

## Integrating PTSD Treatment into Dialectical Behavior Therapy for High-Risk and Multi-Problem Patients

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## Objectives

- Understand the rationale for integrating PTSD treatment into DBT.
- Outline the basic structure and procedures of the DBT PE protocol.
- Review research findings evaluating the safety and effectiveness of the treatment.

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## WHY IS THIS TREATMENT NEEDED?

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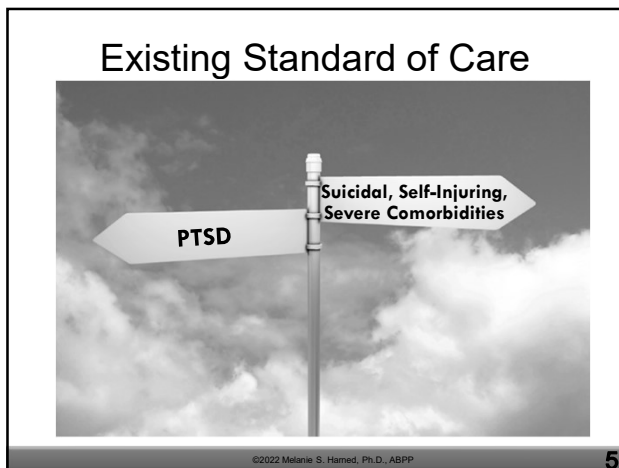
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Do evidence-based PTSD treatments work for this population?

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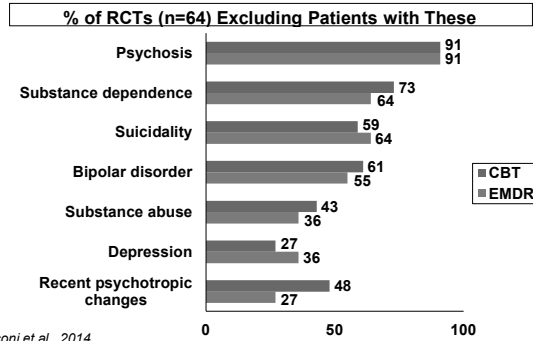
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## The Problem of Exclusion in EBPs for PTSD



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Does DBT work to treat PTSD in this population?

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## Recommended Strategies for Addressing PTSD in DBT

### Stage 1 DBT

- Primary target is behavioral dyscontrol.
- Focus is on increasing behavioral skills.
- Use a here-and-now approach to address PTSD-related problems.
- Avoid emotionally processing past trauma.

### Stage 2 DBT

- Primary target is PTSD.
- Use DBT exposure-based procedures in a very focused fashion,  
-- or --
- Integrate an established exposure-based PTSD treatment into DBT.



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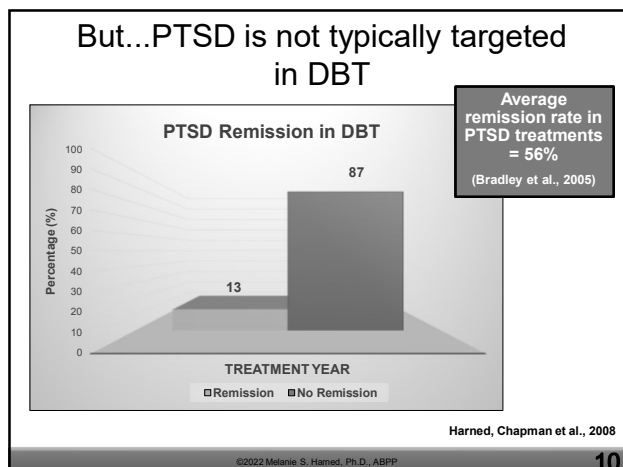
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## Barriers to Treating PTSD During DBT

- No criteria for determining when to start PTSD treatment in DBT.
- No protocol for how to treat PTSD in DBT.
- Therapist (and client) fear that PTSD treatment will exacerbate problems and increase suicide risk.

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## The Risk of Not Treating PTSD During DBT

- Individuals whose PTSD is not treated during DBT are likely to have worse outcomes:
  - Less improvement in suicidal and self-injurious behaviors (Barnicot & Crawford, 2018; Barnicot & Priebe, 2013; Harned et al., 2010)
  - Lower likelihood of eliminating acute suicide risk (high suicidal ideation + intent + plan) (Harned et al., 2010)
  - More severe BPD symptoms (Barnicot & Crawford, 2018)

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**AN INTEGRATED TREATMENT APPROACH**

**DBT + DBT PE**

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**Integrating DBT with DBT PE for PTSD**

- Standard DBT
  - Individual DBT therapy (1 hour/wk)
  - DBT group skills training (2.5 hours/wk)
  - Telephone coaching (as needed)
  - Therapist consultation team (1 hour/wk)
- DBT Prolonged Exposure Protocol
  - Adapted from Prolonged Exposure therapy for PTSD (Foa et al., 2019)
  - Occurs concurrently with standard DBT
  - Administered by the individual DBT therapist

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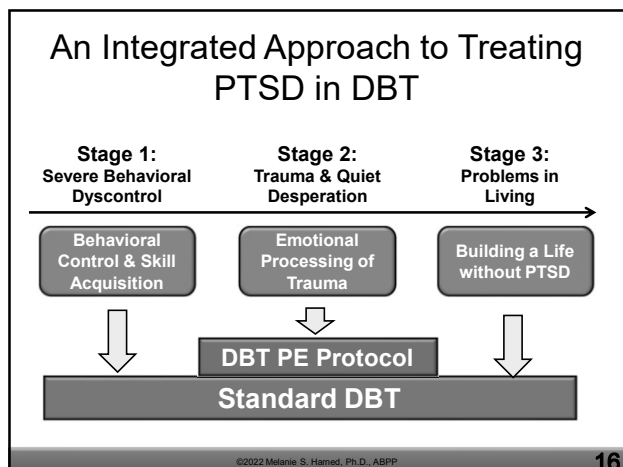
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## STAGE 1 DBT

### SAFETY, STABILITY, AND SKILLS

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## The Goals of Stage 1 DBT

- Goal is to stabilize higher-priority targets so that PTSD can be treated in Stage 2
  - Life-threatening behaviors
  - Serious therapy-interfering behaviors
  - Quality of life interfering behaviors
    - That are a higher priority than PTSD
- Increase behavioral skills, with emphasis on skills needed for trauma-focused treatment to be effective
  - Distress tolerance
  - Emotion regulation
  - Mindfulness

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## Readiness Criteria for DBT PE

- Not at imminent risk of suicide.
- No recent life-threatening behavior.
- Ability to control life-threatening behaviors in the presence of cues for those behaviors.
- No serious therapy-interfering behavior.
- PTSD is the client's highest priority quality of life target.
- Ability and willingness to experience intense emotions without escaping.



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## STAGE 2 DBT PE

### BASIC STRUCTURE AND PROCEDURES

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## The Structure of DBT PE

### DBT Prolonged Exposure Protocol (DBT PE)

#### Pre-Exposure Sessions (2-3 sessions)

- Orienting, trauma assessment, commitment strengthening, skills plan
- Psychoeducation, in vivo hierarchy
- Optional joint/family orientation session\*

#### Exposure Sessions (flexible number)

- In-session: imaginal exposure and processing
- Homework: in vivo and imaginal exposure

#### Final Session

- Brief imaginal exposure
- Review of progress and consolidation
- Relapse prevention and management

\*With adolescent clients, family sessions may continue during DBT PE as needed.

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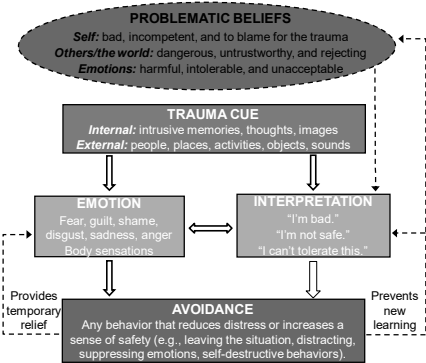
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## DBT PE Treatment Rationale



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## In Vivo Exposure

Core Procedure #1

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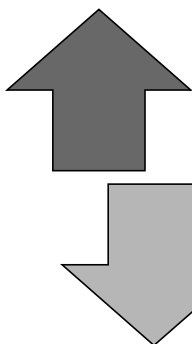
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## The Goals of In Vivo Exposure



- Ability to tolerate intense emotions
- Quality of life and joy
- Self-esteem and sense of competence
- Reliance on behavioral avoidance to cope
- Inaccurate beliefs about the outcomes of approaching avoided situations
- Intensity of unjustified emotions

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## Types of Avoided Situations

- |   |   |   |   |
|---|---|---|---|
|  |  |  |  |
| <b>Danger</b>   | <b>Reminders</b>  | <b>Depression</b>   | <b>Shame</b>  |
| Situations perceived as dangerous   | Situations that remind the person of past trauma                                  | Situations that are avoided due to depression                                     | Situations that elicit unjustified shame  |

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## Examples of Situations Perceived as Dangerous

- Crowds
- New or unfamiliar places
- Sitting far away from an exit
- Not carrying a weapon or means of protection
- Walking outside alone
- Talking to people you do not know
- Riding public transportation
- Being home alone
- Open or enclosed spaces



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## Examples of Situations that are Trauma Reminders

- People who resemble a perpetrator
- Locations similar to where a trauma occurred
- Sounds and smells present at the time of the trauma
- Objects that are associated with the trauma
- Activities similar to a trauma
- Articles, books, movies that describe a similar trauma



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## Examples of Situations Avoided Due to Depression

- Hobbies
- Socializing
- Exercise
- Pleasurable activities
- Household chores
- Being active outside the house
- School or work tasks
- Self-care



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## Examples of Situations that Elicit Unjustified Trauma-Related Shame

- Show your emotions
- Disclose your trauma history
- Share your opinion

Being Genuine

- Say "no" to a request
- Ask for what you want
- Do something kind for yourself

Being Deserving

- Make a mistake
- Ask for help
- Be late
- Leave things undone

Being Imperfect

- Accept praise
- Talk about something you are good at
- Give advice

Being Competent

- Look at yourself in the mirror
- Wear revealing clothes
- Bring attention to yourself

Being Seen

- Show emotions that feel weak
- Accept help
- Acknowledge struggles

Being Vulnerable

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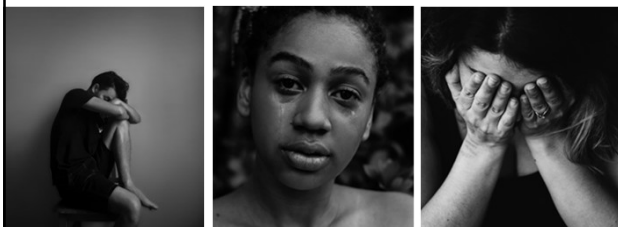
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Imaginal Exposure

Core Procedure #2

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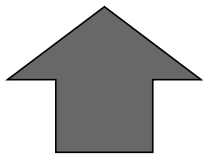
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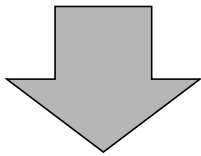
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## The Goals of Imaginal Exposure



- Ability to tolerate intense emotions
- Coherency of the trauma memory
- Mastery and sense of control



- Reliance on cognitive avoidance to cope
- Inaccurate beliefs about the outcomes of thinking and talking about trauma
- Intensity of unjustified emotions

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## What Types of Trauma are Targeted?

- Multiple traumas are typically addressed
  - Trauma Interview identifies “top 3” target traumas
- Can include any type of traumatic event that has resulted in PTSD symptoms:
  - DSM-5 Criterion A traumas
    - e.g., child sexual and physical abuse, rape, intimate partner violence, accidents, traumatic deaths of loved ones
  - Traumatic invalidation

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## Traumatic Invalidation

- “Traumatic invalidation is extreme or repetitive invalidation of individuals’ significant private experiences, characteristics identified as important aspects of themselves, or reactions to themselves or to the world.”

~Linehan, 2015 (p. 304)



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## Conducting Imaginal Exposure

- The client:
  - Tells the story in detail
  - Uses present tense and keep eyes closed
  - Repeats the story for 20-45 minutes
  - Avoids avoidance
- The therapist:
  - Mindfully observes
  - Provides coaching
  - Cheerleads



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## Processing

Core Procedure #3

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## The Goals of Processing

### Acquisition of New Learning

- Develop more adaptive beliefs

### Strengthening of New Learning

- Make new adaptive beliefs stronger than old maladaptive beliefs

### Generalization of New Learning

- Generalize new learning to all relevant contexts

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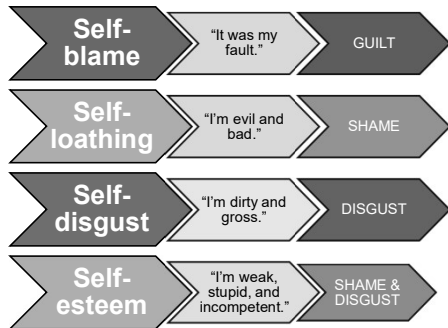
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## Common Trauma-Related Beliefs and Emotions About the Self



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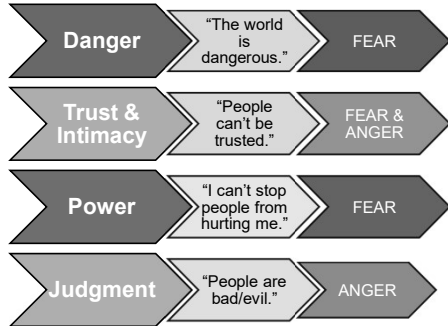
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## Common Trauma-Related Beliefs and Emotions About Others



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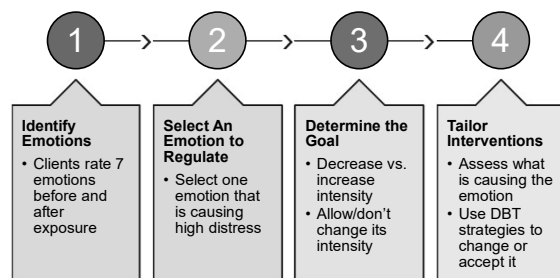
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## An Emotion Regulation Approach to Targeting in Processing



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## REVIEW OF RESEARCH FINDINGS

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## Research Support

Design	Setting & Length	Sample	Citation
Open trial ( <b>Efficacy</b> )	Academic clinic (1-year OP)	13 women with BPD, PTSD, recent SA/NSSI	Harned, Korslund, Foa & Linehan, 2012
RCT ( <b>Efficacy</b> )	Academic clinic (1-year OP)	26 women with BPD, PTSD, recent SA/NSSI	Harned, Korslund & Linehan, 2014
Open trial ( <b>Effectiveness</b> )	VA hospital (12-week IOP)	33 Veterans with PTSD and BPD traits	Meyers, Voller et al., 2017
Observational ( <b>Effectiveness</b> )	Routine practice (Varied lengths and settings)	241 patients & 98 DBT PE trained clinicians	Harned, Ritschel, & Schmidt, 2021a
Nonrandomized controlled trial ( <b>Effectiveness</b> )	Public mental health (Varied lengths; OP, RTF, ACT)	35 adolescent and adult DBT patients with PTSD & 28 DBT PE trained clinicians	Harned, Schmidt, Korslund, & Gallop, 2021b

OP = Outpatient, IOP = Intensive outpatient, RTF = Residential treatment facility, ACT = Assertive community treatment program

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## Feasibility of DBT PE

- Across studies, 63% of clients initiated DBT PE on average (range = 46-82%).
  - Primary barriers are premature dropout from DBT in research settings and clinician turnover in community settings
- In 1-year outpatient efficacy studies:
  - DBT PE was initiated at week 20 of DBT on average.
  - Of those who initiated DBT PE, 70-75% completed it in an average of 13 sessions.

Harned et al., 2012; 2014; 2021b; Meyers et al., 2017

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## Safety of DBT PE

- There have been no deaths by suicide or adverse events during DBT PE in any study.
- During DBT PE, few clients engaged in self-injurious behaviors:
  - 0-20% engaged in non-suicidal self-injury (average = 13.4%)
  - 0-15% attempted suicide (average = 8.3%)

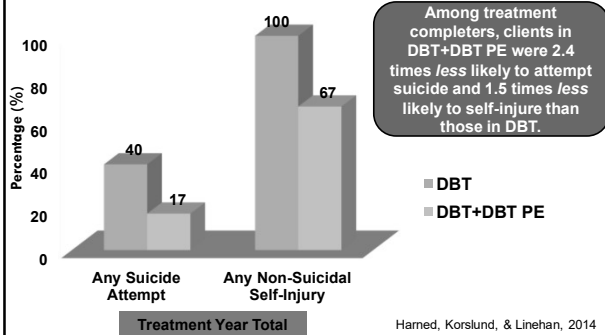
Harned et al., 2012; 2014; 2021; 2021b; Meyers et al., 2017

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## Adding DBT PE to DBT Decreases Suicidal and Non-Suicidal Self-Injury

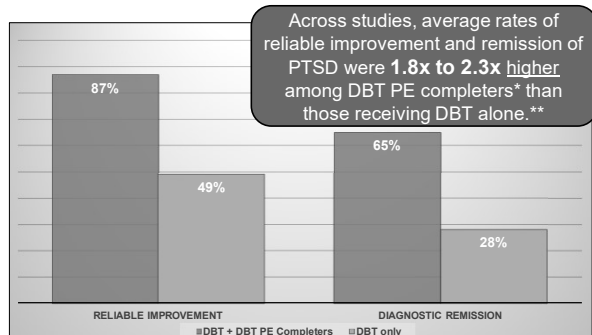


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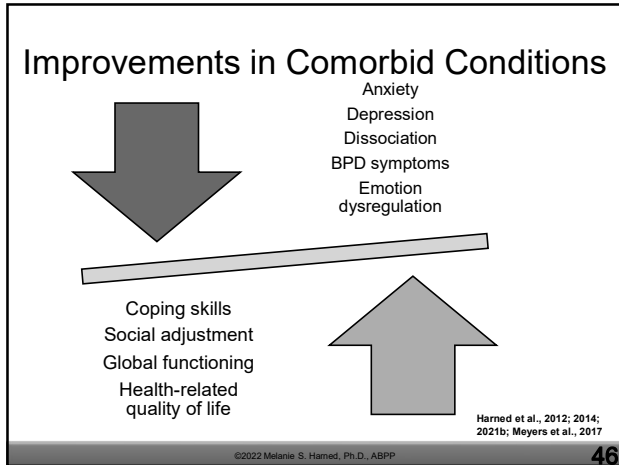
## PTSD Outcomes



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**Conclusions**

**PTSD is unlikely to improve (and likely to make suicide risk and comorbid problems worse) if it is not treated during DBT.**

**Most clients with PTSD in DBT achieve the stability required to initiate DBT PE and choose to receive this additional treatment.**

**Integrating DBT PE into DBT appears to be safe and effective for treating PTSD among high-risk and multi-problem clients.**

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**Thank you!**

For more information on DBT PE visit:  
[www.dbtpe.org](http://www.dbtpe.org)

TREATING TRAUMA IN DIALECTICAL BEHAVIOR THERAPY  
The DBT Prolonged Exposure Protocol (DBT PE)  
MELANIE S. HARNED

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