

### **Dialectical Behavior Therapy for Suicidal Adolescents.**

Alec L. Miller, Jill H. Rathus, & Marsha Linehan. (2007). New York: Guilford Press ([www.guilford.com](http://www.guilford.com)), 346 pp., \$40.00 (hardcover).

As the third leading cause of death among teenagers in the United States, risk for adolescent suicide requires serious and ongoing clinical attention among child and adolescent mental health practitioners. Although Dialectical Behavior Therapy (DBT) has been shown to demonstrate efficacy in reducing suicide attempts and nonsuicidal self-injurious behavior in adult samples, to date there have been no randomized controlled trials of DBT with adolescents alone. As a strong step in that direction, Drs. Miller, Rathus, and Linehan present a remarkably well-written, comprehensive, theoretically-grounded, integrated treatment manual of *Dialectical Behavior Therapy for Suicidal Adolescents* to fill this gap.

This manual is excellent for researchers and clinicians alike – as the most comprehensive and empirically-informed approach to treating suicidal adolescents developed by experts with this population. Although Linehan’s original DBT treatment manual and workbook were conceptualized to treat adults with borderline personality disorder, adolescents served by the present book need not meet criteria for borderline personality disorder – may have borderline features, may engage in suicidal behaviors, nonsuicidal self-injury, or just experience difficulties in emotion regulation. The approach detailed is comprehensive, addressing these behaviors as well as associated comorbidities.

The book consists of twelve chapters beginning with an assessment of who is at risk for suicidal behavior and review of the treatment research, followed by a detailed description of the structure, treatment targets, assessment strategies, and components of adolescent DBT. Unlike other treatment manuals that may cut out the rationale or empirical-grounding of specific techniques, this manual provides both the “how” of implementing the treatment, as well as the “why” such strategies are employed. The theoretical underpinnings are described as a combination of “...behavioral science, dialectical philosophy, and Zen practice (p.40).” The first (behavioral science) and third (Zen practice) of these theoretical positions are relatively straightforward – referring to the Third Wave cognitive behavioral scientific basis of DBT and the incorporation of Eastern Zen practices, e.g., mindfulness practice, seeking balance (i.e., taking the middle path) as important skills for adolescents and parents. However, the “dialectical philosophy” of DBT refers to a more complex framework incorporated and highlighted throughout the treatment – in both Marsha Linehan’s original conceptualization of DBT and in DBT modified for adolescents. Miller and colleagues address dialectics throughout the book, providing clarity to a complex idea. Specific examples of typical adolescent dialectical dilemmas are presented with ideas on how they might be addressed. All those participating in the DBT treatment -- adolescents, parents, clinicians, and the larger treatment team -- are asked to work towards synthesis of extremes in perspective, flexibility with competing goals, and a willingness to acknowledge there is no absolute truth or one way of approaching problems. Uniquely among treatment manuals, the last chapter addresses a number of programmatic issues in implementation of adolescent DBT across different treatment settings (e.g., hospital, community mental health, private practice), including training issues and suggestions for running multi-family skills groups in different contexts.

Much more than a downward extension of adult DBT, the authors have painstakingly reviewed and included the developmental psychopathology and child treatment outcome literature to date to inform appropriate developmental modifications, as well as considered their own years of clinical experience working with this population. Developmental modifications to the original DBT treatment skills modules (i.e., Interpersonal Effectiveness skills, Distress Tolerance skills, Emotion Regulation skills, Core Mindfulness skills) are provided throughout with adapted handouts for clinicians to use with teenagers and their families. Further, a fifth module based in the balance of Zen practice and cognitive behavioral principles, “Walking the Middle Path” is provided to address unbalanced thinking and behavioral choices of adolescents and their families. Appendix B of the book provides detailed discussion and lecture points for clinicians leading multifamily skills groups on this new module – highlighting dialectical dilemmas faced by families of adolescents (e.g., being too loose versus too strict in parenting). Further, Appendix C provides client handouts for this new treatment module.

Notable throughout this manual is the compassionate stance taken by the authors in describing the symptoms and behaviors of the multi-problem adolescents and families served by DBT treatment. From predicting ways that the adolescents and families may not “stick to” their treatment goals to describing the biosocial theory that is theorized to underlie some of their problems, Dr. Miller and colleagues maintain a balanced and nonjudgmental stance. Such a stance is supported and maintained for active DBT therapists through mandatory weekly treatment team meetings with other DBT therapists and staff who can provide clinical consultation and support to one another in working with highly at-risk adolescents.

As DBT for suicidal adolescents is a complex and unique treatment requiring intensive training from DBT certified clinicians, the interested practitioner will not be able to implement DBT from reading the book alone. The authors do direct readers on how to get further training and supervision to be able to set up DBT programs in their mental health facilities. That said, this book definitely has the potential to benefit general adolescent mental health practitioners, even those not treating actively suicidal adolescents. Many of the treatment strategies, safety measures, and case examples are applicable and useful for less severe populations. I highly recommend this treatment manual for all those working with adolescents.

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