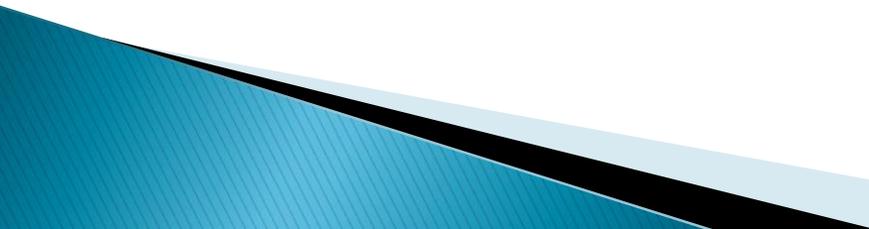


Accepting the Unacceptable

How to integrate components of
ACT in psychotherapy of
individuals with PTSD after
childhood sexual abuse

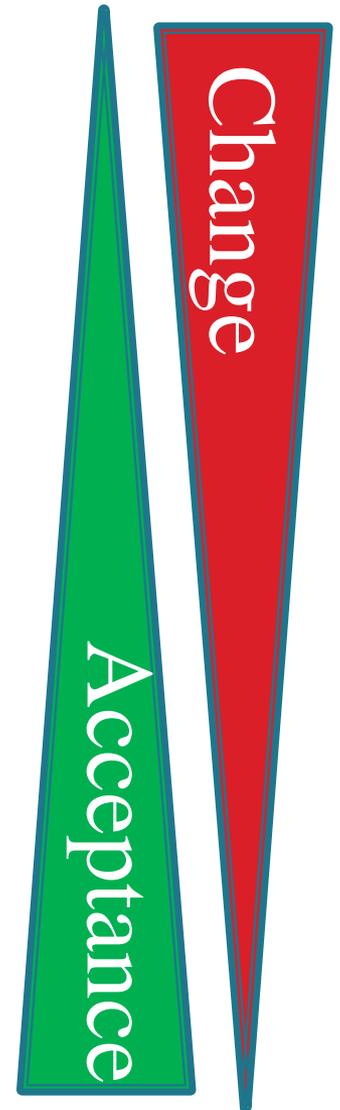
Martin Bohus

Central Institute of Mental Health
Mannheim, Germany



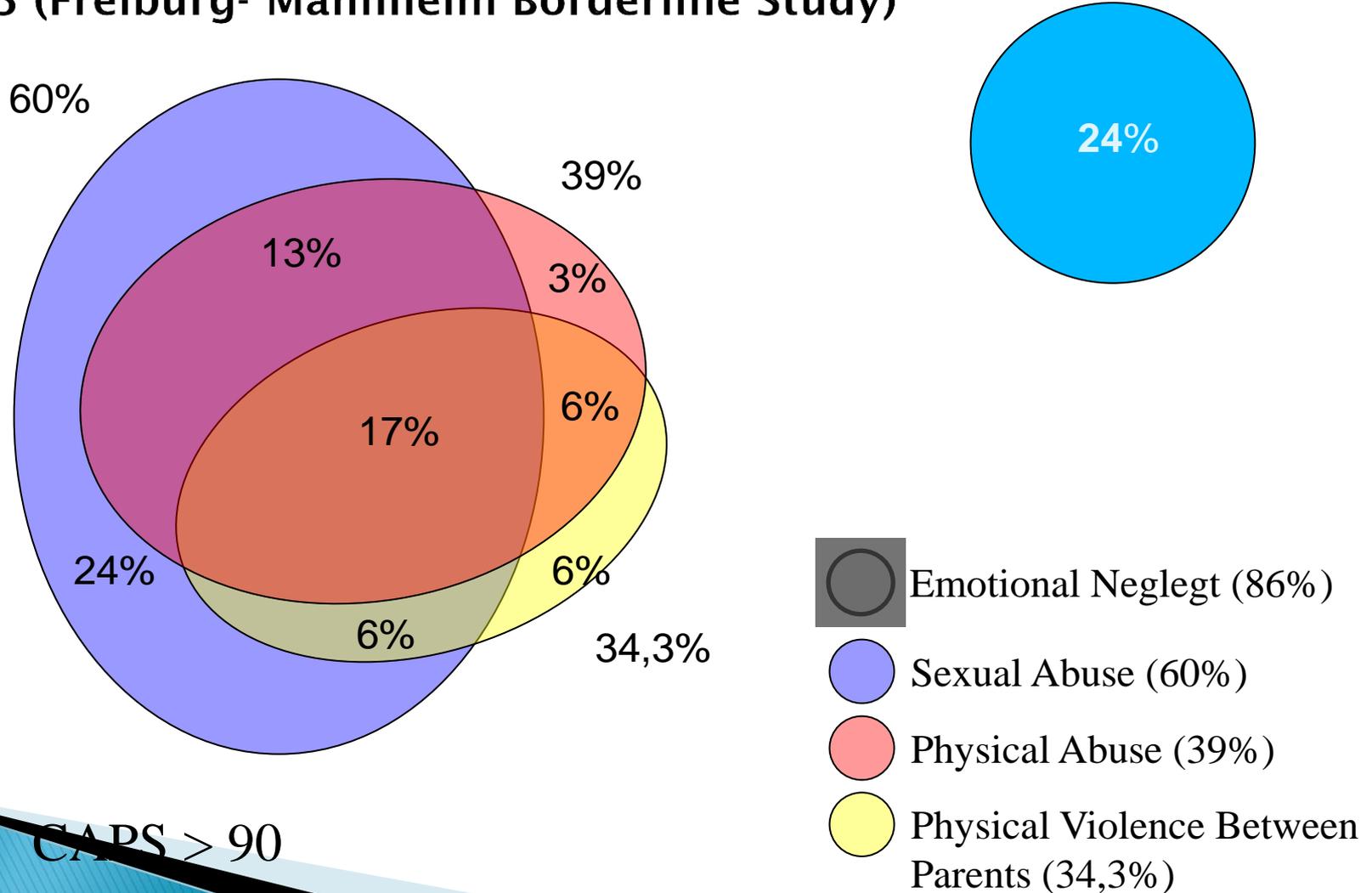
Dialectical Behavior Therapy (DBT)

- ▶ Stage I: Severe Behaviour Dyscontrol
- ▶ Stage II: Pervasive Axis I Disorders
 - PTSD; Eating Disorders; Substance Abuse
- ▶ Stage III: Towards a Live Worth Living
 - Live Balance



Averse Childhood Experience in BPD

N=285 (Freiburg- Mannheim Borderline Study)



Complex PTSD

- ▶ Intrusions
 - ▶ Hypererreactivity
 - ▶ Avoidance
 - ▶ Severe Problems in Emotion Regulation
 - Shame, Guilt, Disgust
 - ▶ Negative Self–concept
 - ▶ Negative Body–concept
 - ▶ Relationship problems
- 

Overview

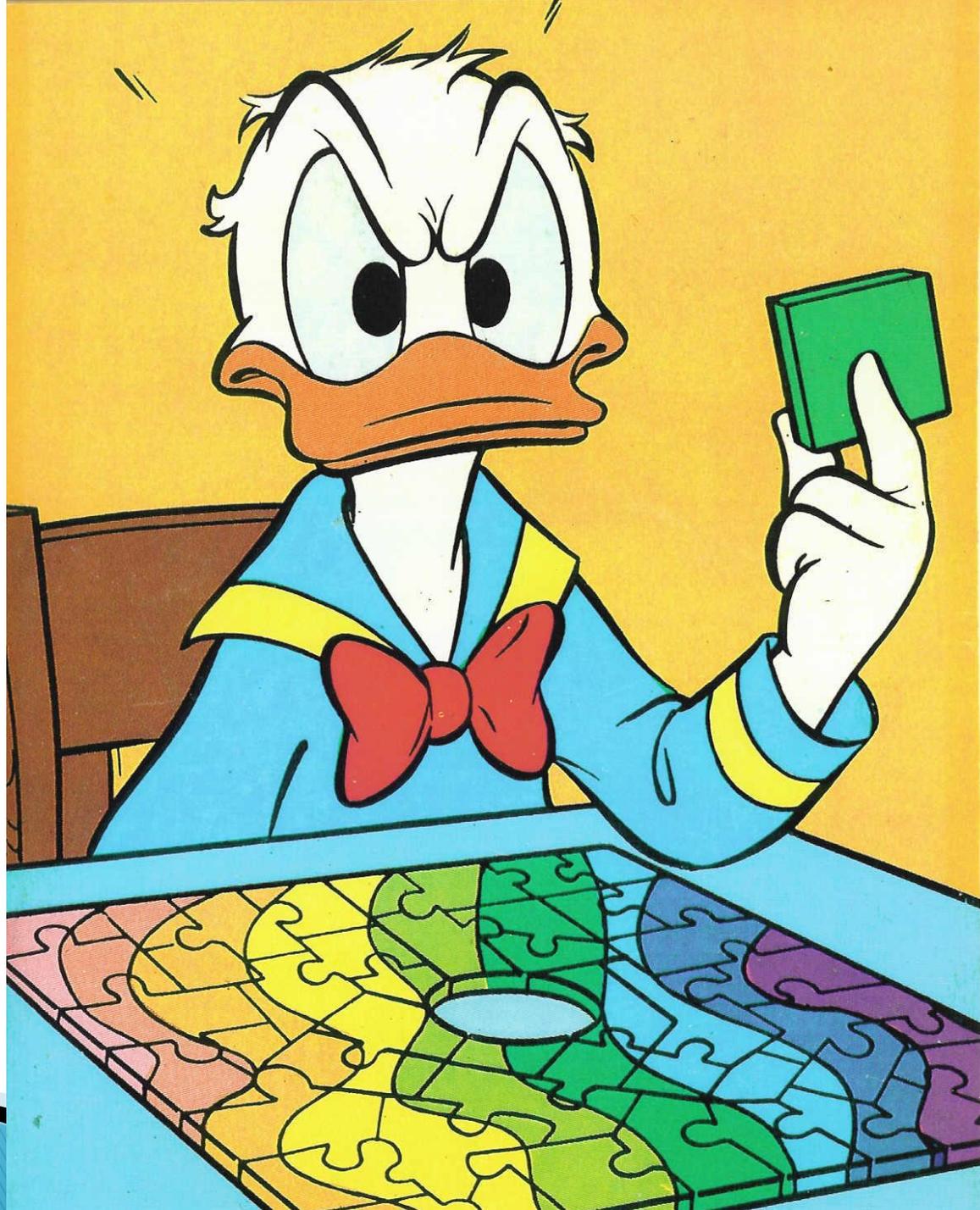
- ▶ Do we really need a new treatment?
 - ▶ Which problems have to be solved?
 - ▶ How to composite a treatment
 - ▶ How effective is the treatment?
 - ▶ How save is the treatment?
 - ▶ Further proceedings
- 

**Why is this
treatment
needed?**



Established Psychosocial Treatments- Exclusion Criteria

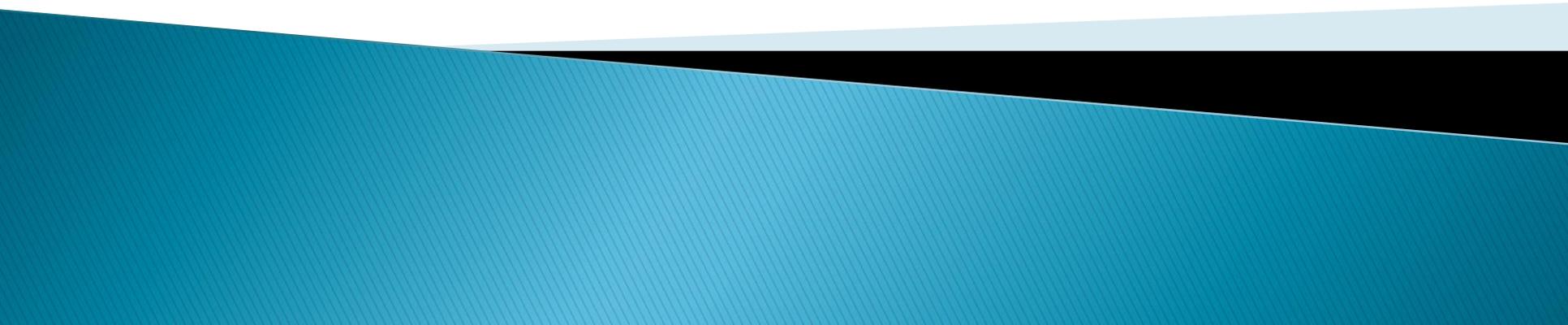
- Zlotnick et al., 1997: Skills-Group
 - Substance Abuse; Severe Dissociation ES 0.7
- Cloitre et al., 2002: (STAIR plus PE)
 - Eating Disorders, Substance Abuse, Severe Dissociation, BPD; Suicide Attempts. CAPS 69; ES1.7
- Chard et al., 2005 (CPT)
 - Substance Abuse; Suicidality; (CAPS 65); ES 2.7
- McDonagh et al., 2005 (EBT; Problem-Solving)
 - Suicide attempt history, substance abuse (CAPS 69); ES 0,7
- Resick et al., 2008 (CPT)
 - Suicidality (CAPS 65) ES 1,68
- Cloitre et al., 2010; (STAIR plus PE)
 - Incl. BPD – did not report (CAPS 62) ES 2.3



We do need a treatment which

- ▶ Focusses on traumatic experience
 - ▶ Not excluding
 - Highly dissociative features
 - Suicidality
 - Self-harm
 - Current Substance Abuse
 - Eating Disorders
 - Should work for CAPS > 90
- 

**What are the core
problems?**



Early Traumatic Life Experiences

Interpersonal
Violence
Emotional Neglect



Self-
Protection

Self-protective system



But what is the real problem?

- You have to stay in this family
- You have to keep attached to your family
- You have to love your father (mother)
- How to manage this problem?

It`s all up to
YOU!

Interpersonal
Violence
Emotional Neglect

Self-Protection

Fear
Threat

How can I
stay in this
family?

THIS IS NORMAL - IN OUR FAMILY

Shame

I AM SOMEHOW WRONG

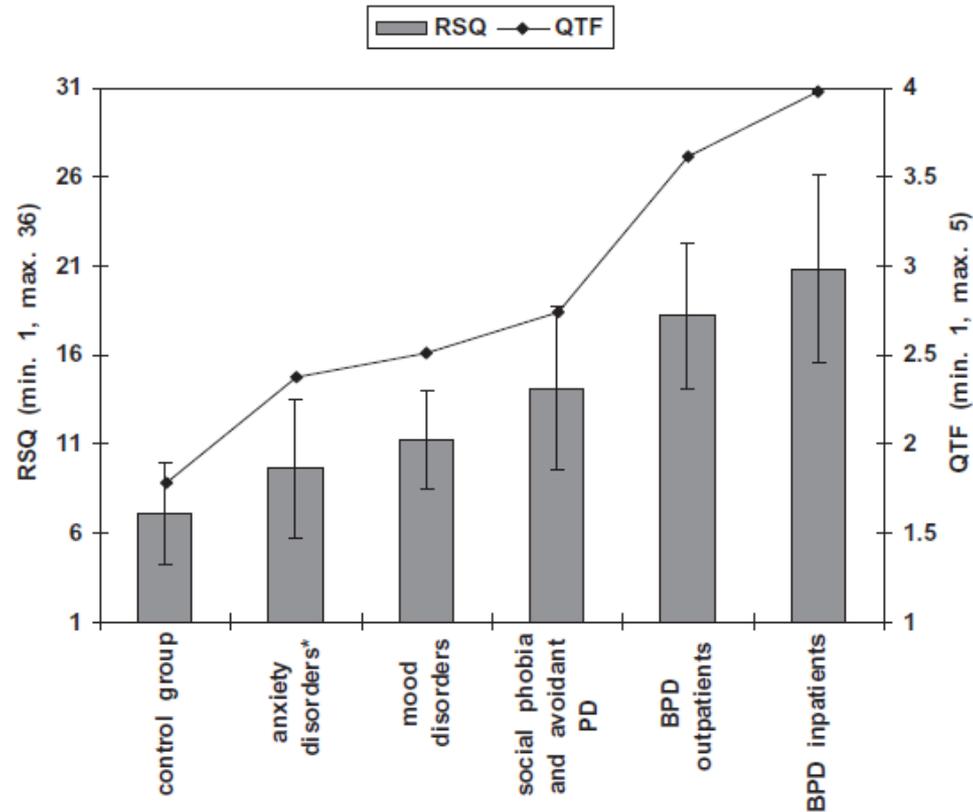
Guilt

I DID SOMETHING WRONG

I will be
rejected or
excluded by
the others

Social
Affiliation

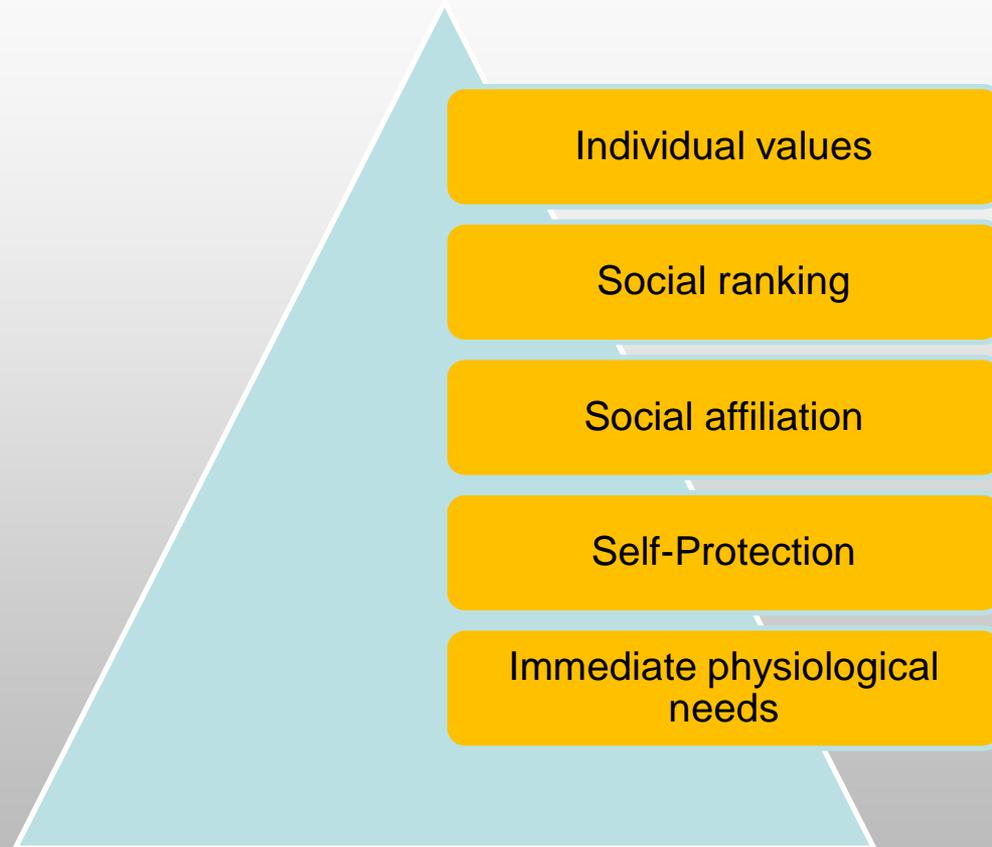
Rejection Sensitivity in Different Patient Populations



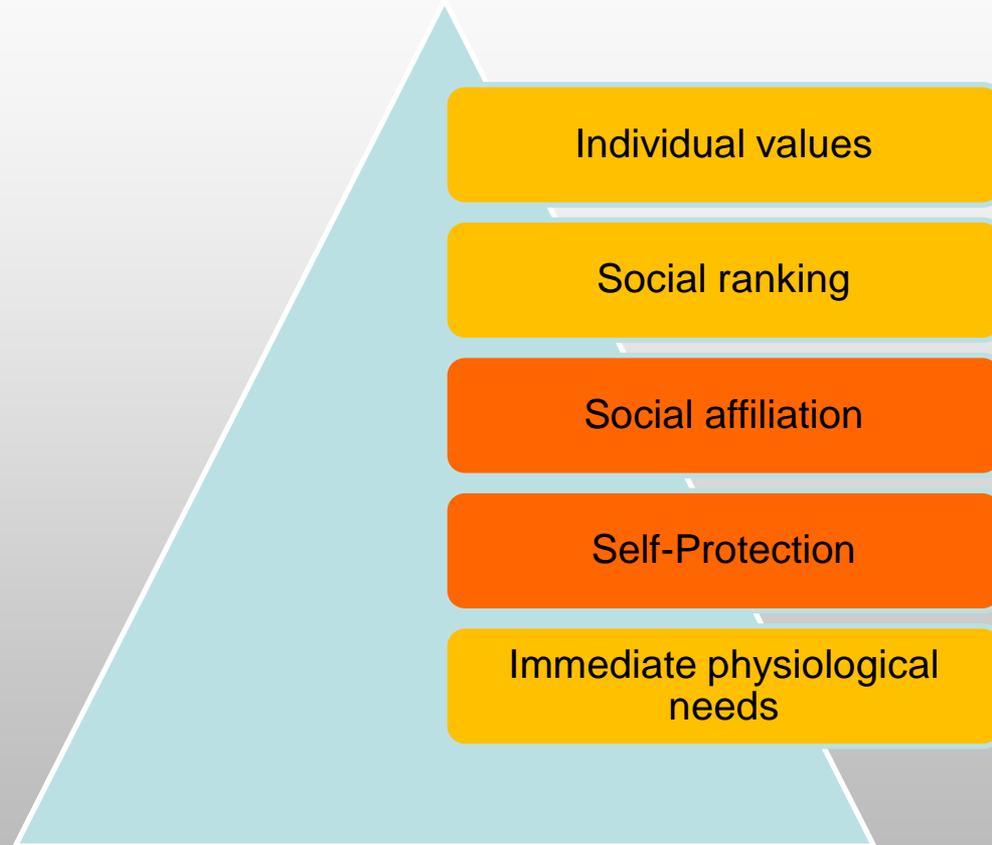
*except social phobia

Figure 1. RSQ and QTF scores in different samples

Basic human needs



Basic human needs



Major Challenge

**How to control a social environment
which is assumed to be
unpredictable, unsecure and
potentially rejecting you**

AND

**meet your individual
values and aims?**

Major Challenge

**How to control a social environment
which is assumed to be
unpredictable, unsecure and
potentially rejecting you**

AND

**meet your individual
values and aims?**

Established strategies

Sense of control

I am responsible for that
what had happened

If I hide how bad I am, I
will stay with my peers

Mask your self



If I behave adequately, it
will not happen again

Be submissive



Mask your self



Hide your feelings

Don't trust anybody

Stay lonely

Be submissive



Abstain from social promotions

Select dominant partners

Stay in the role of a psychiatric patients

Keep beeing a victim

Major Challenge

Sense of control

**How to gain control
by less costly,
new strategies?**

Mask yourself



Hide your feelings

Don't trust anybody

Stay lonely

Be submissive



Abstain from social promotions

Select dominant partners

Stay in the role of a psychiatric patients

Keep beeing a victim

Major Challenge

Sense of control

I am responsible for that
what had happened



If I do not hide how bad I
am, I will not stay with my
peers

Mask yourself



If I do not behave
adequately, it will happen
again

Be submissive



Major Challenge

Sense of control

**I am responsible for that
what had happened**

If I hide how bad I am, I
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Mask yourself



If I behave adequately, it
will not happen again

Be submissive



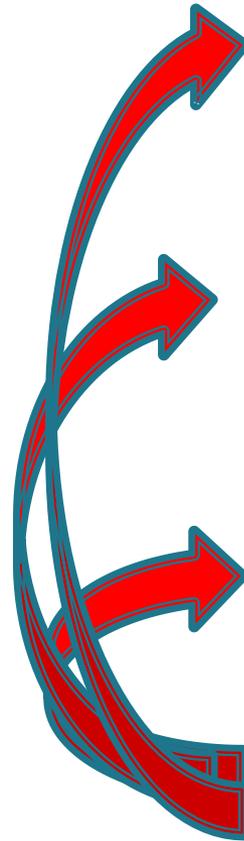
Acceptance of the unacceptable:

It just happened

It was not my fault

DBT-PTSD: Basics and Principles

DBT-PTSD: Core Modules



Motivation

Education

Cognitive
Processing

Exposure

Acceptance

Regain your
live

DBT-PTSD: Sources

Dialectical
Behavioral
Therapy

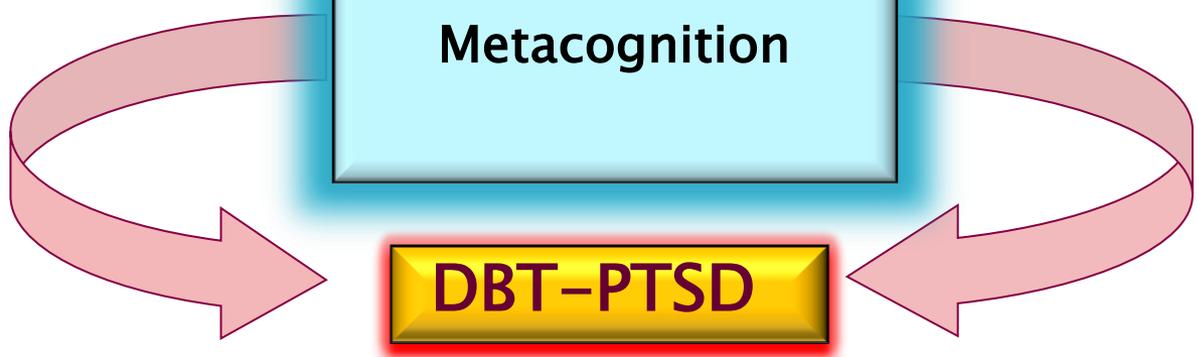
Trauma focused
cognitive & exposure
based interventions

Compassion
Focussed Therapy

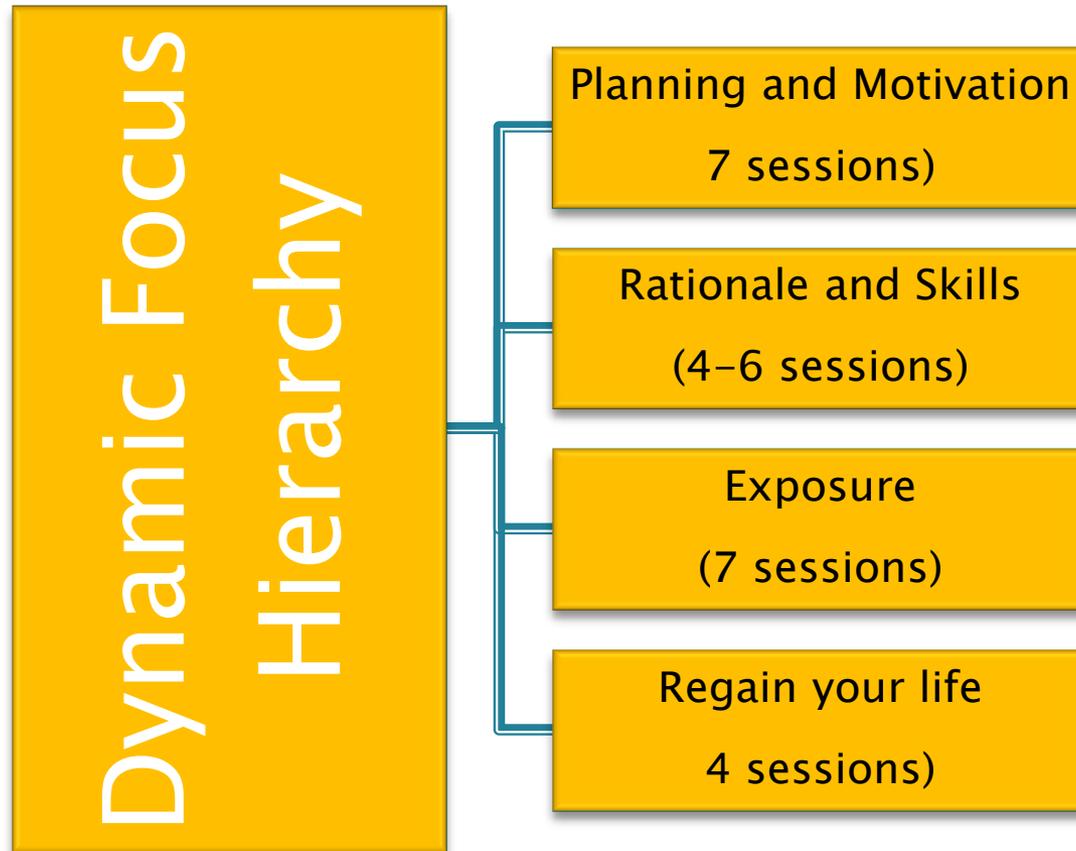
ACT: Values
Metacognition

DBT-PTSD

12 weeks residential treatment program



Matrix-Structure



Dynamic Hierarchy I

- ▶ **Crisis generating behaviour**
- ▶ **Therapy intervening behaviour**
 - (maintainance of therapy)
 - (progress of therapy)
- ▶ **Goal attainment inhibiting behavior**

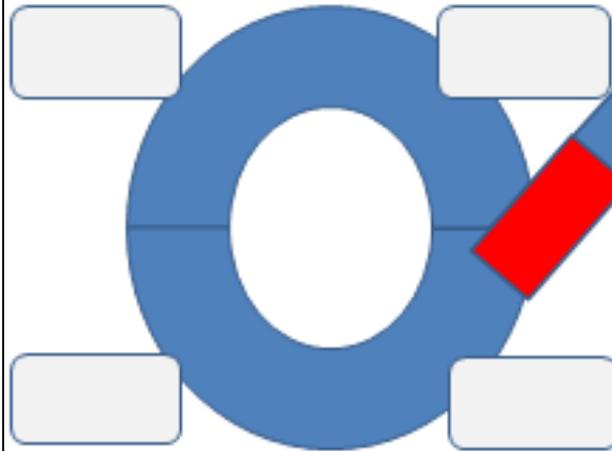
Individual Values and Goals

Monsters: Change or Accept

Obstacles: Problem Solving

Service Areas: relinquish or move

Values
Goals



Motivation

Education

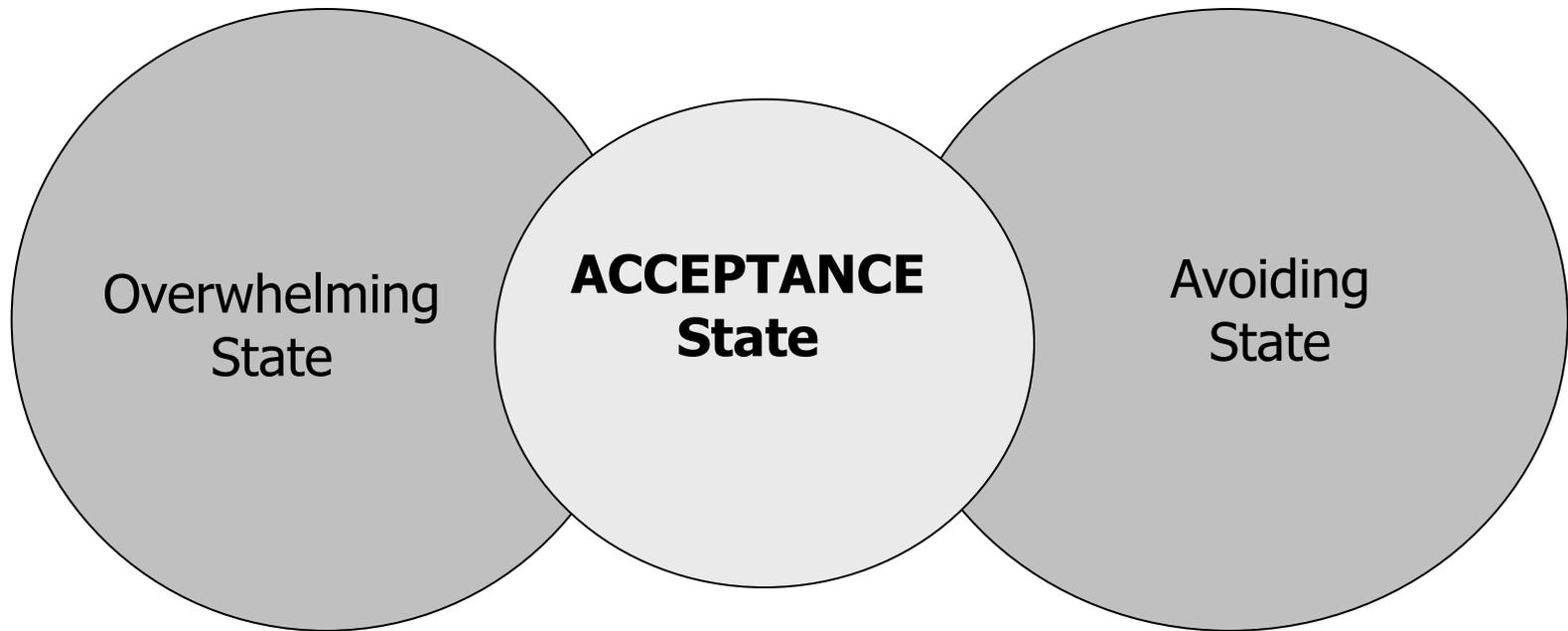
Cognitive
Processing

Exposure

Acceptance

Regain your
live

Education



Motivation

Education

Cognitive
Processing

Exposure

Acceptance

Regain your
live

Cognitive Processing

- ▶ Guilt
- ▶ Shame
- ▶ Self-Contempt
- ▶ Unpredictability

Motivation

Education

Cognitive
Processing

Exposure

Acceptance

Regain your
live

Pathological Guilt

Experience of uncontrollable threat

Extreme
powerlessness

Development of pseudocausal explanations

guilt

Self-complaints,
Submissive behavior

Motivation

Education

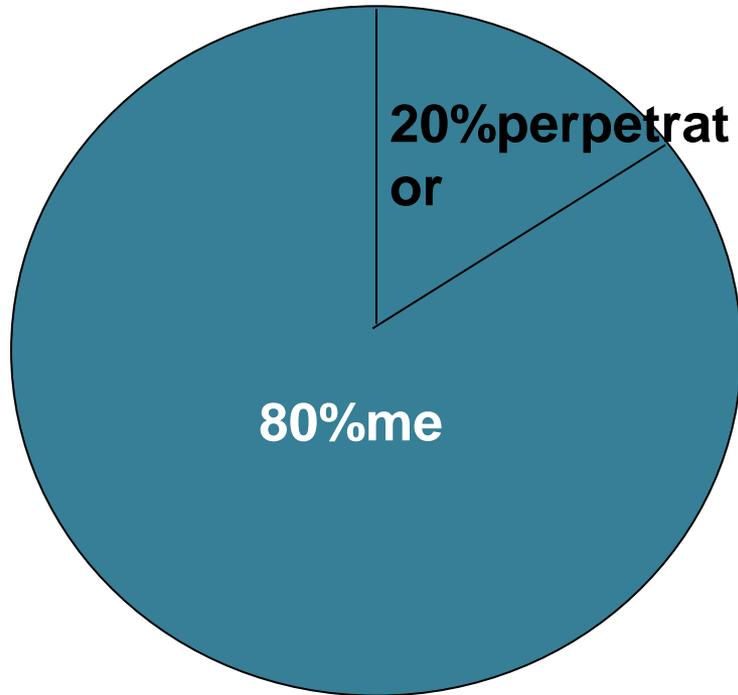
Cognitive
Processing

Exposure

Acceptance

Regain your
live

How to work on guilt



Circle of responsibilities

- Motivation
- Education
- Cognitive Processing
- Exposure
- Acceptance
- Regain your live

How to work on guilt

- ▶ How exactly did you persuade your father to have sex with you?
- ▶ What exactly did you do to seduce him?
- ▶ How exactly did you ask him to hurt you?
- ▶ Would all fathers in the world react the same?

Motivation

Education

Cognitive
Processing

Exposure

Acceptance

Regain your
live

Exposure

▶ Skills assisted Exposure

- Stepwise approach:
 - 1) Trauma-Report
 - 2) Writing; Reading alone; Reading to therapist
 - 3) in sensu-acitvation
 - 4) In-vivo-Exposition (facultative)

Motivation

Education

Cognitive
Processing

Exposure

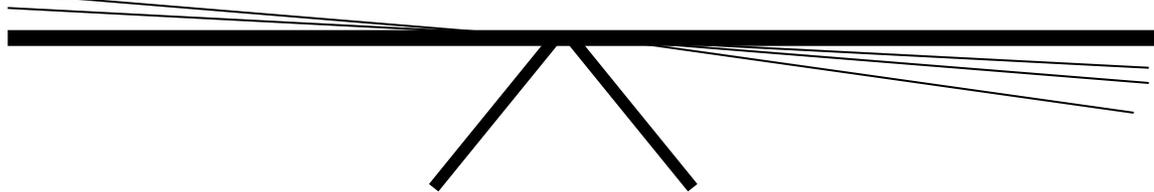
Acceptance

Regain your
life

Skills assisted exposure

Trauma Network

Current Reality



Motivation

Education

Cognitive Processing

Exposure

Acceptance

Regain your life

Acceptance

- ▶ Writing
- ▶ Reading
- ▶ Reporting

Motivation

Education

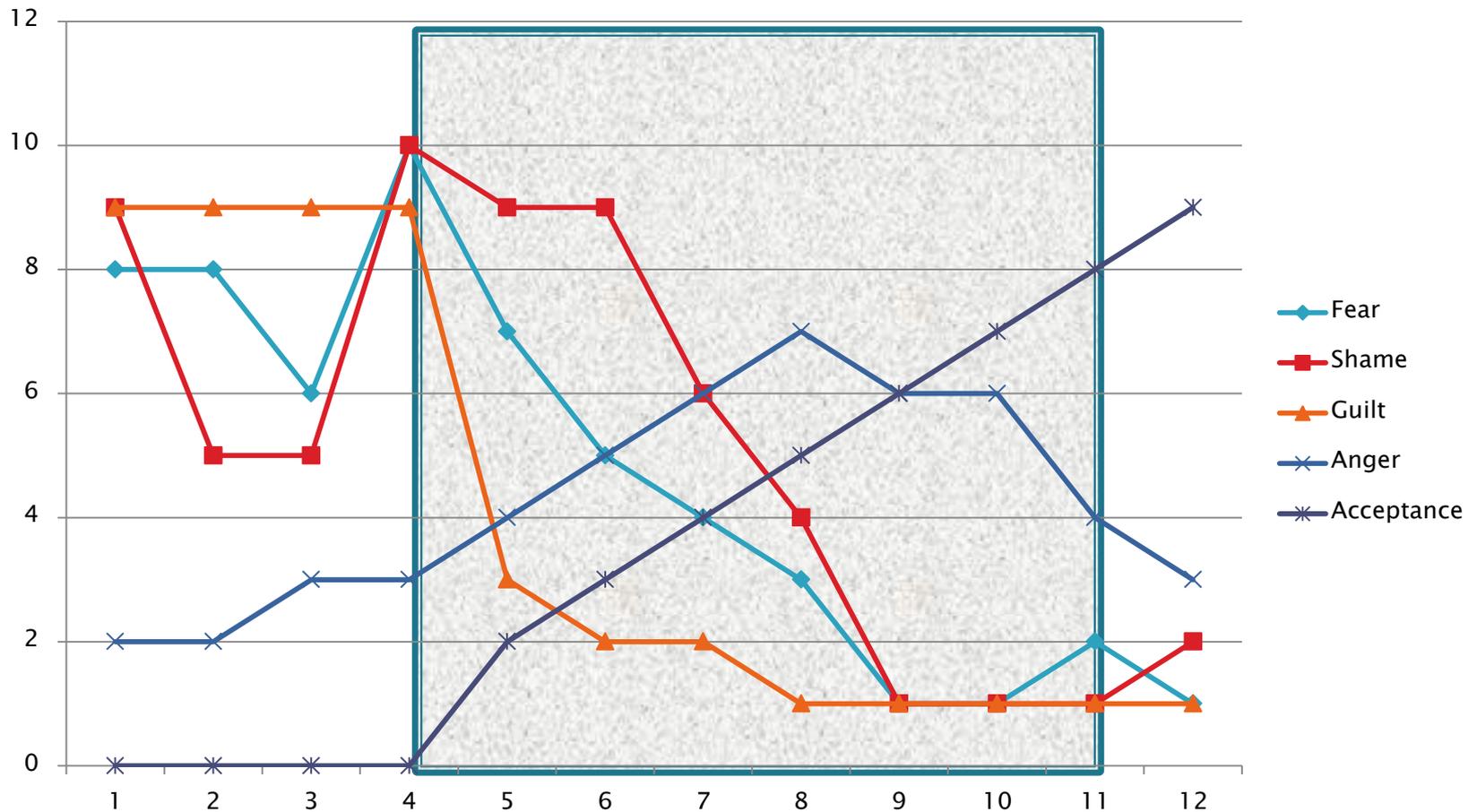
Cognitive
Processing

Exposure

Acceptance

Regain your
live

Differentiated clinical monitoring

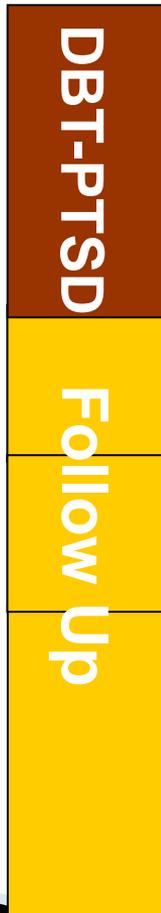


DATA



RCT Design

Treatment Group



t1 time of randomization

t2 discharge / 3 months waiting

t3 6 weeks FU / 4.5 months waiting

t4 3 months FU / 6 months waiting

t5 6 months FU

Waiting List



N=64 (n = 32 in each group)

Participants (N=82)

	TG (N=36)	WL (N=38)
Age M (SD)	35.14 (10.60)	36.71 (9.84)
Start of sexual abuse M (SD)	7.56 (4.09)	7.59 (4.10)
Duration > 5 years M (SD)	48.4%	44.1%
CAPS total score M (SD)	88.19 (13.93)	82.79 (18.31)
Axis-I diagnosis acute M (SD)	3.03 (1.03)	3.00 (1.16)
BPD criteria M (SD)	4.18 (1.66)	3.94 (2.07)
≥ 5 BPD criteria	N=17 (47%)	N=16 (44%)

not in analyses: 8 patients

WL: 1 non-starter,

TG: 3 non-starter, 4 patients have been excluded within first days because of meeting exclusion criteria

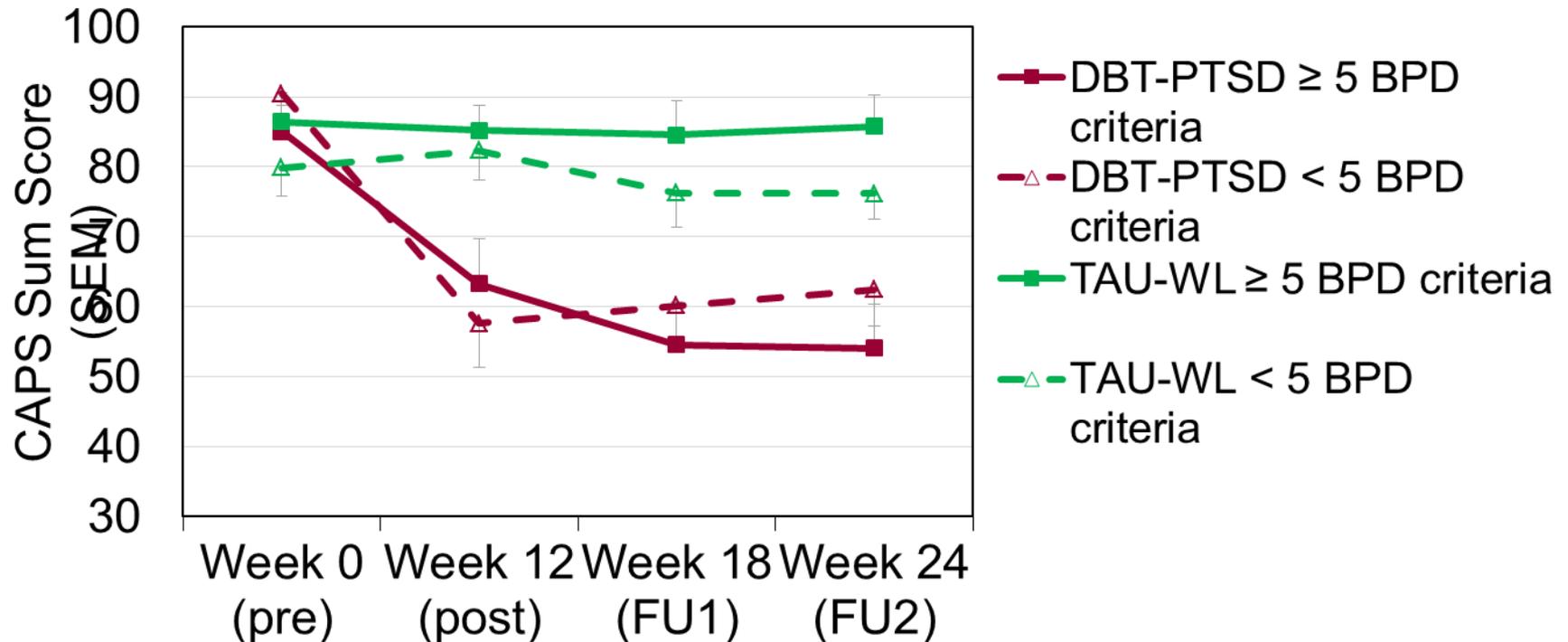
patients with missing data in LOCF-analyses:

WL: 2 patients did not complete t2-t4 assessments, 2 patients did not complete t3-t4 assessment

TG: 2 patients dropped out of treatment (2.5%); 2 patients did not complete t4 assessments



Results: CAPS - index (ITT)



HLM analyses:

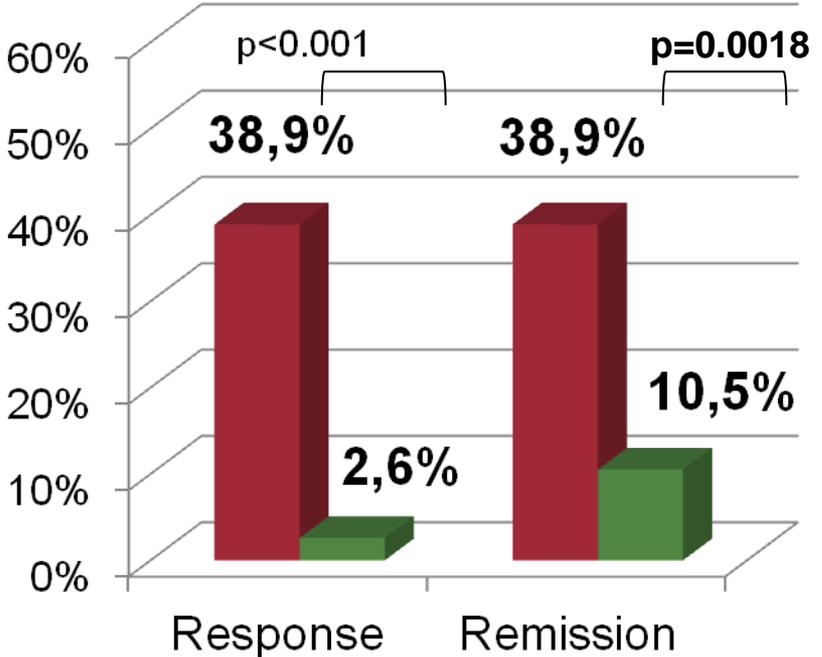
< 5 BPD criteria: Group x time -0.496 , $p=0.038$,
Hedges' $g=1.17$ (Completer 1.34)

≥ 5 BPD criteria: Group x time -1.510 , $p<0.0001$,
Hedges' $g=1.50$ (Completer 1.86)

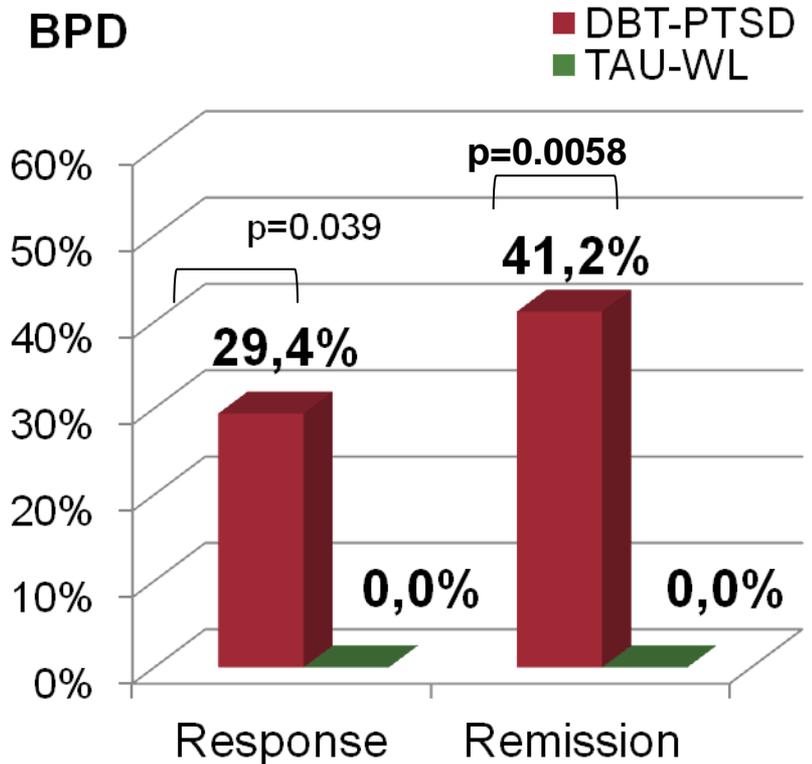
Neither the number of BPD criteria nor the severity of

Response & Remission

Whole sample



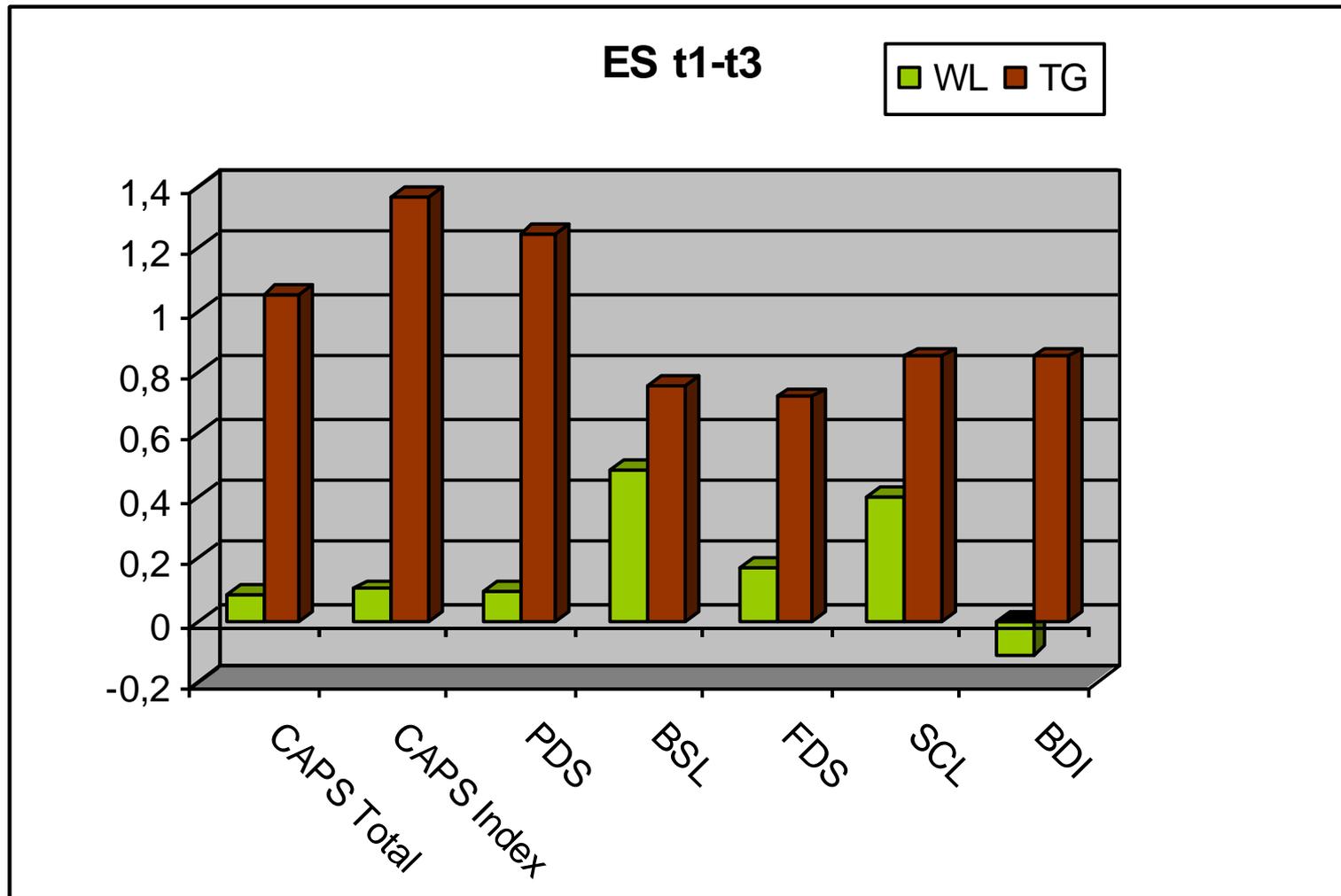
BPD



Response: reduction of at least 30 points in the CAPS score

Remission: not meeting DSM-IV PTSD criteria any more

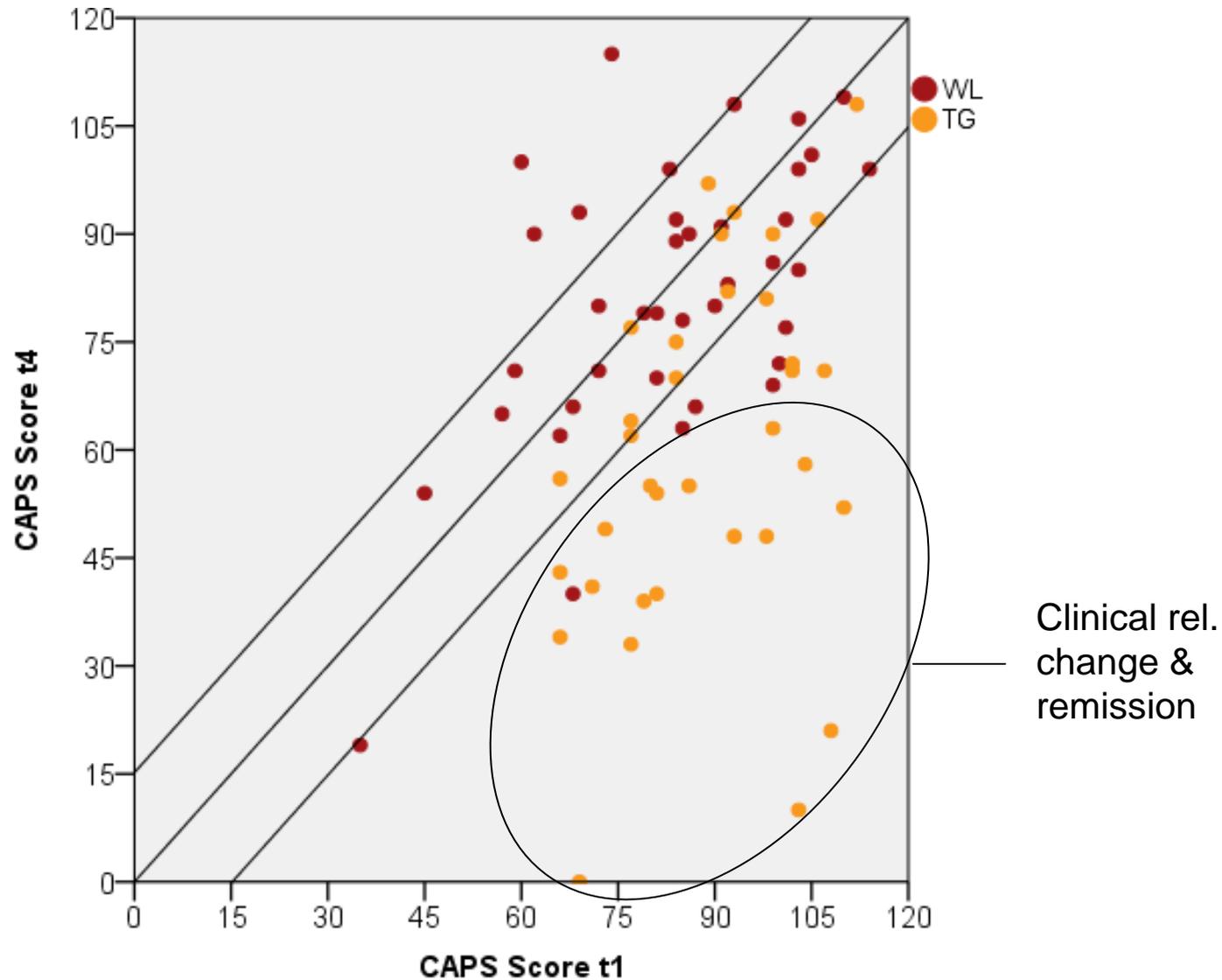
RCT results: effect sizes (Cohen's d)



Safety Issues

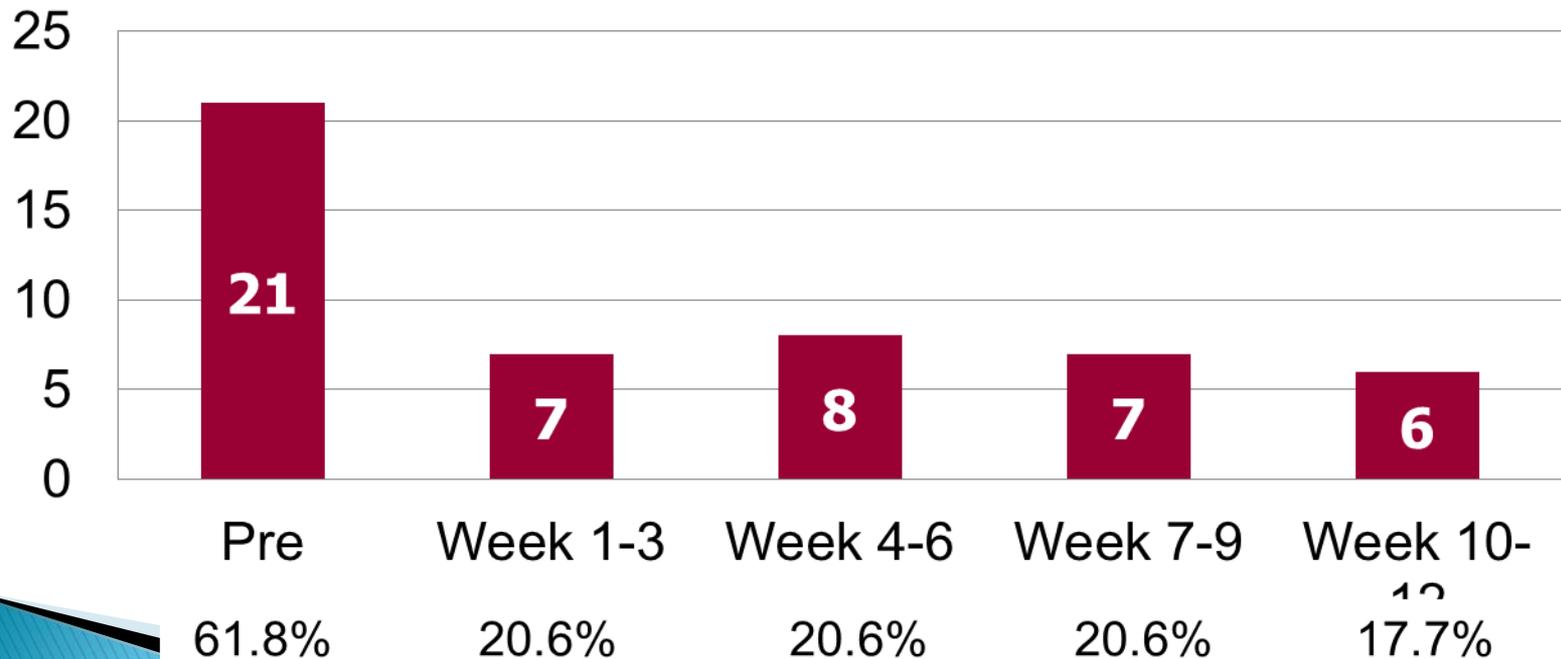


RCT results: Clinical reliable change

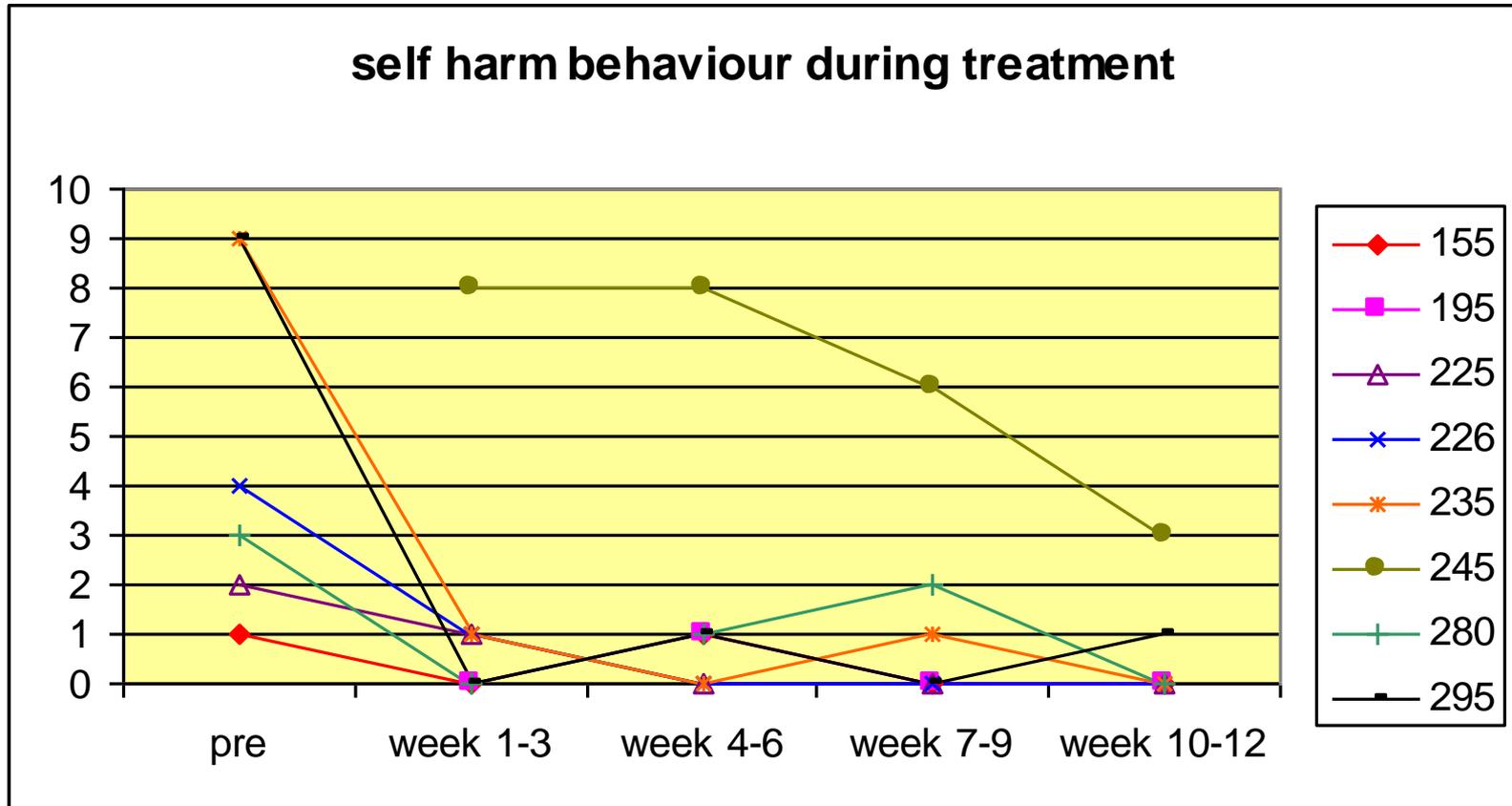


Safety issues: Self-harming behavior

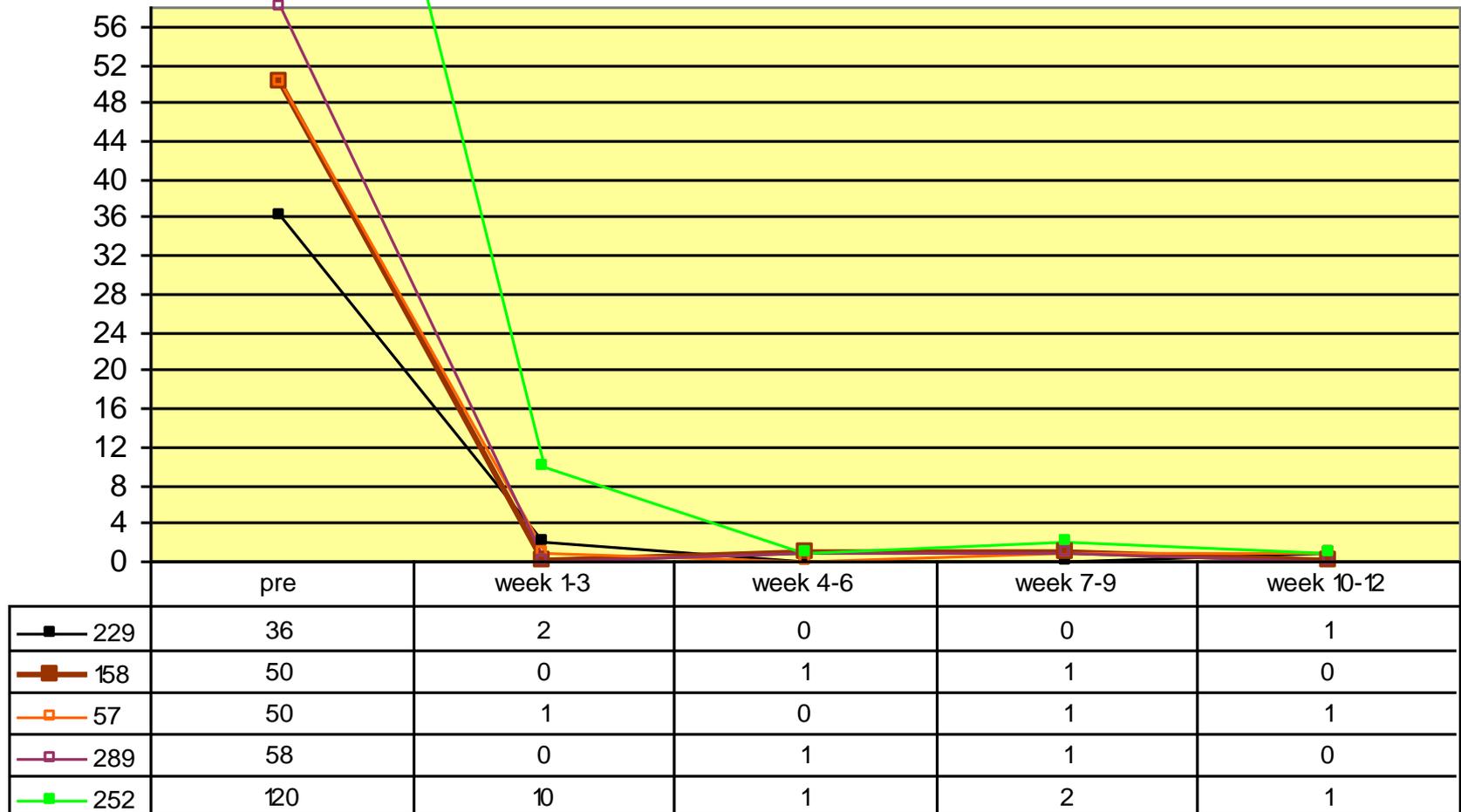
Number of patients with self-harming behavior
in the DBT-PTSD group (n=36)



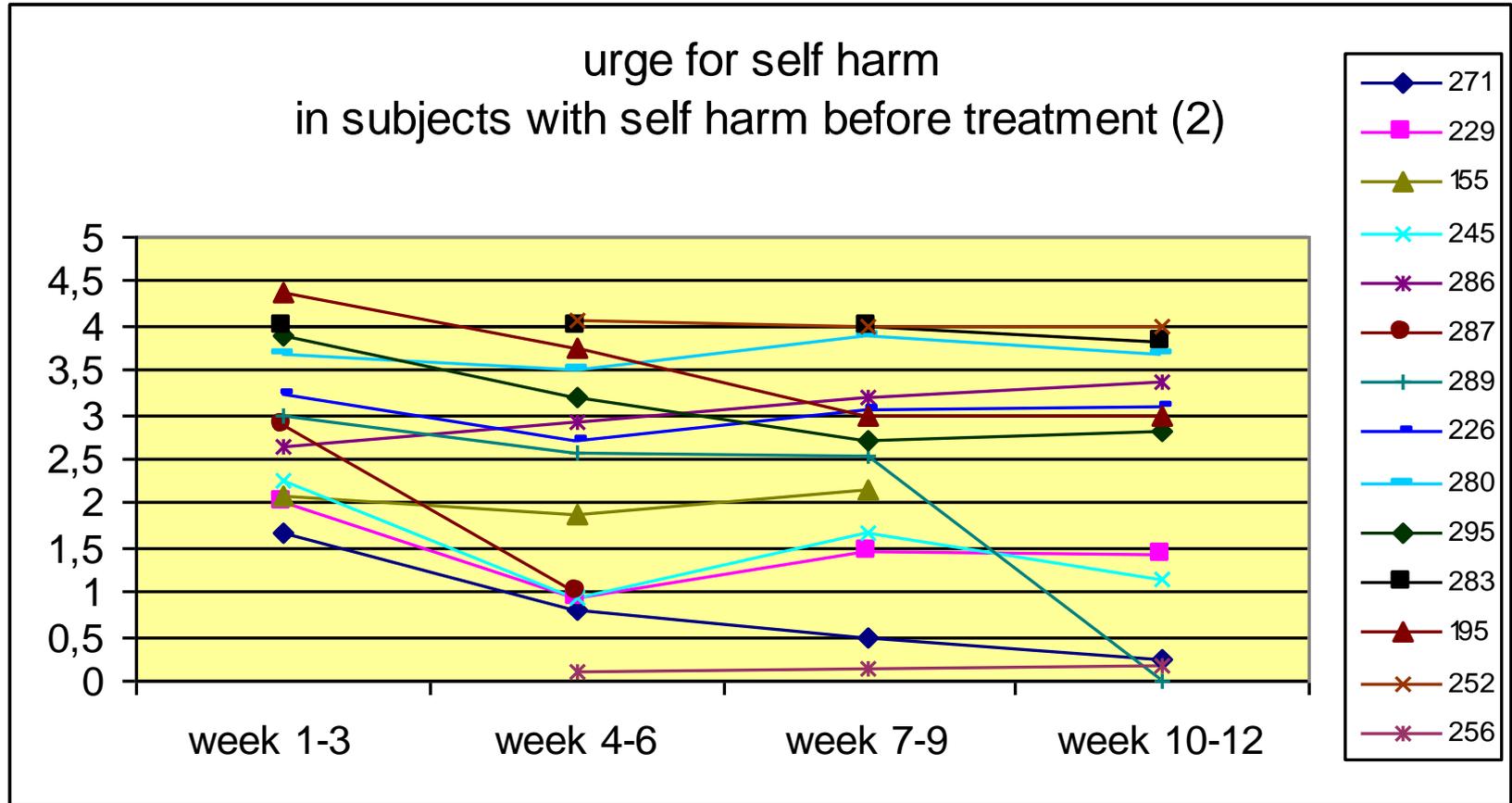
Safety issues: actual self-harm behavior (1)



Safety issues: actual self-harm behavior (2)

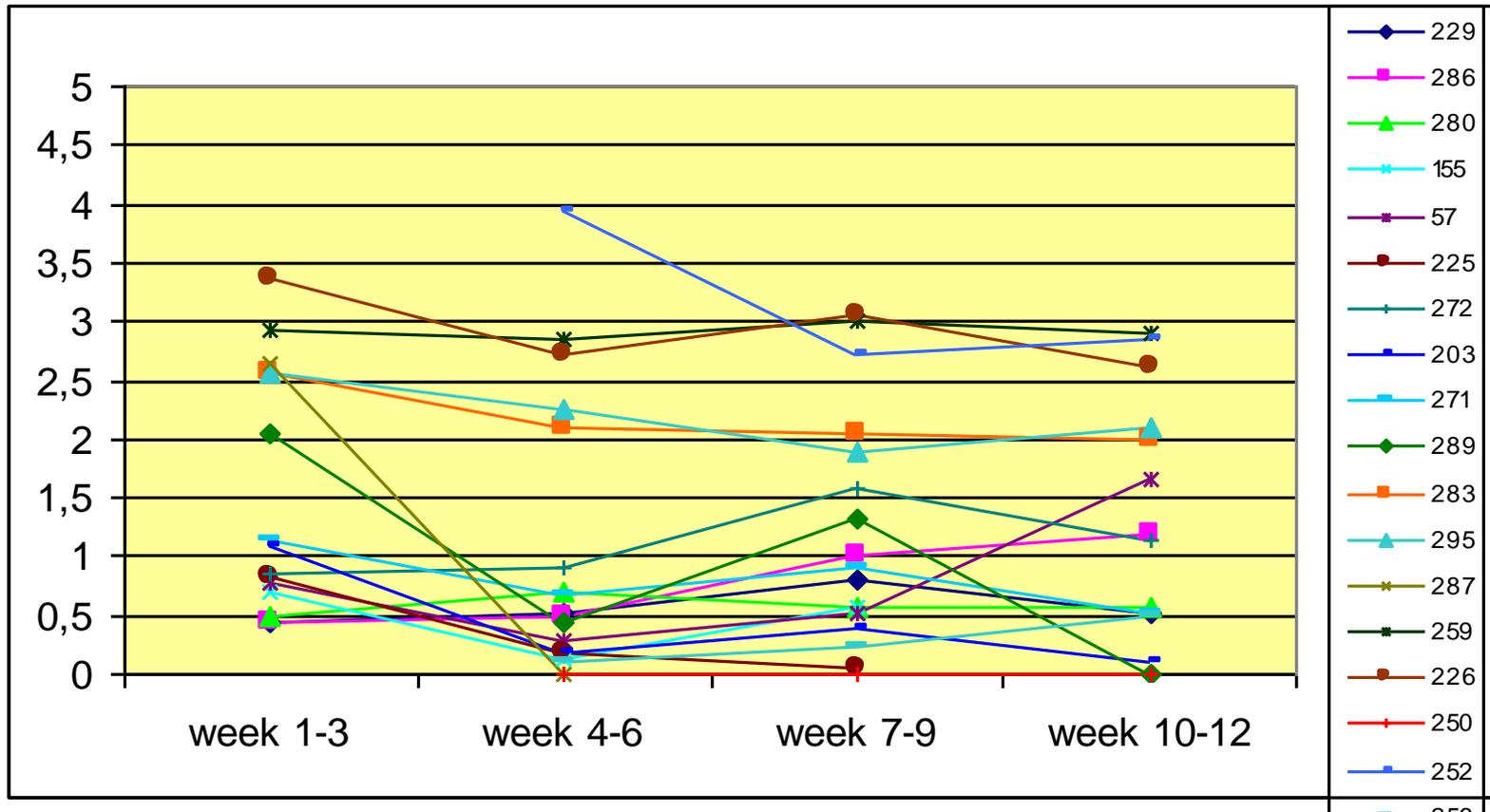


urge for self-harm behaviour (2)



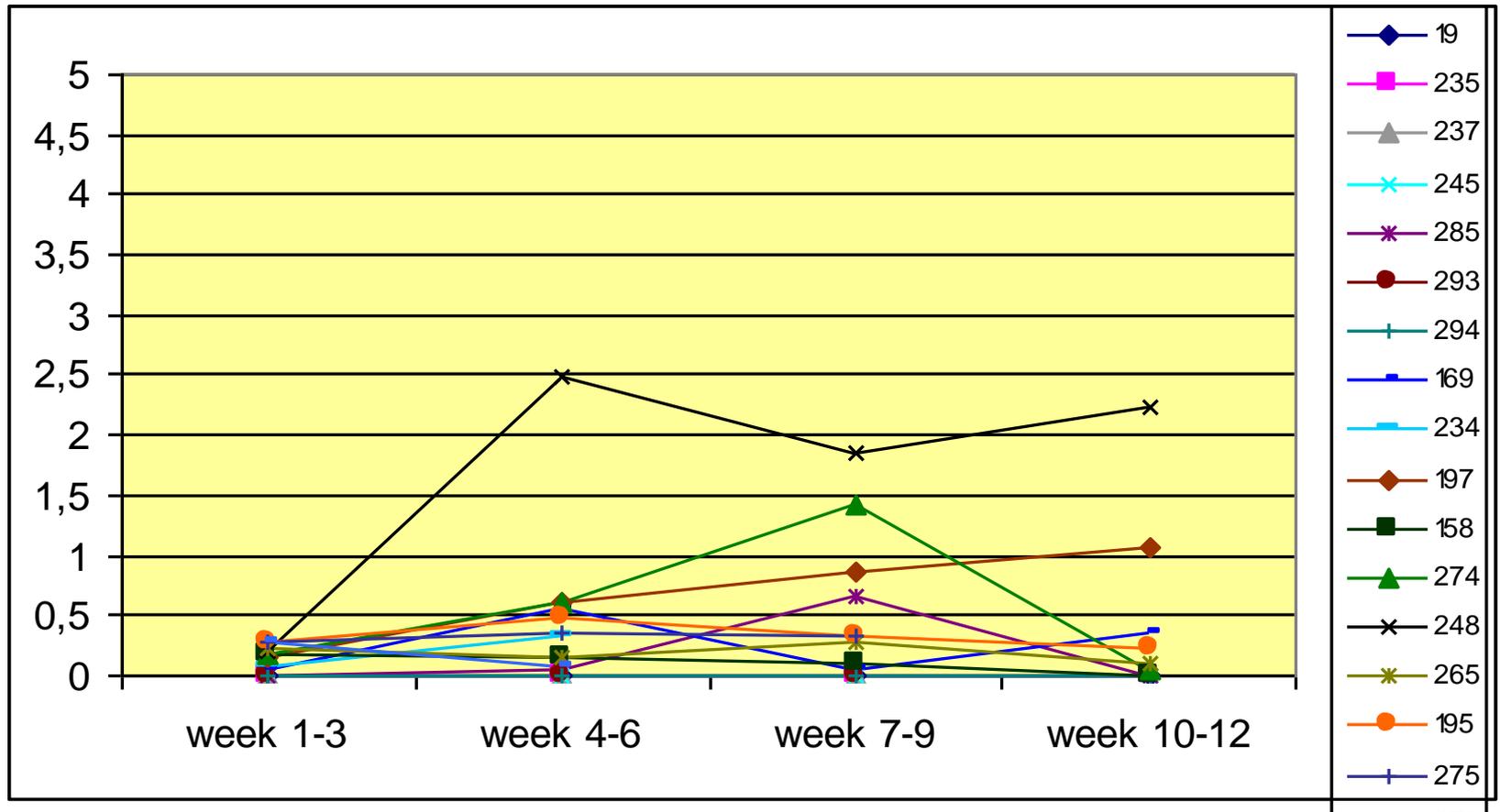
Most patients show no change in their urge for self harm behavior,
One patient shows a clear decrease.

Suizidal ideation (2)



There is no change in suicidal ideation observable.

Suizidale ideation (1)



Most patients show no change in their suicidal ideation,
one patient shows an increase.

Conclusions

Evidence for the effectiveness of the residential treatment program DBT-PTSD for patients with PTSD after CSA with and without BPD on all primary and secondary endpoints.

New treatment is safe, no adverse events.

Blending components of different treatment programs seems to be well accepted



THANK YOU!

Lets overcome
the dysfunctional culture
of psychotherapy branding



THANK YOU!

