# DBT in Personality Disorder

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# History

- DBT was developed by Marsha M. Linehan ( 1943) in the 1970's

  (professor Emeritus of psychology, University of Washington)

"I was in hell, and I made a vow : when I get out, I'm going to come back and get others out of here".

" I developed a therapy that provides the things I needed for so many years and never got"

# First ideas

- Radical acceptance
- The behavior of suicidal patients made sense: Thoughts of death were sweet release given what they were suffering.

# Application

- Dialectical behavior therapy was originally developed to address the treatment needs of actively suicidal individuals.
- Then it refined to treat suicidal individuals with borderline personality disorder (BPD).
- Over the past decade, its effectiveness enhanced with other clinical disorders, such as:
- Substance use disorders comorbid with BPD,
- Eating disorders,
- Antisocial behavior,
- Cancer patients.

# Border line Personality Disorder

- BPD is a severe, costly, and difficult-to-treat psychiatric disorder
- Impaired function in different domains: interpersonal, behavioral, cognitive, and emotional.
- The **lifetime mortality rates by suicide :50 times higher** among BPD patients compared to the general population.
- BPD is associated with **therapist burnout** and is one of the most stigmatized psychological disorders.

# BPD treatment

- According to the American Psychiatric Association there is no single efficacious pharmacological intervention for BPD.
- However, current practice guidelines recommend psychotherapy as the primary treatment for BPD, and, to date, DBT is the psychosocial treatment that has received the most empirical support for patients with BPD.
- in 2012, DBT was officially recognized by the Cochrane Review as the treatment of choice for BPD.

# Fundamental Principles

- behavioral and cognitive interventions ( pivotal)
- interpersonal systems theories,
- scientific research related to emotional functioning,
- Eastern mindfulness,
- Western contemplative spiritual practices.

- Linehan introduced a novel conceptualization of BPD, reframing it as a dysfunction of the emotion regulation system

# primary modes of treatment in DBT

- Group skills training,
- Individual therapy,
- Telephone skills consultation,
- A consultation team of DBT therapists.

- it is inappropriate to consider a treatment as DBT unless all the four primary modes are being implemented (although there is insufficient empirical evidence to know with certainty whether all or only some of these modes are necessary).

# Dialectics

- Dialectics adds a third way of thinking.
- A core feature of dialectical thinking is understanding that for every point (a thesis) an opposite position (an antithesis) can be held while searching for a synthesis between these apparent contradictions.
- Dialectical thinking lose the rigid conviction that his or her perception is the literal truth.

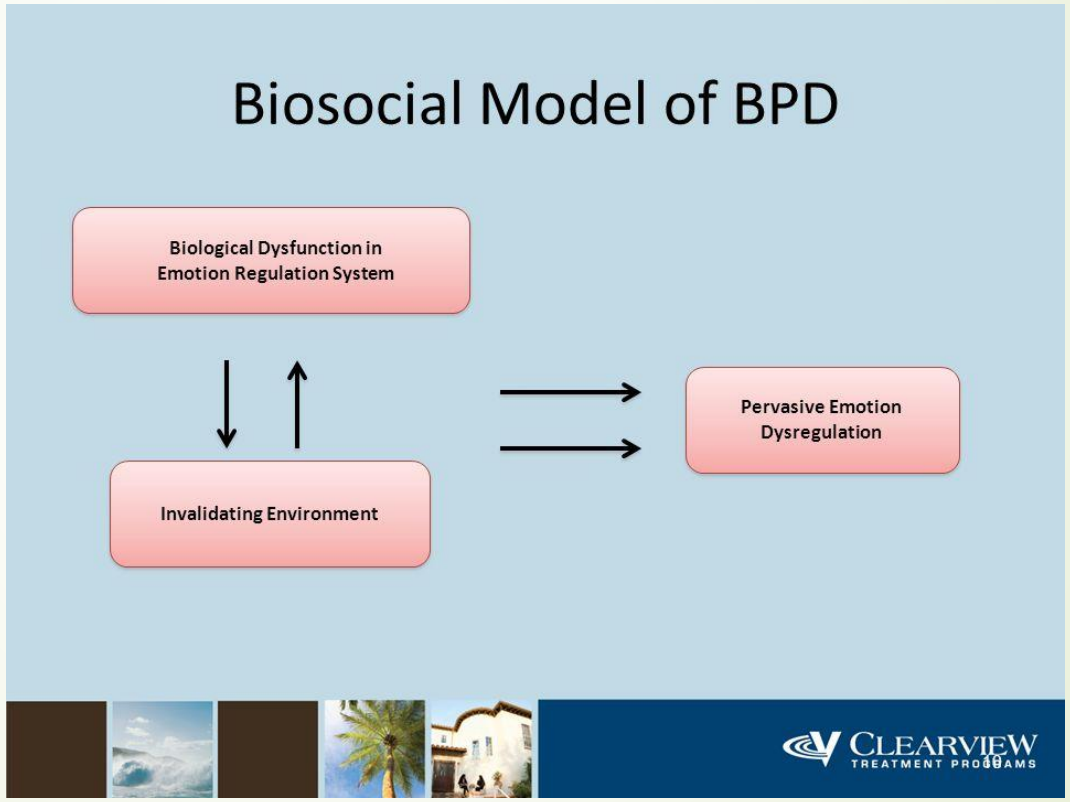
- Example: expressing anger/don't express anger in any situation

# Dialectically Thinking

# The fundamental dialectic in DBT

**Acceptance and Change**

# Biosocial theory of BPD



# DBT Techniques

- As a behavioral therapy: quite change focused and driven by behavioral principles and models of classical and operant conditioning.
- While incorporates numerous acceptance-based strategies to implement when changing behavior may not be possible or effective.

# Skill Training (in group)

- Groups occur on a weekly basis, typically last for two hours, and usually include between 4-10 patients, as well as two DBT-trained coleaders.
- The first hour : a brief mindfulness practice and homework review from skills learned the previous week.
- The second hour : new skills are taught didactically from the skills training manual.
- Skills such as: distress tolerance, emotion regulation, interpersonal effectiveness, and the core skills of mindfulness.

# Mindfulness skills

Include the ability to observe, describe, and participate fully in one's actions in a nonjudgmental, one-mindful, and effective manner.

# Distress Tolerance

- To teach patients how to tolerate aversive emotional experiences without behaving maladaptively.
- strategies such as: temporary distraction, eliciting opposite emotions, squeezing ice or a rubber ball, Self-soothing skills , imaginal and relaxation exercises ,awareness, breathing, and radical acceptance of reality in the current moment.

- These skills are intended to interrupt and change habitual and problematic responses to acute emotional distress, providing the opportunity for newer, more effective behaviors to emerge.

# Emotion regulation

skills such as:

increasing awareness of emotions, identifying and challenging distorted ways of thinking about emotions, learning how emotions are related to problem behaviors, accurately labeling emotions, understanding the functions of emotions, reducing emotional vulnerability, increasing pleasant emotions, and acting opposite to behavioral urges associated with emotions.

# Interpersonal Effectiveness

- As chaotic interpersonal relationships are a hallmark characteristic of BPD and because interpersonal stressors are a common trigger preceding suicide attempts, the development of interpersonal skills is crucial in the treatment of BPD.

- The group members learn how to identify factors interfering with interpersonal effectiveness, challenge common cognitive distortions associated with interpersonal situations, and determine the appropriate level of intensity for making requests or saying no in a given situation.

# Individual Therapy

- Typically, 50 to 60 minutes once per week
- The main function of individual therapy is to improve and maintain patient motivation.
- A validating environment is created in which patients are treated with compassion and acceptance.
- Episodes of emotion dysregulation from the previous week are discussed in light of skills that could have been used.

# Telephone Consultation

- Patients in DBT may contact their individual therapists for telephone consultation between sessions to enhance the generalization of skills.
- Telephone calls are intended to be brief and usually last less than 10 minutes, when they are unable to implement skills in necessary situations but before crises occur.
- To reduce inadvertent reinforcement of self-injurious behavior : DBT uses a 24-hour rule: No skills help from their individual therapists until 24 hours after any self-injurious behavior.

# Consultation Team

- Team members commit to weekly meetings and treat each other with DBT by providing validation, support, and motivational enhancement strategies.

- This support is invaluable and can help DBT therapists with a more balanced approach toward their patients.
- A consultation team also provides opportunities for fresh perspectives and
- new solutions, helping therapists to get unstuck and become hopeful
- The consultation team offers problem solving and validation for the therapist, and team members actively use a dialectical process to help find effective syntheses between polarized positions.

# Stages of Treatment and Treatment Targets

I - severe behavioral dyscontrol and life-threatening problems (including self-injurious behavior such as cutting, burning, or suicidality) and treatment-interfering behaviors (missing the sessions, lying, not completing homework , arriving to therapy intoxicated, avoiding emotions during the sessions)

Goals: (1) reduce life-threatening and self-injurious behaviors;

(2) reduce treatment-interfering behaviors

(3) reduce quality-of-life–interfering behaviors

# Stages of Treatment and Treatment Targets

- II- Posttraumatic stress is often treated (with empirically supported exposure therapy protocols) while working on the patient's ability to experience aversive emotions skillfully.

When posttraumatic stress is not present, addressing difficulties with emotional experiencing and expression.

These skills may have been learned already in stage I, but in stage II they are generalized more directly to contexts that do not involve acute behavioral dyscontrol.

Patients in this stage of DBT may revert to behavioral dyscontrol characteristic of stage I. Thus, it is crucial that stage I treatment targets are closely monitored while patients are in stage II.

# Stages of Treatment and Treatment Targets

- III- therapist and patient working with problems in living that are not debilitating but that interfere with experiencing ordinary happiness and unhappiness.

- Such as:  unresolved problems with social and occupational functioning

# Stages of Treatment and Treatment Targets

- IV- targets a sense of completeness, spiritual growth, insight, enhanced awareness, sustained joy, and other fulfilling life endeavors.

- Note: The first stage has been developed most thoroughly and is what has been tested and implemented for the most severe and out-of-control behavioral problems among those with BPD.

# DBT vs TFP

- Based on a review of literatures from 2010-2020:

- "No prominent superiority for either of the treatments in comparison was identified, however both TFP & DBT show greater efficacy when compared to other, non-BPD specific psychotherapeutic approaches".

*Dialogues in clinical Veurosciences 4(2):91-104, Andreas Tsirides et al.*

# Thank you for your attention