

## **Doing Dialectical Behavior Therapy: A Practical Guide**

Kelly Koerner

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For clinicians seeking to understand how to incorporate dialectical behavior therapy into their practice, *Doing Dialectical Behavior Therapy: A Practical Guide*, offers a wealth of information in a clear and concise package. Originally taught by Dr. Marsha Linehan, Dr. Kelly Koerner, an expert DBT trainer, has written a book that illuminates DBT from the inside out, allowing the reader to enter the mind of the therapist to arrive at a deep understanding of the principles and practice of DBT. It is a book with a serious aim of teaching the reader how to think like a DBT therapist, and it delivers on this promise.

The book is brief, at just over 200 pages, and is divided into seven well-organized chapters. It is a useful dialectal counterpoint to Dr. Linehan's rich and exhaustive text (Linehan, 1993a), and is described by the author as a "user's guide" and helpful companion to the original treatment manual. The reader is invited to utilize DBT as it best fits their clients and their practice, all the while learning when it is appropriate to incorporate aspects of DBT into patient care and when full DBT is necessary. The book does not go into much depth on DBT skills, and readers should be directed to Dr. Linehan's skills training manual for education on specific DBT skills (Linehan, 1993b). The focus of the book is the role of the individual therapist with DBT and Dr. Koerner reminds the reader that DBT is useful for a wide range of problems, not just borderline personality disorder.

Chapter one articulates the core problem of pervasive emotion dysregulation, how it develops and why DBT is useful. Readers receive a refresher course in the biosocial model, developed by Dr. Linehan, where the combination of vulnerable biology and an invalidating social environment leads to dysregulation. The way out of this suffering is through the core treatment strategies of DBT: change, validation, and dialectical strategies. Dr. Koerner acknowledges the reality of working with clients with a myriad of problems, and the helplessness clinicians may feel in not knowing where to start. The answer to the chaos of multiple high-risk problems is to add structure, and the end of chapter one summarizes the hierarchy of treatment targets that impart structure and promotes effective action amid uncertainty and crisis.

Chapter two discusses the tasks associated with case formulation and treatment planning. Case conceptualization is emphasized as an ongoing, active process, with therapists incorporating new data as the understanding of operating variables grows with each therapy session. Excellent instructions on how to conduct a behavior chain analysis, task analysis, and solution analysis are provided. Chain analysis, a sophisticated and detailed method of functional analysis, allows the therapist to uncover the key variables that drive a problem behavior, with an emphasis on examining emotional dysregulation and invalidation as antecedents. Dr. Koerner reminds the reader that the primary target behavior may be the result of an aversive emotional state or may function to escape the overwhelming state. It is through multiple chain analyses that commonalities begin to stand out, setting the stage for a task and solution analysis that addresses common links and replaces ineffective behaviors with effective behaviors.

The core components of DBT: change, validation, and dialectical strategies, are discussed in chapters three, four, and five, respectively. Change strategies include use of the diary card, enhancing motivation, and completing chain analyses. Helpful case vignettes highlight the likelihood that change is impeded by skills deficits, problematic emotional responding,

problematic contingencies, or problematic cognitive processes. Supporting these change procedures is the running hypothesis that dysfunctional behavior is a solution (albeit a short-term and ineffective one) to solve the real problem (e.g., emotional pain). Change must focus on a different way to solve the same underlying problem. For example, rather than conceptualizing the global goal of therapy as ‘no cutting,’ clients are told that the point of DBT is to respond differently to distress itself, all in the service of building a life worth living.

Readers will appreciate the chapter on validation, as Dr. Koerner carefully illustrates the usefulness of validation to down-regulate emotions and reinforce adaptive alternate responses. Learning to validate primary emotional responses (validating the valid) while simultaneously invalidating problematic emotional expression (invalidate the invalid) allows therapist to go ‘where angels fear to tread.’ Labeling self-invalidation as a common escape behavior and blocking this response while still validating the underlying experience is perhaps one of the most powerful techniques related in the book.

Dialectical techniques, such as irreverent communication, entering the paradox, using metaphors, insisting on dialectical abstinence, and playing devil’s advocate are presented in chapter 5. What may be the highlight of this chapter is the useful elucidation of the dialectical stance on emotion. To help a person respond effectively to emotion, should therapists ascribe to the belief that all emotions are to be tolerated, experienced fully, and that anything less is avoidance? Or is health achieved by learning to downgrade and change one’s private experience? Dr. Koerner makes it clear that both are useful and valid, and that the dialectical stance on emotion encompasses both exposure and modulation.

Arguably, the best part of the book is the detailed excerpts of therapy sessions. Numerous case vignettes between client and therapist are presented, demonstrating DBT techniques in action. The reader observes the therapist assessing for looming crises, micro-orienting, validating at various levels, amplifying motivation, and using validation to block avoidance and facilitate exposure. The art of being a DBT therapist is conveyed in such a fine-grained way, with attention paid to the therapist’s voice tone, volume and intensity, body posture, and pauses in speech, that the reader cannot help but feel they are inside a master therapy class. Readers will absolutely finish the book a more skillful DBT therapist.

Understanding how the three core strategies of change, validation, and dialectics function simultaneously for the purpose of treatment progress is elegantly related in chapter 6. The reader is essentially taken through a complete individual DBT session from start to finish. This will be helpful to practitioners who want to incorporate a diary card, chain analysis and solution analysis into a therapy session in a seamless and targeted manner. The last chapter of the book educates the reader about DBT consultation teams, how the DBT team treats therapists and how therapists apply DBT to themselves. While a helpful summary of the purpose and importance of a consultation team, the chapter is a quiet dénouement to the exciting and thought-provoking chapters that come before it. This being said, *Doing Dialectical Behavior Therapy: A Practical Guide* is highly recommended, and will undoubtedly be viewed as a valuable book for those interested in sharpening their DBT skills and their clinical skills in general.

## References

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