STAGES OF HEALING:
DIALECTICAL BEHAVIOR THERAPY AND DIALECTICAL BEHAVIOR THERAPY - PROLONGED EXPOSURE

Traumatic Stress: New Mechanisms and Effective Treatment

UMSL/MIMH

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11% of psychiatric outpatients meet DSM-IV criteria for BPD
19% of psychiatric inpatients meet criteria
33% of personality-disordered outpatients meet criteria
63% of personality-disordered inpatients meet criteria
74% of BPD population is female
BPD is often Lethal

- 70-75% have a history of at least one self-injurious act
- Suicide rates for BPD are 9%
- Those with history of self-injurious behavior have at least double the risk of completed suicide
DBT Reduces Symptoms

When compared to TAU, DBT significantly reduced:

- Frequency of self-harm behaviors
- The severity of self-harm behaviors
- Treatment drop-out
- Inpatient psychiatric days

(Linehan, Armstrong, Suarez, Allmon, & Heard, 1991)
## DBT Reduces Costs (A LOT!)

<table>
<thead>
<tr>
<th></th>
<th>TAU</th>
<th>DBT</th>
</tr>
</thead>
<tbody>
<tr>
<td>Individual Psychotherapy</td>
<td>2,915</td>
<td>3,885</td>
</tr>
<tr>
<td>Group Psychotherapy</td>
<td>147</td>
<td>1,514</td>
</tr>
<tr>
<td>Day Treatment</td>
<td>876</td>
<td>11</td>
</tr>
<tr>
<td>Psychiatric Inpatient Days</td>
<td>12,008</td>
<td>2,614</td>
</tr>
<tr>
<td>Medical Inpatient Days</td>
<td>1,094</td>
<td>360</td>
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</tbody>
</table>

Total: 17,609 days for TAU, 8,610 days for DBT
A Disorder of Dysregulation

- Emotional Dysregulation
  - Rapidly shifting feelings and moods
  - Problems with anger

- Interpersonal Dysregulation
  - Chaotic relationships
  - Fear of being left alone/abandoned

- Self Dysregulation
  - Fluctuating or absent sense of self
  - Sense of emptiness

- Cognitive Dysregulation
  - Dissociation
  - Paranoid thinking/over-personalization

- Behavioral Dysregulation
  - Self-harm behaviors
  - Impulsive behaviors
### How Much Overlap in BPD and PTSD is There?

<table>
<thead>
<tr>
<th>Study</th>
<th>N</th>
<th>BPD/OPD</th>
<th>BPD</th>
<th>OPD</th>
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</thead>
<tbody>
<tr>
<td>Golier et al, 2003</td>
<td>72/108</td>
<td>25%*</td>
<td></td>
<td>13%*</td>
</tr>
<tr>
<td>Yen et al, 2002</td>
<td>153/305</td>
<td>51%*</td>
<td></td>
<td>29%</td>
</tr>
<tr>
<td>(w/trauma)</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Zanarini et al, 1998</td>
<td>379/125</td>
<td>56%*</td>
<td></td>
<td>22%</td>
</tr>
</tbody>
</table>
Trauma Maintains BPD

Longitudinal study of adult patients with BPD (n=290) and other PDS (n=72) over 6 years;

- BPD was associated with higher rates of verbal, emotional, physical, and sexual abuse

- Rates of abuse declined over time

- Continued presence of verbal, emotional, and physical abuse predicted non-remission of the BPD diagnosis

Zanarini et al, 2005
Four Components of DBT

- Individual DBT-based treatment
  - One hour per week
- Group Skills Training
  - Two hours per week
- Skills Coaching
  - Limited by individual therapist
- Consultation Team
  - Two hours per week
Treatment Hierarchy

- Harm to self/others (behaviors, urges, thoughts)
- Therapy interfering behavior
- Severe quality of life interfering behaviors
- Skills training
Stage of Treatment Model

Stage I: Behavioral Dyscontrol
    Goal: regulate behavior

Stage II: Quiet Desperation
    Goal: feel more, feel better

Stage III: Ordinary Problems in Living
    Goal: problem solving

Stage IV: Freedom
    Goal: personal development
“Informal” vs “Formal” Exposure Treatments
Melanie Harned and DBT-PE
DBT as Stage 1 Treatment for PTSD

- Informal exposure used to shape tolerance for emotional experiencing over time
- Concurrent skill building for replacement of impulsive behaviors in the presence of strong emotions
- Skills taught, generalized and strengthened across experiential domains (dreams, images, thoughts, and in vivo)
Some patients with significant trauma histories did not respond as expected to Stage I DBT.

It seemed that trauma symptoms/strong tendencies to emotional avoidance were TIB-Therapy Interfering Behavior.

Was there a way to broach the trauma in a way that did not evoke suicide or self-harm urges?
The DBT-PE Protocol

1. An integrated, concurrent treatment for BPD and PTSD
2. Includes suicidal and self-injuring patients
3. Employs a standard DBT protocol combined with exposure therapy for PTSD (PE)
4. Uses strategies designed to address the special needs of this population
Characteristics of the Sample

- Average age of 39.4
- Primarily white - 69.2
- Unmarried - 61.5
- Not college graduates – 69.2
- Low income - <$20,000 annually
- Average of 14.0 lifetime trauma events
- Met criteria for an average of 4.6 Axis I diagnoses and 2.2 Axis II diagnoses
- Past year suicide attempts = 23.1, 92.2 NSSI
10 Clients completed one year of treatment.
All began DBT-PE between weeks 18-30 of treatment
Completed the DBT-PE in 6-19 sessions (avg 13)
2.4 trauma memories were targeted on average
Three clients did not complete the PE portion
Criteria for Starting Formal Exposure

1. not at imminent risk of suicide
2. no recent (past 2 months) suicide attempts or NSSI
3. ability to control life-threatening behaviors when in the presence of cues for those behaviors
4. No serious therapy-interfering behaviors
5. PTSD is the highest target for the patient
6. ability and willingness to experience intense emotions without escaping
Based upon PE (Foa)
- Incorporates both imaginal and in vivo exposure
- Employs DBT strategies (check in and check out), procedures (suicide protocols) and therapist interactions strategies (irreverence, dialectics, and validation) to maximize outcomes for a BPD population
- Established that PE would be paused with any client return to higher priority targets
Outcomes

“Completing” = finishing at least 6 sessions of the protocol

10 clients completed the protocol

Rates of PTSD remission post treatment were high for both DBT (70%) and DBT PE (85.7) groups.

14.3% of the DBT-PE had no change in symptoms and 30% of the DBT had no change.
Secondary Findings

- Moderate to large effect sizes were found in both groups for the following:
  - Dissociation
  - Trauma-related guilt cognitions,
  - Shame
  - Anxiety
  - Depression (not in DBT only group)
  - Global social adjustment
The rates of intentional self-injury relapse and crisis service use during the DBT PE Protocol were both low (10%).

Few patients attempted suicide (9.1%) or engaged in NSSI (27.3%) during the study and these rates are lower than those typically found in DBT studies (e.g., Linehan, Comtois, Murray, et al., 2006; McMain et al., 2009).
Further Resources:

- ronda.reitz@dmh.mo.gov
- Dbtmo.org
- Behavioraltech.org

See Client and Clinician Materials
See Products and Links
See Trainers and Consultants Tab: