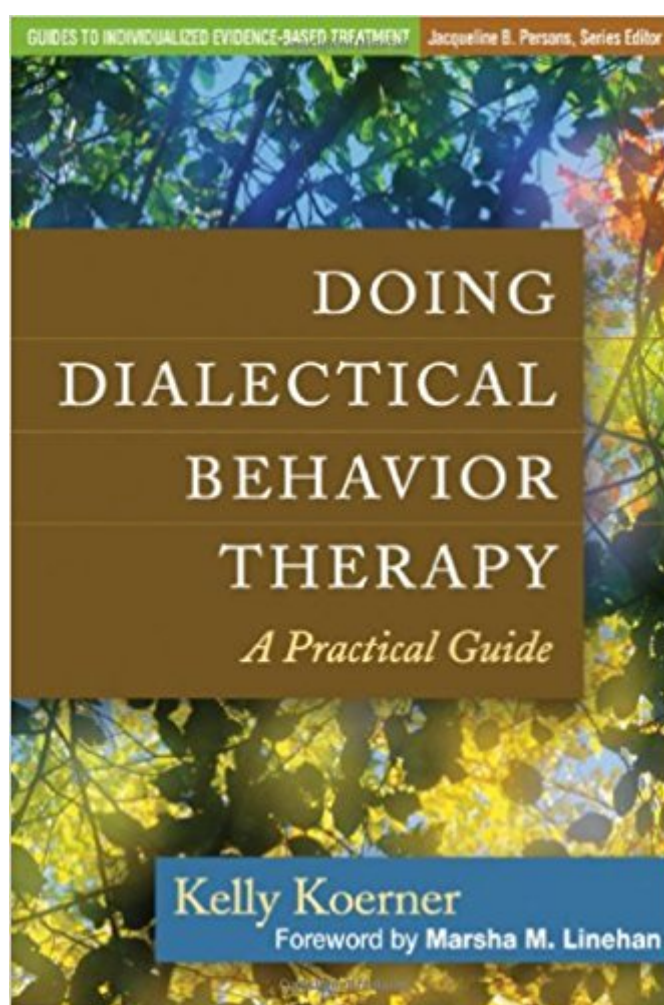


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# Doing Dialectical Behavior Therapy: A Practical Guide (Guides To Individualized Evidence-Based Treatment)



## Synopsis

Filled with vivid clinical vignettes and step-by-step descriptions, this book demonstrates the nuts and bolts of dialectical behavior therapy (DBT). DBT is expressly designed for--and shown to be effective with--clients with serious, multiple problems and a history of treatment failure. The book provides an accessible introduction to DBT while enabling therapists of any orientation to integrate elements of this evidence-based approach into their work with emotionally dysregulated clients. Experienced DBT clinician and trainer Kelly Koerner clearly explains how to formulate individual cases; prioritize treatment goals; and implement a skillfully orchestrated blend of behavioral change strategies, validation strategies, and dialectical strategies. See also *Dialectical Behavior Therapy in Clinical Practice: Applications across Disorders and Settings*, edited by Linda A. Dimeff and Kelly Koerner, which presents exemplary DBT programs for specific clinical problems and populations.

## Book Information

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## Customer Reviews

"This superb book finds the true dialectic between sophisticated writing and a 'how-to' approach. It is a 'must' for the shelves of every DBT therapist and those interested in the approach. Koerner is to be commended for this major contribution to the field."--Perry D. Hoffman, PhD, President, National Education Alliance for Borderline Personality Disorder  
"An incredibly useful book showing you how to work with difficult-to-treat clients. The presentation of DBT is crystal clear and highly practical, including systematic guidelines and concrete examples of actual interactions. I recommend this

book to students and to new and advanced mental health practitioners, who will all encounter emotionally dysregulated clients."--Leslie S. Greenberg, PhD, Distinguished Research Professor, Department of Psychology, York University, Canada"A beautifully written, engaging description of emotional dysregulation and its treatment through DBT. The book is richly illustrated with case material and extensive client-therapist dialogues that truly demonstrate DBT in action."--Andrew Christensen, PhD, Department of Psychology, University of California, Los Angeles"Koerner, an expert DBT therapist, has written a hands-on, clinically rich work that provides guidelines for when and how to apply DBT strategies for complex cases. The material is accessible to both experienced clinicians and therapists in training. This book is an invaluable guide and a handy tool kit for working with patients with pervasive emotion dysregulation."--Stefan G. Hofmann, PhD, Department of Psychology, Boston University"This practical book teaches how to apply DBT theory to clinical problems, providing concrete ideas regarding the therapeutic process. The numerous case vignettes are excellent and create the effect of having a mentor telling you how to proceed. When Marsha Linehan writes the foreword to a book on DBT, you know that it is a work that stays true to DBT theory and practice." (Doody's Reviews 2012-10-01)"A must read for anyone wanting to master the techniques of individual therapy in dialectical behavior therapy (DBT). It is recommended for graduate classes in DBT, beginning and experienced therapists with or without prior knowledge of DBT, and those interested in clinical applications of emotions research....More than fulfills Kelly Koerner's promise in the preface of providing a user-friendly guide to conducting nuanced, competent individual therapy, using the theory and techniques of DBT. It is full of clear, straightforward information about how to initiate DBT, motivate clients, and use effective strategies to help emotionally and behaviorally dysregulated clients reduce their vulnerability and gain mastery in their lives. This book is equally strong in providing an overview of DBT and in explaining in detail the nitty-gritty steps of executing the treatment as it unfolds moment to moment. That Koerner is a DBT master therapist is evident throughout. Graduate students in the helping professions and beginning therapists will learn much about conducting DBT and how to move seamlessly from theory to execution. Experienced practitioners, both DBT therapists and those new to DBT, will benefit from the comprehensive overview, case formulations, and applications demonstrated in clinical vignettes. Clinicians from other theoretical orientations may find value in the discussions of boundaries, use of confrontation, and working with the therapeutic alliance. Therapists who are aware of only DBT skills training may be surprised at the expertise required to execute the individual therapy of DBT. The book is part of the well-respected Guides to Individualized Evidence-Based Treatment series, edited by Jacqueline Persons....Koerner does a truly impressive job...of

presenting how the theory and spirit of DBT play out in practice. In eminently readable prose, she presents the nuts and bolts of therapeutic techniques clearly and succinctly. The book packs a tidal wave of information into a relatively brief volume....A major contribution to the 'how-to' therapy literature." (PsycCRITIQUES 2012-10-31)

Dialectical behavior therapy (DBT) is expressly designed for - and shown to be effective with - clients with serious, multiple problems. Filled with vivid clinical illustrations, this volume provides an accessible introduction to DBT and demonstrates the nuts and bolts of implementation. Kelly Koerner is an experienced DBT clinician and trainer and longtime collaborator of the therapy's originator, Marsha M. Linehan. In straight-talking language, Koerner shows therapists of any orientation how to integrate the concepts and techniques of DBT into their work with emotionally dysregulated clients. The book presents a roadmap for understanding and treating self-destructive behavior, including suicidality, and helping clients develop the crucial capacity to regulate their emotions. Koerner explains the DBT approach to case formulation, offering guidance for prioritizing therapeutic goals and creating an individualized treatment plan. Extensive sample dialogues reveal what the core strategies of DBT -- behavior change, validation, and dialectical strategies -- look like in action. Concrete suggestions are provided for dealing with common challenges, such as how to offer validation and acceptance in the midst of emotional dysregulation. Focusing on the moment-to-moment process of therapy, Koerner identifies specific things the therapist can say and do to keep the relationship strong while moving urgently for change. The book also discusses the critical importance of DBT peer consultation teams for therapists doing this demanding work. Clear and practical, this is an essential guide for clinical psychologists, social workers, counselors, and psychiatrists, both experienced DBT therapists and those seeking new ideas for addressing tough-to-treat problems.

Koerner has absolutely hit the mark! In my opinion, this book is right up there along with the best that have stood the test of time. I am a DBT therapist, trainer of DBT therapists and borderline personality disorder author and have never before written a review on , however could not hold back on my urge to share my excitement with colleagues. I expect that most clinicians, who practice DBT or integrate aspects of DBT into their practice, will cherish this book. Koerner's humanity permeates the book in her deep respect and compassion for client and therapist alike and in her efforts to alleviate suffering by supporting clients and therapists towards their goals. The book compassionately validates the considerable challenges we face as therapists and is also hopeful

and empowering of therapists by the rare gift of giving precise examples of what we can do at any one moment. Koerner describes case conceptualization and treatment planning that underpins successful future micro-interventions; then describes the core principles of DBT practice (behavioral therapy, validation/acceptance, dialectics) and finishes with a chapter on team. In covering these topics, Koerner integrates realistic complex scripted therapy dialogue with clients to illustrate what she, a consummate expert DBT therapist, might be thinking and doing moment to moment that weaves in the core principles. Every surfer searches for the perfect wave and every skier searches for the perfect snow conditions; and every decade or so the perfect wave or snow conditions exist in a brief moment of perfection and joy. Koerner has created, for me, the perfect 20 page chapter that I believe will bring joy to many therapists for a long time. In the chapter, "Getting the most from each interaction", Koerner leads the reader through a single 50 minute session integrating theory and practice including via a scripted dialogue with a client. In this short chapter Koerner generously gifts us the rare privilege of allowing us into her mind as she experiences, thinks, makes multiple frequent micro-assessments and takes frequent micro-actions; all coherently aligned with her case conceptualization of the client and the DBT principles previously outlined. This chapter illuminates Koerner's use of DBT principles to inform the moment to moment agility (movement, speed and flow) of a DBT therapist; the 'jazz' or dance of DBT. Koerner is certainly an immensely agile and sure-footed dancer, and it is no surprise that she is an Aikido martial arts black belt. Throughout the book, complex topics are made simple but never over-simplified. Koerner provides mountain-loads of really helpful clinical material and DBT teaching and training points. The book is exceptionally well written and set out, making reading seamless. Koerner is an expert at the use of metaphor, analogy, storytelling and illustrative clinical examples that deepens intellectual and experiential understanding, providing even greater clarity to her conceptualizations. This is the slowest I have read any book (page for page), because I did not want to miss any single delightful morsel in any sentence. The book is packed full of wisdom and highly usable clinical material and one that I predict will be treasured by DBT therapists, therapists using DBT interventions and the DBT community. Totally inspiring!! This book will save lives!

This is a great DBT book - it describes all the necessary DBT components and theoretical framework, and it does it in a very easy to read, engaging manner. Think of it as a practice-oriented, condensed version of Marsha's book, with examples. These great examples made many of the difficult DBT concepts very clear to me. Now, this is my favorite DBT book, and it is always near me, in case I need to brush up on my skills as a DBT therapist.

Concise and clear, this book lays out DBT in a quick(er), more understandable fashion than the manual. I'm in MFT school, writing a paper on DBT, and this book is a life-saver (no pun intended) because the actual manual is a beast to get through and synthesize (impossible to do so in the amount of time I have for this paper!). While not simplistic, this book is much clearer and easier to digest than the manual. If you're in my situation (just starting out as a therapist), I highly recommend this book as a basis for understanding how DBT works and recommend using the manual as more of a deep-dive into topics of particular interest. I've also read many explanations of DBT that were chapters in evidence-based practice books, and none of those were clear about how to go about integrating the goals/priorities/targets with the strategies and techniques. This book, on the other hand, is just super clear about how to do that. I'm so grateful for this book right now! You won't regret getting it. One note, there are a number of useful charts that I'm not sure would be rendered well on a Kindle, especially on the Kindle phone app. If you're on the fence about whether to go digital or not, I would vote for the actual book so you can get a clear view of the useful charts, the session decision tree, and the examples of diary cards.

One of the most difficult cognitive disorders is borderline personality disorder (BPD), which is diagnosed by ticking off at least 5 out of list of highly 9 provocative behaviors.[1] Believed to be hopelessly unreachable, BPD patients were frequently shunned from treatment both because they routinely burn out their counselors and because insurance companies will not reimburse treatment, leaving families alone to deal with a highly dysfunctional[2] and frequently abusive family member.[3] The biblical picture of the BPD personality is Gomer, the wife of the Prophet Hosea, who is unfaithful, becomes a prostitute, and falls into slavery and who Hosea redeems from slavery much the same way as God redeems us from sin (Hosea 1:2; 3:2).[4] Hope for beleaguered families has recently come in a new approach to therapy, known as dialectical behavior therapy (DBT), which starts by answering the perplexing question posed by BPD: how could such as cognitive dysfunction persist over time with highly intelligent people who ought to be learning from their mistakes, like everyone else?[5] Kelly Koerner, in her book *Doing Dialectical Behavioral Therapy* cites Marsha Linehan, who developed DBT (ix), in hypothesizing an answer to this question: "three biologically based characteristics contribute to an individual's vulnerability. First people prone to emotion dysregulation react immediately and at low thresholds (high sensitivity). Second, they experience and express emotion intensely (high reactivity), and this high arousal dysregulates

cognitive processes too. Third, they experience a long-lasting arousal (slow return to baseline). (5). In other words, BPD patients are very sensitive people whose learning process is effectively disabled by their hyper-sensitivity to criticism, sometimes arising from a history of child abuse or of pervasive invalidation (7). Because their sensitivity disables their ability to learn from their own mistakes, they repeat the behaviors that lead to those mistakes over and over again. These repeated mistakes disturb their family and friends, who respond with criticism of the patient which shames the patient even more than the mistake. Overwhelmed with negative feedback that the patient cannot process, the patient responds to the shame with avoidance behaviors (running away, using drugs, bingeing at the mall, jumping into bad relationships, staying up all night) rather than correcting the underlying mistakes (11-12). The world of BPD is an unhappy world. Koerner describes the purpose of her book as to: "show[s] why, when, and how to use the principles and strategies of dialectical behavior theory." (xiii). DBT sets out to accomplish 5 functions: 1. "Enhance client capabilities" 2. Improve client motivation to change 3. Ensure that new client capabilities generalize to the natural environment 4. Enhance therapist capabilities and motivation to treat clients effectively 5. Structure the environment in the ways essential to support client and therapist capabilities (18). Koerner writes in 7 chapters, which are 1. Tools for Tough Circumstances, 2. Navigating to a Case Formulation and Treatment Plan, 3. Change Strategies, 4. Validation Principles and Strategies, 5. Dialectical Stance and Strategies: Balancing Acceptance and Change, 6. Assess, Motivate, and Move: Getting the Most from Each Interaction, and 7. The Individual Therapist and the Consultation Team (xvii-xviii)--and which are preceded by front matter (an author about section, note from the editor, foreword by Marsha Linehan, preface, and acknowledgments) and followed by a reference section and index. A key concept driving DBT is the concept of pervasive invalidation, as Koerner writes: "Bigger problems arise, however, when caregivers consistently and persistently fail to respond as need to primary emotion and its expression. Pervasive invalidation occurs when, more often than not, caregivers treat our valid primary responses as incorrect, inaccurate, inappropriate, pathological, or not to be taken seriously. Primary responses for soothing are regularly neglected or shamed; honest motives consistently doubted and misinterpreted." (6) The therapist practicing DBT works to observe instances of emotional dysregulation (see definition below) in the patient and works backwards from these incidents using behavioral chain analysis (see definition below) to determine precipitating events and vulnerability factors (42). Once these events and vulnerabilities are identified, then the patient is

taught the skills necessary to avoid triggering the emotional dysregulation. The kicker is that highly sensitive patients may exhibit emotional dysregulation multiple times in a single counseling session. Consequently, the therapist must have a refined intuition as to when the patient begins to shut down and intervene to validate (see definition below) them in working to accomplish the goals for the session. Let's dial back into this last string of statements to define a few terms.

**Emotional Dysregulation.** Koerner defines emotional dysregulation as: "...the inability, despite one's best efforts, to change or regulate emotional cues, experiences, actions, verbal responses, and/or nonverbal expression under normative conditions." (4). Where normally we might react to invalidating information by pausing to reflect, the patient here is firing up heated emotions (think door-slamming anger), even if no words are spoken, so that the therapy session cannot move to the next point until these emotions are dealt with.

**Behavioral Chain Analysis.** Koerner defines behavioral chain analysis as: "an in-depth analysis of events and contextual factors before and after an instance (or set of instances) of the targeted behavior. It is a way to identify the controlling variables for the behavior." (42) Typically, the therapist will stop the conversation, observe the patient's behavior leaning towards emotional dysregulation, ask the patient if it is true, validate the patient, and then begin parsing back in the conversation to identify a triggering word or idea. Once a trigger is identified, the therapist engages the patient in a conversation about alternative responses to the trigger.

**Validate.** For BPD patients, change interventions require processing negative feedback appropriately and their sensitivity to such feedback makes it hard for them to hear, let alone respond to. Therefore, Koerner defines validation in these terms: "With empathy, you accurately understand the world from the client's perspective; with validation you also actively communicate that the client's perspective makes sense." Validation, in itself, can produce powerful change when it is active, disciplined, and precise. Used genuinely and with skill, it reduces physiological arousal that is a normal effect of invalidation and it can cue more adaptive emotions to fire. (15). Validation is more than "buttering the patient's bread", it communicates that the patient is truly understood, which may be the first time that they have experienced it and which helps enable the patient to trust the therapist.

Kelly Koerner is the director of the Evidence-Based Practice Institute, [6] a clinical psychologist and DBT trainer. She has written a number of books. She received her doctorate from the University of Washington and studied under Marsha Linehan, who developed DBT. Kelly Koerner's *Doing Dialectical Behavior Therapy* is a fascinating book of



obvious interest to counselors and other therapists working with difficult patients. I found her descriptions of the use of emotional wisdom in her case studies especially interesting, in part because they were both lengthy and detailed, as behavioral chain analysis requires.[1] The DSM-IV lists: 1. Feelings of abandonment, 2. Unstable relationships, 3. unstable self-image, 4. Impulsivity (in money management, sexual behavior, etc.), 5. Suicidal behavior, 6. instability of mood, 7. Feelings of emptiness, 8. Inappropriate levels of anger, and 9. Paranoid ideation (my abridgement). Also see: (Kreger 2008 25).[2] BPD patients are about 2 percent of the general population but 12 percent of the male prison population and 28 percent of the female prison population. About 40 percent of the people using mental health services have BPD (Kreger 2008, 21).[3] Spouses of BPD patients are a high risk of suicide.[4] See discussion: (Stanford 2008, 197-212).[5] Mental patients should not be confused with special needs individuals • mental patients often score very high on intelligence tests.[6] (...)

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