



Patrick Grant, MA, MPH, Dr. O'Hayer, Jack, and Michael Wright Ph.D at Drexel's Center City Clinic.



Dr. C. Virginia O'Hayer 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 (trans, non-binary, etc.) in addition to serving the LGBTQIA community.

The following is Part 2 of 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.

EPIC: What do you like most about DBT?

Jack: My favorite skill is radical acceptance by far. I think that a lot of my suffering came from not accepting the things in my life that were happening and not realizing the parts in which I played a role in the things happening. I think accepting is viewing myself in the parts of my life and then accepting what is happening.

EPIC: How do you think the principals of DBT (e.g. life worth living goal) specifically support the LGBTQIA community?

Dr. O'Hayer: DBT is based on feminist psychotherapy and contextual psychotherapy; saying that people aren't

EPIC: How do you feel Drexel's DBT program was gender affirming/supportive?

Jack: I feel it's the best therapy I received from non-trans people.

Dr. O'Hayer: DBT usually has the rule that you can't see an outside therapist. But we break that rule for people who are trans-gender or seeing a trans-gender expansive therapist or working on their gender identity issues. If they already have a good connection with that person then that is not a thing we are going to encourage them to stop.

EPIC: How do you feel Drexel's DBT program helped you to prepare for gender-affirming surgery?

Jack: I felt like that if I didn't have DBT I

dysfunctional in a vacuum. DBT has this biosocial model saying that if an infant is born with this certain highly sensitive temperament and then has an invalidating environment, it creates this transactional approach that then leads to development of borderline or emotional lability and sensitivity. A lot of people who are trans or gender expansive have dealt with invalidation either from their family of origin or in the world. Binary norms when challenged are often met with all kinds of hostility. All the micro-aggressions with mis-gendering and mis-naming and all those sorts of things can add up to a giant invalidation. I feel that DBT has quite a lot of emphasis on skills to manage intense moods and get through crises without making things worse. We also adapted DBT specifically to include more skills focused on gender expansive/trans-patients which includes self-validation. We are trying to pilot a whole new module, a fourth main module. Right now there is emotional regulation, interpersonal effectiveness, distrust tolerance and then mindfulness. We want to have another main module which is self-validation; not just validating your thoughts and feelings but also validating your authentic self, in terms of name, pronouns, and body presentation. One thing that Jack said early on was that they weren't getting the love they need and deserve. A lot of people coming into our program think the goal is to stay alive but this is many levels up. Live your authentic self and know you deserve all the good things. I believe DBT does really well with its emphasis on the transactional model and invalidation and recovering from that.

Jack: I do agree. I don't really know if it is DBT in general or just the framework from this clinic that has taken it and applied it to "transness." There are some parts of DBT I disagree with because it bumps head with the experiences that trans and queer people go through, such as aggression and violence in the community and micro-aggressions. I think radical acceptance is my favorite skill but it can be problematic because you are asking someone to radically accept something. I am also thinking of the skills "check the facts." When you have a marginalized identity, trans people, people of color or any other marginalized identity this skill can be problematic. For example, if you examine the person's experience of feeling like they can't walk down the street without fear of being harrassed or assaulted, telling that

don't think I would have been able to have top surgery. I think that where I was in my life before DBT I was completely chaotic and I don't think I could have emotionally handled the pre, during and post-op of the surgery. I knew it was something I was thinking about but I don't think if I had not done DBT at this time I would not have gone through with the surgery.

EPIC: *How do you feel DBT helps you manage your emotions and keep yourself safe?*

Jack: It got me to a place about using skills that I just use them. I used to wake up every day and I would be like, "I can't." My moods would be so intense and chaotic that I didn't feel well ever. But now I wake up and see this as life and I feel well. I can cope effectively when things are stressful. The stressors that used to trigger me in the past, I am going through all of them right now and I am literally fine. If I want to engage in problematic behavior I can use some skills or at least I know that if I can't access this skill right now that I am going to go to my room and dig it out of my DBT homework and do it. Sometimes it doesn't come naturally but I force myself to do it. I also do my own diary cards even though I am done with DBT to remind myself to use my skills.

EPIC: *What would you say to someone who is skeptical about DBT?*

Jack: It is a lot of work and some people aren't there in their life and that's ok. I recommend it. I recommended my cousins to come who also have borderline and it changed their lives so much. This will change your life so much to live a life worth living.

EPIC: *Do you feel you are living a life worth living now?*

Jack: Absolutely! I feel like instead of saying that I always tell people that I am thriving.

Dr. O'Hayer: I also feel that [Jack] made meaning out of everything with the work you are doing now.

Jack: Before DBT I was barely able to hold a job. I was working an under-the-table job that was not enough money at all. Now because I am the most stable that I have ever been and through DBT I now work as a PRS (psychiatric

person "to check the facts" may be problematic. It's like, well no, I'm a trans person and I've experienced transphobia on the street and it's a very real thing that can continue to happen. I always found this a little problematic.

Dr. O'Hayer: I went to grad school in the south and one thing we were all taught is you don't diagnose a person of color with paranoia if they think people are watching them in stores to see if they are stealing because that is actually happening. I love that idea that Check the Facts is often not the most effective skill for oppressed minorities.

rehabilitation service) worker. I do work with Project Do-Over. I have been promoted to be an RSC (residential service coordinator). I always knew I wanted to be a therapist but literally like a year ago I had no friends and I was in a really toxic relationship. I did not think I would go back to school because I could barely get out of bed and was self-harming all the time but now I am going to apply to MSW programs in the fall. I have this solid career and I am going to go to school. I have tons of friends and I have a really healthy relationship.

What is DBT?

DBT or, Dialectical Behavioral Therapy, is a cognitive behavioral treatment modality developed by Marsha Linehan, PhD. 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

Special Thanks

Special thanks to Dr. O'Hayer, Jack, and the Drexel DBT team for their work in making this story possible. We hope you enjoyed our two part Success Story!

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