as doctor's appointments are part of life and something the client needs to deal with. If an upset does occur, this might be an opportunity for the client to practice new skills.

It's easy to see how a borderline client might be called 'manipulative,' shaping the behavior of those around them. This term is discouraged in DBT. The assumption is that borderline clients are not being manipulative, but using what skills they have to make a situation work to their advantage. However, their ability to foresee consequences in relationships may by limited. DBT therapists take a non-judgmental approach with clients, leaving out the concept of bad and good, and instead looking at consequences to behavior. Clients are encouraged to do the same.

Clients also need to learn to tolerate distress. Another aspect of the tightrope walk of DBT treatment is the idea that sometimes a client needs to accept the pain of the moment and learn to tolerate it. The client and therapist explore when it is time to distract from feeling pain and when it is necessary to accept the pain and cope with it. DBT introduces the client to the concept of Radical Acceptance - the idea that freedom from suffering begins with accepting 'what is' from deep within. Marsha Linehan uses an example: If a mother has a child that dies, horrible as it is, she will need to 'radically accept' that this is what happened. Pretending that it didn't happen, or saying that it shouldn't have happened will not help or change the situation. Radical Acceptance helps clients to begin to reorganize their lives around their new reality.

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Individual Therapy vs. Skills Group - What's the difference?

Clients in DBT must attend both individual therapy AND skills group each week. The skills group is more like a class than a process group, where clients focus solely on learning the skills. The group covers four modules: Core Mindfulness, Interpersonal Effectiveness, Distress Tolerance, and Emotion Regulation. It takes approximately 6 months to complete the skills and then the course is repeated.

In individual therapy, the therapist and client review the practical application of skills in every day life. There is a hierarchy of treatment, whereby self-harming behavior (such as cutting or drinking) is always addressed first. If no self-harming behavior has occurred, then behavior that interferes with therapy is addressed, then lastly, behavior that interferes with quality of life. Family history and trauma is not discussed in the first year of treatment (Stage 1) since clients have yet to acquire the skills to deal with the emotions that go along with discussing these events.

While the structure and techniques of DBT may seem unconventional compared to other therapies, the framework gives the therapist leverage to work with highly reactive clients. The team approach ensures the therapist is well supported and limits burn-out and feelings of being overwhelmed. DBT is a comprehensive approach and requires a commitment from both client and therapist; however, once the commitment is made, DBT can be extremely exciting and rewarding work.

Wendy Douglas is an LCSW and has a private practice in Beverly Hills. She also runs an open DBT skills group in Sherman Oaks, CA. Previously, she worked for L.A. County's Department of Mental Health for 8 years, where she was DBT team leader at Edelman, one of the County's outpatient clinics. She received her training from UCLA and also has a Master's in Public Health from Tulane University. For more information about DBT, feel free to email Wendy at wendymdouglas@msn.com or visit her website at www.wendydouglaslcsw.com.

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