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Dialectical behavior therapy and domains of functioning over two years

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ABSTRACT

Individuals diagnosed with borderline personality disorder (BPD) tend to have a significant degree of functional impairment across a range of social and occupational spheres including difficulty finding and maintaining satisfying employment, housing, or relationships. Understanding what factors are associated with functional impairment will enable treatment providers to move those diagnosed with BPD beyond symptomatic recovery and toward a life worth living. This paper investigated the trajectories and predictors of functional outcomes for suicidal women with BPD ($N = 99$) during a treatment outcome study of Dialectical Behavior Therapy (DBT). Results revealed that participants had statistical and clinical improvements in functioning. Individuals with high emotion dysregulation displayed poorer psychosocial functioning at the subsequent assessment period and slower rates of change, which was also seen in reverse for one psychosocial functioning variable. Skills use was not related to individual trajectories in functioning. This study highlights the relationship of emotion dysregulation to functioning within a sample of suicidal women with BPD as well as the importance researching multiple domains in functioning.

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1. Introduction

Borderline personality disorder (BPD) is a serious mental disorder characterized by instability in affect, behavior, and relationships (American Psychological Association, 2013). Often, individuals diagnosed with BPD exhibit severe impairment in psychosocial functioning. Functional or psychosocial impairment refers to the inability to fulfill societal and/or social roles (World Health Organization, 2001), and can include deficiencies in work, school, and interpersonal relationships that is related to or exacerbated by the disorder (Uestuen & Kennedy, 2009). Indeed, it is the presence of this severe functional impairment that is characteristic of BPD (Lieb, Zanarini, Schmahl, Linehan, & Bohus, 2004). Research indicates that individuals with BPD are more functionally impaired than individuals without a personality disorder (PD) (Skodol et al., 2002) and those with other PD diagnoses (Zanarini, Frankenburg, Hennen, Reich, & Silk, 2005). Psychosocial impairment, particularly interpersonal dysfunction, appears to be stable over time (Skodol et al., 2005) and can persist after treatment has ended (McMain, Guimond, Cardish, Streiner, & Links, 2012; Stepp, Hallquist, Morse, & Pilkonis, 2011). Understanding what contributes to the tenacity of this impairment will enable treatment providers to move those diagnosed with BPD beyond symptomatic recovery and toward a life worth living inclusive of satisfying relationships, employment, and goals.

Etiological theories of BPD provide a compelling account of the origin and persistence of functional impairment among those with the disorder. Specifically, Linehan (1993) biosocial theory conceptualizes BPD as a disorder of pervasive emotion dysregulation that is theorized to result from an increased vulnerability to high emotionality combined with an inability to regulate intense emotional responses (Linehan, Bohus, & Lynch, 2007). Much of the dysfunctional or impulsive behavior found within individuals with BPD (e.g. suicide attempts, non-suicidal self-injury [NSSI], substance use) has been conceptualized as attempts to regulate emotions and/or consequences of intense emotional states (Brown, Comtois, & Linehan, 2002, 1993; Trull, Sher, Minks-Brown, Durbin, & Burr, 2000). Along these lines, impulsive behaviors offer an immediate distraction or relief from emotional distress (Lawrence, Allen, & Chanen, 2010) and thus may play a key role in the functional impairment observed in this population.

Dialectical Behavior Therapy (DBT; Linehan, 1993, 2014) is a

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cognitive behavioral treatment initially designed to treat highly suicidal and multidiagnostic individuals. The treatment integrates cognitive-behavioral change oriented strategies with acceptance and validation by using a dialectical framework to balance the two. Central to biosocial theory is the role of emotion dysregulation; thus, treatment includes a focus on improving emotion regulation capacities. However, there is limited research on the specific mechanisms of change in DBT (Kliem, Kröger, & Kosfelder, 2010), and whether the treatment exerts its effects through hypothesized mechanisms such as improvements in emotion regulation. Clarifying the mechanisms of change in DBT could lead to more focused and effective treatment, including improved functional outcomes.

One component of DBT is weekly behavioral skills training in which clients are taught skills to regulate emotions, tolerate distress, and interact effectively with others while simultaneously increasing behavioral control. A growing body of research on individuals with BPD supports the DBT skills deficit model, which suggests that the absence of or inability to use critical skills leads to and/or maintains dysfunctional behavior. This model has been supported in research that has identified DBT skills use as a mediator for improvements in suicidal behavior, expression of anger, and interpersonal problems in BPD (Neacsiu, Rizvi, & Linehan, 2010). However, the skills deficit model has yet to be tested in relation to other broader domains such as social, occupational and interpersonal functioning.

Two key elements may play a role in functional impairment in those with BPD: absence of engaging in skillful behavior to overcome interpersonal and functional difficulties and the inability to regulate subsequent emotions. Lack of skillful behavior may result from a lack of necessary skills and/or the inability to emit skills in all relevant contexts. In this way, a poor performance review for someone with BPD could engender high emotional dysregulation, and the lack of necessary skills to regulate the ensuing emotions could lead to an impulsive decision to quit a job in absence of a viable backup plan. Although various aspects of functioning have been examined in individuals with BPD naturalistically (e.g. Gunderson et al., 2011; Skodal et al., 2002, 2005; Stepp et al., 2011), and in the context of clinical trials (e.g. Bateman & Fonagy, 2008; Bohus et al., 2004; Linehan, Tutek, Heard, & Armstrong, 1994; Linehan et al., 1999; McMain et al., 2012; Nadort et al., 2009), predictors of functioning have yet to be explored. Accordingly, we tested three principal hypotheses and one exploratory hypothesis: (1) functional outcomes will improve during the course of a treatment outcome study of DBT for suicidal women who meet criteria for BPD, (2) improvements in emotion dysregulation will be related to improved functioning, (3) increased skills use will be related to improved functioning, and (4) we will examine the possible bi-directionality of both emotion dysregulation and skills use on functional impairment.

2. Method

This is a secondary data analysis from a single-blind randomized controlled trial (RCT) evaluating the importance of the skills training component of DBT by comparing the efficacy of DBT Skills training to DBT individual therapy and standard DBT, which includes both components. Methodological details describing the participants, procedure, and intervention have been reported elsewhere (Linehan et al., 2015),[1] but are summarized here. All study procedures were conducted in accord with Internal Review Board approved procedures and were carried out at the University of Washington Behavioral Research and Therapy Clinics and community settings in Seattle, WA.

Participants were 99 women between the ages of 18 and 60 who met criteria for BPD on the Structured Clinical Interview for DSM-IV, Axis II (SCID-II; First, Spitzer, Gibbon, & Williams, 1996) and had at least two episodes of intentional self-injury (suicide attempts and/or NSSI) in the last 5 years, at least one episode in the 8-week period before entering the study and at least one suicide attempt in the past year. Individuals were excluded if they had an IQ of less than 70 on the Peabody Picture Vocabulary Test – Revised (PPVT-R; Dunn & Dunn, 1981), met criteria for current psychotic or bipolar disorders on the Structured Clinical Interview for DSM-IV, Axis I (SCID-I; First, Spitzer, Gibbon, & Williams, 1995), had a seizure disorder requiring medication, or required primary treatment for another debilitating condition. Recruitment occurred via outreach to healthcare providers.

A computerized adaptive randomization procedure (White & Freedman, 1978) matched participants on five variables: age, number of suicide attempts, number of NSSI episodes, psychiatric hospitalizations in the last year, and depression scores. All participants were assessed at pre-treatment and every four months during one year of treatment and one year of follow-up totaling seven assessment waves.

2.1. Study design

This study investigated the functional outcomes for participants enrolled in the described dismantling study of DBT (Linehan et al., 2015). Data obtained from the following measures were used for analysis.

2.2. Outcome measures

All assessments were conducted by blinded independent clinical assessors trained by instrument developers or approved trainers and evaluated as reliable for each instrument.

Global Assessment Scale (GAS; Weissman & Bothwell, 1976) Interviewers made ratings (0–100 scale) for the worst week of the last month of the assessment period. Previous examinations using the GAS have found moderate to high interrater reliability (.61–.91; Endicott, Spitzer, Fleiss, & Cohen, 1976). GAS scores have the same ratings as the Global Assessment of Functioning (GAF) scale, where higher scores indicate better functioning.

Global Social Adjustment (GSA; Keller et al., 1987) Ratings are derived from the Longitudinal Interview Follow-Up Evaluation base schedule (LIFE). The GSA has between rater agreements ranging from .57 to .81 and adequate construct validity (Warshaw, Keller, & Stout, 1994). At each assessment, interviewers made GSA ratings (1–5 scale) for the worst week of the last month of the assessment period and for the best week overall. Lower scores on the GSA indicate lower impairment.

The Inventory of Interpersonal Problems-Short Version. (IIP-PD-25; Kim & Pilkonis, 1999). The IIP is a 25 item self-report questionnaire. Responses are presented on a 5-point Likert-type scale ranging from 0 (not at all) to 4 (extremely) where higher scores indicate more interpersonal problems. The IIP-PD-25 has high internal consistency with Cronbach's $\alpha = .93$ (Kim & Pilkonis, 1999).

2.3. Predictor measures

Difficulties in Emotion Regulation Scale. (DERS; Gratz & Roemer, 2004). The DERS is a 39-item self-report measure of individuals' characteristic levels of emotion dysregulation. Participants answer on a 5-point Likert-type scale ranging from 1 (almost

[1] This is a secondary data analysis of a previously published study. For further detail on participant recruitment, characteristics, and treatment conditions, please see Linehan et al., 2015).

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