



DBT in Times of Crisis and War (Lebanese Experience)

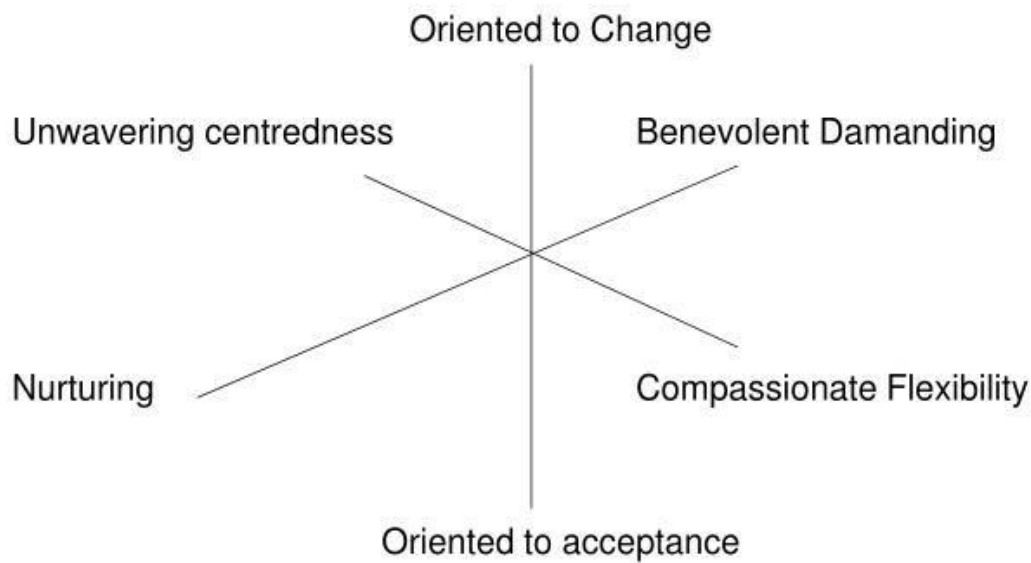
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DBT Therapist Characteristics in Times of Crisis and War

In the therapeutic stance, every aspect contradicts the other, carrying a balancing act of acceptance and change for the DBT therapy in a dialectical way. Especially in times of crisis, this has more relevance. The essential characteristics for a DBT therapist were set out in Marsha Linehan's foundational work called Cognitive-Behavioral Treatment of Borderline Personality Disorder (1993). The text under Chapter 4 focuses on the qualities of the therapist that support effective treatment, which in turn becomes very pertinent and relevant within contexts of war. The following image describes this framework: three major dialectics within DBT therapy and community practice.



Originally framed in the setting of therapy, these features would have a particular nuance when operating in high-stress conditions. This current investigates how these therapist characteristics change during crises and wars. Specific examples are given for the period from October 2023 to October 2024, which was marked with great turbulence for many practitioners and clients alike, due to war and crisis and instability.

Dialectical Framework for DBT Therapists in Crisis Settings (October 2023 – October 2024)

The experience of crisis and war in the past year has created new challenges and dialectics for DBT therapists, especially those working in a war zone or an area of enormous sociopolitical stress. The current paper aims to explore how balancing such dialectical tensions in practice for DBT therapists may be characteristic in meeting the demands of crisis situations—specifically how each dialectic embodies core tension in its support of client resilience while preserving therapeutic integrity.

Dialectic Between Acceptance and Change Orientation:

Orientation to Acceptance: In acceptance, the facts of trauma, uncertainty, and stress during war are accepted. This has made clients and therapists witnesses of

disruptions to their daily routines which evokes helplessness and fear in them. DBT therapists validate these kinds of emotional responses, admitting how uncertain crises can be.

During a crisis, consultation team members offer a nonjudgmental, accepting space in which therapists can openly share their struggles regarding what is or has not been effective for them. This involves recognizing the pressures that come with working in high-stress settings—emotional exhaustion, for example, fear, and the difficulty of maintaining stability for clients when the world outside is chaotic. Providing that base of support and understanding builds toward collaboration from the foundation of support and understanding of one another's experiences and feelings for members of the consultation team.

Focus on Change: At the same time, therapists are focused on change and modify their practice when newer needs are brought about. This might mean changing the therapy modality to have therapy services available, like moving sessions online if physical meetings are not safe for health reasons. It may also involve changing the services to meet the financial stressors by offering individual therapy or skills groups at a reduced rate. That way, change makes services more available and also gives the client some tangible coping skills to ride out the crisis.

Validation and acceptance are provided by consultation teams, but action-oriented support is also encouraged. For instance, one member might say, “Let’s help each other think of a way to make this adaptive and effective.” Members might also share ways that have been effective in managing client absences or in adapting therapy to provide it online, or even how to assist clients through crisis-related challenges. This would make the team a resource bank, which would enable therapists to make in-the-moment, pragmatic changes geared toward ensuring that interventions remained therapeutically effective under all circumstances.

Dialectic between Unwavering Centeredness and Compassionate Flexibility:

Unwavering Centeredness: Principles and goals are supposed to be the steady force of grounding for DBT orientations in their work with therapy and work as stability for the clients. This is a centeredness that will offer the same kind of boundary expectation in a crisis when all other forms of stability have gone away. The DBT therapist, while changing their approach to meet the client’s needs, continues to maintain stability in the therapeutic boundaries and aims of treatment. This can mean some regular reiteration of agreements for the therapy, such as times of

meetings, attendance, payment, etc., with an understanding that some flexibility is allowed.

In times of external chaos, consultation teams can help keep therapists grounded in the fundamental principles of treatment in DBT. Therapists would remind each other about keeping to the therapeutic boundaries, sticking to the use of specific DBT skills, and being structured in their treatment approach. This would mean that the therapist would not stray too far from the basic tenets of DBT and yet be practicing treatment in an environment where crises present a continuous state of being.

Compassionate Flexibility: War reality demands that therapists extend flexibility beyond the regular boundaries of their practice. A compassionate flexibility would allow for an altered session format or would provide teletherapy options when physically attending a session is not possible for a client. Expectations for DBT homework completion and practice of skills are also relaxed by the DBT therapist for that particular capacity at that moment concerning the availability of clients to attend sessions that clients may not fully commit to in moments of extreme stress. During a crisis, the consultation team members do understand that each other needs to flex with changing circumstances. Compassionate flexibility within the team might mean, for example, making a concession and shifting meeting times so that a therapist who is suddenly swamped and can make any meetings due to a crisis-related responsibility cannot feel supported by one another temporarily if, due to the crisis, an individual cannot fulfill their regular commitments. This assures sustenance for therapists in their role without engendering isolation or overload.

Dialectic Between Nurturing and Benevolent Demanding:

Nurturing Support: Most often, in times of crisis, the DBT therapist will take a stance of nurturing, providing empathy and validation of the client's experience of distress. The therapeutic relationship can become the factor of constancy and steadfast empathy that clients need. For example, therapists might reach out to the community through social media or professional listservs to validate shared experiences of stress, offer emotional support, and remind clients and colleagues of the resources available for coping.

In times of crisis, consultation teams typically serve as a safe haven for the expression of emotion; hence, validation becomes a major function. The members offer nurturing support by active listening to one another's challenges, giving words of encouragement, and sharing resource information about coping. It nurtures a lot of support-deserving a sense of community and helps therapists feel

less deserted in their quest for fulfillment.

Benevolent Demanding: The DBT therapist, even as a nurturer, maintains a ‘benevolent demand’ for commitment and effort from the client. Hence, there is a call for clients to not only attend sessions (even in tough times) but to use the learned skills in living effective lives. Benevolent demanding also includes the community of therapists, where they support each other but hold each other accountable for high standards of practice. For example, the DBT therapists might continue with consultation meetings, wherein they challenge each other to keep up the good work in therapy despite prevailing external stressors.

As the consultation teams offer support, they also maintain this benevolent demanding stance and remind the therapists of their professional responsibilities. This could involve members demanding that they be encouraged to attend meetings regularly and bring challenging cases to the group for discussion and then continue engaging in self-care practices. The consultation teams would demand therapists to adhere to the DBT standards, even in times of crises, though allowing such flexibility in keeping up the quality and consistency of the work. This supportive yet demanding approach brings resilience building for the team together to be collective and keeps them aligned with the model of DBT.

Dialectics in Research for DBT Therapists in Times of Conflict: Balancing Local Experience with a Multi-perspective View

At times of conflict and war, especially when political or cultural tensions color perspectives, DBT therapists and researchers are confronted with specific, unique dialectical challenges from the region. Finding the balance between the ever-increasing need for global research and at the same time encouraging a locally rooted perspective is of considerable relevance and rigor for mental health work in the region. More concretely, the extent of this dialectic—investment in exploring diverse international research contrasted with developing locally relevant insights—comes into play for Arab DBT therapists at work in contexts of

geopolitical conflicts and war. The following is an extensive exploration of these dialectics with specific applications for DBT therapists working in the Arab world.

1. Dialectic Between Seeking Diverse Research Perspectives and Representing Local Contexts

- **Research From Various Viewpoints:** The ability to draw upon research from a variety of sources, including countries that exhibit political/army hostility, enriches the scientific rationale of DBT. Publications on DBT across the globe shed light on advanced therapeutic methods and new approaches to treating trauma, and adapting therapy in respect to culture, and such publications may substantially boost therapy in general. At the same time, these resources become available to benefit from all the improvements in the field and to integrate advanced well-tested strategies into practice.
- **Representing Local Contexts and Experiences:** While it is important to realize that such practices are only one part of the equation, the other involves tailoring to the unique cultural, social, and political settings and conditions of the Arab world. Experiences of Arab therapists and clients could be radically different from those one finds in Western and Israeli studies, especially in the face of peculiar stressors such as intergenerational trauma, political insecurities, or cultural proscriptions against mental health. To highlight as well as articulate these local experiences in research insiders and outsiders of DBT will make sure the approach is not only useful but also attuned to the lived reality of Arab clients.

2. Dialectic between Objectivity in Research and Cultural Relevance in Application

- **Objectivity and Scientific Rigor:** Any view supported by ample scientific evidence from whatsoever source, locally or internationally, is in line with the principle of objective reality acceptance. Findings from all across different parts of the world also contribute to shedding more light on whether or not DBT is effective with diversified populations, hence generalizability and robustness of therapeutic approaches. This objectivity keeps the DBT therapists honest, always seeking evidence-based practices and the quality and applicability of research from its researchers' side's point of view, rather than nationality or politics.

- Cultural Relevance in Application: At the same time, cultural relevance is the yardstick of any effective and meaningful therapy. There is a dire necessity for Arab DBT therapists to often tailor techniques to fit cultural norms and meet the expectations set by the culture. For example, the concept of “acceptance” or “distress tolerance” may sound fine to an individual from a collectivistic or family-centered cultural background; hence, the same may be explained alternatively. These dialectic balances fidelity to the universal elements of DBT research with resonance in applications for clients’ cultural and personal idiosyncrasies.

3. Dialectic Between Engaging with International Research and Amplifying Local Voices in DBT

Engaging with International Research: Research developed under the aegis of the DBT, being conducted across countries over a wide range, may extend the therapist’s toolkit and provide more innovation in practice. Even in countries with different socio-political contexts, insight into techniques, case examples, and outcomes is often adaptable and turns out to have relevance in work in Arab countries. This venturing out into the wider world helps to avoid insularity and promotes belonging within a larger scientific community; it supports the idea of the universality of DBT as an applicable framework for many different contexts.

- Amplifying Local Voices in DBT: Yet, to truly have a field of DBT that represents its Arab clients and therapists, you need to begin conducting and publishing research from within the region. Therapists offer an amplified Arab voice toward DBT, thereby contributing to a body of literature based on the marked differences in experience and strengths of the region. Publication in international journals will also be a vent for breaking the stereotype and revealing the expertise-and-contribution richness of Arab mental health professionals. The dialectic balance in this lies in importing international knowledge against exporting insights and research locally generated.

Hand in Hand to Build a Better World

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