

Our Movement. Our Moment.

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**2019 NAMI
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JUNE 19–22 • SEATTLE

DBT: The State of the Science & Clinical Implications

Kathryn E. Korlund, PhD, ABPP
THIRA Health

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Disclosures

- Dr. Korlund receives consultation fees from federal and international research grants studying DBT
- Dr. Korlund receives fees for providing training and consultation on DBT
- Dr. Korlund receives a salary as the Clinical Director of THIRA Health, a DBT-based Partial-Hospitalization and intensive Outpatient Program



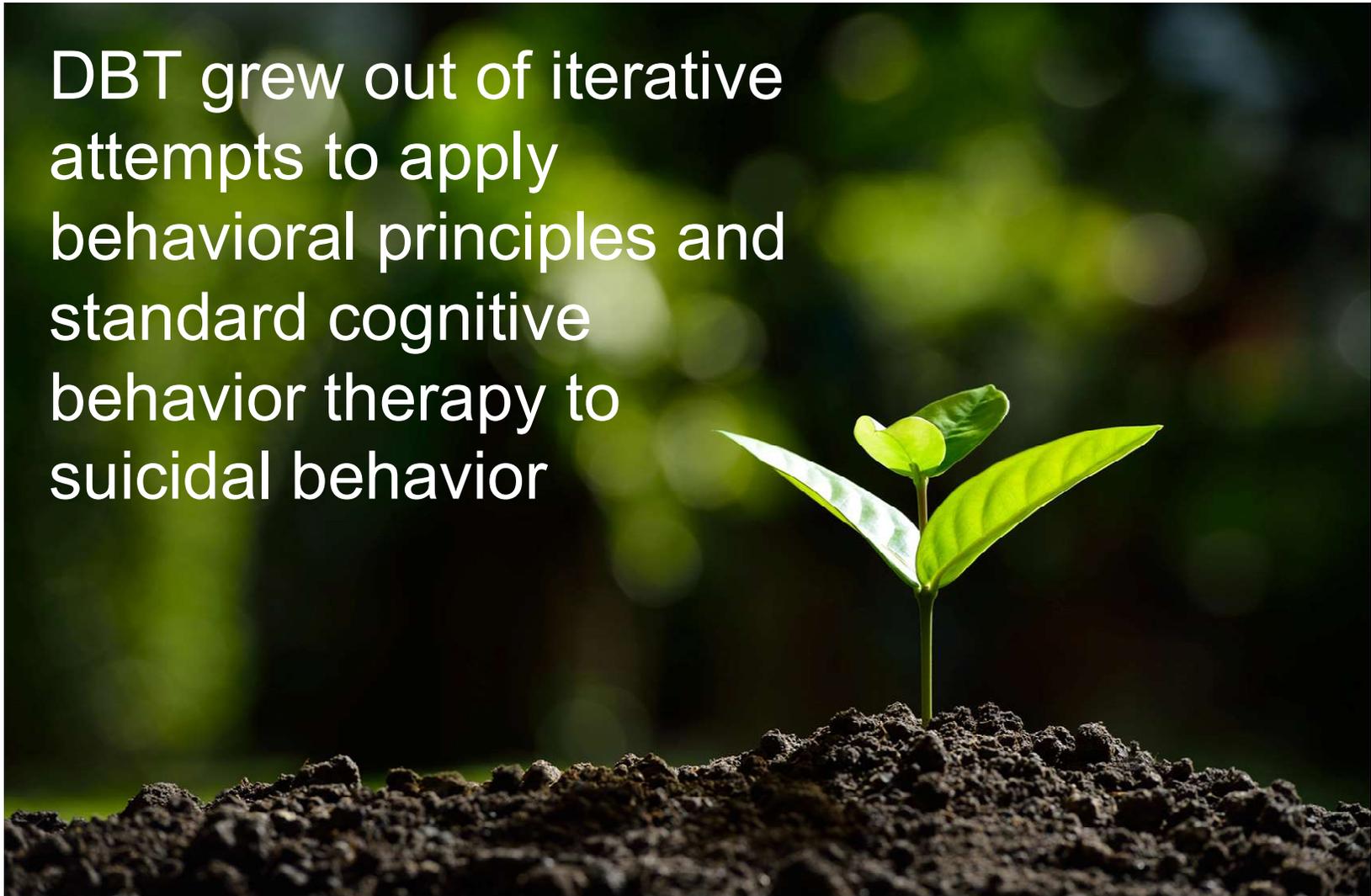
A Simple Question Started a **JOURNEY**:
How do you get people out of hell?

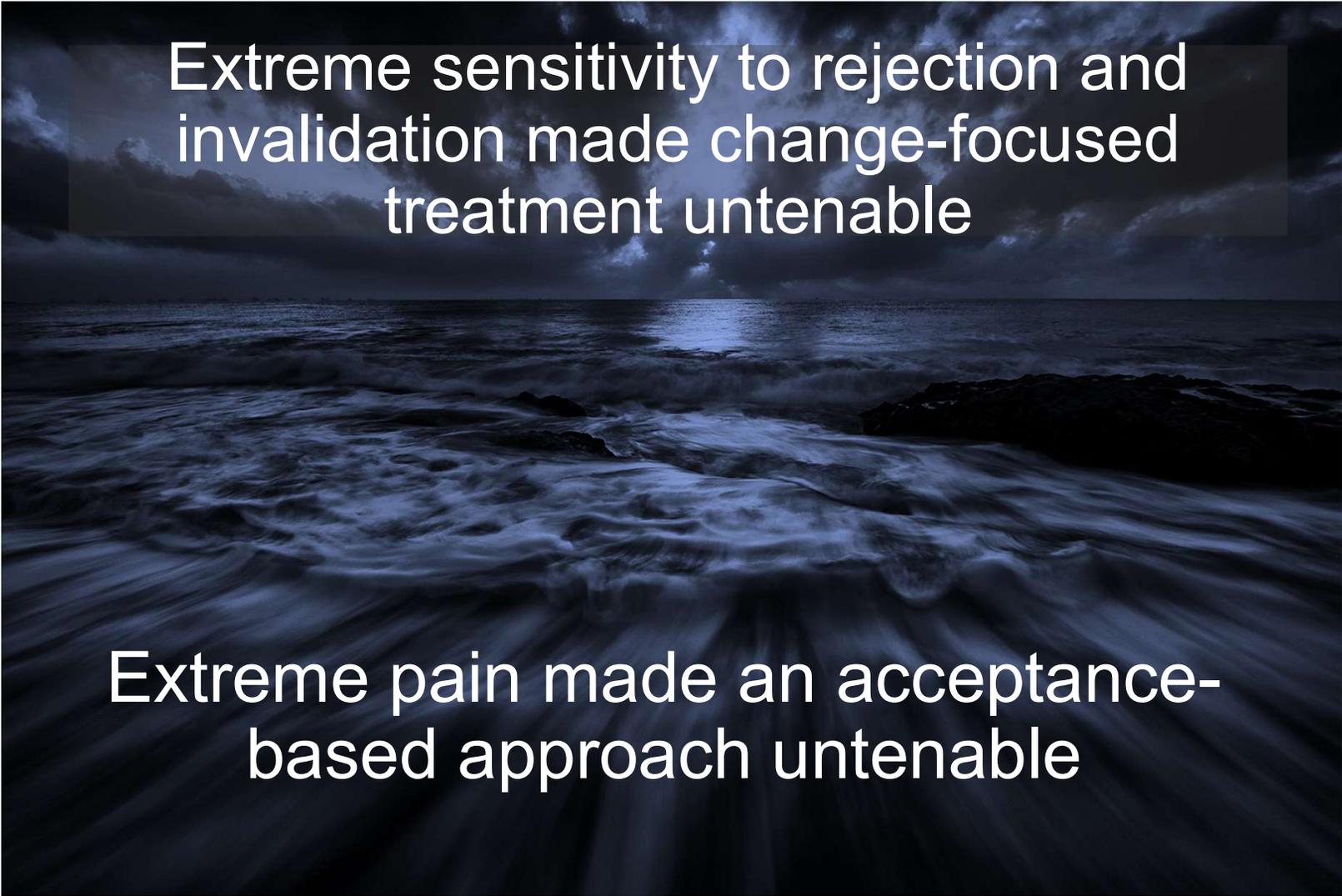
ANSWER:

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

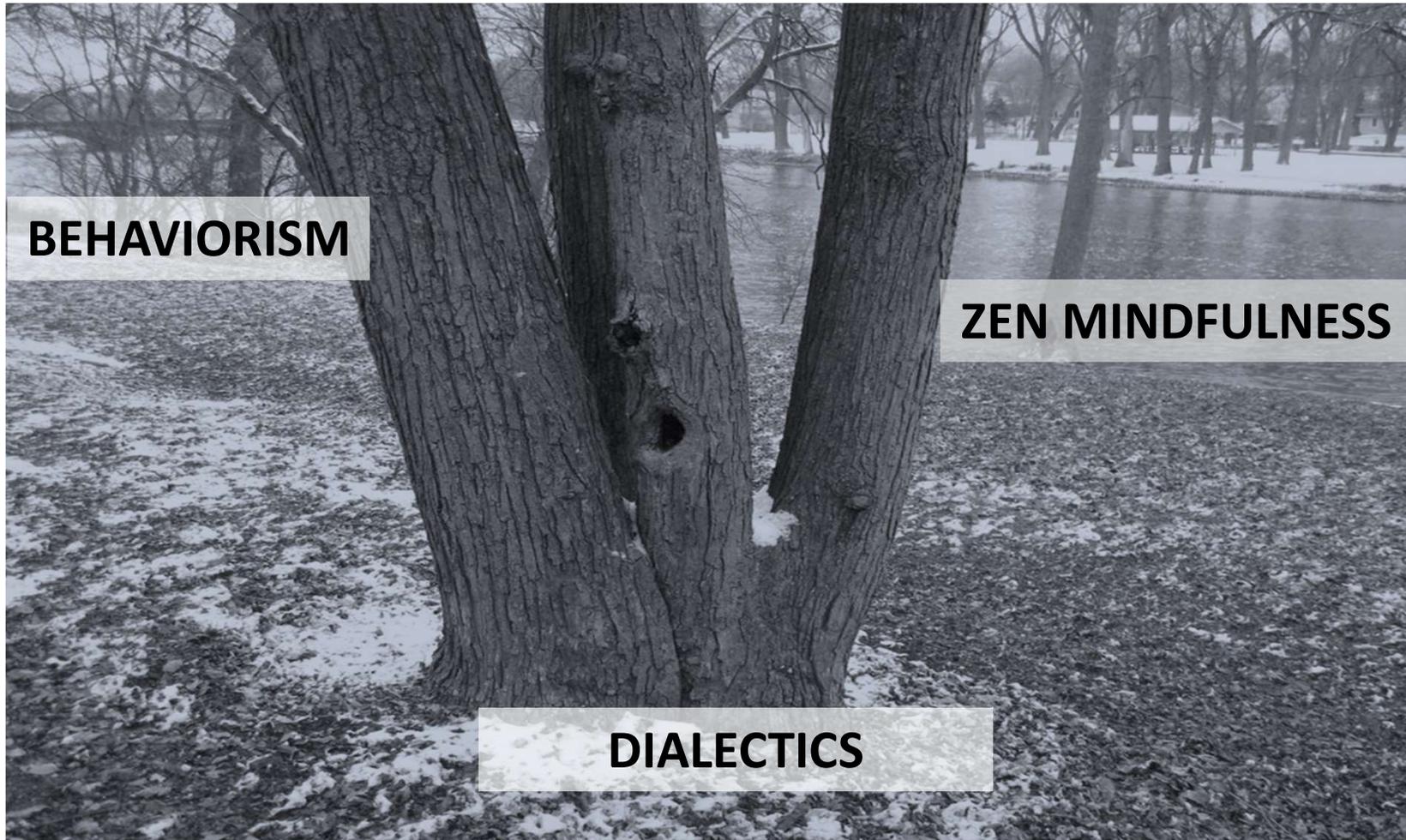
Extreme pain made an acceptance-
based approach untenable



SOLUTION:
A treatment that
balanced
ACCEPTANCE
&
CHANGE



An INTEGRATIVE Treatment



BEHAVIORISM

ZEN MINDFULNESS

DIALECTICS



BEHAVIORISM





ZEN MINDFULNESS





DIALECTICS



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



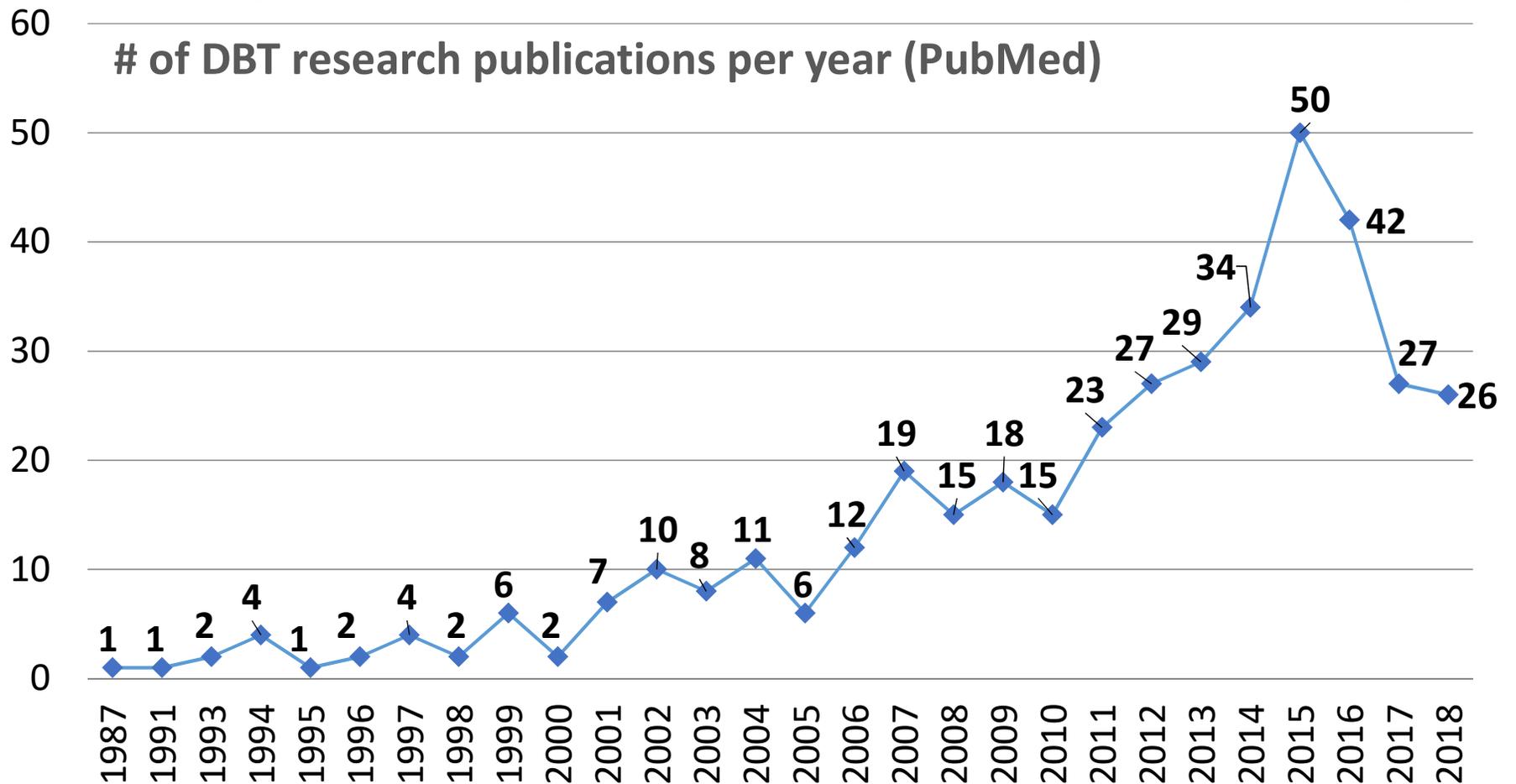


Development of New THERAPIST Strategies





32 years of DBT: An abbreviated history



<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, ie, 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 parasuicides, 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)

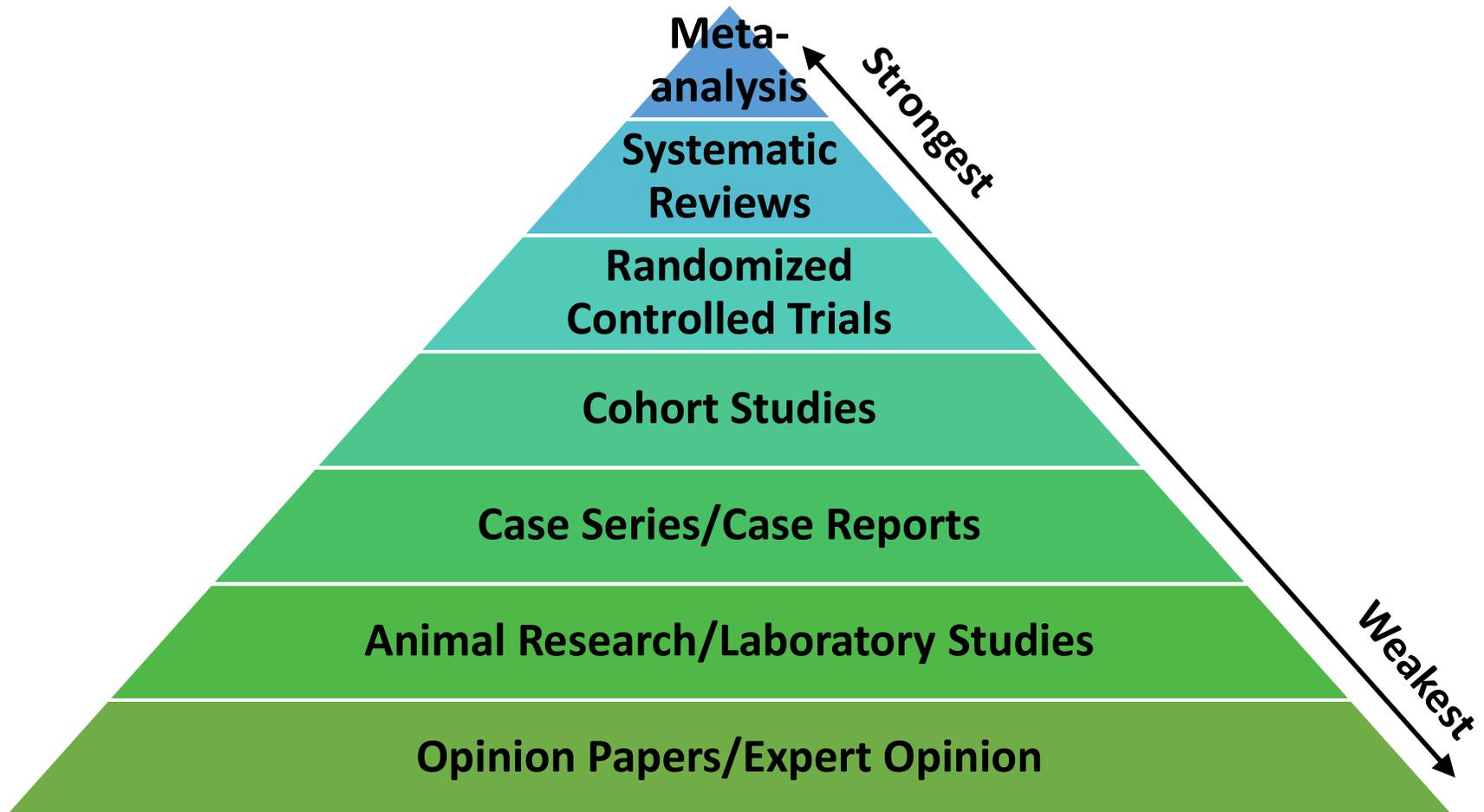
Approximately 11% of all psychiatric outpatients and

tients with BPD.⁸ Although a number of brief studies have suggested that psychosocial interventions might effectively reduce parasuicidal behavior,⁹ 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.^{10,11}

One of us (M.M.L.)¹²⁻¹⁴ 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 parasuicidal¹⁵ and borderline¹⁶ patients are notorious for early therapy attrition, which is an



Hierarchy of Scientific Evidence





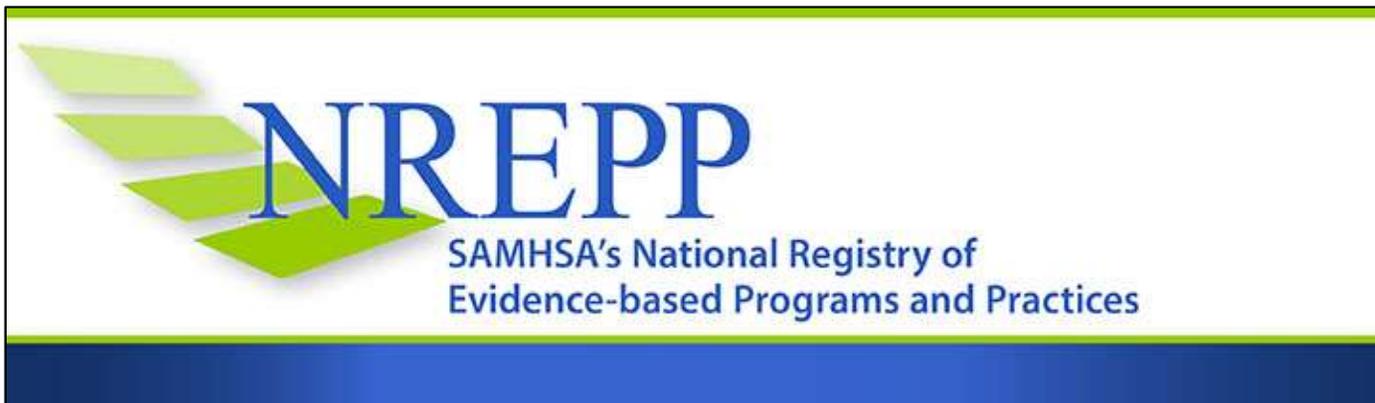
Two Meta Analyses

Research

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



Cristea, Gentili, Cotet, Palomba, Barbui & Cuijpers, 2017, *JAMA Psychiatry*

NREPP database: nrepp.samhsa.gov

6/24/2019

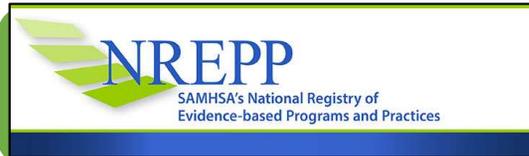


Two Different Conclusions

JAMA Psychiatry

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





Arch Gen Psychiatry. 1991 Dec;48(12):1060-4.

Cognitive-behavioral treatment of chronically parasuicidal borderline patients.

Linehan MM¹, Armstrong HE, Suarez A, Allmon D, Heard HL.

JAMA Psychiatry | Original Investigation

Efficacy of Dialectical Behavior Therapy for Adolescents at High Risk for Suicide: A Randomized Clinical Trial

Elizabeth McCauley, PhD; Mi Claudia Avina, PhD; Jennifer

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

International Journal of Suzanne E. Decker^{(a1) (a2)}, Lynette Adams^{(a2) (a3)}, Laura E. Watkins^{(a2) (a4)}, Laure

Dialectical behaviour therapy skills training to improve Turkish College Students' Psychological Well-Being: A Pilot Feasibility Study

Authors Authors and affiliations

A. Meltem Üstündağ-Budak, Ezgi Özeke-Kocabaş, André Ivanoff

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;

6/24/201

A pilot randomized controlled trial of Dialectical Behavior Therapy with and without the Dialectical Behavior Therapy Prolonged Exposure protocol for suicidal and self-injuring women with borderline personality disorder and PTSD

Melanie S. Harned, Kathryn E. Korstlund, Marsha M. Linehan

New research

Randomized Clinical Trial of Dialectical Behavior Therapy for Preadolescent Children With Disruptive Mood Dysregulation Disorder

Child and Adolescent Mental Health / Volume 23, Issue 4

Innovations in Practice

Innovations in Practice: Dialectical behaviour therapy - skills training for emotional problem solving for adolescents (DBT STEPS-A): evaluation of a pilot implementation in Irish post-primary schools

Mareike Weihrauch, Paul Corcoran

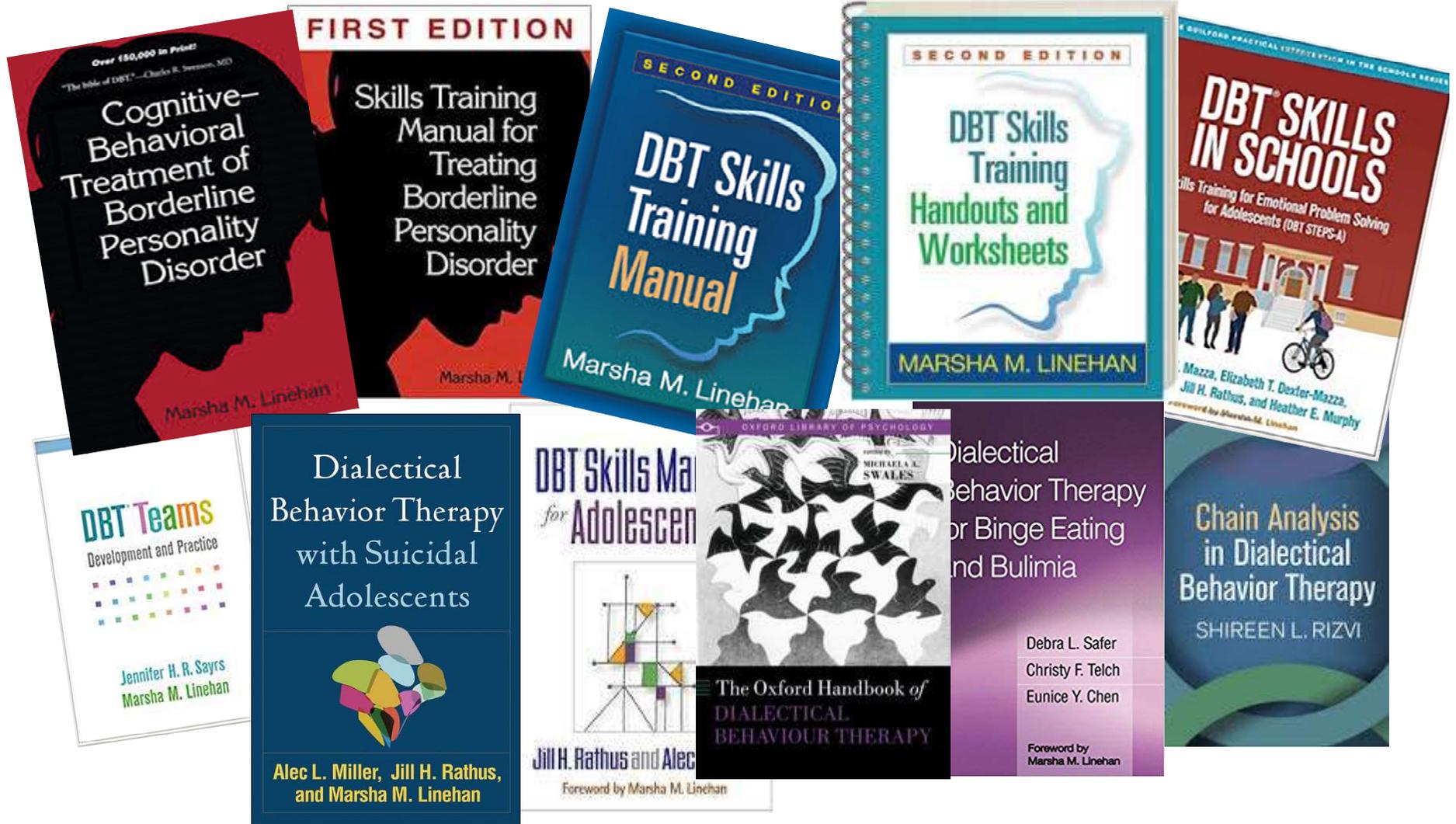
Transdiagnostic Applications of DBT for Adolescents and Adults

Lorie A. Ritschel, Ph.D., Noriel E. Lim, Ph.D., Lindsay M. Stewart, Ph.D.

ORIGINAL ARTICLE

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

on, PhD; Katherine Anne Comtois, PhD, Angela M. Murray, MA, MSW; PhD; Robert J. Gallop, PhD; Heidi L. Heard, PhD; Kathryn E. Korstlund, PhD; MS; Sarah K. Reynolds, PhD; Noam Lindenboim, MS





Implications for individuals seeking treatment, families, providers and the community





From a seedling to a forest, it was
a journey

Our Movement. Our **Moment.**

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And, the Journey Became a LEGACY



"If I can do it, you can do it."

- *Marsha M. Linehan, PhD, ABPP*