DBT: The State of the Science & Clinical Implications

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Disclosures

• Dr. Korslund receives consultation fees from federal and international research grants studying DBT

• Dr. Korslund receives fees for providing training and consultation on DBT

• Dr. Korslund receives a salary as the Clinical Director of THIRA Health, a DBT-based Partial-Hospitalization and intensive Outpatient Program
A Simple Question Started a JOURNEY: How do you get people out of hell?

ANSWER: Science, perseverance, courage & compassion
DBT grew out of iterative attempts to apply behavioral principles and standard cognitive behavior therapy to suicidal behavior
Extreme sensitivity to rejection and invalidation made change-focused treatment untenable

Extreme pain made an acceptance-based approach untenable
SOLUTION: A treatment that balanced ACCEPTANCE & CHANGE
An INTEGRATIVE Treatment

BEHAVIORISM

ZEN MINDFULNESS

DIALECTICS
ZEN MINDFULNESS
Multiple problems coupled with low distress tolerance made sustained work on change impossible.
SOLUTION:
Skills to ACCEPT reality & skills to create CHANGE
Severity of problems, frequency of crises & risk of suicide resulted in overwhelmed therapists and a chaotic treatment
SOLUTION: A Treatment delivered by a TEAM
Development of New THERAPIST Strategies
32 years of DBT: An abbreviated history

# of DBT research publications per year (PubMed)

http://www.linehaninstitutie.org/research/latestResearch.php
First evidence-based treatment for personality disorder

Cognitive-Behavioral Treatment of Chronically Parasuicidal Borderline Patients

Marsha M. Linehan, PhD; Hubert E. Armstrong, PhD; Alejandra Suarez, PhD; Douglas Allmon, PhD; Heidi L. Heard

- A randomized clinical trial was conducted to evaluate the effectiveness of a cognitive-behavioral therapy, i.e., dialectical behavior therapy, for the treatment of chronically parasuicidal women who met criteria for borderline personality disorder. The treatment lasted 1 year, with assessment every 4 months. The control condition was "treatment as usual" in the community. At most assessment points and during the entire year, the subjects who received dialectical behavior therapy had fewer incidences of parasuicide and less medically severe parasuicidal attempts, were more likely to stay in individual therapy, and had fewer inpatient psychiatric days. There were no between-group differences on measures of depression, hopelessness, suicide ideation, or reasons for living although scores on all four measures decreased throughout the year.

(Arch Gen Psychiatry. 1991;48:1060-1064)

Approximately 11% of all psychiatric outpatients and almost 20% of psychiatric inpatients meet criteria for borderline patients with BPD. Although a number of brief studies have suggested that psychosocial interventions might effectively reduce parasuicidal behaviors, none have focused specifically on parasuicidal patients who meet criteria for BPD. Other studies, however, have suggested that treatments that are effective on patients without concomitant personality disorders are not as effective when applied to similar patients with personality disorders.

One of us (M.M.L.) has developed a behaviorally oriented outpatient psychotherapy called dialectical behavior therapy (DBT), which is designed specifically for chronically parasuicidal individuals with conditions diagnosed as BPD. Treatment goals are hierarchically ordered by importance as follows: (1) reduction of parasuicide and life-threatening behaviors, (2) reduction of behaviors that interfere with the process of therapy, and (3) reduction of behaviors that seriously interfere with the quality of life. Both parasuicidal and borderline patients are notorious for early therapy attrition, which is an
Hierarchy of Scientific Evidence

Meta-analysis
Systematic Reviews
Randomized Controlled Trials
Cohort Studies
Case Series/Case Reports
Animal Research/Laboratory Studies
Opinion Papers/Expert Opinion

Strongest

Weakest
Two Meta Analyses

JAMA Psychiatry | Original Investigation | META-ANALYSIS

Efficacy of Psychotherapies for Borderline Personality Disorder
A Systematic Review and Meta-analysis

Ioana A. Cristea, PhD; Claudio Gentili, MD, PhD; Carmen D. Cotet, PhD; Daniela Palomba, MD; Corrado Barbui, MD; Pim Cuijpers, PhD

NREPP database: nrepp.samhsa.gov
Two Different Conclusions

**Cristea et al. (2017)**

- “[P]sychotherapies, most notably Dialectical Behavior Therapy and psychodynamic approaches, significantly improved borderline-relevant outcomes (symptoms, self-harm, suicide) compared with control interventions.”

**SAMHSA’s NREPP (2017)**

- DBT is “effective” for nothing
- DBT is “promising” for depression, self-regulation, internalizing, service use
- DBT is “ineffective” for suicidal thoughts and behaviors
- DBT is “potentially harmful” for general substance use
How to account for this?
Study selection criteria, outcome domains, and units of analysis yield different findings.
SYNTHESIS

DBT is NOT effective

DBT is PERFECT

DBT works for many
...And, it isn’t enough for all
PRIMARY PREVENTION in School
International Research Endeavour

30 Randomized Control Trials, 8 countries, 19 sites, & 12 distinct treatment populations
Cognitive-behavioral treatment of chronically parasuicidal borderline patients.

Linehan MM, Armstrong HE, Suarez A, Allmon D, Head HL.

JAMA Psychiatry | Original Investigation
Efficacy of Dialectical Behavior Therapy for Adolescents at High Risk for Suicide: A Randomized Clinical Trial

Elizabeth McCauley, Ph.D., M.D.
Claudia Avina, Ph.D., Jennifer

Feasibility and preliminary efficacy of dialectical behavior therapy skills groups for Veterans with suicidal ideation: pilot

Suzanne E. Decker, Lynette Adams, Laura E. Watkins, Laure

International Journal | pp 1-18 | DOI: https://doi.org/10.1017/S13552465819000122
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Dialectical behavior therapy skills training to improve Turkish College Students’ Psychological Well-Being: A Pilot Feasibility Study

Melanie S. Harmed, Kathryn E. Kerlund, Marsha M. Linehan

Effectiveness of a 5-Week Inpatient Dialectical Behavior Therapy for Borderline Personality Disorder

THOMAS PROBST, TERESA O’ROURKE, VERENA DECKER, EVA KIESSLING, SASCHA MEYER, CHRISTINE BOFINGER, GÜNTER NIKLEWSKI, ANDREAS MÜHLBERGER, CHRISTOPH PIEH;

Two-Year Randomized Controlled Trial and Follow-up of Dialectical Behavior Therapy vs Therapy by Experts for Suicidal Behaviors - Borderline Personality Disorder

Van, PhD. Kafi, MA, CHAP; Angela A. Murray, MA, MPH.

PhD, Robert J. Gallagher, PhD, Richard A. Ricci, PhD, Kathryn E. Kerlund, PhD.
ML. Sarah K. Reynolds, Ph.D., Nancy Underdown, MD

Transdiagnostic Applications of DBT for Adolescents and Adults

Sor A. Ritschel, Ph.D., Noriel E. Lim, Ph.D., Lindsay M. Stewart, Ph.D.
Implications for individuals seeking treatment, families, providers and the community
From a seedling to a forest, it was a journey
And, the Journey Became a LEGACY

“If I can do it, you can do it.”

- Marsha M. Linehan, PhD, ABPP