

Dialectical Behavioral Therapy, Teens, and Emotional Dysregulation:

Managing emotional dysregulation and irritability in
the context of Borderline Personality Disorder,
Bipolar Disorder or Both

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Agenda

- Teens with BPD and Bipolar Disorder: Differential Diagnosis
- What is Dialectical Behavior Therapy (DBT)?
- DBT to address emotion dysregulation and irritability

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DSM-5 Diagnostic Criteria for BPD in Adolescence

Borderline Personality Disorder (BPD) in adolescence is defined as a 1-year enduring pattern of inner experience and behavior that is pervasive and leads to clinically significant distress or impairment; full criteria requires the presence of 5 out of these 9 symptoms:

- Frantic efforts to avoid real or imagined abandonment
- Unstable and intense interpersonal relationships
- Identity disturbance
- Impulsivity in at least two areas that are potentially self-damaging
- Recurrent suicidal behavior, suicidal communication and/or self-harm
- Affective instability due to a marked reactivity of mood
- Chronic feelings of emptiness
- Intense anger or difficulty controlling anger
- Transient, stress related paranoid ideation or severe dissociative symptoms

Diagnosing BPD in Adolescents

- Early identification and intervention leads to better long- term prognosis
- High remission rates in BPD, low rates of relapse
- Early intervention and recovery prevents future suffering; decreases likelihood of BPD symptoms in adulthood
- Validated assessment tools exist:
 - Childhood Interview for Borderline Personality Disorder (CI-BPD)
 - McLean Screening Instrument for BPD (MSI-BDP)
 - Structured Interview of DSM-IV Personality Disorders (SIDP-IV)

Differential Diagnosis: Assessment for BPD

- Symptoms are persistent over time and in multiple contexts
 - Do your relationships with others tend to be intense and stormy with lots of ups and downs? Do you often worry that others will leave you? What do you do to get them to stay? (i.e. assess for fear of abandonment AND efforts to avoid it, fluctuation between extreme devaluation and idealization?)
 - Frequency of suicidal communication and behaviors? Non-suicidal self-injury? Context for these behaviors? What other impulsive behaviors exist?
 - Chronic feelings of emptiness? (50% of the time or more to meet threshold criteria)
 - How frequent are mood swings? How many mood switches in a day or week? How long do moods last?
 - Presence of dissociative symptoms in the context of stress?

Symptoms of Bipolar Disorder

Mania/ Hypomania (High)

- Elated, expansive and/or irritable mood
- Increase in goal-directed activity
- Increased energy
- Decreased need for sleep
- Increased confidence or grandiosity
- Rapid or pressured speech
- Racing thoughts
- Flight of ideas
- Increased distractibility
- Increased impulsivity

Depression (Low)

- Depressed, sad, and/or irritable mood
- Anhedonia (low motivation, loss of interest)
- Decreased energy
- Negative self-image, feelings of excessive guilt
- Sleep disturbance
- Changes in appetite
- Psychomotor retardation or agitation
- Increased problems with concentration
- Having thoughts about self-harm and/or suicide
- Hopelessness/helplessness

Differential Diagnosis: Assessment for Bipolar Disorder

To meet criteria, bipolar disorder symptoms must be:

Concurrent: occur together in time

When your daughter is in these really irritable moods, do you also notice that she is talking faster (1), has more energy (2), and is busy with different projects or activities around the house (3)?

Durable: happen for a long enough period of time

*How long do these angry and irritable moods last? How many hours in a day?
How many days in a row?*

Episodic: different than most times

Do you frequently have negative thoughts about yourself or feel like life isn't worth living or mostly when you are feeling depressed?

Overlapping features of BPD and BP

Impairment in the the following domains:

Affective instability (main shared experience)

Suicidal thinking and behavior

Psychosocial functioning

Impulsivity

BPD and BP Comorbidity

- ~20% of individuals diagnosed with BP II , 10% with BP I also meet criteria for BPD
- BDP comorbidity is associated with an earlier onset of BP
- Individuals with BP and comorbid BPD have higher suicidality compared with BP alone
- BPD symptomology has a major impact in BD (i.e. suicidality, mood course, number of mood episodes) *but not vice versa*
- Further research is needed! Much of the research to date includes small sample sizes, absence of control groups, and inconclusive findings.

Why is diagnostic context important?

- If DBT is an effective treatment for both bipolar disorder and borderline personality disorder, why is distinction between the two dx important?
 - Implications for medication management
 - Medications for bipolar disorder are not interchangeable with medications for borderline personality disorder
 - Medications have shown limited effectiveness in treating symptoms of BPD
- Psychoeducation
 - Risk factors, course of illness, symptoms, and other potentially effective treatments
- Mood and emotion monitoring
 - Mood episodes in bipolar disorder are different from emotion dysregulation
 - Tracking mood symptoms helps to identify patterns, progress, signs of pending episodes and helps diagnostic clarity
- Assessing progress

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What Is Dialectical Behavior Therapy (DBT)?

Skills-based treatment developed for adults with Borderline Personality Disorder (Linehan, 1993)

DBT compared to treatment by experts in the community:

- Decreased rates of suicidal behavior and NSSI
- Decrease use of crisis services and psychiatric inpatient admissions
- Increased therapy attendance and retention

Primary treatment targets

- *emotional dysregulation*
- suicidality and non-suicidal self-injury
- therapy-interfering behaviors (e.g., treatment adherence)
- improve psychosocial functioning by increasing skillful behavior

What are dialectics?

Dialectic = reconciliation of opposites

- **Change** in DBT: working hard to improve and make changes in your life
- **Acceptance** in DBT: accepting reality just as it is and accepting yourself just as you are
- Therapist and patient both work to keep this dialectic front and center throughout treatment



Main DBT Treatment Strategies

Validation strategies—*power of presence*

- Seek to validate a patient's emotions, thoughts, and behaviors
- Mindfulness in present moment, accepting reality as it is, non-judgmental stance

Change strategies—*power of purpose*

- Based on principles from cognitive behavioral therapy to address problem behaviors, including suicidal behavior

Dialectical strategies—*power of improvisation*

- Balance acceptance and change strategies throughout treatment as needed

DBT Skills

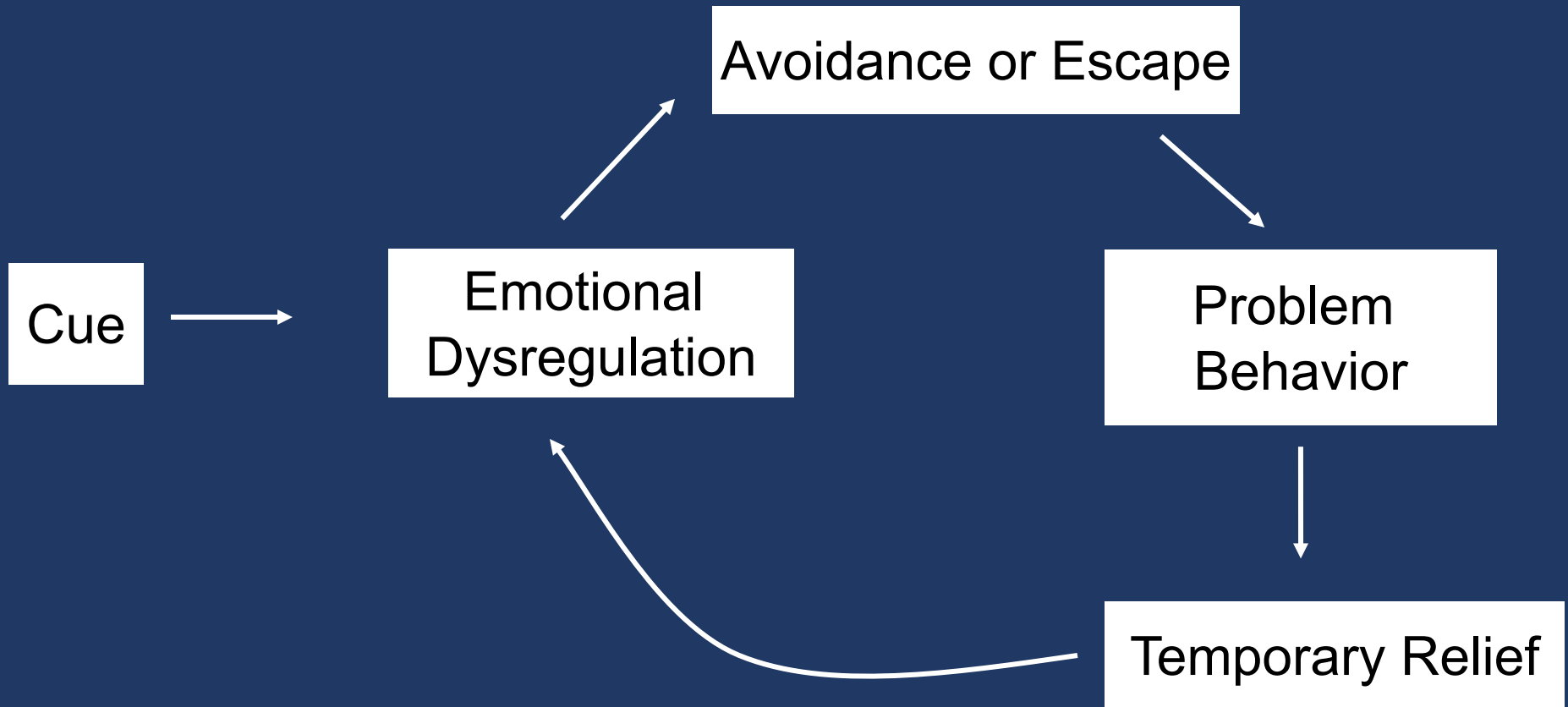
Four main skills modules

- Mindfulness—increase awareness, decreased confusion about self
- Distress tolerance—tolerate painful/uncomfortable emotions, decrease impulsivity
- Emotion Regulation—gain control of emotional experiences
- Interpersonal Effectiveness—increase healthy communication to get needs/wants met

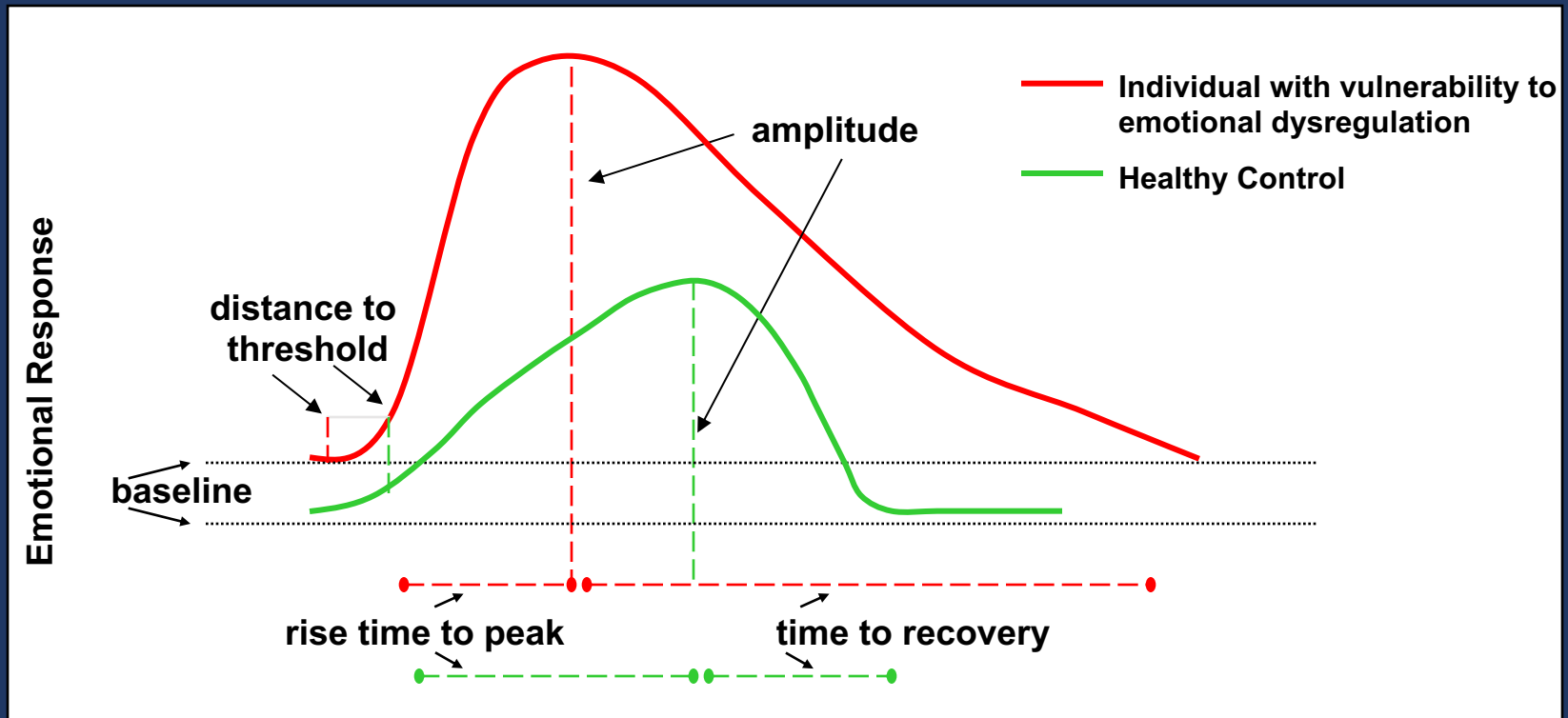
Additional modules

- Walking the Middle Path (adolescent and family DBT skills manual)
- Psychoeducation (DBT for adolescents with BP)

The Problem



A Model of Emotional Dysregulation



- High sensitivity
lower threshold for responding
- High reactivity
faster rise time to peak
higher amplitude response
- Slower time to recovery

Emotional Dysregulation and Irritability are Associated with Many Psychiatric Disorders



Why Dialectical Behavior Therapy (DBT) for Adolescents with Bipolar Disorder?

Shared treatment targets:

- suicidal behavior
 - ~50% lifetime prevalence (Strober et al., 1995; Bhangoo et al., 2003; Goldstein et al., 2006)
 - 20% over 5 years (Goldstein et al., 2012)
- non-suicidal self-injurious behavior
 - 40% lifetime rate (Esposito et al., 2010)
- emotional dysregulation
 - a disorder of positive and negative affect (Liebenluft et al., 2003)
- therapy-interfering behaviors
 - 65% rate of medication non-adherence (DeBello et al., 2007)
- poor psychosocial functioning
 - during & between episodes; worse in adolescence (Goldstein et al., 2006)

DBT for Adolescents with Bipolar Disorder: Adaptations

- One year outpatient protocol
Cyclical nature of bipolar disorder allows for skills application across mood states
- Skills training conducted with family units
Enhanced flexibility, scheduling, and ability to tailor skills training
Additional Psychoeducation module
- Alternating schedule of weekly 60-minute sessions
Family Skills Training/Individual DBT
Attentional functioning challenges are common
Families often receive multiple services requiring weekly appts

DBT for Adolescents with Bipolar Disorder: Results from an RCT

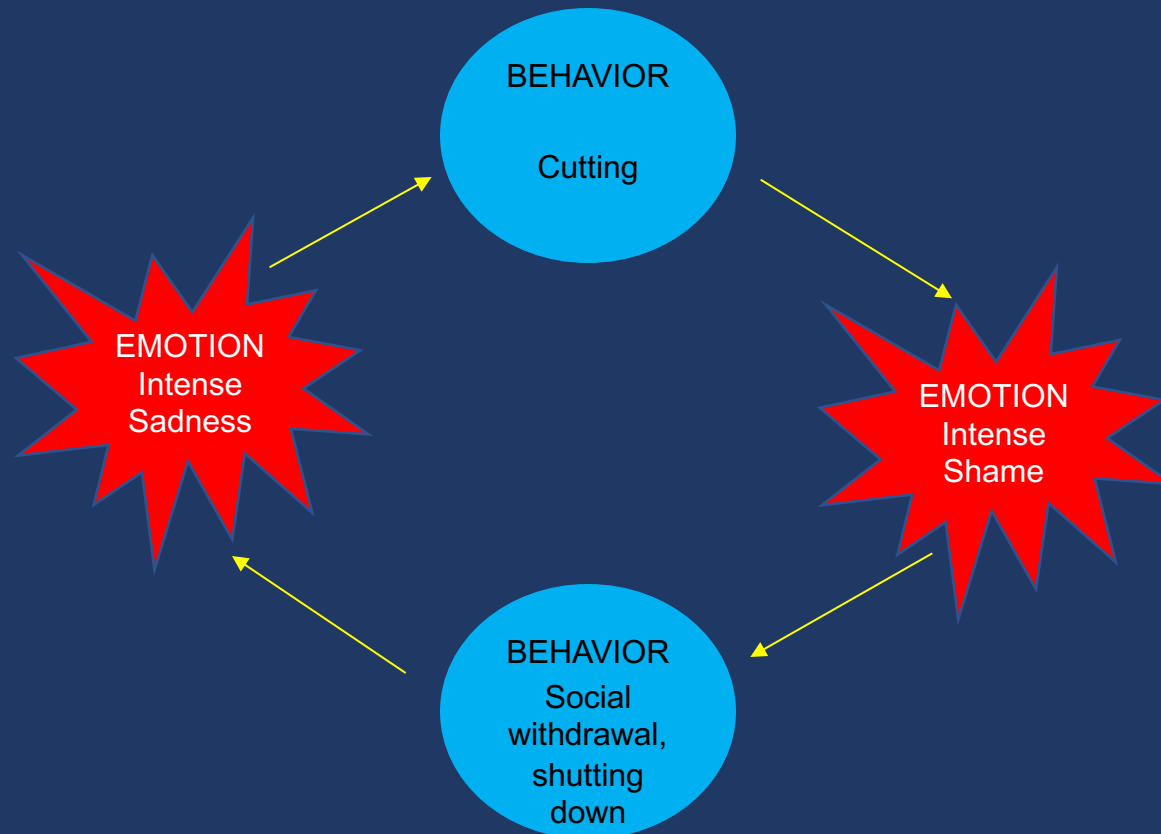
- Participants were 12-18 y.o. with diagnosis of bipolar spectrum disorder
- Randomly assigned to 1 year of DBT (n=47) OR standard of care (SOC) psychotherapy (n=53) provided by therapists with intensive training/supervision in evidence-based treatment of pediatric BP
- Both groups demonstrated significant improvement in mood states and symptoms over time
- DBT demonstrated efficacy in decreasing suicide attempts among high-risk population of adolescents with bipolar spectrum disorder
- Teens with BP at elevated risk of suicidal behavior and those exhibiting high emotion dysregulation stand to benefit most from DBT's effects on decreasing suicide attempt risk through enhancing emotion regulation.

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The Problem of Emotional Dysregulation

Transactional relationship between *emotions* and *problem behaviors*



Changing Problems Behaviors: Behavior Chain Analysis

1. Identify and agree upon the problem behavior you are targeting.
2. Identify vulnerability factors
3. Analyze the chain of events moment-to-moment over time
4. Identify the prompting event(s) and the “point of no return”
5. Break links between prompting event and problem behavior
6. Break links between problem behavior and consequences

Behavior Chain Analysis

Analyze the chain of events moment to moment

Vulnerabilities

- poor sleep
- substance use

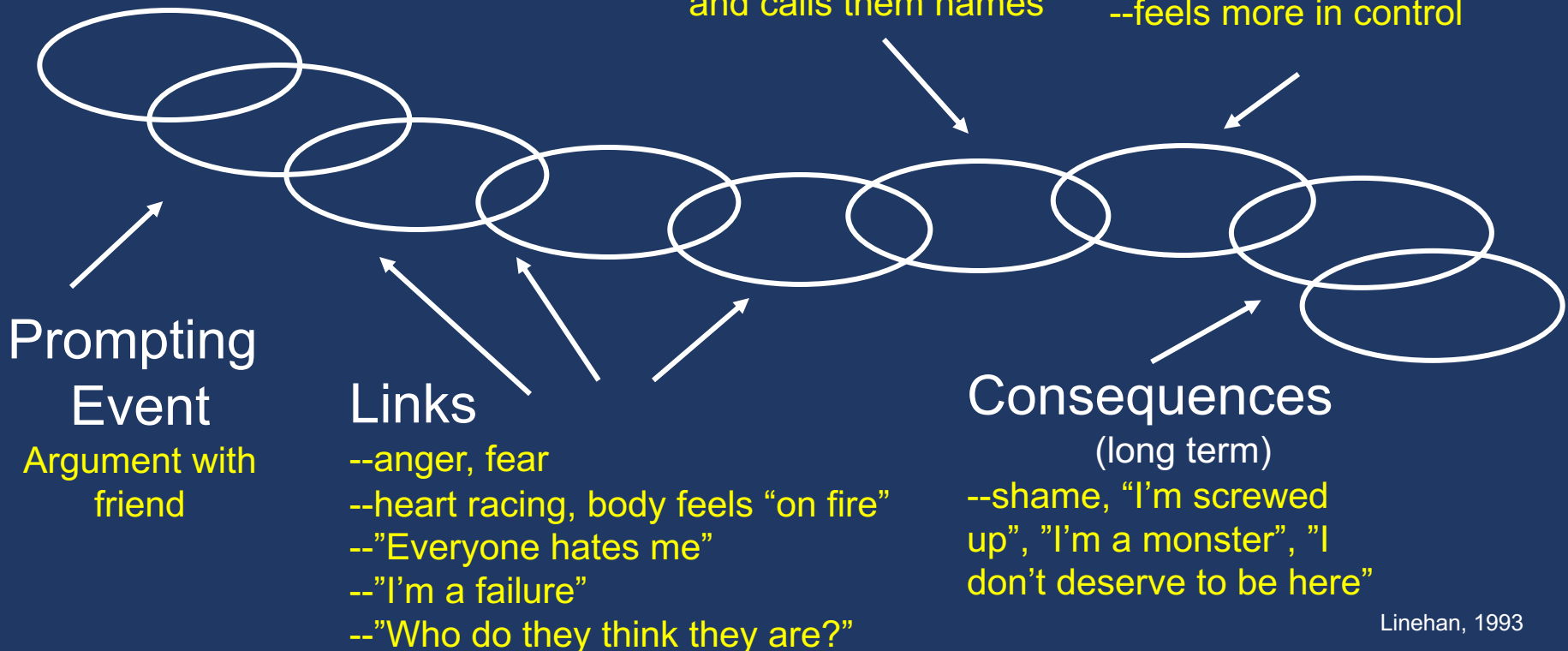
Problem Behavior

Explodes at friend
and calls them names

Consequences

(short term)

- Relief; emotional intensity comes down
- friend backs off
- feels more in control



Validation in DBT

- The essential and defining component of validation in DBT is the therapist's ability to continuously remain curious and open to *what makes sense* about a client's experience
- Think of validation as the scaffolding for change
- What gets in the way of change? How can validation help to facilitate change?



Solution and Task Analysis

- Remember, problem behaviors are a patient's attempt to solve the problem of emotional pain and discomfort—the behaviors work in the short term
- Problem behaviors are solutions that comes with a package of problems. We want NEW solutions that are in service of the patient's life worth living goals
- Goal of task and solution analyses is to identify replacement behaviors (DBT skills!) that work better in the *long term*
 - Solve the problem of emotional distress without harmful side effects or more pain and suffering in the long term

DBT Skills Modules

Mindfulness Skills—help us to notice and labeling what we are feeling, thinking and sensing in any given moment

- Observe and describe anger with non-judgmental stance—where do you feel the emotion in your body? What thoughts are running through your head? What urges do you have?

Distress Tolerance Skills—help with tolerating painful feelings and situations without making things worse

- Notice your emotion and then distract from the experience—move through rather than around the emotion
- Breathing exercises, changing temperature of body to regulate nervous system
- Distraction with activities, creating different emotions, contributing, sensations
- Radical acceptance—validating anger AND accepting reality as it is

DBT Skills Modules

Emotion Regulation Skills—help with modulating intensity of emotions so we feel more in control of emotional experiences

- Check the facts—does emotions fit the facts of the situation?
- Opposite action—act opposite of urges; when we are angry, the urge is to attack—gently avoid instead
- Reducing emotional vulnerability by accumulating pleasant experiences in the short term and setting long term goals that you can start working on today
- Pay attention to sleep, diet, physical activity and substance use

Interpersonal Effectiveness Skills—help patients to get what they want and need in healthy and effectives ways

- Describe situation, express feelings, ask directly
- Be fair to yourself and the other person, stick to your values, be honest
- Validate, pay attention, easy manner

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