



Treating PTSD During Dialectical Behavior Therapy: The DBT Prolonged Exposure Protocol

Helping High-Risk and Multi-Problem Clients with PTSD Build Lives Worth Living

Individuals with PTSD often present to treatment with multiple, severe comorbid problems such as suicidal and self-injurious behavior, severe dissociation, substance use, and personality disorders. In fact, 66% of individuals with PTSD have two or more comorbid disorders and up to 30% attempt suicide. Unfortunately, these types of high-risk and multi-problem clients are often unable to access effective PTSD treatment. These individuals are often excluded from PTSD treatments due to their severity, and treatments designed for this population such as Dialectical Behavior Therapy (DBT)¹

have not typically targeted PTSD. When not treated, PTSD increases the risk of suicidal and self-injurious behavior and is likely to interfere with achieving recovery.

The DBT Prolonged Exposure (DBT PE) protocol was developed by Dr. Melanie Harned specifically to treat PTSD among high-risk and multi-problem clients who are receiving DBT. The DBT PE protocol is based on Prolonged Exposure therapy² and was adapted to fit the needs of this complex client population. DBT with the DBT PE protocol is a comprehensive treatment designed

to help these tremendously suffering individuals recover from trauma and build lives worth living.



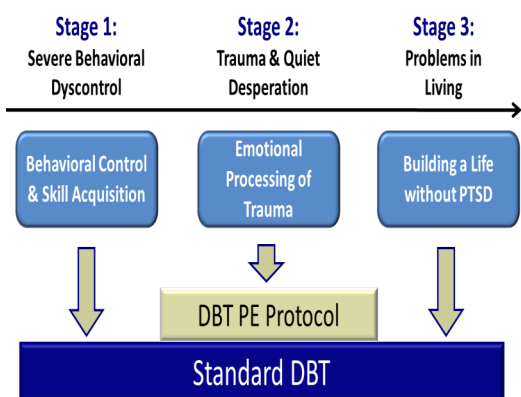
“The DBT PE protocol is now an important part of standard DBT for clients with PTSD. All DBT clinicians need to learn how to deliver this new and highly effective protocol.”

Dr. Marsha Linehan
DBT Treatment Developer

Special points of interest:

- DBT with the DBT PE protocol is a comprehensive treatment for high-risk, multi-problem, and difficult-to-treat clients with PTSD.
- The treatment has been delivered and researched in outpatient, intensive outpatient, and residential settings with adults and adolescents.
- Research indicates the treatment is feasible to deliver, acceptable to clients, safe, and effective in reducing PTSD, suicidal and self-injurious behavior, dissociation, shame, guilt, depression, and social impairment.

Treatment Stages and Targets



The treatment is delivered in 3 stages. **Stage 1** consists of standard DBT including weekly individual therapy, group skills training, therapist consultation team, and between-session phone coaching. The focus in Stage 1 is on helping clients achieve control over life-threatening and other severe behaviors, and increasing behavioral skills in the areas of emotion regulation, distress tolerance, mindfulness, and interpersonal effectiveness. Once clients have

achieved sufficient stability, **Stage 2** focuses directly on treating PTSD. The DBT PE protocol is delivered in weekly 90-120 minute therapy sessions while clients continue to receive all modes of DBT. Once the DBT PE protocol is complete, **Stage 3** uses standard DBT to address any remaining problems in living. Often the focus of Stage 3 treatment is on improving relationships and increasing valued activities such as work or school.

The DBT Prolonged Exposure Protocol: How it Works



Imaginal Exposure



In Vivo Exposure

Avoidance is a major factor that maintains PTSD and prevents recovery. There are two ways that people with PTSD typically avoid. The first is trying to push away memories, thoughts, and feelings about the trauma. The second is avoiding situations, people, and objects that are reminders of the trauma. Although avoiding trauma-related thoughts and situations works to reduce distress in the short run, it actually prolongs and intensifies post-trauma reactions in the long run.

The DBT PE protocol aims to help clients stop avoidance and instead confront trauma-related thoughts and situations so that trauma can be effectively processed. To do this, the DBT PE protocol uses two types of exposure.

Imaginal exposure involves revisiting the traumatic experience in one's imagination and describing it out loud during therapy sessions. Imaginal exposure to the traumatic memory is very effective in reducing trauma-related symptoms and

helping to gain new perspective about what happened before, during, and after the traumatic events.

In vivo exposure means confronting avoided situations "in real life." Clients are asked to gradually approach situations that they have been avoiding because they remind them of the trauma. *In vivo* exposure has been found to be very effective in reducing excessive fears and avoidance after trauma.

Research Support

DBT+DBT PE has been evaluated as a 1-year outpatient treatment in an open trial (n=13)³ and a randomized controlled trial (n=26)⁴ conducted in a research clinic. Clients were recently suicidal and self-injuring adult women with PTSD and an average of 6 additional diagnoses including borderline personality disorder.

Pilot studies in community outpatient, intensive outpatient, and residential settings with men and adolescents have also shown promising results.

Acceptable

74% of clients prefer to receive a combined DBT and PE treatment over either treatment alone.⁵

Clients in DBT+DBT PE were highly satisfied with the treatment they received.

Feasible

Among clients completing 1 year of DBT, 80-100% began DBT PE after an average of 20 weeks of DBT.

Of these, 73% completed the full DBT PE protocol in an average of 13 sessions.

Safe

There was no evidence of worsening in any outcome domain.

Clients in DBT+DBT PE were 2.4 times less likely to attempt suicide and 1.5 times less likely to self-injure than those in DBT alone.

Effective

Adding DBT PE to DBT doubles the rate of diagnostic remission of PTSD (80% vs. 40%).

80% of clients in DBT+DBT PE achieved recovery in terms of global functioning vs. 0% in DBT alone.

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