This month’s issue, guest edited by Katharine J. Nelson, MD, focuses on dialectical behavior therapy (DBT). As Dr. Nelson states in her editorial (see page 149), DBT has added a whole dimension to the treatment of borderline personality disorder, and the articles she has collected for this issue are meant to help psychiatrists work with patients receiving DBT treatment, and also with the patient’s therapists. The articles included in this series are described by Dr. Nelson in her introduction.

INTEGRATED APPROACH TO MENTAL HEALTH

Over the past 50 years, psychiatry initially was dominated by psychoanalytic psychodynamics, then by psychopharmacology. Gradually, other therapeutic approaches have been developed, many of them using aspects of learning theory as their basis. The therapeutic value of a number of these approaches has been verified by controlled studies and they have vastly increased our portfolio of available therapeutic approaches. Cognitive-behavioral therapy (CBT) and DBT are among the most established of these approaches, which includes other therapies such as behavioral activation, and behavioral therapies using exposure for post-traumatic stress disorder (PTSD).

We have the opportunity to vastly increase our therapeutic impact by combining these approaches with skilled medication management. We now have access to a range of psychotherapeutic approaches, and we are no longer limited to choosing between medication treatment and psychodynamic psychotherapy. Based on our patients’ needs, we can provide much more to help the patient learn strategies to target and surmount their disorders. Most of us have had training in medication management and using psychotherapy, but we learned them as separate approaches. Few of us have been trained in how best to combine various psychotherapeutic approaches with medication treatment. Doing so provides a challenge for the psychiatrist to make full use of the available approaches to specifically target the symptoms of their patients’ disorders. I hope this series on DBT will contribute to this opportunity.
MILITARY MEDICINE’S IMPACT ON PSYCHIATRY

Continuing our series on how the military is developing treatments for refractory PTSD, and the relationship between this condition and traumatic brain injury, this month we explore how a wide range of therapies, including meditation and nutritional supplementation, are being incorporated into residential and intensive outpatient facilities for “wounded warriors.” Lt. Gen. (retired) Eric Schoomaker, MD, PhD, US Army Surgeon General, wrote the accompanying commentary (see page 178), emphasizing that the time has come in Western medicine for the integration of Eastern modalities, such as yoga and acupuncture, in order to achieve the best mental health outcomes for all patients, not just our veterans.

CLOSE ENCOUNTERS

I just returned from a whale watching cruise in the Sea of Cortez, near the Mexican Baja peninsula, where we had some amazing encounters. First, while standing on the starboard bow of our ship, two 30- to 40-ton humpback whales simultaneously breached the surface, soaring together out of the sea.

As the trip progressed, we sailed in inflated rubber boats to a lagoon where grey whales go to calf. These 30-ton mothers, easily capable of capsizing our crafts with the slam of their tails, instead encouraged their weeks-old calves to approach us. The mother whales supported their offspring from below as the babies placed their heads by our boats — as if they wanted us to touch them.

The fact that these huge mammals were initiating contact with us provided an encounter that I never considered before. It was like meeting an intelligent being from another sphere of reality and being invited to express affection for them: a close encounter of a magnificent kind. What a beautiful intelligence to encounter!