

Dialectical Behaviour Therapy for Concurrent Borderline Personality Disorder and Substance Disorders

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Faculty/Presenter Disclosure



- **Faculty: Shelley McMain**
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- **Potential for conflict (s) of interest:**
 - A segment of a video produced by WW Norton and Company will be shown in this presentation. CAMH will benefit from the sale of a product that will be discussed at this event.

Mitigating Potential Bias



- None

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Learning Objectives



- Discuss DBT, its theory and core assumptions about clients, and describe how they are used to enhance therapist compassion.
- Illustrate the target hierarchy of DBT and discuss how it is used to structure treatment.
- Apply knowledge of three DBT strategies to increase motivation and treatment engagement of clients.

Overlap of SUD's and BPD



- The rates of comorbid SUD's among people with BPD are high
- In BPD samples, prevalence of SUD's range from 39%-84%, median 67% (Dulit et al., 1990; Links, et al., 1995; Zanarini et al. 1990; Zanarini et al., 1998)
- In SUD populations, prevalence of BPD ranges from 15%- 66%, median 15% (Verheul et al. 1995; Vaglum & Vaglum, 1985; Kosten et al. 1989)

Challenge of Treating Comorbid BPD and SUD's



- **Higher suicidal risk** (e.g., Van den Bosch et al., 2001)
- **Greater complexity and severity** (e.g. higher polydrug use, higher rates of anxiety; Kosten et al., 1989)
- **High rates of treatment drop out and non compliance** (e.g. Martinez-Raga et al., 2002)
- **Few social supports and high unemployment rates** (e.g., Miller et al., 1993)
- **Poorer treatment outcomes** (e.g. Links et al., 1995; Zanarini et al. (2004).

DBT Overview



- Developed for complex, multi-disordered clients
- Started with behaviour therapy
- Standard DBT multi-modal



Dr. Marsha Linehan

Problem: Clinicians' Negative Reactions



Understanding People with BPD and SUD's



Abnormal
frontal limbic
circuitry
= labile
mental
states

High cortisol
reactivity
="thin skin"



Amygdala reactivity
= perceived threat

Reactivity
to rejection
and negative
emotions =
Intense reactions

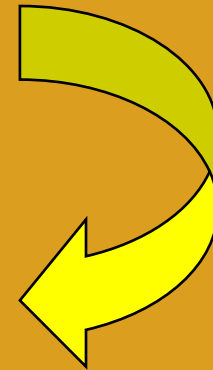
Biosocial Theory



**High
Emotion
Vulnerability**



**Emotion
Modulation
Deficits**



**Problematic
Behaviours (e.g.
suicide, substance use)**

Avoid a Therapy Game of Whack-the-Mole



Assumptions to Promote Compassion



- Patients:
 - Are doing the best they can
 - Want to improve
 - Need to do better, try harder, be more motivated to change
 - Often have unbearable lives

Problem: Treatment Can be Chaotic

Client:

- Numerous severe problems
- High risk
- Frequent crises

Therapist:

- Overwhelmed
- Unfocused
- Chaotic



Solution: Explicit Treatment Structure



- Why?
 - Essential for the building a positive therapy relationship
 - Communication problems can occur when don't know the “rules of the game”
 - Alerts client and therapist to potential problems

Stage and Focus of Treatment



Pre-treatment: Orientation & Commitment

Stage 1: Achieve behavioural control

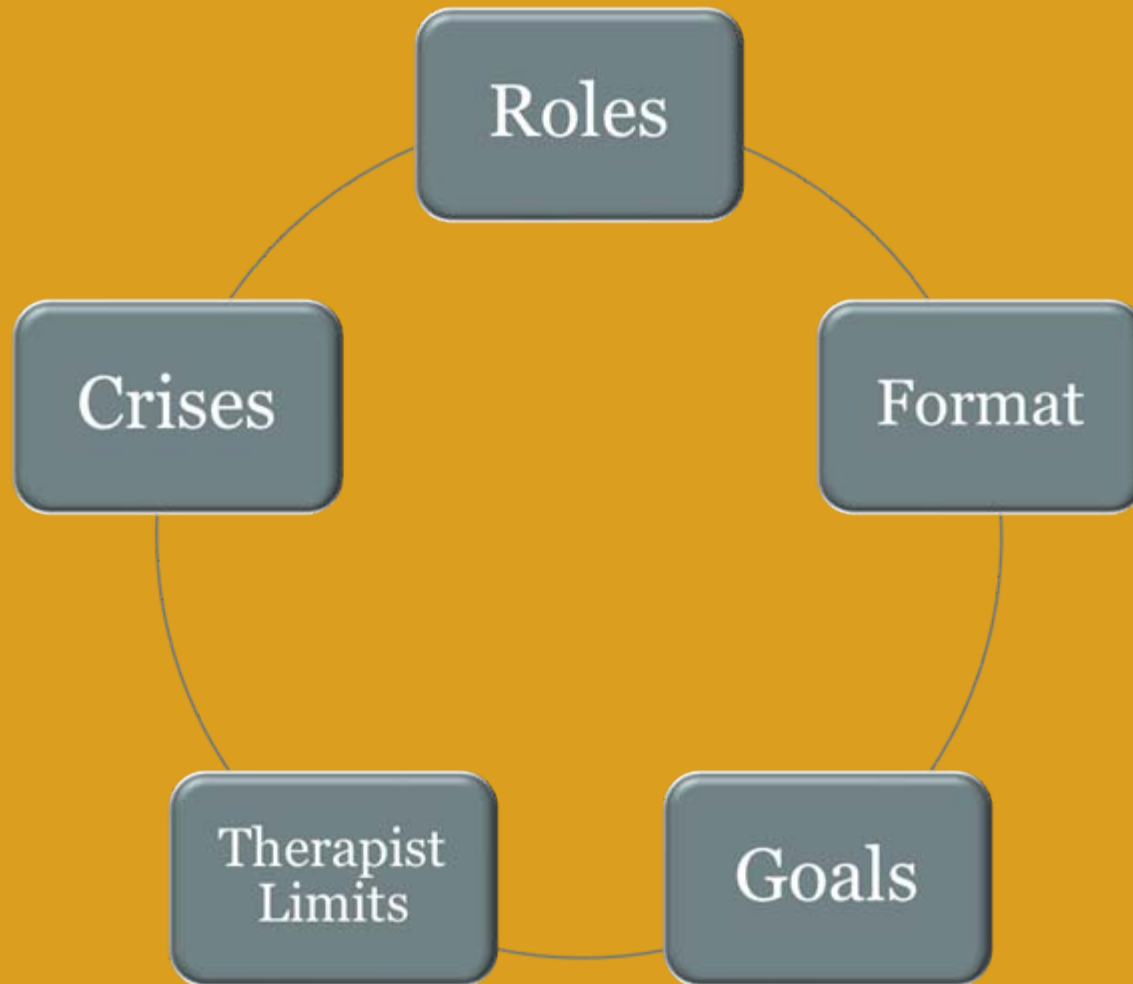
Stage 2: Enhance emotional experiencing

Stage: Pre Treatment



- Treatment is structured according to stages: pre treatment (orientation and commitment) precedes treatment
- In pre treatment, educate patients explicitly about the parameters of treatment
- Get an agreement about parameters
- Treatment doesn't begin until there is a clear agreement on goals

Structural Elements



Session Targets: Prioritize What Gets Attention

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Life Threatening
Behaviour



Therapy Interfering
Behaviour



Quality of Life
Interfering Behaviour

Problem: Managing Client Sensitivity



Solution: Balance Change and Validation



Change

Acceptance-
Validation

Dialectical Balance

Benefits of Becoming a “Horse Whisperer”

- Reduce arousal
- Increase collaboration
- Decrease avoidance
- Promote safety
- Promote acceptance



Validation Illustrated

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- “video clip”

Validation Defined



- Acknowledge what is valid – what's the wisdom or truth in the patients response
- Give feedback on what is invalid



- Doesn't need to involve warmth or approval
- Doesn't involve non specific, vague comments

What to Validate



Pain of distress

“It’s hard to feel this overwhelmed”

Difficulty tolerating emotional distress

“when you’re this upset, its hard to try and practice tolerating the distress without running from it”

Normalize behavioural response

“Most people would be upset if someone criticized them”,
“its normal to seek relief from pain”

Client’s competence

“I believe that you can do this, that you can get through this effectively”

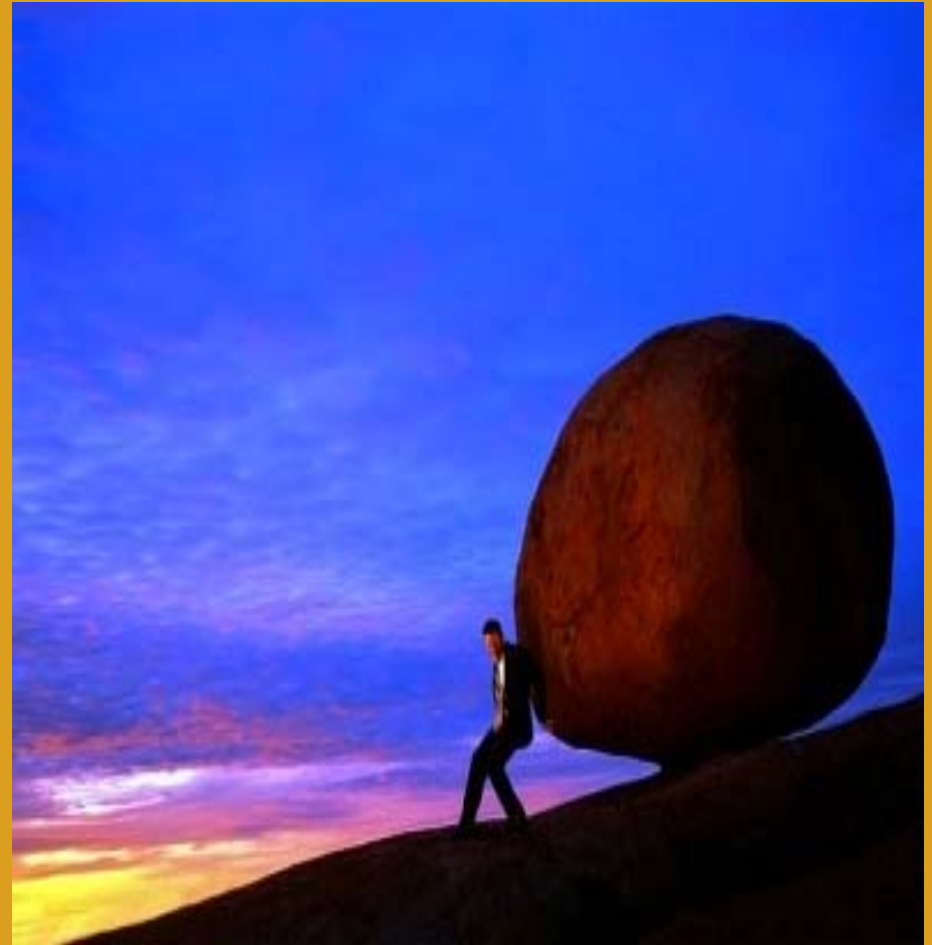
Practise Exercise

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Problem: Stuck Pushing Your Client?

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- Client has low, or absent motivation
- Why?
 - Lacks incentive
 - Fears failing
 - Ambivalent
 - Lacks confidence
 - Poor problem-solving





Solution: Motivate Your Client

Collaborative Approach

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Non coercive, explicit
consent required



Work towards mutually
agreed upon goals



Constantly monitor
collaboration especially prior
to change interventions

Commitment Strategies



- Elicit commitment: “Are you willing to do this? – Would you like my help?”
- Devil’s advocate: “this is hard work, are you sure that you really want to abstain from self harm”
- Highlight freedom to choose: “You don’t have to do this. I’m worried that you will not meet your goals otherwise”
- Highlight a previously stated goal: “I know this is what you said was really important to you”

Commitment Strategies Illustrated



- “Video clip”

Summary of Key Strategies



- Understand BPD +SUD
- Structure treatment
- Balance validation and change
- Emphasis on collaboration and commitment



Effective
Treatment



Thank you!

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Basic DBT Texts



- Linehan MM. *Cognitive-Behavioral Treatment of Borderline Personality Disorder*. New York: Guilford Press; 1993
- Linehan MM. *Skills Training Manual for Treating Borderline Personality Disorder*. New York: Guilford Press; 1993
- Koerner, K., & Dimeff, L. (Eds). *Dialectical Behavior Therapy in Clinical Practice: Applications Across Disorders and settings*. Guilford Press, 2007.
- Koerner, K. *Doing Dialectical Behavior Therapy. A Practical Guide*. Guilford Press, 2012.

Websites



- <http://www.behavioraltech.com>
 - DBT training information and resources
- <http://www.BPDcentral.com>
 - Expert Consensus Guidelines describing current practices in the treatment of PTSD
- <http://depts.washington.edu/brtc/dbtca>
 - DBT accreditation website
- <http://www.practiceground.org>
 - An excellent site for information on evidenced-based treatments including DBT.