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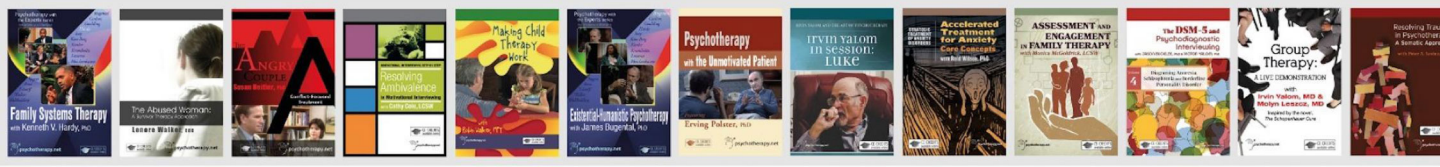

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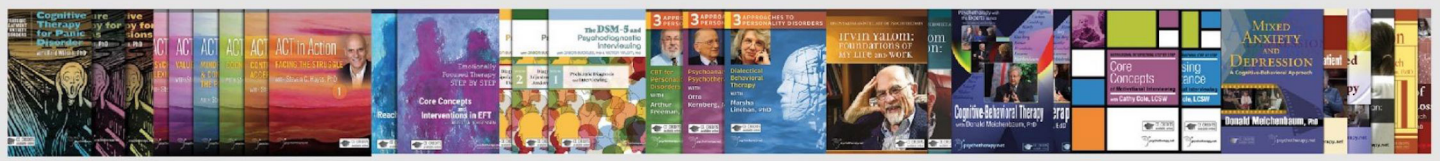

Irvin Yalom önderliğinde organize edilen ve dünyaca ünlü terapistlerin ve terapi kuramı kurucularının, ekollerin en önemli temsilcilerinin psikoterapi seanslarını video olarak izlemek ve seans hakkındaki yorumlarını dinlemek ve bu kursları (American Psychological Association (APA) başta olmak üzere Social Workers (ASWB) New York State Social Workers (NYSED BSW) New York State Mental Health Practitioners (NYSED MHP) Certified Counselors (NBCC) Addiction Counselors (NAADAC) MFTs and LCSW (CA BBS) California Nurses (BRN) Canadian Counsellors kurumlarından CE (Continuing Education-Sürekli Eğitim) akreditasyonlu sertifikayla belgelendirmek isteseniz veritabanımıza bireysel veya kurumsal olarak erişmek için bizimle iletişime geçebilirsiniz.

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Instructor's Manual

for

DIALECTICAL BEHAVIOR THERAPY WITH SUICIDAL CLIENTS: VOL. 1

WITH MARSHA LINEHAN, PHD

Manual by

Shirin Shoai, MA

The *Instructor's Manual* accompanies the video *Dialectical Behavior Therapy with Suicidal Clients: Vol. 1* with Marsha Linehan, PhD (Institutional/ Instructor's Version). Video available at www.psychotherapy.net.

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Dialectical Behavior Therapy with Suicidal Clients: Vol. 1

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Instructor's Manual for

DBT WITH SUICIDAL CLIENTS: VOL. 1 WITH MARSHA LINEHAN, PHD

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Tips for Making the Best Use of the Video

1. USE THE TRANSCRIPTS

Make notes in the video **Transcript** for future reference; the next time you show the video you will have them available. Highlight or notate key moments in the video to better facilitate discussion during and after the video. **Streaming customers can make use of the "clips" function to choose excerpts for teaching purposes.**

2. FACILITATE DISCUSSION

Pause the video at different points to elicit viewers' observations and reactions to the concepts presented. The **Discussion Questions** section provides ideas about key points that can stimulate rich discussions and learning.

3. ENCOURAGE SHARING OF OPINIONS

Encourage viewers to voice their opinions. What are viewers' impressions of what is presented in the interview?

4. CONDUCT A ROLE-PLAY

The **Role-Play** section guides you through exercises you can assign to your students in the classroom or training session.

5. SUGGEST READINGS TO ENRICH VIDEO MATERIAL

Assign readings from **Related Websites, Videos and Further Reading** prior to or after viewing.

6. ASSIGN A REACTION PAPER

See suggestions in the **Reaction Paper** section.

Dialectical Behavior Therapy: Summary of Approach

Developed by Marsha Linehan in the late 1980s and early 1990s, Dialectical Behavior Therapy (DBT) was originally created for suicidal and actively self-harming clients with a history of multiple psychiatric hospitalizations who met the criteria for Borderline Personality Disorder (BPD). For years, Linehan had used standard cognitive-behavioral therapy (CBT) approaches with this population but found certain aspects of CBT to be unsuitable for them. In particular, the unrelenting focus on change (changing one's thoughts, behaviors and beliefs) tended to be invalidating for clients and caused them to drop out of treatment at high rates. In addition, Linehan noticed that therapists working with this population had a tendency to burn out, since the demands these clients placed on them, including frequent suicide attempts, urges to self-harm, and threats to quit treatment were emotionally draining for those therapists.

Linehan realized that individual therapy was not adequate for treating high-risk clients and developed a multifaceted approach that includes individual and group therapy, coaching and collateral contact between sessions, and group supervision and support for the therapists treating the clients. She hypothesized that a comprehensive psychotherapy needed to meet five critical functions:

1. It must enhance and maintain the client's motivation to change (clients work collaboratively with therapists and are given a clear set of guidelines and boundaries for their behavior);
2. It must enhance the client's capabilities (through skills groups, phone coaching, in vivo coaching and homework assignments);
3. It must encourage the generalization of the client's newly acquired capabilities;
4. It must enhance the therapist's motivation to continue therapy and also enhance their skills and abilities (e.g. through group consultation and "cheerleading" among co-therapists); and
5. It must structure the environment so that treatment can take place (families may need to be drawn into treatment to ensure that they are also working therapeutically with the client).

Linehan adopted some standard cognitive-behavioral techniques for emotion regulation and reality testing. She then combined these with concepts derived from Buddhist meditative practice, including distress tolerance, acceptance, and mindful awareness. In comparison to all other clinical interventions for suicidal behaviors, DBT is the only treatment that has been shown effective in multiple trials across numerous independent research studies. DBT is effective at reducing suicidal behavior and is cost-effective in comparison to both standard treatment and community treatments delivered by expert therapists. It is currently the gold-standard treatment for borderline personality disorder and has demonstrated utility in the treatment of high substance abuse and eating disorders.

Overview

Linehan's first core insight was to recognize that the chronically suicidal patients she studied had been raised in profoundly invalidating environments. These environments might take the form of neglect or abuse, but might also take more benign forms, such as discouraging, punishing, or invalidating a child's emotional responses. These clients, therefore, required a climate of unconditional acceptance in which to develop a successful therapeutic alliance.

Linehan also believed that certain clients were born with a biological propensity towards stronger emotional responses than their peers. Because these children had stronger emotional responses, they were more likely to be invalidated by their environment, so dysfunction was the result of the interplay of child with environment.

Her second insight involved the need for a commitment from clients, who needed to be willing to accept their dire level of emotional dysfunction and engage in the treatment. Linehan observed that garnering this acceptance of reality and commitment to the treatment helped decrease therapist burnout when working with BDP and/or highly suicidal and demanding clients.

DBT strives to have the client view the therapist as an ally rather than an adversary. Accordingly, the therapist aims to accept and validate the client's feelings at any given time, while nonetheless informing the client that some feelings and behaviors are maladaptive, and showing them better alternatives.

Linehan designed a commitment to these core conditions of acceptance and change through the principle of dialectics. One example might be that a BPD client with cutting behaviors must absolutely accept and commit to stop cutting, while concurrently understanding that if they cut again, they will be treated kindly and not viewed as a failure. This is not meant to excuse the

behavior. Instead, it encourages flexible, dialectical thinking: "I will not cut again, and I will not be a failure if I do cut again."

Linehan assembled an array of skills for emotional self-regulation drawn from Western psychological traditions, such as cognitive behavioral therapy and assertiveness training, and Eastern meditative traditions, such as Buddhist mindfulness meditation.

All DBT involves four components:

- **Individual:** The therapist and client discuss issues that come up during the week (recorded on diary cards) and follow a treatment target hierarchy. Self-injurious and suicidal behaviors take first priority. Second in priority are behaviors that, while not directly harmful to self or others, interfere with the course of treatment. These behaviors are known as "therapy-interfering behaviors." Third in priority are quality of life issues and working toward improving one's life generally. During the individual therapy, the therapist and client work toward improving skill use. Only then, a skills group is discussed and obstacles to acting skillfully are addressed.
- **Group:** A group ordinarily meets once weekly for two to two-and-a-half hours and learns to use specific skills that are broken down into four skill modules: core mindfulness, interpersonal effectiveness, emotion regulation, and distress tolerance.
- **Phone Coaching:** As needed, clients may contact their therapists for additional support between sessions. This support is generally available 24/7, but DBT places certain restrictions to curtail abuse or overuse of the therapists' availability, such as letting clients know that after a suicide attempt they will not have immediate contact with their therapist.
- **Consultation Groups:** Therapists meet weekly to provide support, discuss cases, and practice DBT skills themselves. These groups increase motivation, improve therapist skills, provide support, and keep therapists in fidelity to the model. Linehan asserts that any therapist acting in isolation is not doing DBT.

No component is used by itself; the individual component is considered necessary to keep suicidal urges or uncontrolled emotional issues from disrupting group sessions, while the group sessions teach the skills unique to DBT, and also provide practice with regulating emotions and behavior in a social context.

DBT's Four Modules

DBT basic skills are taught in four separate modules.

Module One: Mindfulness

Mindfulness is one of the core concepts behind all elements of DBT. It is considered a foundation for the other skills taught in DBT because it helps individuals accept and tolerate the powerful emotions they may feel when challenging their habits or exposing themselves to upsetting situations. The concept of mindfulness and the meditative exercises used to teach it are derived from traditional Buddhist practice, though the version taught in DBT does not involve any religious or metaphysical concepts. Within DBT mindfulness is the capacity to pay attention, nonjudgmentally, to the present moment.

Mindfulness skills are divided into "what" and "how." What skills teach participants to nonjudgmentally observe their inner and outer environments. They are then taught to describe their experiences and observations without using judgmental statements or opinions. Further, they are taught skills to participate fully in the moment with focused attention, rather than moving distractedly through life. How skills teach clients to act nonjudgmentally, and focus the mind on one thing at a time. Using these skills, clients learn to move more effectively through all of life, and not be as swayed by their emotional states.

Module Two: Distress Tolerance

Dialectical behavior therapy emphasizes learning to bear pain skillfully. Clients learn skills for accepting, finding meaning within, and tolerating distress.

Distress tolerance skills constitute a natural development from DBT mindfulness skills. They reinforce the ability to accept, in a nonevaluative and nonjudgmental fashion, both oneself and the current situation. Since this is a nonjudgmental stance, this means that it is not one of approval or resignation. The goal is to become capable of calmly recognizing negative situations and their impact, rather than becoming overwhelmed or hiding from them. This allows individuals to make wise decisions about whether and how to take action, rather than falling into intense, desperate, or destructive emotional reactions.

DBT uses several acronyms to help clients remember these skills more easily. For example, the distress tolerance skill of distraction is taught with the acronym ACCEPTS:

- **Activities:** Engage in a positive activity that you enjoy.
- **Contribute:** Help out others or your community.
- **Comparisons:** Compare yourself either to people who are less fortunate, or to yourself when you were in a less fortunate situation.
- **Emotions (other):** Cause yourself to feel something different by provoking your sense of humor or happiness.
- **Push away:** Put your situation on the back burner for a while. Temporarily put something else first in your mind.
- **Thoughts (other):** Force your mind to think about something else.
- **Sensations (other):** Do something that has an intense feeling other than what you are feeling, like a cold shower or a spicy candy.

Self-soothing is a basic distress tolerance skill, and involves helping participants behave kindly and gently to themselves, primarily by engaging in activities they find soothing, such as prayer, music, walks outdoors, and the like.

Other skills taught include improving the moment, thinking about the pros and cons of tolerating this distress in the current moment, and being willing to do what is effective, rather than willfully doing that which is not.

All distress tolerance skills are taught within a framework Linehan termed "radical acceptance," which means that clients must stop fighting reality, and must accept their current situations exactly as they are.

This does not indicate surrendering to negative situations, but rather accepting all reality as it is so that clients can choose the most effective and competent ways to manage it.

Module Three: Emotional Regulation

Individuals with BDP and suicidal individuals are often emotionally intense and labile. These clients can be angry, fearful, depressed, or anxious, and generally benefit by learning to regulate their emotions. Skills taught include identifying and labeling emotions, identifying obstacles to changing emotions, reducing vulnerability to acting out of "emotion mind," taking the opposite action of what your emotions are encouraging, and engaging

in distress tolerance. Clients are taught to do chain analyses of difficult situations, to better understand what triggers their emotions, how they experience those feelings in the mind and body, and how they might choose more productive outcomes in the future.

Clients are also taught basic self-management skills to limit vulnerability to emotional states, such as sleeping enough, eating healthily, and avoiding mood-altering chemicals.

Module Four: Interpersonal Effectiveness

Interpersonal response patterns taught in DBT are similar to those taught in many assertiveness groups. They include effective strategies for asking for what one needs, saying no, and coping with interpersonal conflict.

Individuals with BPD frequently possess good interpersonal skills in a general sense. The problems arise in the application of these skills to specific situations. A person may be able to instruct another on effective behaviors to cope with conflict, but may be incapable of generating or carrying out similar behaviors when analyzing his or her own situation.

The interpersonal effectiveness module focuses on situations where the objective is to change something (e.g., requesting that someone do something) or to resist changes someone else is trying to make (e.g., saying no). The skills taught are intended to maximize the chances that a person's goals in a specific situation will be met, while at the same time not damaging either the relationship or the person's self-respect.

DBT Tools

DBT uses a series of tools to support clients in treatment.

Diary cards

Diary cards are used to track one's progress week by week. They track everything from which days clients chose to practice which skills, to therapy-interfering behaviors, to how many days each week clients remembered to fill out the card.

Diary cards have been modified slightly to better support various groups using DBT. For instance, chemical dependency clients with no suicidal ideation benefit from modified cards that better suit their specific treatment goals, while still maintaining fidelity to the model and the basic skills practiced.

Chain analysis

Chain analysis is a form of functional analysis of behavior but with increased focus on sequential events that form the behavior chain. It has strong roots in behavioral psychology. A growing body of research supports the use of behavior chain analysis with multiple populations. In DBT, behavior chains are used to examine how emotions predict our actions, and help clients understand where they might interrupt the chain to use more productive skills that move them towards their goals.

Milieu

The milieu, or the culture of the group involved, plays a key role in the effectiveness of DBT. The milieu provides support to therapists, as skills groups are generally conducted by two therapists together. It also provides gentle social pressure on clients to help them better meet their goals. A successful milieu creates positive accountability while still tolerating behavioral slips client might experience.

This video features discussion and live demonstrations of key challenges DBT therapists may encounter with borderline clients in the initial stage of treatment. Here, Linehan covers the common obstacles in conducting DBT on both the client and therapist sides; crucial signs to watch for; and interventions that can reduce these conditions and get treatment back on track. As you watch, take note of the ideas presented, the ways in which Linehan holds the therapeutic alliance, the skills and interventions used to support the client, and the client's response to the aspects of therapy shown. Use any questions or comments you have to start a discussion about treating borderline clients using DBT.

Discussion Questions

Professors, training directors and facilitators may use some or all of these discussion questions, depending on what aspects of the video are most relevant to the audience.

SESSION ONE

1. **Suicidality:** Have you worked with suicidal clients in your practice? If so, what approaches and interventions have you found effective? How does your approach differ with clients exhibiting suicidal ideation versus active risk? If you haven't worked with these clients, what are your initial thoughts and feelings about working with them? What are some of your expectations of DBT for this population?

2. **Borderline Personality Disorder:** Have you ever worked with clients diagnosed with Borderline Personality Disorder? If so, what approach(es) do you tend to use with them? How do you keep yourself grounded in the room? If not, what do you imagine would be the more challenging aspects of this population for you? The easier aspects?

3. **Assessment:** How do you currently speak with clients about their presenting issues? About committing to therapy? About ambivalence? In what ways do these differ from the questions Linehan asks Stacy? How are they similar? Are there aspects of Linehan's strategies that seem particularly difficult for you? Explain.

4. **Dialectical stance:** Throughout the session, Linehan openly acknowledges the difficulty of treatment while simultaneously encouraging Stacy to stick with it. What does Linehan's dialectical stance toward Stacy's ambivalence enable her to accomplish? Does this approach resonate with you? With Stacy? What confusion, if any, arises in you when you consider taking a dialectical stance with clients in crisis?

5. **Being direct:** What thoughts or feelings arise in you as you observe Linehan's direct style and pacing with Stacy? Do you understand what she means by framing treatment in terms of "keeping agreements"? How do you tend to confront a client when needed? How do Linehan's interventions appear to impact Stacy in the moment? Over time?

6. **Past experiences:** What do you tend to ask clients about their previous experiences with therapy? How important to the assessment phase is this for you? How might you use this information during treatment?

SESSION TWO

7. Managing reactivity: What thoughts, feelings, or sensations arise for you when considering reactive clients? Do you tend to enjoy them, dread them, or somewhere in between? How comfortable are you with interrupting escalation in a session? Has this changed for you over time? If so, what led to this change?

8. Avoidance behavior: How does Linehan handle Stacy's attempts to avoid answering her questions? How might you distinguish between distraction behavior and genuine concerns? How can you tell if a session has gone off track? What could help you refocus?

9. Tangible tools: Do you offer clients worksheets, diary cards, or other such tools in your approach? How about homework? Why or why not? How might you decide if tangible tools would be appropriate for a particular client?

10. Leaving early: What's your experience been so far with clients leaving session early? How about leaving treatment early? How would you respond in each scenario? What would help you determine what the client is trying to accomplish by leaving?

11. "Treat them like a person": Under what circumstances do you tend to notice your compassion for clients waning? Does this happen with particular types of clients, during certain types of clinical interactions, or something else? How does self-care play into your ability to stay genuine? What are some ways that you cultivate and maintain compassion?

12. The model: What are your overall thoughts about DBT? Does DBT align with the way you view effective therapy? Why or why not? What aspects of DBT can you see yourself incorporating into your work? Which aspects of DBT would seem most challenging to master?

13. Key moments: What are some key moments from each session? What stands out about them for you? Describe Linehan's role in those moments, and Stacy's shifting states during them.

14. Personal reaction: How would you feel about having Linehan as your therapist? Do you think she could build a solid therapeutic alliance with you? Would she be effective with you? Why or why not? Did any of the challenges from the video resonate with your personal experience?

Role-Play

After watching the video and reviewing "Dialectical Behavior Therapy: Summary of Approach" in this manual, break participants into groups of two and have them role-play a 25-minute DBT session with a suicidal client, working with their choice of two clinical tasks demonstrated in the video.

One person will start out as the therapist and the other will be the client, and then invite participants to switch roles. Clients may play themselves, role-play the client from the video or a client they know, or they can completely make it up. Before beginning the role-play, partners can decide if the focus of the session will be on assessing a new client's presenting issue, or on negotiating a no-harm agreement and gaining commitment to starting (or continuing) therapy. After 25 minutes have passed, participants may take 5 minutes to debrief together, then switch roles. The primary emphasis here is on giving the therapist an opportunity to practice using DBT skills and interventions, and on giving the client an opportunity to see what it feels like to participate in this type of therapy.

Assessment

Recalling from the video Linehan's assertion that DBT initially focuses on committed behavior and keeping agreements, begin your assessment of the client's presenting issues. Consider applying the following techniques:

- Direct questions and statements
- Assessing appropriateness of DBT
- Assessing motivation
- Assessing ambivalence (perhaps taking a devil's advocate stance)
- Risk assessment regarding self-harm and suicide

As you work, play with basic DBT skills of direct questions and statements, staying focused on clinical goals (as opposed to following the client's threads), and validation of feelings vs. behaviors. Rather than falling into debating the client's negative thoughts, emphasize the fact that the thoughts aren't useful to the client's ultimate goals.

Negotiating a No-Harm Agreement

If you're choosing to negotiate a no-harm agreement, give yourself permission to move slowly. Check in with yourself internally to note and contain any countertransference reactions you become aware of. Where appropriate, apply various techniques presented in the video, such as:

- Risk assessment regarding self-harm and suicide, including using positives as leverage
- Don't be afraid to broker, and don't settle for variations on "I'll try"—shoot for a "yes"
- Assessing potential obstacles to following through

After the role-plays, have the groups come together to discuss their experiences. What did participants learn about using DBT? Invite the clients to talk about what it was like to role-play a suicidal client and how they felt about the approach. How did they feel in relation to the therapist? Did they understand the essence of the approach? What worked and didn't work for them during the session? Did they feel the therapist's support and encouragement to stay with the process? How confident are they that they can benefit from this type of therapy? Then, invite the therapists to talk about their experiences: How did it feel to facilitate the session? Did they feel they sufficiently handled the presenting challenges? Did they have difficulty practicing the approach, applying techniques, or managing uncomfortable emotions? What would they do differently if they did it again? Finally, open up a general discussion of what participants learned about conducting a session using DBT.

An alternative is to do this role-play as a 30-minute exercise in front of the whole group, with one therapist and one client; the rest of the group can observe, acting as the advising team to the therapist. At any point during the session the therapist can time out to get feedback from the observation team, and bring it back into the session with the client. Perhaps a team member can jump in with an appropriate intervention. Other observers might jump in if the therapist gets stuck. Follow up with a discussion on what participants learned about using DBT with suicidal clients.

Reaction Paper for Classes and Training

- **Assignment:** Complete this reaction paper and return it by the date noted by the facilitator.
- **Suggestions for viewers:** Take notes on these questions while viewing the video and complete the reaction paper afterwards. Respond to each question below.
- **Length and style:** 2-4 pages double-spaced. Be brief and concise. Do NOT provide a full synopsis of the video. This is meant to be a brief reaction paper that you write soon after watching the video—we want your ideas and reactions.

What to write: Respond to the following questions in your reaction paper:

1. **Key points:** What important points did you learn about DBT? What stands out to you about how Linehan works? Did you get a solid sense of the ideas offered here, and of the flow of the model over all? Why or why not?
2. **What I found most helpful:** As a therapist, what was most beneficial to you about the ideas or techniques presented? What tips or perspectives did you find helpful and might you use in your own work? What challenged you to think about something in a new way?
3. **What does not make sense:** What ideas or interventions did not make sense to you? Did anything push your buttons or bring about a sense of resistance in you, or just not fit with your own style of working?
4. **How I would do it differently:** What might you do differently from Linehan when working with clients? Be specific about what different approaches, interventions, or techniques you would apply.
5. **Other questions/reactions:** What questions or reactions did you have as you viewed the video? Other comments, thoughts or feelings?

Related Websites, Videos and Further Reading

WEB RESOURCES

Behavioral Tech/The Linehan Institue (DBT training and certification)

http://www.behavioraltech.org

International Society for the Improvement and Teaching of Dialectical Behavior Therapy (ISIT-DBT)

http://www.isitdbt.net

National Education Alliance for Borderline Personality Disorder (NEA BPD)

http://www.borderlinepersonalitydisorder.com

Association for Behavioral and Cognitive Therapies (ABCT)

http://www.abct.org

RELATED VIDEOS AVAILABLE AT WWW.PSYCHOTHERAPY.NET

Dialectical Behavior Therapy with Marsha Linehan

Dialectical Behavior Therapy: Techniques for Emotional Dysregulation with Shelley McMain and Carmen Wiebe

Suicide & Self-Harm: Helping People at Risk with Linda Gask

3 Approaches to Personality Disorders (3-Video Series) with Arthur Freeman, Otto Kernberg, and Marsha Linehan

Dialectical Behavior Therapy with Suicidal Clients vol. 2 with Marsha Linehan

RECOMMENDED READINGS

Koons, C. (2016). *The Mindfulness Solution for Intense Emotions: Take Control of Borderline Personality Disorder with DBT*. Oakland, CA: New Harbinger.

Linehan, M. (2014). *DBT Skills Training Manual, 2nd Edition*. New York, NY: Guilford.

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McKay, M., Wood, J. & Brantley, J. (Eds.) (2007). *The Dialectical Behavior Therapy Skills Workbook: Practical DBT Exercises for Learning Mindfulness, Interpersonal Effectiveness, Emotion Regulation & Distress Tolerance*. Oakland, CA: New Harbinger.

Linehan, J. (1993). *Cognitive-Behavioral Treatment of Borderline Personality Disorder*. New York: Guilford.

Complete Transcript

MARSHA LINEHAN: We thought as a starter, what we would do is just do a first session. Now, a first session in dialectical behavior therapy is actually four sessions. In other words, we consider the first session four, since it's usually often you can't actually get through a first session in a first session. So because of that, we consider it four.

So this, in fact, is two instead of one. We've already had one session. And this is a client based, of course, on a client that we actually have. And this particular client-- I have seen the client once with the client's family.

And I saw her with the family. And the family came because they wanted me to be sure to know that if I didn't do something, she was going to be dead. And they wanted to know whether they thought that we should just send her to an inpatient place for life, from their point of view. Or was I going to be able to treat her outpatient because she's so suicidal? And I said I would take her inpatient, I mean outpatient. And we've already had a session.

She has just been terminated from her previous therapist because she attempted suicide. And the therapist just said that was it. It's over. I'm not treating you anymore. I can't handle this. You're out.

And so she was on an inpatient unit, got off the inpatient unit, and is now coming to see me. We've already had one session. But I've never met with her by herself, because she's only had her family there.

But what I do know is that she meets criteria for borderline personality disorder. She likely meets criteria for schizoaffective disorder and various and sundry other disorders, typical borderline personality disorder.

And so we're coming in, and this is the second session. And I'm going to have to turn around here to get myself organized so that I'm thinking I'm talking to her, not you all. All right.

Now, because we also do a lot of role playing with our clients, I'll just set us up like I would with client and group skills training. OK. So you are?

STACY: Stacy.

LINEHAN: And we're in the therapy room, right?

STACY: Yeah.

LINEHAN: OK. And so this is my chair? This is yours. And you've come in. Did you just come into the room a couple of minutes ago?

STACY: Yes.

LINEHAN: OK. And the door is-- where's the door?

STACY: The door is right there.

LINEHAN: OK. So the door to the room is there.

STACY: Maybe it should be there.

LINEHAN: Is it there? Well, where actually is it?

STACY: It's right there.

LINEHAN: Oh, thank you.

STACY: Do you see it?

LINEHAN: Yeah, I see it. So it's there. And are there any windows in the room?

STACY: Yeah, there's one right there.

LINEHAN: OK, so that's a window.

So listen, this is your first or your second session?

STACY: First.

LINEHAN: With me alone.

STACY: With you.

LINEHAN: OK. You were in here before with your family. So you're coming in, and you've sat down. Just before we get going in this role play, why don't you physically try to just experience yourself as you might be feeling if you came into this session.

Well, good to see you. You got yourself here. And I know last week, you were worried that you wouldn't actually get to this session. And you kept yourself alive. And you told me last week that was going to be hard. Was it? Was it hard?

STACY: Uh-huh.

LINEHAN: OK. So that's good. It's good that you can do hard things.

So why don't we talk about-- what I'd like to do today is just talk about what you want to get out of therapy and what you're hoping to get. I want to tell you a little bit about what this treatment is. And then we have to see whether you and I think we can work together, whether you think you can work with me.

I'm pretty sure I can work with you, but we want to make sure of that. So our goal will be for me to get a feel for you, for you to get a feel for me, and for me to understand your problems better and start figuring out what we're going to

do. Does that sound reasonable?

STACY: Uh-huh.

LINEHAN: OK. So tell me, what made you come see me?

STACY: Well, my family is sure I'm going to be dead, like they told you last week. And no one else has seen me. I've seen so many therapists, and then the last one, he won't see my anymore, either. So you're kind of the end of the road.

LINEHAN: Well, listen, is your family right? Are you going to be dead?

STACY: Well, I almost died. I wasn't-- I wasn't playing around. I almost died.

LINEHAN: Yeah. That's what I heard.

STACY: Yeah.

LINEHAN: Well, how are you feeling now? Are you feeling really suicidal now?

STACY: Nervous.

LINEHAN: You are?

STACY: Yeah.

LINEHAN: OK.

STACY: Yeah. I'm not feeling that suicidal. It's not like-- there's always the thoughts, but it's not always like I'm right there. It's not always like that. So I'm not there right now, but it's always in the back a little bit.

LINEHAN: Well, listen. When I asked you, though, why you came in, you said, well, your family told me that you were suicidal. And your family did say that, because they're very worried you're going to be dead. But what you didn't say is why you're here. Are you here just because your family brought you in, or do you have something that you want out of treatment with me?

STACY: No, I want to be here, too.

LINEHAN: So why?

STACY: Because my life is completely fucked up.

LINEHAN: How so?

STACY: It's more like how not so. I don't even know where to start. Everything is totally screwed up.

I don't have a job. I have no money. I'm a mess with my finances. I don't have any-- I have no friends that are real left. I don't have a relationship. I have

nothing. My life shit, basically.

LINEHAN: So is it feeling like your life is chaotic? It's feeling like your life is out of control?

STACY: Uh-huh.

LINEHAN: It sounds chaotic. Alright, is what you're wanting me to help you with is to get it to be less chaotic or more in control?

STACY: Yeah. I just want what other people have. I just want to have a life. People talk about get a life. And I-- they don't know what they're-- I don't have any life.

LINEHAN: Well, where are you living right now? I just want to understand this better, because I'm not exactly sure what you mean by I don't have a life. So when you say you don't have a life-- I realized that you told me how old you were last week, but I actually have forgotten. Can you tell me again how old you are?

STACY: I'm 28.

LINEHAN: You're 28, OK. And you're living-- are you still living with your family, or where are you living right now?

STACY: Kind of. I guess that's the only home, home. But right now, I'm crashing on somebody's floor.

LINEHAN: Is this a friend?

STACY: Yeah.

LINEHAN: OK. Is there a reason why you're not living at home or in an apartment or somewhere else, your parents?

STACY: Well, I don't have any money, so I can't really live anywhere. My family-- it's just constant tension, constant conflict, constant. And I don't know if they told you I was abused and all that. So there's just a lot of stuff [INAUDIBLE] there. There's just a lot.

LINEHAN: Just to get me a fix, though, I'm trying to figure out, are you-- how are you paying for your life? Do you have some income? Are your parents giving you money? Are you on SSI? You're working occasionally? What are you doing?

STACY: Well, I was on SSI, but then-- I try-- I work-- the pattern is I work a while, I get fired, my parents bail me out. They have a lot of money. That's why I can afford to see you. They're paying. You have a high fee.

LINEHAN: Yes, it's true. I do. OK.

So from your point of view, part of the problem-- so when you say you don't have a life, what is it exactly you mean? Is it that you mean you don't have a stable life, you're not living in the same place all the time? Or what is it that you don't have?

STACY: I just don't have a good life. I don't have anything that's mine. I don't have what other people have. I don't have relationships. I don't have anything that's mine.

LINEHAN: So right now, you don't have a job, either?

STACY: No.

LINEHAN: OK. So what do you do during the day?

STACY: I sleep.

LINEHAN: So you're sleeping. And at night, what are you doing?

STACY: I watch TV. Sometimes I go out.

LINEHAN: OK. And I'm forgetting again-- and I realize we talked about-- how much college? Didn't you start college?

STACY: Uh-huh.

LINEHAN: And you didn't finish?

STACY: Huh-uh.

LINEHAN: OK. And I'm forgetting, though, why you didn't finish.

STACY: I attempted suicide in the middle of-- the school didn't want to take me back.

LINEHAN: All right. OK. So do you have any thoughts on what's getting in the way of having a life that you want?

STACY: I'm kind of a screwed up person, to be honest. It's like-- people meet me, and they're like, oh, she looks together. People tell me I'm smart. They tell me, oh, you're attractive, whatever. And when I first meet people, I can hang. I can do stuff.

But then everything just blows up eventually, so nothing ever lasts. And either I keep meeting the wrong kind of people or I'm doing something wrong, but nothing-- I can't-- it just-- it doesn't last. It slips through somehow, and everything gets screwed up.

LINEHAN: So in other words, for short periods of time, you can live a life that seems organized or in control, and then something happens, and you lose control of it.

STACY: Yeah.

LINEHAN: OK. Is any part of this, would you say, have to do with emotions? Are you an emotional person?

STACY: Yeah. Right now, I'm OK. I'm talking to you. I'm fine. Another day, I could be your worst enemy. But I can't-- it's not like I'm trying to do all this shit. It happens. And then people get really pissed, like my family, like you heard them.

They're like, she can do it. She just doesn't want to get better. She's just wallowing. She's always been this way. She's this, she's that. People just think I want to be this miserable, or I'm making manipulative gestures, all that stuff.

And it's not true. I can't-- it's like there's two mes or something, or maybe three or four. But it's not like I'm trying to do this. So I'm sorry. What did you ask me? What was the question?

LINEHAN: I've forgotten. What can I say? We sort of went off here. And I'm just sitting here listening, trying to somewhat figure out-- trying to organize in my own mind what you're telling me to see if I can be helpful. So it's useful what you were telling me.

Because it sounds to me like a couple of things are going on. One is that you're feeling out of control, and another is that sometimes you really look like you're in control. And then I asked you, do you think it's emotions. And you were telling me how emotional you are.

And so what I'm wondering is, do you think you're a mood-dependent person? Are you a person who does things by the mood?

STACY: Totally

LINEHAN: You are?

STACY: That is me. Yeah.

LINEHAN: Is that something you'd like to change?

STACY: Yeah.

LINEHAN: Would you like to be less mood-dependent?

STACY: Yeah. My life is--

LINEHAN: Why would you like to be less mood-dependent?

STACY: Because I can't do anything. I can't keep anything. I'll come home, and say I'm going to clean my house. It drives me crazy when it's dirty. And I come home one day, and I'm cleaning, and it's done. And then the next day, I

can't do it. I can't hold everything. It slips through every time.

My relationships-- like I say, I'm never going to yell at anyone again, or I'm not going to do this thing, or like I'm not going to use coke, I'm not going to do this. And I can-- and then it's like something happens, and I just can't hold things like other people can. I can't follow through on anything, nothing.

LINEHAN: Do you want to be a person who can follow through?

STACY: Well, yeah.

LINEHAN: Why?

STACY: Because then maybe I'd be normal or something.

LINEHAN: Don't you think, though, it would be a lot easier to be a mood-dependent person who doesn't follow through? It seems a little bit difficult, your life, but--

STACY: No, it's really difficult, really difficult. You have no-- you have no idea.

LINEHAN: Well, is not being able to follow through creating problems?

STACY: Yeah, like I just told you.

LINEHAN: OK. So one of the things we're going to work on, then, will be getting you less mood-dependent and a person who can follow through more on your goals. OK. This is going to be really hard. That's a lot of work. That is an incredibly difficult problem. Are you sure you want to do it?

STACY: Well, what else can I do? Basically, Marsha-- I can call you Marsha, right?

LINEHAN: Yeah. Sure.

STACY: This is it for me. I've seen 13 therapists. Ever since my parents found pot in my room when I was like, 9 years old, I've been in therapy. I've done everything, every single thing there is to do.

LINEHAN: Why are you trying it again?

STACY: I don't know. They say you're the expert in treating people like me. That's what my last therapist said when he kicked me out. So I figure I give it one last try. And if it doesn't work, then that's it. But what the hell?

LINEHAN: OK. So it sounds like you want to change, and you're willing to give it another try with me.

STACY: Yeah.

LINEHAN: And one of the things you want to do is get your life-- I just want to be clear-- that one of the things you want to do is get your life less chaotic, less mood-dependent.

STACY: Mood-dependent, yeah.

LINEHAN: You know what I mean by that?

STACY: The two mes thing. My therapist told me it was the inner me, the inner child, and the older-- little Stacy, older Stacy kind of thing. If it's that, mood-dependent, yeah, I want to be less mood-dependent.

LINEHAN: OK. And more in control?

STACY: Uh-huh.

LINEHAN: OK. Has anyone-- wait a minute. I was just getting ready to tell you about the treatment. Before I ask you about the treatment, let me just go back and get a little bit of information.

Because the other thing that has just happened is you just tried to kill yourself. And in my understanding, it was quite serious. Let's talk about suicidal behavior and how suicidal you are and how suicidal you've been. So--

STACY: Do we have to?

LINEHAN: Yes, we do. Sorry. So tell me-- the suicide attempt was from-- was it an overdose?

STACY: Uh-huh.

LINEHAN: OK. And what did you overdose on?

STACY: Tylenol. Because you can overdose on that. And then you eat a lot of bread so you don't throw it up.

LINEHAN: And how much Tylenol did you take?

STACY: A lot. I had one of those-- I got the huge thing from Costco. I didn't count it. I just started taking handfuls, handfuls, handfuls.

LINEHAN: OK.

STACY: And then I spaced it out a little bit so that I'd make sure not to vomit it all up and then-- till I got-- till I knew.

LINEHAN: So how did you end up still alive?

STACY: Someone came back and found me, called 911.

LINEHAN: So where did you do this at?

STACY: It was at this guy's. I didn't even know him. I just hooked up with

this guy, and then we ended up back at his place, and he left to go work or something. I was just like-- and I already had the stuff. I bought it before, because I was thinking about it. So I had it in my backpack.

LINEHAN: So were you-- do you think you intended to die?

STACY: Oh, yeah. I don't know why I'm still alive. It's like God won't let me die or something.

LINEHAN: So how did somebody find you?

STACY: They just came back.

LINEHAN: Were you expecting somebody to come?

STACY: No. I didn't even know the guy. I don't even know what his name is.

LINEHAN: So how did you end up doing this? What happened?

STACY: I was just thinking about how totally alone I was, how completely fucked up everything is. And it's just too much.

It's hard to explain to people, honestly, because I don't think people really get it. But it's just not bearable.

LINEHAN: So when did the thought of killing yourself enter your mind?

STACY: I had been thinking about it for weeks before.

LINEHAN: And what set you thinking about it?

STACY: I had broke up-- well, I got dumped.

LINEHAN: By who?

STACY: This guy I was seeing. It was for four months. And I thought things were good. And I was wrong. So I started thinking about it, and I was just-- I don't know. I just was waiting for the time or the guts to really do it or something.

LINEHAN: So how is it, though, that-- so you broke up with the guy. How long was it before you tried to kill yourself, from when you broke up to when you tried to kill yourself?

STACY: A couple-- a week.

LINEHAN: A week or a couple of weeks?

STACY: A week and a couple days.

LINEHAN: A week and a couple of days? OK. And when did the first thought enter your mind?

STACY: It's hard to say, because it's always there in the back of my mind.

LINEHAN: But when did the thought enter your mind like, I'm going to do it.

STACY: When I realized he was really leaving.

LINEHAN: And when was that?

STACY: We had this really bad fight, and he left. But I would stay in his place. And then he left, but I stayed there. And then he came back and told me to get out, pack my bags now and leave, and he never wanted to see me again.

LINEHAN: So he came in the room and said pack your bags, leave, get out of here. I never want to see you again. OK. So what was your first response to that? How did you respond?

STACY: I told him I'd kill myself.

LINEHAN: Was that the first-- did that thought go through your mind and then you said it, or did you just say it?

STACY: I think the thought came first. I meant it. Obviously, I did, because I just--

LINEHAN: So you said I'll kill myself. What did he say?

STACY: He said I'm tired of hearing that from you. You're just trying to manipulate me into staying. I'm not doing it. Which was totally fucking untrue.

LINEHAN: So what was your response to that? How did you feel or think, or what did you do? What happened next?

STACY: I threw a chair at him.

LINEHAN: You did?

STACY: Yeah.

LINEHAN: Was that spontaneous and impulsive, or did you think about it?

STACY: No, I didn't think about it. I just did it.

LINEHAN: OK. So the scenario was he said get out. You said-- you thought I'm going to kill myself, and then you said it.

STACY: Yeah. And it was a big fight. And I started screaming at him, I'm going to kill myself. I'm going to kill myself and do this. Don't do it. Don't do it. And then he was like, no, and then he said that thing about me just manipulating him. And then I just did it. I just did it.

LINEHAN: OK. So you threw a chair at him.

Now, before that fight, were you thinking about killing yourself in a serious way, other than just this background sort of thing that's always there?

STACY: No.

LINEHAN: OK. So is that typical of you when someone-- you break up or something? Is that typical that you get more suicidal?

STACY: Yeah.

LINEHAN: All right. And so you got more suicidal. So why didn't you do it that day?

STACY: I think I was thinking maybe we would get back together. Maybe he'd-- I wished he would get a hold of me and be like, I'm sorry, I didn't mean it, that somehow it would work out. I don't know.

And then I hooked up with this other guy. And I don't know. When he left that day, it was just-- I realized I was going to be alone forever, for the rest of my life. Nothing was ever going to stay.

LINEHAN: So when was it-- so you realized that. But when you realized that, were you going to kill yourself? Did you decide to kill yourself, or were you still just thinking about it?

STACY: No, I decided. I had been thinking about it before, so I felt ready.

LINEHAN: So you decided.

STACY: Yeah.

LINEHAN: So do you remember when you decided? I'm just trying to get this really clear in my mind exactly when it was.

STACY: It was when the-- it would just feel unbearable. And then I just knew that that was the right choice. It was over.

LINEHAN: So then what did you do? Did you plan? What did you do next?

STACY: Well, I already had the Tylenol, so--

LINEHAN: Did you know that Tylenol was lethal? Could be lethal, could kill you?

STACY: Yeah, they told me in the ER last time I got my stomach pumped.

LINEHAN: Great. What did they tell you? Did they tell you how much?

STACY: Some nurse or some-- I don't really remember. But I had taken Prozac, a bunch of Prozac. And she's like, you know, Tylenol is more lethal

than Prozac.

LINEHAN: OK. And you had Tylenol. So you decided to-- so is it clear that you decided more than a week ahead of time to do it?

STACY: Clear that I decided more than a week ahead of time to do it? I don't know how to explain it to you better.

LINEHAN: OK. I'm just trying to get clear in my mind that you decided, and then you didn't change your mind. Did you think about it after that, or did you just shut down?

STACY: Once I was there that day, and he left, and I was going to do it?

LINEHAN: Yeah.

STACY: It was like-- no. It was like I decided, and then I just got totally calm. It was like I wasn't sad. I wasn't scared. I was just like--

LINEHAN: Calm?

STACY: Calm.

LINEHAN: So the issue was closed in your mind?

STACY: Yeah. That was it.

LINEHAN: OK. And then did you plan? What did you do the rest of the week?

STACY: Why is this important? It's so many fucking details.

LINEHAN: Is it too many? I'll tell you why it's important. I'll tell you what I'm trying to figure out. I'm trying to figure out now that are you are you a person who-- it's not so uncommon for a person to decide, and then there's really nothing that can be done for them afterwards.

And some people decide, and there's a lot that can be done for them afterwards. So really, all I'm trying to figure out with you is whether you're a person who, if you do decide, in effect, is that the point that we have to really consider the most serious point with you?

STACY: Oh, yeah.

LINEHAN: That what we have to work on is you're deciding to kill yourself, which is more important.

STACY: Yeah. And I know that. That's why I got the stuff ready for that time. Because I can't-- I'm basically a coward. I can't quite do it. But I know once that-- it's happened three times. Every time--

LINEHAN: Has every time been the same way?

STACY: Yeah. I get focused, calm. It's like dreaming or something, and it's just over. So I know when that comes, that's it.

LINEHAN: Now, when you do decide-- when that happens, and you go like that-- do you-- so that sort of means that if I'm going to be helpful to you, I'm going to have to figure out what gets that decision like that. And then we're going to have to work on trying to figure out ways to not get to that point?

STACY: I guess that's our goal. [INAUDIBLE]

LINEHAN: Huh?

STACY: Yeah I guess so.

LINEHAN: OK. That's the reason I was asking you so many questions, mainly, is to figure this out. Are you at that point now?

STACY: If I was at that point now, I would not be sitting here talking to you. I'd be buying pills or buying razor blades.

LINEHAN: Well, do you have Tylenol at home now?

STACY: I really don't have a home. I haven't bought any.

LINEHAN: OK. So is it safe for me to say that you're not, right this moment, planning on killing yourself?

STACY: Are you going to lock me up if I say the wrong answer? I know how the system works. I know all about it, I know all that you do. So this is putting me in a little bit of an awkward spot.

LINEHAN: Well, I'm not planning on locking you up.

STACY: Well, you have to. You have to save your ass if I say I'm going to kill myself.

LINEHAN: It's true that if I thought I had to save my ass, I'd do it. The question, though, is have you decided now to kill yourself?

STACY: Let's just say it's an option.

LINEHAN: Have you crossed that point, though?

STACY: No, or I wouldn't be here.

LINEHAN: All right. So it's an option, but you haven't decided to do it.

STACY: Right.

LINEHAN: OK. So this is the question, then. In this therapy, it would seem to me that although obviously a goal is going to be to get your life together,

to get it less chaotic, to get you in more control, to get the things you want in your life in your life, it seems that none of that is going to work out if you're dead.

So it seems to me our first priority has got to be that we've got to agree that you're going to stay alive until we get your life worked out.

STACY: Are you going to make me sign a contract?

LINEHAN: No. Have you signed it before?

STACY: Yeah, they all use contracts

LINEHAN: You have?

STACY: Yeah, all therapists do that. They think if I sign a little fucking contact then, you know, like I'm beholden. Usually, I can't do it. Whatever.

LINEHAN: So it seems rather obvious that those contracts haven't worked.

STACY: Yeah, rather obvious yeah.

LINEHAN: OK, so I guess we won't do that.

STACY: It wouldn't-- yeah.

LINEHAN: OK, but my question is are you willing to agree to stay alive or to make a goal of this therapy that you will stay alive long enough for us to get the therapy to work? Because if you're dead, this therapy won't work.

STACY: I'll try.

LINEHAN: Trying to stay alive is not what I'm after. I'm after agreeing to stay alive.

STACY: Well, how can I agree-- I mean, that's what I am here for. I mean, this is whatever-- you know-- like I can say, sure, yeah, I'll do it. But I know I can just go out, and then something's going to happen, and it's going to-- you know? I can try. That's the best I could do.

LINEHAN: So you're afraid that if you agree to stay alive that you may lose control and not be able to stay alive? So you don't want to agree?

STACY: Well, yeah, it's like if I came to you to lose weight or something, and you're like, OK, you just have to agree not to eat more than you should and exercise every day. I mean, god. What the fuck is that?

LINEHAN: OK, can we agree-- can we agree though that it could be a goal? I mean, it would be like if you went to therapy for eating to lose weight, you would at least agree that losing weight was going to be the goal of therapy. So can we at least agree that staying alive will be a goal?

STACY: Well, my goal is not to be fucking miserable all the time. My goal is not to stay-- I mean, that might be your goal. And you know, but--

LINEHAN: OK, I'm willing to have the goal to not be fucking miserable, but the problem is on the way to not being fucking miserable, you're going to have times when you want to kill yourself. So what we've got to figure out is whether we've got-- that's exactly right. So now, we've got to agree on whether when you have these times when you are fucking miserable on the way to not being fucking miserable, are you willing to go through some difficult times and stay alive until we can get you there? Because we're not going to get you there tomorrow.

STACY: Well, how do you know it's going to-- I mean, have you ever treated someone like me? I mean, did you talk to my last therapist?

LINEHAN: No.

STACY: He said I am uncurable basically.

LINEHAN: Yeah.

STACY: And that's what everybody-- I mean, I've seen 13 therapists. No one has been able to help me. And it's like--

LINEHAN: Listen, fabulous that you're here.

STACY: But yeah, I hope you can. I hope all of this can work. I do.

LINEHAN: OK, so let's get back to--

STACY: I'm not trying to be difficult.

LINEHAN: No. I accept that you're not trying to be difficult.

STACY: You know-- I mean--

LINEHAN: This is the question though-- between here and there, honestly, if it were easy, you wouldn't need me. You wouldn't have had 13 therapists. If this were easy, you would have been to a life you wanted a long time ago.

So it's obvious that if it were easy, it'd already be done, because it sounds like you're a person with a lot of motivation who works really hard, because there are very few people who wouldn't have quit before 13 therapists. So that's a very good quality-- the very fact that you've gone through all these therapists is a good sign for us.

Nonetheless, it is difficult. Between here and there, there's going to be hell.

STACY: Exactly.

LINEHAN: Right. So I figure our number one priority has to be to get

you to stay alive through hell so that we can get to the life you want. And that's where we're at now. So we've got to have some sort of agreement, not by writing a contract or because I'll fire you if you try to kill yourself, but because we both have to face the fact that to get there, you've got to go through there. And to go through there, you got to stay alive.

STACY: OK, I'll make you a deal.

LINEHAN: OK, what?

STACY: You guarantee that you can help me, and I'll guarantee that I won't kill myself.

LINEHAN: What are you going to do if I fail?

STACY: Well, then-- all bets are off.

LINEHAN: OK.

STACY: I can do it.

LINEHAN: So if I don't help you, you'll kill yourself?

STACY: Yeah.

LINEHAN: OK, but if I do help you, you won't?

STACY: Yeah. I think so. Yeah. If you can help me, no, I won't kill myself.

LINEHAN: OK, then how long are you going to give me to try?

STACY: I don't know.

LINEHAN: And whose side are you going to be on? Are you going to be on my side or your side?

STACY: Well, I'm on my side.

LINEHAN: That's a problem.

STACY: What do you mean that's a problem?

LINEHAN: Well, that's a problem. If we have an agreement that you'd kill yourself if I don't help you-- Yeah, but I-- if we're going to have an agreement where if I help you, you'll stay alive, you're going have to be on my side and help me help you. We can't have a bet here where you win, you die. I win, you live.

STACY: See there's something I don't think you understand.

LINEHAN: Mhm. Let's get back to-- what is it I don't understand?

STACY: I don't think you understand how hard it is.

LINEHAN: That's my whole point. I do understand. Why would I be getting this agreement from you if I didn't understand? That's precisely the point. It is life and death. This is difficult. If I am really your last chance, then you have got to live through it.

STACY: OK, how long is it going to take before I can get that? How long will it take before you can help me with that?

LINEHAN: Let's not say how long is it going to take. Let's say how long we're going to try before we re-evaluate. And then you can choose. Listen, you can kill yourself after therapy is over. I mean, the facts of the matter are I cannot take that choice away from you. You can always have the choice to kill yourself.

STACY: Right.

LINEHAN: All right? So let's say that you'll give me a year. You'll stay alive for a year.

STACY: A year? Jesus, a year? I don't think I can do a year.

LINEHAN: Why not?

STACY: A year?

LINEHAN: It seems reasonable to me.

STACY: That's too long. I can't. I can't do that.

LINEHAN: Well, how long do you think you could give it? Now, remember, we're talking about how long are we going to put an effort in before we re-evaluate? When we re-evaluate, you can decide to kill yourself and not kill yourself. But we're just figuring out how long we're going to go before we re-evaluate whether you're going to kill yourself or not.

STACY: I can try for a month.

LINEHAN: A month?

STACY: Mhm. I think so.

LINEHAN: I don't know. That's pretty short. How about six? You've got to give this--

STACY: How did it get like this--

LINEHAN: Well, you've got to give it time.

STACY: You sound like a car salesman.

LINEHAN: Listen, it's going to take time. It does take time. Think of your

life. Look where you're at. Look how long it's taken. You've been miserable, from what I can figure out, most of your life. So I figure if we re-evaluate in a month, it might not come out the way I want it to.

It might not come out right. Because in a month, you may not feel a lot better. I think that we should re-evaluate in six months. I figure in six months, we'll have a good chance of knowing which way we're going. I think that's very reasonable. You can't just walk in and-- You've kind of got to go for broke.

STACY: I think I will do my best for six months. It's a long time. I'll try. I'll try my hardest. I can commit to trying my very hardest for six months.

LINEHAN: OK, so how long are you committed though to succeeding and staying alive?

STACY: Say what?

LINEHAN: Succeeding. You were going to try. We've got that down. You're going to do your very best for six months. So how long can you give me that we'll agree you're absolutely going to do it?

STACY: Tomorrow.

LINEHAN: How about a month? That's what you were saying before.

STACY: Yeah.

LINEHAN: OK. So we've got it. All right. Listen, it's fabulous.

STACY: So what happens if I do it.

LINEHAN: It depends on whether you're dead or alive afterwards.

STACY: No, I mean, do I get kicked out if I do something?

LINEHAN: If you're dead, you're out. So you're trying to find out am I going to kick you out if you try to kill yourself at will? My worry about you, just listening to you, is that if you try to kill yourself, you actually may be dead. This is my worry. All right?

And I feel like what you just said earlier in the session was that you're a person who also makes commitments just like you've made to me, and then something happens, and you end up--

STACY: It's not because I'm not trying.

LINEHAN: Yes, I know it's not because you're not trying. I doubt that. I don't think anyone is not trying that goes through 12 therapist. So we'll assume for the moment that you're trying. But my worry is now is that even though you've made a commitment-- do you feel like, by the way, you've made a

commitment? That we're on the same page here? OK.

But the problem that we have to worry about now is the fact that you made a commitment doesn't necessarily mean you're going to keep the commitment, right? Not always. There's a chance that something could happen, because you're on the mood-dependent side.

So one thing we have to work on is what are we going to do for the next week, because I'm going to have meetings-- did we talk last week about how the treatment was going to go, that you and I would be meeting every week?

STACY: Yeah, and I have that group of--

LINEHAN: Right. And you'll be going to group every week-- group's two and a half hours. Our sessions will be an hour or 90 minute. How long were your sessions with your previous therapists?

STACY: It was an hour. Well, the one who I just came from?

LINEHAN: Mhm.

STACY: They were an hour-- 50 minutes.

LINEHAN: All right, so we'll start with an hour and decide between us whether that's a good amount of time, OK? So we'll either do it an hour. Or we might move it to more. We'll see how it goes, OK? So we know that. But right now, what I want to do is be-- now that we've got this agreed on-- that keeping you alive is going to be a major focus.

We've got to be sure that you're going to stay alive till next week. Is there a reason why you're looking at your watch?

STACY: It's just-- I'm just tired.

LINEHAN: Mhm. What do we need to do to be sure you'll be alive next week?

STACY: I don't know.

LINEHAN: OK.

STACY: I don't know.

LINEHAN: All right.

STACY: [INAUDIBLE]

LINEHAN: What would happen if we made an agreement that if you get close to shutting your mind down-- if we made an agreement that if you shut your mind down you would call me, is that reasonable to think you would do it? Or is it once it's shut down, it's over?

STACY: That I would call you?

LINEHAN: Uh-huh.

STACY: I'm sorry, what? If I shut my mind down, what?

LINEHAN: If you decide to kill yourself, is it reasonable to think you would call me then? Or should we say--

STACY: No. I wouldn't call you.

LINEHAN: OK, all right. All right.

STACY: Because then you'd just send the MHPs over.

LINEHAN: OK, I'd be worried. I can tell you that. All right. Do you think there's any chance that you're going to kill yourself between now and next time? Are you feeling like doing it? Are you planning it now?

STACY: It's been an option.

LINEHAN: Could we agree that you won't buy Tylenol without calling me?

STACY: Buy Tylenol?

LINEHAN: You know last week when we talked about that you could call me, I gave you my pager number.

STACY: Buy Tylenol, no. I won't do that.

LINEHAN: OK, are you thinking of some other way of doing it besides Tylenol?

STACY: Yeah.

LINEHAN: OK, what would your other way?

STACY: I would cut my artery.

LINEHAN: I see. And what would you cut your artery with?

STACY: A razor blade.

LINEHAN: A razor blade. Do you have razor blades now? Where?

STACY: They are in my backpack.

LINEHAN: You have them here? Oh, why don't you just give them to me now.

STACY: Uh-uh. I can't do that.

LINEHAN: Listen, I need you to give me those razor blades.

STACY: Can I have them back?

LINEHAN: Sure.

STACY: At the end of the month?

LINEHAN: No.

STACY: Why not? You just said at the end of the month--

LINEHAN: You can go buy razor blades in the store.

STACY: Look, I don't have a job.

LINEHAN: You'll have plenty of money for razor blades. Why don't you just get them right now? Good. So listen, do you have any razor blades at home?

STACY: No.

LINEHAN: OK. Do you have any other razor blades anywhere else?

STACY: Anywhere else?

LINEHAN: Mhm.

STACY: No.

LINEHAN: OK. Can we agree that you won't buy razor blades without calling me?

STACY: To just call you?

LINEHAN: Mhm. You can always buy the razor blades. All I'm asking you to do is call me before you buy them. But you can always hang up and then go buy them.

STACY: No, I'll call you.

LINEHAN: OK. I mean, I'm not going be able to keep you from buying razor blades, take it from me.

STACY: So we're saying for this week I will-- this week only.

LINEHAN: Right. This week only.

STACY: Yeah, I can do that.

LINEHAN: OK, you'll call me before you buy razor blades or Tylenol.

STACY: Yeah.

LINEHAN: OK, you got any other methods in mind?

STACY: Mmm-mmm. Now that I know my meds won't do it.

LINEHAN: OK. You're on olanzapine and Prozac, right?

STACY: Mhm.

LINEHAN: OK. And you're taking those on a regular basis?

STACY: Yeah.

LINEHAN: OK. All right. Now, let's get back to--

STACY: I think our time's about--

LINEHAN: It's going to be. Are you ready to go?

STACY: Yeah.

LINEHAN: Do you feel though like you gave me a feel for the problem that you've been able to tell me sort of what you want?

STACY: Yeah. I mean, I think you've got it. I don't really know how you're going to do it. But you at least, like-- you don't treat me like I was three.

LINEHAN: Mhm. OK, so the things we've agreed on-- so we're going to work on and try to understand and then figure out what to do about the fact that you feel your life's chaotic. You feel mood dependent. It sounds to me like the thing we might want to work on is getting stable housing like a place to live that you actually stay at. Would you like that? Given that you're 27, maybe we could eventually work--

STACY: 28.

LINEHAN: 28, sorry. We could work on a job.

STACY: Oh, yeah.

LINEHAN: OK.

STACY: It's not getting them that's the problem. It's keeping them that's the problem.

LINEHAN: All right. So what we're going to work on is-- but all together, it's sort of this notion of trying to get your life less chaotic.

STACY: Right.

LINEHAN: OK. Is there anything else you want to say to me before we end? Because I see it's about time to end.

STACY: Yeah I want to know-- I don't want you to talk to my family about-- like I don't want you to talk to them basically without me knowing about it. And I don't want you like reading-- I want-- if you have to do the whatever-- the chart request thing-- like for my old therapist, I want to just-- I want to know about it, because I don't want you to like pre-conceiving all this stuff about me basically.

LINEHAN: OK, so let me talk to you about confidentiality for a minute, all right?

STACY: Yeah, I know. If I'm a danger to myself or others, or if I can't take care of myself, then I can be hospitalized.

LINEHAN: Yeah, but the main point is this-- I'll keep things confidential. I have no intentions talking to anyone about you except for my treatment team. We talked about that last week-- my supervisory treatment team. I'll talk to them about you. I'm going to keep notes.

And the only time I am going to talk to anyone else is if you do anything that makes me think you might kill yourself. If I think you're going to kill yourself or are in danger of killing yourself, or seriously harming yourself, then I'll talk to whoever I feel I need to talk to try to--

STACY: Yeah, I know. I know.

LINEHAN: OK. All right.

STACY: We done?

LINEHAN: Yeah.

STACY: OK.

LINEHAN: Do you want to be done?

STACY: Yeah.

LINEHAN: OK. All right, so listen, also next week, we'll go over the diary cards.

STACY: Yeah.

LINEHAN: OK. Now, we've got it agreed this week that you're going to call me before you get razor blades, before you get Tylenol, right?

STACY: Right.

LINEHAN: So is anything going to make that hard to do? What do you think might happen that would interfere and make that difficult?

STACY: Just if I want to do it. I mean, just being in like hell, basically.

LINEHAN: Mhm. So in other words, what could happen is you'll start feeling like hell and then not want to call me?

STACY: Yeah. If I get to the point where everything clicks, then-- but I'm going to try and not do that.

LINEHAN: OK. And so what would make it easier not to do that? What could we do that would make it more likely that you would call me than not?

STACY: Fifty bucks would help. Wait. What makes it easier this week? I don't

know if there's anything you can do-- just if things went well, that would be great.

LINEHAN: Mhm. Well, one thing you could do-- are you a person who if you can think about the positive-- if you can remind yourself that the treatment might work, would that help you? If you started feeling like either getting razor blades or getting Tylenol, and you thought, no, I agreed not to do it-- this treatment might work? How to give it a chance?

STACY: Yeah.

LINEHAN: You think you can think those things? Do you need to write them down? Do you maybe have to write it down?

STACY: I actually feel kind of-- I feel hopeful. I mean I feel kind of hopeful. And my therapist said you're the only one who can help me. So like I said, what the hell.

LINEHAN: OK. All right. So that's the end of that session.

Ordinarily, I would have a longer session in the first session. So I would do a little bit more work on what her problem was. And ordinarily, I would have also just-- I wouldn't in this session, because of the suicidal problem. But in the next session, I would go through with her why had her previous therapist kicked her out-- what led to that, and is she going to do the same things to me.

But in this particular session, what we do in the first session is generally work with a client who is suicidal on making sure that we get an actual commitment to stay alive for a certain period of time. And generally, if not-- I stopped the session because of the time in here. But I would have actually done more problem solving and troubleshooting on making sure that she was going to get through the week although she doesn't seem terribly suicidal right now.

And more than likely, if she just attempted suicide a few weeks ago, it's unlikely she's going to attempt again anytime soon, because the way it usually goes with the person with borderline personality disorder is it takes a while for anything to build back up again. So you have sort of a honeymoon at the beginning. So I would have thought I'm on a honeymoon with her now for a while, but not for very long possibly.

I'm not sure how much this looked like our treatment actually. It's difficult. We never role played before in our lives. But you were a very good client. So I'm wondering if there are just questions about this? Comments on it? Questions? Yes?

SPEAKER 1: I'm surprised that you agreed to the one month.

LINEHAN: I agreed to the one month.

SPEAKER 1: You started out with the one year. And bargained down-- will you do six months--

LINEHAN: No, I got six months.

SPEAKER 1: Oh, you did?

LINEHAN: Six months was trying. One month was sure. That would be more than I could have possibly hoped for. I felt I was so ahead of the game by getting a one month I'm sure of, that I've figured out I was way ahead of the game.

The commitment strategy there was door in the face-- a year. And then a foot in the door was six months. We came down to six months. And then I moved up to how long will you be sure of? Because all she was saying was I'll try. So I didn't want to leave trying. I didn't want to get trying.

So then I went up to, well, give me an amount of time that you can be sure of that you won't do it an absolute, which is a much different commitment. And so then I got a month. So I figured, OK, I mean, I could've kept going and tried for more, but that's really perfectly fine, as long as I've got her alive next week. That's really all I need.

And so I can use this for a while. So a month, sure, is much higher than six months, maybe. So that's really how that went. I was going up and down.

SPEAKER 2: You also achieved a commitment to call you.

LINEHAN: Yes.

SPEAKER 2: What if you were sick and weren't there?

LINEHAN: I would have someone on call.

SPEAKER 2: The commitment [INAUDIBLE]-- to make the commitment just to you, or to make the commitment to call the--

LINEHAN: We'd make the commitment to call the therapist, because the therapist in DBT, the primary therapist is the only person person they can call. They can't really call any other therapist on the team. And so if I'm not available, someone else would be on call. Or she can wait until I get back to her. But even if I'm sick, I'll get the page. I'll have the pager on for a week. I don't not have patients.

So I'll know if I got a page. If I can't take it, someone else will. But I'm not expecting her to have trouble. From that session, I would not expect any trouble in the next week. She's probably being apparently competent in the

session, but on the other hand, the real ace is that she just did it, and she's not saying she wish she'd died, and she's still planning it.

She doesn't have Tylenol. But she did have the razor blades. And so I got those. And the fact that she gave them to me-- there was not much more I could do with her this session.

STACY: [INAUDIBLE] one more question.

LINEHAN: Yes. Yeah.

SPEAKER 3: I was watching you, I was aware that it looked like you were trying to push her buttons at the beginning of the session. I was wondering if you were doing that deliberately. You reflected back to her, well, your life seems a bit difficult, and I think that most of the people that I've worked with with that problem would have exploded at that point.

LINEHAN: She did. Sort of. No, I was doing some devil's advocate, but it wasn't-- what was really going on, actually, was a tape of a session was going through my mind. It's very difficult to do a role play when you've got a tape of something so similar in it. So I gave a response that was more appropriate for the tape than it was for the actual role play here, because on the tape, that had worked.

And so then I realized that I had to get out of this tape of a session and into the role play I was in. And so that would be a devil's advocate. And a devil's advocate would be-- why do you want to change? And really throwing it out-- well, why not kill yourself? You know?

And I thought of saying to her, well, if you decide not to kill yourself, why would you decide that? Wouldn't you rather be in a therapy where you could kill yourself? But with her, I was pretty sure if I said that, it would have-- she might have gone along with the program. I said, OK, I will.

Or she would have just said what she'd already said, which was, look, I'm here. I want to work with you. You're my one last chance. And since I already knew all that, to get her to say it again, and she was sort of-- client one note each time. It was you're the best, this is my last chance. And da, da, da, da. Yes?

SPEAKER 4: In England, there used to be an idea that if you did business, the word was the bond. But I really have a question for the patient here is to-- actually, what she understands by having made a commitment whether it really means anything to you.

STACY: Well, throwing myself as much as I could into what a patient would feel like, I think because she kept going on and on about it, honestly, to get much more seriously than just say the words, I won't kill myself, OK, or sign

a thing, or whatever-- I mean, it felt more serious to me like it was actually a person in the room, who I was committing to instead of saying the magic [INAUDIBLE] words or something.

SPEAKER 4: See, I wondered whether it was actually what was actually said or whether you really felt that she was taking you very seriously. It did certainly seem that you were taking it very seriously-- you get on and on about this commitment, even though I wondered about the ability of acting as if you were signing a verbal commitment.

LINEHAN: No, this has nothing to do with signing a commitment. We would never do a contract. That has to do with strengthening committed behaviors. And it has to do with eliciting a behavior, reinforcing the behavior, pushing the behavior, and trying to strengthen it, not with the idea that one has a commitment that you then carry with you after this. It's more this notion of creating committed behavior-- creating the act of making commitments.

And verbal public commitments increase the probability that you'll do something. And then the next week, as you see, I started it with, OK, you committed not to kill yourself and come in, and here you did it. That's really good. It was hard. You did it. So I've now said, OK, you can make a commitment and do it, and I'll say good.

Now, next week, I'll say the same thing. And so one thing I'll start trying to do-- because all of us have to be able to make a verbal commitment and then have behavior match it. I mean, that's how most of us get ourselves to do things that we don't want to do.

It's not hard at all to get yourself to do what you want to do. But it's really hard to get yourself to do what you don't want to do. So DBT works a lot on committed behavior, especially at the beginning. But then the second she calls me or does anything that sounds like she's going to kill herself, I'll then say, but I thought you agreed not to do that.

That would be the first thing out of my mouth. Wait a second. You agree not to do that. And then rather than talk about whether we're going to kill ourselves or not, now, we'll talk about whether she's going to keep an agreement or not, which becomes quite a different thing to be having a discussion about. And it's one of the central problems with this group of people is that they make agreements day in day out without keeping them. Yes?

SPEAKER 5: But if she did call you, she did keep that agreement.

LINEHAN: She?

SPEAKER 5: If she called, would you say, oh, thank you for calling?

LINEHAN: Oh no, I certainly would. Yeah.

SPEAKER 5: My question actually was given the number of patients you might carry at one time, how many times you get paged? I'm wondering what the workload is.

LINEHAN: I get paged less than treatment-as-usual therapists do.

SPEAKER 5: Right. That makes sense. That makes perfect sense, because you're encouraging them to do it.

LINEHAN: I get paged twice a week.

SPEAKER 5: Twice a week. How many pages?

LINEHAN: Well, see, I get paged more by my therapists than I get paged by patients, because my therapists' clients all page them. You get called a lot by your clients in crisis. And you don't get-- so for the first six months of any severely suicidal person, you'll either not get called at all, or you'll get called a lot. And then if you don't get called at all, you've got to make them call you. If you get called too much, you make them call you less.

And it takes you around six months to shape up clients not to do things you don't want them to do. Then you take another highly suicidal client. And then you can keep a lot of them in your case load, but you can't take a whole bunch of them at once, because at the first six months, which I view is the part when you're trying to create behavior in the client that you can live with as a therapist. And they're trying to create behavior in you that they can live with as a client. So new clients page me a lot more.

SPEAKER 6: Marsha.

LINEHAN: Yes, sorry.

SPEAKER 6: What would you have done if you haven't been able to [INAUDIBLE] commitment?

LINEHAN: If hadn't been able to get that commitment? I'm always asked that. I've been asked that all my life. You know, I am 59. I've been working at this since I was 25. I have never in my life not gotten a commitment. So I'll tell you, you would get one.

Now, I may only get one till tomorrow. I've had that happen.

SPEAKER 6: And then you'd see the person the next day?

LINEHAN: No, they call me. I call them. I may get it till tomorrow. I mean, that's the shortest one I've ever gotten was till the next day. And then I said,

OK, that's fabulous. Good. We've agreed. You're alive till tomorrow. I'll call you. Because ordinarily, I would never take commitment to trying. I do not consider trying the behavior that I'm trying to get. I'm not interested particularly in trying behaviors. Those are not the behaviors I'm working on.

I'm working on this stay alive behavior. So I would never just accept trying. And I've never not gotten it. So I'm assuming everyone can get it. I don't know. Have you ever not gotten? I don't think my student-- I don't think any of us have ever not gotten it . Right? Yeah, one way or another, you get it.

STACY: Should we do another one--

LINEHAN: Do you want to do-- we were going to do another one for you for a couple of minutes-- a later on one. So this client is-- you're going to do CR, right?

STACY: I'll do CR, CR yeah. I'll do it.

LINEHAN: OK. This is the same client. But now we find out that one of the reasons her client therapists don't want her is that she has what we would call 100% avoidance behavior. So I've figured out that what goes on is that she'll come into a session. And no matter what we're talking about, she'll start distracting onto some other topic.

And the way she distracts usually is by attacking me. But she could also attack by getting suicidal and saying she's going to kill herself or that just made me suicidal. OK? So we're going to come in, and we're getting ready to start the session.

And I have her diary card. And you'll see some of the questions that we ask on the diary card, OK? But we're going to walk in. We don't want to have me picking it up, because that takes while. I'll pick it-- oh, thanks. I did get it. OK. So all right, thanks. Jeepers!

God you had two really awful days-- Saturday and Sunday. You've got fives on just about everything. You've got fives on shame and fives on--

STACY: Yeah, I filled out the card, Marsha, I know what happened.

LINEHAN: All right, so listen, just tell me before we get going. Let me get this down. OK. So what's your urge to harm now?

STACY: Who?

LINEHAN: Harm yourself. Let's start with that.

STACY: A five.

LINEHAN: OK. What's your urge to quit therapy?

STACY: Five.

LINEHAN: What's your urge kill yourself?

STACY: Five.

LINEHAN: OK. Urge to violence towards someone else?

STACY: Four.

LINEHAN: OK, so listen-- Is that a Y or an N on Sunday? I can't tell. Did you hurt yourself on Sunday? OK. Could you in the future, try to make your Ys look more like Ys and less like Ns? OK?

STACY: Why the fuck would you say something like that? Don't you see what is happening here?

LINEHAN: I know.

STACY: Do you care about anything but the goddamn card?

LINEHAN: Well, I just want to be sure I know when you've hurt yourself.

STACY: God! What?

LINEHAN: I just want to be sure that I know when you've hurt yourself. All right, so you're having a bad day.

STACY: Yeah.

LINEHAN: All right, so we need to talk about the fact that you hurt yourself and the fact that you have urges to do it again. And we need to also talk about the fact that you want to quit therapy. Would you stop doing that? It kind of interferes. It's hard to hear when you do that. Hey, thanks. Thanks. Would you mind opening the clock back again? Thank you.

LINEHAN: OK, so listen, do you have anything you want to talk about?

STACY: No.

LINEHAN: Nothing else for the--

STACY: I don't want to be here, frankly. I don't even know why I'm here.

LINEHAN: Well, do you want to talk about this self injury first? Or do you want to talk about why you'd quit therapy first?

STACY: I don't want to talk about either of those things first.

LINEHAN: Mhm. Well, what do you want to talk about first?

STACY: I want to talk about why I have to follow your little agenda every time, like, why you have all these rules and why it's all about your little rules.

LINEHAN: So am I doing that now?

STACY: Yeah.

LINEHAN: How?

STACY: First you have to talk about behavior. Then we have to talk about therapy interfering behavior. Then I have to talk about quality of life behavior. I've heard it. How many times have we talked about this?

LINEHAN: Well, have you got something else you want to talk about?

STACY: I just told you.

LINEHAN: What? You want to talk about the rules of therapy? You mean having to follow all my rules?

STACY: Yeah, why you're so rigid.

LINEHAN: OK, well, that's reasonable. Let's talk about that. Anything else? OK. So you want to quit therapy. You harmed yourself. By the way, what did you do?

STACY: I cut myself.

LINEHAN: Where?

STACY: In my arm.

LINEHAN: Which one?

STACY: Why do you care which arm?

LINEHAN: I don't know.

STACY: This one.

LINEHAN: OK. How deep? I just want to know how much attention we have to put on it. I mean, was it a deep cut?

STACY: Yeah.

LINEHAN: It was?

STACY: it was deep.

LINEHAN: Did you go to the emergency room?

STACY: No.

LINEHAN: OK. Did you put a butterfly bandage on it?

STACY: I put a huge fucking bandage on it.

LINEHAN: Did you put the kind on to bring it together if it was really deep?

STACY: Yeah.

LINEHAN: OK, good. Let me see it.

STACY: Why do you want to see it?

LINEHAN: I just want to see what it looks like.

STACY: Why?

LINEHAN: All right. So listen, you want to talk about that first and what happened about the fact that I have rigid rules that you don't like or the fact you want to quit therapy?

STACY: I want to talk about how-- I have had a horrible week-- how my life is totally screwed up. Who is this for anyway?

LINEHAN: OK, so you want to talk about my rigid rules...

STACY: I want to figure out why I'm not getting better, Marsha. Why none of this is working. And all these little numbers, and all these little papers are not doing anything! Do you understand me? Nothing!

LINEHAN: Do you want to talk about that first? Or do you want to talk about the fact that you hurt yourself?

STACY: Yeah, I want to talk about that.

LINEHAN: OK. Do you really think that's true-- nothing's happening?

STACY: Look at me. I sliced up my arm at work. They know. My girlfriend knew. And she thinks I'm a fucking mental patient.

LINEHAN: Listen, listen, Stacy, we're going to have to talk about that.

STACY: I can't do it anymore. I don't understand.

LINEHAN: So listen, let's focus on how that happened. Listen, Stacy, you're ruining my furniture. That's my new furniture.

STACY: I don't give a shit about your furniture.

LINEHAN: Well, I just got it re-upholstered. And you're going to pull out all of the thread. I can already tell you're doing it. Don't do it.

STACY: I'm not doing anything to it.

LINEHAN: Well, look, don't ruin my furniture.

STACY: OK, fine.

LINEHAN: Thank you. All right, back to you. Listen, we've got to talk about this, because I didn't realize how serious this cut was. And it sounds like part

of the problem is that you're feeling demoralized or angry that it happened again.

STACY: Yeah, you could say that.

LINEHAN: All right. So when did this happen? Was it on one of these-- what day was it?

STACY: It is on the day over there as a yes instead of a no.

LINEHAN: Right. OK, so that was Sunday.

STACY: It's not working, Marsha. It's not working.

LINEHAN: So let's get back to talking about cutting yourself.

STACY: I'm telling you, my life is falling to pieces. And you just want to do your little thing-- step by step by step.

LINEHAN: You want me to explain to you again why we want to do it? Would that be helpful?

STACY: No, OK, fine, let's talk about fucking cutting. What do you want to know?

LINEHAN: OK, good. What did you cut yourself with?

STACY: What do I always cut myself with? A razor blade.

LINEHAN: All right, were you carrying them with you?

STACY: I have them at work.

LINEHAN: You know, it's going to be easier if you collaborate with me, if you work with me. Don't you think if we can figure out-- if you end up cutting yourself, don't you think that means that whatever problem set it off is serious enough that it's really awful for your life, that it would be useful for us to try to figure out what the problem is?

STACY: I know what the problem is.

LINEHAN: Mhm.

STACY: I'm totally messed up. That's what the problem is.

LINEHAN: Is that what the problem was? What's the day? On Sunday?

STACY: I'll tell you what the problem is-- I'm borderline. I'm borderline personality disorder. I can't do anything. I'm not worth anything. No one wants to be with me.

LINEHAN: Were those thoughts going through your mind on Sunday?

STACY: Yeah.

LINEHAN: OK, so before you cut yourself?

STACY: No. That's when I decided to kill myself, which I'm thinking about doing now, especially after talking to you.

LINEHAN: OK, well let's go back and figure it out. Let's figure out what the problem is. Listen, Stacy, sooner or later, we've got to figure out a different way to solve problems.

STACY: There's no way to solve my problems.

LINEHAN: So let's talk about what happened.

STACY: I told you I cut myself at work.

LINEHAN: Mhm. So what happened at work?

STACY: There's this guy, and he has it out for me. He knows. He know things about me. And he just picks at me and picks at me. And I was supposed to close-- I had to closeout this account with this customer. And I was slow, and confused, and I was messing it up. And he was like, what's wrong baby, why can't you do it? Why do I have to tell you 10 times?

It's like this whole long thing about how stupid I was in front of the customer-- in front of everyone. And he made me feel like about that high. So of course I reacted. And then everything just got out of control, so I had to do it. I mean, honestly, it was the only way I could go back to work.

LINEHAN: OK, so you're at work. And this is on Sunday. Were you-- OK, and so you were at the store.

STACY: Yeah.

LINEHAN: All right. So how were you feeling that day? Did you sleep the night before? Were you tired?

STACY: I never sleep very much.

LINEHAN: Mhm. So you hadn't slept much?

STACY: Nothing was even-- I mean, no, not that much, no. Um, I just don't want to do this anymore. I'm going to go. I don't want to do this anymore.

LINEHAN: Mhm. Listen, Stacy, stay in the chair, because we need to work on this.

STACY: No. It's not working. It's not working.

LINEHAN: I realize it's difficult. But let's try to figure it out, because one way

or another, we've got to come up with a new way to function at work.

STACY: It's just not going to work.

LINEHAN: Listen, put it back down. Don't leave. Let's figure this out.

STACY: I cut myself at work. They know. They're going to fire me. I'm going to get dumped.

LINEHAN: OK, now let's go back and figure out what the problem was that cutting was solving, because cutting is always solving some problem. So all we need to do--

STACY: It's solving me feeling out of my mind like I could not handle it.

LINEHAN: So that's what happened at work?

STACY: Yeah.

LINEHAN: Was that following being criticized?

STACY: Yeah.

LINEHAN: OK.

STACY: So I had to do something.

LINEHAN: All right, so how were you feeling though before you got criticized?

STACY: I don't know.

LINEHAN: What I'm trying to figure out is were you just more vulnerable that day, and so it hit you? Or were you having a good day and something serious happened?

STACY: I don't know. I mean, yeah, no, it wasn't a good day. Me and Mandy had a fight the night before. And I was thinking about how I'm working in the stock room. I'm nowhere where I used to be. My life is shit.

LINEHAN: All those thoughts are going through your mind?

STACY: Yeah. They're true. So realizing all this-- and then--

LINEHAN: Now, did you do anything to try to distract yourself from those thoughts given that, as we've discussed, those thoughts are sort of a one-way road to being miserable? Were you practicing your distracting skills? Were you aware of them? Did you notice them?

STACY: Well, yeah, I was aware of them.

LINEHAN: But were you aware that you were? So you noticed the thoughts. Did you use any skills? So one of the things you could have done kind of right

at the get go maybe would have been to work a little bit on what to do when you have all those sort of thoughts going through your mind, because those are the ones that take you right down the road.

STACY: Well, they're true, OK? They're true.

LINEHAN: I'm not going to argue about that. The question is, is thinking about him at work useful for you?

STACY: I don't know why you always say that. They're true. It's true. I used to be an editor. I work in a stock room.

LINEHAN: True. The question is whether thinking those thoughts and focusing on that particular part of your life is useful when you're at work.

STACY: OK, fine, so I just shut myself down from my emotions and try the next time. Thanks.

LINEHAN: So you're not thinking about the distract skills. Distracting? Thinking of other things.

STACY: I did try that. I did try.

LINEHAN: Oh, fabulous. Fabulous. And so what did you try?

STACY: I tried focusing on the-- I tried just-- I tried thinking about other things. I tried working.

LINEHAN: Was it hard-- when you were focusing in on work, was it hard-- were the thoughts going through. Or did that help some?

STACY: I am just sick of it. I just can't do this anymore. I'm leaving.

LINEHAN: Mhm. Well, given that it's 2:52, and we end in eight minutes, I'll probably let you leave.

STACY: OK.

LINEHAN: That's sort of more typical of what a client would do. Any questions? You saw what the priorities would be in a session, which would be really to try to look at whatever is going on is an incidence of a problem. Probably if I hadn't been trying to make-- to do a role play, we would have done more what's going on with you? Are you not going to focus on the session? I would have tried to get her more collaborative before I did it somewhat, although it's unlikely it would have worked with this particular person. Any questions on this? Comments? Yes?

SPEAKER 7: What strategies would you want to use to [INAUDIBLE]

LINEHAN: Yeah, the thing that we would do on criticism would be to just

notice how it feels, and notice and become more aware of the emotions, and then experience the emotions. So I would have ultimately gotten to when you got criticized, what were the emotions? And she would have started giving me thoughts and tell me what she was thinking. And I would have said, but how are you feeling? What was the emotion?

And generally, what we'll try to do is get them to experience the emotion. And it would be very difficult to figure out the emotion, because generally, they'll just give you thoughts. And then the other would be if you're criticizing what to do about it.

If you're at work, the thing to do might be to distract, because you're really not going to be able to problem solve well at work. Or if it's a boss, it might be to repair. I mean, there are a lot of things you could do if you get criticized.

There might be five, or six, or seven things. It would somewhat depend what it is. But one of them is not going into the bathroom and cutting yourself deeply. So that would be the one that I would suggest not doing. Yes? Oh, and let me ask here. Let me just get people who haven't asked. Yeah?

SPEAKER 8: The part where you were you asking is this a Y or is this an N? And hey, you're ripping my upholstery. Is that part of DBT? Or is that your personal style?

LINEHAN: It's DBT. On the Y or the N, you would-- you wouldn't know whether it was a yes or a no. And a client who does something like that, you'd probably be very matter of fact and somewhat irreverent on. And the trick would be not to respond to her behavior.

Ordinarily, if you were reading a card from someone not acting like that who had a Y or an N, you might ask is this a Y or an N. And what happens with these clients, they come in and act up so much that therapists start treating them very differently-- in effect, reinforcing their anger and upset.

So in effect, what we do largely is respond in a very straightforward way no matter what they're doing-- no matter how upset. In effect, it removes a contingency. I was role playing as if we were really in our office. And in our office, if a client did that, they would ruin the couch.

Now, admittedly, I made a mistake in what I got the chair covered in. OK? I'm the first to admit this. All right? But the facts of the matter are if someone did that, it would have taken all of the thread off and ruined the chair, and I wouldn't let somebody do that. I would say, cut it out.

And that would be one too that in an ordinary person-- in an ordinary interaction with a non-mental patient-- if they did that, you would say

something. And so largely with DBT, what it requires you to do is treat the patient like they're not a mental patient sort of all the time under the theory that if you do it-- part of the problem is being a mental patient has really shaped how everyone deals with them.

So that's not style, I don't think. Wouldn't you have done the same thing? Yeah, I think so. I think any of us would who are experienced. And it's for that reason is that you can't drop into treating them. Any other-- yeah?

SPEAKER 9: You got to the point where you talked about distraction, but she was-- she was talking about thoughts she had that a cognitive therapist or a rational-motive behavior therapist might have challenged.

LINEHAN: Yeah.

SPEAKER 9: So I'm wondering if you would or when you would.

LINEHAN: It's very unlikely. Right in this session, we wouldn't have been able to challenge them, because she's too aroused to do that. Secondly, the issue really isn't what are your-- first of all, there wasn't-- she was telling me they were true. And I think they were true, actually. It is true. I forget what she was telling me in the role play. But whatever it was, I'm thinking to myself, yeah, that's true.

Yeah, that's true. So it wasn't like she was thinking irrational thoughts. And generally, I might have said, would you have challenged those thoughts? But more importantly than challenging thoughts, we'd probably want to teach a person to simply notice thoughts. Did you notice them? And how is it you got so distressed?

But the key would be no matter-- really, the focus here, that would be the wrong place to operate on the chain, because she's telling me what was going on, and really, with a client who ends up cutting themselves, you'd have to move to the link between what happened right before they cut themselves and work on that link, because no matter what the client goes through, there are a million ways to get to the link right before.

But it's the link right before you have to work on first, because the previous link, you know, there may be 1,000 ways to get there. So generally, if the client's engaging in the behavior, you're not going to work on in time backwards link. You're not going to work back here in time. You've got to move forward and then get something closer.

So I wouldn't have seen this as something to intervene on right now. And I consider that much higher level. Cognitive restructuring is not something that you can do a lot. You can do some with these clients, but I wouldn't have

done it there. Yes?

SPEAKER 10: On some of her comments about how this isn't working and feeling hopeless. Why didn't you respond at all to those?

LINEHAN: Well, the reason I didn't is that I already happen to know from this client that whenever we go to work on any problem, that's what she says. And many of our clients are like that. Or they'll say I'm going to kill myself. And if you start talking about why it's not working, you just let that statement work to get you off track.

And if you watch an inexperienced therapists who these clients, they are constantly off track, because they constantly get caught. And the clients are like this, you know, she's good at being a client. Anything you say, they immediately get upset. And then they talk about-- it's like a random thought that comes through, they tell you-- and anything that would be a different topic.

So we were just demonstrating how to keep a focus. And I was already going to talk about that anyway because she had a five on wanting to quit therapy. So I already knew-- in the back of my mind, I'm thinking, OK, we're going to deal with three things. One, she thinks this therapy is crap and that I'm too rigid. We'll talk about that too.

We're going to talk about-- she has a five on wanting to quit. And three, we're going to talk about the fact that she cut herself. But given that it was a serious cut, and it seemed to be pressing to be talked about, I thought OK, I'll talk about that first. I would have been willing to talk about that last if she had said she wanted to do something else. And I would have just watched the time and known when I had to switch.

SPEAKER 11: Would you have allowed her to leave?

LINEHAN: Would I have allowed her to leave?

SPEAKER 11: Yeah, leave the session.

LINEHAN: Oh, sure, yeah, if she stormed out, I would have talk to her way all the way out. And then I would have stayed there waiting for her to come back.

STACY: You would lock the door just for a second.

LINEHAN: I tend to keep my chair near the door. I always sit near the door, and the clients is always across. That way for them to get out, they have to walk by me. And I have been known to stand up in front of a door. But that client-- and then I've also had a client try to climb out the window when I did that.

But in general, what I would have done-- I would have never done it with her, because there was no reason to do it. She is just mad and didn't like it. So I would have sat in the chair and said, don't do this. It's a mistake. You're going to feel bad about this. It's a mistake. If you leave, come back. Do not leave and don't come back. This is a mistake. This is a mistake. You're making a mistake. Sit down.

And notice her response to me saying what to do with these clients is very effective, if you can stay calm and just say what to do. I've had clients throw things-- jump up and down. And I say, stop. I expect you to clean that up. And I had one client right in the middle of a session just clean everything up and sit back down after she'd smash tape recorders all over the room. She cleaned the room up, and sat back down, and we continued with the session.

You just have to keep going like this. The trick is to not treat them like a patient. Treat them like a person. Really, it makes all the difference. I can't begin to tell you. I'll take one more question, and I think we have to end. Yes?

SPEAKER 12: One of the things you did not do I think many other therapists would do-- you didn't interpret her behavior and say, oh, you're doing this to distract us away from the topic we're talking about. I wonder why you did that.

LINEHAN: I would never say you're doing this to distract. OK? If you want to really destroy a session with the borderline patient, that would be the best way to do it-- you're doing something in order to. I might say, that's distraction behavior. That's distraction. Let's get back to this. OK, that's distracting.

But I would never infer a motive. And the reason is usually, A, it's not correct. They have no conscious motive to do it. And the behavior dysfunctions. So I might say, that's distraction behavior. Get back to the topic. I often say that.

SPEAKER 12: You're distinguishing distracting behavior. You're not interpreting distracting behavior at all.

LINEHAN: No, well, yeah. If a client did this a lot, I would have at some point told him. Do you realize that every time we start to solve a problem, you start doing this. You start doing this. Then you get suicidal. And I've realized that that behavior is distraction behavior. And so I'm going to ignore that from now on. I just want to let you know. And so if you tell me you're going to kill yourself in the middle of a session, I'm not going to tend to it.

So I wouldn't have told her that-- by a month. I'd have to know more. But after a while, if I noticed the pattern, I'd tell them. But I'd never say they were doing it in order to. This is the kiss of death with this particular group of

people, because they're not. It functions is very different than in order to. So no, I'd never say that. You'd only have to say it once, and you never will say it either.

OK, are we supposed to be finished now? Is this the end? OK, so this is the end. Thank you.

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Linehan has authored multiple books, including three treatment manuals: *Cognitive-Behavioral Treatment for Borderline Personality Disorder, DBT Skills Training Manual (2nd ed.)*, and *Skills Training Manual for Treating Borderline Personality Disorder.* She serves on a number of editorial boards and has published extensively in scientific journals.

Linehan is the founder of The Linehan Institute, a non-profit organization that helps advance mental health through support for education, research, and compassionate, scientifically based treatments. Linehan is also the founder of Behavioral Tech, LLC, a DBT training and consulting organization, and founder of Behavioral Tech Research, Inc., a company that develops innovative online and mobile technologies to disseminate science-based behavioral treatments for mental disorders.

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