

## Success Story Part 1: Thriving through DBT

### What is DBT?

DBT or, Dialectical Behavioral Therapy, is a cognitive behavioral treatment modality developed by Marsha Linehan, Ph.D. The treatment modality incorporates individual therapy as well as group skills training sessions which occur once a week respectively. The skills are taught in such a manner so as to propel clients towards achieving their “Life Worth Living Goal”. The skill modules taught include: Mindfulness, Interpersonal Effectiveness, Emotion Regulation, and Distress Tolerance. DBT also includes between sessions coaching where the DBT client is able to access the DBT therapist for “real-life” coaching for the skills being learned.



*Dr. Marsha Linehan, developer of DBT*

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*C. Virginia O’Hayer Ph.D. is a certified Linehan Board DBT therapist and clinical supervisor at The Center City Clinic for Behavioral Medicine. She currently supervises Doctoral students who are completing their practica and providing adherent full-model DBT. Individuals attend the Center City Clinic for Behavioral Medicine DBT program in efforts to manage chronic suicidality, borderline personality disorder, substance use disorders and eating disorders. Dr. O’Hayer has also created a safe and supportive DBT program for consumers who identify as gender expansive in addition to serving the LGBTQIA community.*

*The following is an interview with an individual, Jack, who completed the DBT program at The Center City Clinic for Behavioral Medicine. Jack shares how DBT helped them during an extremely difficult time in their life while supporting their needs as a trans-person. Jack reports a sense of “thriving” after graduating DBT.*

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**EPIC:** *How did you as the client learn about and get connected with DBT?*

**Jack:** A little less than 2 years ago I entered a intensive outpatient program (IOP) for drug and alcohol use. I had just moved to Philadelphia. I was unmedicated and I didn’t have a therapist. I was on a waitlist for a therapist at multiple places. The IOP program was starting up, so there was no

waitlist and I needed treatment then and now. I wasn't using drugs and alcohol at the time, but I needed somewhere to go.

Essentially my therapist mentioned that there was a DBT program at Drexel. He gave me the number and I called and they said there was no DBT program at Drexel. On my own I looked it up and found it and started quickly after.

**EPIC:** *How did you know about DBT?*

**Jack:** I came here knowing that I wanted DBT. I used to live in Santa Cruz and I saw a therapist who I was recommended to because I was self-harming. She was certified or at least heavily trained in DBT. I saw her for 4 years and she did a lot of DBT with me. I bought an entry level DBT book (not Marsha's book) and studied it religiously. I learned all the skills and opened my own queer-trans DBT support group in my house when I moved here. I ran a DBT Facebook borderline group for a while. I was the person on the internet that people could turn to, to know about DBT even though I had not officially been through it. I was still struggling and facing a lot of stigma from a therapist who wasn't trained in DBT or just hated people with borderline. I knew I needed to go to DBT because I would find acceptance and solid support through it.

**EPIC:** *Why did you think Jack would be a good candidate for DBT?*

**Dr. O'Hayer:** Their enthusiasm and knowledge about DBT. We get some people that are not true fans of DBT like Jack. For example, people who were referred by their doctor. Either they don't know what it is or they equated it with borderline and something bad. Usually we can spin that around by having them do their own research and see that DBT helps a wide variety of people. Jack knew what they wanted and was passionate about DBT.

**Jack:** I volunteered at a borderline clinic through Temple University as a research assistant. My boss, a PhD student, was doing her practicum here at the Drexel clinic. I went to an initial session with my individual therapist before attending group. I walked by her (my boss) office and spoke with my therapist about what to do. I was scared that she would see me as borderline and not as a trustworthy person in a clinic that studies borderline. I was really worried that there would be a lot of stigma and I didn't want



*Patrick Grant, MA, MPH, Dr. O'Hayer, Jack, and Michael Wright, Ph.D.*

**EPIC:** *When did you know DBT was working for you?*

**Jack:** There is a distinct skill that switched it for me. I remember at the beginning of coming to DBT I was dating this person and a lot went on and I had a suicide attempt. It felt like rock bottom. I was bouncing all over the place every day. I remember coming to clinic completely catatonic, not able really to talk and feeling like I wanted to die so bad. The skill that I did that kind of flipped it for me was the dialectical abstinence. I was able to face my most problematic behavior which is attention seeking. The ways in which I engaged in attention seeking was through social media. I would over share all my experiences in life. I would get inappropriate reactions or validations or affirmations sporadically. I kept going back to it and I wasn't getting the support and the love that I needed or deserved. I completely deleted all my social media accounts. It flipped! The whole thing turned on its head.

**EPIC:** *Can you explain what dialectical abstinence is?*

**Jack:** Dialectical abstinence is essentially being able to balance abstaining and harm reduction. I understand it as that you abstain from a behavior that you are addicted to or a problematic behavior that you stay engaged in. You view your abstaining in a "wise-mind" way; "I may do this, and I may not." I may relapse or I may not relapse. You plan for the times in which you do relapse and you plan for the

her to pigeon hole me. I ended up talking a lot about it with my individual therapist and essentially we decided that I would have an individual one-on-one skills person so I would have someone who would teach me the skills and then I would see my individual therapist/skills coach. I ended up talking about it with my boss and told her I had borderline personality disorder. It ended up being fine.

***EPIC:** What was your impression of the DBT skills group?*

**Jack:** My first session was with someone who was resistant to the group. The whole energy had been sucked out of the room. I went to another therapist begging that she please not make me go back. She encouraged me to try until end of month. I stuck it out and continued.

***EPIC:** When did you know DBT was working for Jack?*

**Dr. O'Hayer:** I didn't know Jack that well until we worked on one-on-one sessions together. I have been the clinical supervisor for both Tommy and Rachel and received clinical updates. I didn't know ends and outs until we worked together for the individual. I remember you [Jack] were preparing to go on a date and you were so nonchalant. You were excited but were also like if it doesn't work, "oh well". Around January you realized the world wasn't going to fall apart if this date wasn't going to work out and that was you using the skills. A complaint can be that a lot of treatment is about getting rid of everything that is borderline, but borderline brings often strong empathy, the ability be an awesome therapist, and the ability to read people really well. The idea is that you want to keep all the good stuff and get rid of anything that is not serving you like problematic behaviors (e.g. self-harm). I've only ever known you [Jack] when using skills.

thoughts, feelings and behaviors that lead to a relapse. You are trying to find a "wise-mind" balance in between.

**Dr. O'Hayer:** It is the best of both worlds. With the whole "abstinence plan" you can think about getting to 100 days of abstaining from a behavior but then if you slip up even if briefly you are back to zero, so why would you limit your slip, why not go all out? There is often this newly sober behavior where I never need to think about relapse, it is not going to happen, instead of saying relapse can always happen. We should plan for that, so when you do fall off the horse how to get right back on as soon as possible without judgment. I think about the 12-Step saying of "doing the next right thing" which is like dialectical abstinence. You are on your path of abstinence and then if you screw up how do you do the next right thing without judgment and shaming.

***EPIC:** What is the biggest change you noticed in Jack during and after DBT?*

**Dr. O'Hayer:** One thing I thought was amazing was Jack's decision to undergo top surgery which was a brave and bold move. Seeing how Jack used skills all the way through and how they mobilized people to take care of them. Then coming back afterwards and celebrating, that was a combination of all sorts of skills. There was a new surgical option that Jack was asked to decide between and I was unfamiliar with this new procedure. Trying to figure out the pros and cons of these two options while not knowing a whole lot about the different options was difficult. DBT has a thing of consultation to the patients. The idea is the therapist helps the patient be their own case manager but every now and then there is consultation to the environment. If the environment is toxic or if the therapist is in a situation where they can easily communicate with this other person in the environment in a way that the patient might not be able to then the therapist can enter the patient's environment. I think of this like in Star Wars when Yoda enters the fight. Yoda is usually on the edge giving counsel but every now and then he comes in. I did this by consulting the doctor to learn more information about the procedures so I could better support Jack in making sure that it was the best option for them.

Special thanks to Dr. O'Hayer, Jack, and the Drexel DBT team for their work in making this story possible. We hope you enjoyed Part 1 of Jack's story. Stay tuned for Part 2!



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