

Letters

DIALECTICAL BEHAVIOR THERAPY TO HELP 'BORDERLINE' PATIENTS

I would like to clarify several points in our article on using dialectical behavior therapy to treat patients with borderline personality disorder (CURRENT PSYCHIATRY, April 2005, p. 12-26).

The reader is given the impression that a training program involving 2 weeks of didactic training plus some months of consultation is sufficient to practice the treatment competently. Although 2 weeks of intensive training may be a useful first step, providing competent treatment requires using that knowledge and continuing to develop skill as a therapist over time.

Table 2 (problem-solving strategies) includes structural strategies, which are neither acceptance nor problem-solving strategies, but rather serve to organize treatment.

Irreverence was misidentified as an acceptance strategy in Table 3 (acceptance strategies). Irreverence is used primarily to present novel stimuli to which the patient must respond; in this way, it is primarily a change strategy. Also in Table 3:

- Dialectical strategies defy being clearly acceptance or problem-solving tools. To the degree that these strategies highlight tensions, they serve to push the patient toward change.

- Case management can be both an acceptance and problem-solving strategy. It is acceptance when the therapist accepts that patients' situations are such that they cannot effectively act on their own behalf and that the therapist must intervene. It is problem-solving when the therapist coaches patients to intervene on their own behalf.

Anthony P. DuBose, PsyD
President & CEO, DBT Center of Seattle, PLLC



FORCING HOARDERS TO CONQUER CLUTTER

Drs. Jamie Feusner and Sanjaya Saxena offer valuable strategies for treating compulsive hoarding disorder (CURRENT PSYCHIATRY, March 2005, p. 12-26),

Encouraging these patients to regularly have visitors over to their houses also can be extremely therapeutic. This approach works on several levels:

- Patients would be embarrassed to have company see a messy home, so they will clean frantically before the visit.
- To avoid future all-night clean-ups, they will be motivated to prevent clutter from accumulating day-to-day.
- Social interaction with visitors provides sup-

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pete.kelly@dowdenhealth.com

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port that reduces some causes of hoarding.

These visits force patients to be accountable and confront denial, much as Alcoholics Anonymous does for patients with alcohol use disorders. Even if the clutter is displaced to closets—as is often the case—it is still a major step forward. This approach requires a strong therapeutic alliance, but patients will receive positive reinforcement that sustains their progress.

Isaac Steven Herschkopf, MD
Clinical instructor
Department of psychiatry
New York University School of Medicine
New York, NY



INFORMATIVE AND RELEVANT

The January 2005 issue of CURRENT PSYCHIATRY is the best collection of informative and relevant articles I have ever read in a professional journal.

You should be commended for the selection of topics and for publishing such useful, detailed information. I am impressed with the quality of writing and your knowledge of what we in the field need.

Please accept my heartfelt gratitude and my hope for your continued standard of excellence.

Margaret Wicks, RN, CNS
West Palm Beach, FL

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FACULTY

Philip T. Ninan, MD, Co-chair

Professor of Psychiatry and Behavioral Sciences
Director, Mood and Anxiety Disorders Program
Emory University School of Medicine
Atlanta, Georgia

Michael R. Liebowitz, MD, Co-chair

Professor of Clinical Psychiatry
Columbia University
Director, Anxiety Disorders Clinic
New York State Psychiatric Institute
New York, New York

Boadie W. Dunlop, MD

Assistant Professor of Psychiatry
and Behavioral Sciences
Emory University School of Medicine
Atlanta, Georgia



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