DBT for chronic PTSD related to childhood sexual abuse in patients with Borderline Personality Disorder – an intensive residential program

Dialectical behavior therapy for posttraumatic stress disorder (DBT-PTSD) was tailored to treat adult PTSD following childhood sexual abuse (CSA) including patients with borderline personality disorder (BPD). Since most of these patients are experiencing severe problems in emotion regulation, we merged DBT principles and trauma-specific techniques. The treatment program was initially conducted as a three month residential program but is also applicable under outpatient conditions.
From a DBT perspective, PTSD-typical dysfunctional behaviors can predominantly be understood as strategies for the avoidance or escape from trauma-associated primary emotions like powerlessness, threat, anxiety, disgust, humiliation, or lust. Corroborated by dysfunctional cognitive assumptions, dysfunctional behaviors such as self-injury, suicidal ideation, dissociation, or intoxication and dysfunctional secondary emotions such as shame, guilt, self-hatred, or chronic anger, develop over time into inappropriate self-concepts which strongly impair quality of life.
DBT-PTSD primarily aims to help patients a) revise their fear of trauma-associated primary emotions, b) question whether secondary emotions like guilt and shame are appropriate, and c) radically accept trauma facts in order to establish a life worth living.
DBT-PTSD is structured in a stepwise manner:

1. During the first five weeks, patients learn to identify their typical automatic escape behaviors (actions, cognitions, and emotions) using individualized functional analyses. They further learn to use respective DBT skills to control these behaviors. Staff helps the client to utilize these skills during daily training sessions.
2. During exposure sessions (Week 6 to 10), the therapist provides close support to help the client avoid escape strategies, to re-experience trauma associated primary emotions, and to determine the appropriateness of these emotions in the reality of the past versus the present The therapist controls the current level of aversive tension and applies anti-dissociative skills as required. The exposure protocol allows the patient to control the pace and intensity of memory activation and balances the vividness of trauma memories with the awareness of being in the (non-dangerous) present (skills assisted exposure). Following therapist-guided exposure sessions, patients are asked to listen to the audio-taped sessions on a daily basis and to strictly avoid the identified escape strategies. If patients tend to dissociate, they are encouraged to use anti-dissociative skills like exercising on a stepper while listening to the tapes.
3. During the last two weeks, treatment mainly focuses on radical acceptance of trauma-related facts and on relevant psychosocial aspects including work, partnerships, and sexuality.

Safety, acceptance and effectiveness of DBT-PTSD have been evaluated within pre-post studies and randomized controlled studies at the Central Institute of Mental Health, University of Heidelberg. The data revealed that the treatment program is highly acceptable (dropout-rates < 10%) and save and effective (PDS; CAPS effect sizes > 1.3).

The workshop will provide an introduction to DBT-P: Prerequisites, treatment targets, and structure of the treatment; basic principles and rules; treatment modules: emotion regulation skills, mindfulness group therapy, discrimination training, cognitive interventions and moderated exposure.
Most of the interventions will be demonstrated with video-tapes. The participants should be familiar with standard DBT treatment.