A Randomised Clinical Trial of Dialectical Behaviour Therapy and Conversational Model for the Treatment of Borderline Personality Disorder: A Hybrid Efficacy-Effectiveness Study in a Public Sector Mental Health Service in Australia

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Thesis submitted for the degree of Doctor of Philosophy
January 2018

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This research was supported by an Australian Government Research Training Program (RTP) Scholarship

Statement of Originality

This thesis contains no material which has been accepted for the award of any other degree or diploma in any university or other tertiary institution and, to the best of my knowledge and belief, contains no material previously published or written by another person, except where due reference has been made in the text. I give consent to the final version of my thesis being made available worldwide when deposited in the University's Digital Repository **, subject to the provisions of the Copyright Act 1968.

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Statement of Collaboration

I hereby certify that the work embodied in this thesis has been done in collaboration with other researchers. I have included as part of the thesis a statement clearly outlining the extent of collaboration, with whom, and under what auspices. The PhD candidate designed the study in consultation with the PhD supervisors, prepared and submitted the ethics application, and maintained ethical reporting requirements. The PhD candidate established agreement with the local health district for the study to be conducted; set up processes and documentation for recruitment; supervised research assistant staff; and managed the research on a day-to-day basis. The PhD candidate monitored data collection, scored and cleaned the data and conducted statistical analyses, with support of the local health district Research Manager. The PhD candidate co-supervised two postgraduate clinical psychology research projects. These are the focus of Chapters 3 and 5 in this thesis. Under the guidance of the PhD supervisors, the PhD candidate drafted and re-worked the thesis chapters.

3 January 2018

Dr Carla Walton **Date**

Acknowledgements

The Acknowledgements are always my favourite part of any document and the part I read first. As a reader, they have given me some sense of the writer. As the writer, they are my chance to express gratitude to those who have supported me to complete this work. Some people have supported me directly with the research and the write-up, whilst others have supported me personally with various life challenges and in so doing, allowed me to keep on working on the thesis when my emotional energy was pulled elsewhere. Some people fell in both camps. I am extremely blessed. Over the years, I have written parts of the Acknowledgements in my head many times and it is thrilling to finally be writing them on the page.

To my primary supervisor, Amanda Baker, you are a formidable role model as a woman who is a Clinical Psychologist and who has trail blazed such a productive career as a clinical researcher. Thank you for your encouragement and support of me as an emerging clinical researcher in applying for grants and fellowships, whilst also helping me stay focussed on the importance of completing my PhD before I got too carried away with other things. I am very thankful for how responsive you have been with your feedback on my writing – I know how fortunate I am to have a supervisor who responds promptly and with supportive and thoughtful feedback. No matter where I was at, you would always finish our meetings or your emails with 'well done'. You probably didn't think much of it, but that praise was really encouraging and helped me to keep putting one foot in front of the other.

To my co-supervisor, Greg Carter, in the first instance, thank you for inviting me to DBT SPM and giving me the opportunity to enter into that world of colleagues

where I have learnt so much. Thank you for your belief in me that you have demonstrated through the many opportunities you have provided me. I am grateful for the thoroughness and the breadth of your feedback of my work. It challenged me to think more broadly and deeply about what I was communicating.

To my surrogate supervisor, Terry Lewin, this research would neither have commenced nor been completed if it weren't for you. From the outset, when others tried to dissuade us, you were encouraging of us embarking on the RCT and shared your wisdom with us in setting up the design of the study. Throughout the entire project, you were available and generous with your time in responding to phone calls / queries with ethical questions and day-to-day management issues. When it came to the analyses, I am extremely grateful for your wisdom, your calmness and your generosity. You stayed after the sun had gone down on many occasions with me, crunching things out in SPSS. And when I emailed you from various time zones where I was presenting the research at conferences and would send you a frantic email with some query in understanding the analyses (and when the sun had well and truly gone down in Australia), I would always wake in the morning to a calm, comprehensive email from you. And now even when you have been on long service leave and shifting towards retirement that you have still been willing and available to help me in these final stages has been awesome to me (in the true meaning of the word). Beyond the help related to this research project, you have been encouraging and supportive in your mentorship of me towards being a clinical researcher. I will never be able to thank you enough for your wisdom, your generosity and your kindness.

Nick Bendit, as my co-chief investigator on the RCT, we were in this together from the very beginning and all the way. Whilst we infuriated each other many times

in the process, I honestly don't believe that I could have done it without you (although I know that you say I could have). You made me get moving on things and let go of some of my perfectionistic tendencies which had the potential to ground the whole thing to a halt before it even got started. To carry out a large scale RCT (well large scale for BPD) in a routine clinical setting without a grant (initially) was an epic undertaking that brought with it many challenges. As those challenges arose, you were available to help me emotionally regulate to do the next necessary thing, and to pitch in whenever I asked with some of the many hours of hard labour. I am extremely grateful to you for helping me bring to fruition this project that was meaningful, important and interesting to both of us.

To my mentor and friend, Kate Comtois, thank you for sharing your wisdom with me. I value your frankness and your generosity so much. I have grown as a clinician and as a researcher from the consultation sessions we have had. I love that I can geek out with you about research possibilities. When I have innovative ideas, I love that you will get enthused with me and start brainstorming and when they aren't so innovative, that you will let me down gently.

Leslie Pollock, as Director of the service at the time the research was conducted, thank you for supporting the research and for your interest in it. Your support of the study on many levels, allowed this important research to happen.

I have been lucky enough to have had a number of very competent Research Assistants who have been involved with the study. Amy Oswald, Maria O'Callaghan, Stephanie Skinner and Victoria Wallis: your diligence with getting participants in for their assessments and the care with which you undertook the assessments and handled the data was critical to the overall quality of the study. I always knew that the

research participants who gave so generously of their time and energy were in good hands with each of you. I have also been very grateful for how flexible you have each been in switching tasks with little notice as the moment required. I am also indebted to Julia Dray, Julia Koller-Smith, Kate Bergin, Katie Dobinson, Kelly McDonnell, Katrina Quick, Lisa Riley, Rebecca Stuart and Renee Shepherd, who volunteered their time to assist with data entry.

To the therapists who were involved in the study, all of whom I will list by name (in alphabetical order): Agatha Conrad, Bridgette Lupton, Christopher Willcox, Craig Hamilton, Dyani Nevile, Harsimrat Sandhu-Singh, Jane Middleby-Clements, Jennifer Koorey, Jodie Fleming, Joy Herron, Jude Robinson, Karen Calabria, Kath McPhillips, Katrina Bell, Kumudu Rhatnayaka, Leonie Funk, Leslie Pollock, Linda Bragg, Linda Kerr, Lisa Blackwell, Maria Walker, Marianne Ayre, Megha Mulchandani, Natalie McCall, Nick Bendit, Phoebe Webber, Stella Dyer, Subhra Bhattacharryya, Thomas Bellamy, Yolandie Goodyear and Zoe Walker (and myself). I know that all of you care deeply about the people we serve and that those individuals were always your focus. The research at times probably felt like a pesky additional thing where you were given more forms to fill out when you were already busy enough. Thank you for making it possible for us to accumulate more knowledge that will help us to work towards improving what we offer to those who come to us. Chris, Leslie, Stella and Jennifer – thank you for sharing your input regarding the interface between the research study and the clinical setting.

To Tanya and Ayu, thank you for providing a space and the support to help unlock the writer in me at the Creative Connections writing retreat. In that first week away with you both, I overcame my internal blocks to writing and became a daily

writer from that point on. I am fortunate to have been paired with Pat Camp at that retreat who provided wise advice as well as good humour. Pat, thank you for offering the opportunity to get away from everything and to write at your holiday cabin one year after we first met. And, when I was hit by a car less than 24 hour after arriving in Vancouver, thanks for the many ways you supported me to deal with all of the stuff that came with that in order to be able to get back to writing as soon as possible!

Professional editor Cameron Duder provided copyediting and proofreading services, according to the guidelines laid out in the university-endorsed national 'Guidelines for editing research theses'. Cam, with your Mudge link, Kiwi background and excellent reputation, you were the perfect person to do the professional editing – thank you!

On a more personal note, to Mum and Dad, I am appreciative of the many sacrifices that you both made throughout my life in order for me to have the opportunity of a good education and to follow my heart's desires. I have written much of this PhD on the desk that was bought with the money that Uncle Ted left for Kent and me to buy something for educational purposes. I think he would be pleased to know how much use it has had! Thank you for your generous gifts of service, which have freed me up at times to focus on the research without having to worry about other day-to-day things. And Mum, as for your suggestion that once I finish this PhD I can study medicine…um, well, no, I won't be taking up that suggestion – this is enough formal study (at least for now!).

Most people I know who have completed PhDs have had various stressful events to contend with during the course of their candidature. I too had my share of emotionally challenging situations to contend with. Whilst I am fairly resilient, it is

impossible for me to imagine how I would have gotten through those challenges without an incredible group of human beings who supported me. To dear friends who helped in many aspects of my life, with their emotional support, with accountability, with encouragement and with reading drafts of chapters and giving comments. Thank you from the bottom of my heart, Anjie, Belinda, Ben, Brendon, Cath, Claire, Kathy, Madonna, Michele, Michelle, Ness, Nick, Phoebe, Rachel and Shell. I want to single out (double out perhaps?), Brendon and Phoebe, you have been an incredible cheer squad to have had on my side throughout this. Katie, thank you for stepping in and helping me in the final stage when my Dad died unexpectedly. I am very grateful for your practical help and your gentle, supportive manner.

In particular to Michele… it is hard to know how to thank you. I know you know how much you mean to me and what a massive difference your care and support has made in my life. I'm sure (fairly sure anyway), that I would have got to this point without your help, but it would have been a whole lot more of a struggle and with a whole lot less joy.

To Rose Elizabeth Walton, my niece, who is five-months-old at the time I am submitting this. You gave me motivation to finish this thing off and get it submitted once and for all so that I could spend hours face to face adoring you and doing everything possible to be the best Aunty I can be.

Finally, to the 162 participants of this study. Thank you for giving of your time and your emotional energy. Your participation allowed us to conduct this study and to contribute to the knowledge base of what is known about treatment of persons with BPD in real world settings. This research was for you and for those that come after you AND it could never have been conducted without you. We need to do so much more to

help reduce how miserable it is to live inside the skin of someone with BPD and to help you build lives that feel well and truly worth living. I was thrilled to see in our results that our interventions helped most of you in a range of areas. And yet, a portion of you discontinued treatment and a portion of you stayed the same or got worse with treatment. I commit to continue carrying out research that serves you.

Dedication

I dedicate this thesis to you, Mum and Dad.

Thank you for your love and support. I appreciate the sacrifices you both made to support my education. I wish you were both here for the completion of this degree. I know you would have wanted to be here for it too (among many other things).

List of grants and conference presentations relevant to this thesis

Grants

2017	University of Newcastle Health Behaviours Priority Research Centre (PRC) travel grant. $2, 900
2017	University of Newcastle Brain and Mental Health PRC travel grant. $1,000
2017	University of Newcastle Brain and Mental Health PRC statistical support grant. $2,000
2016	Hunter New England Local Health District Health Research and Translation Centre 'RICH workshops grant' for project entitled 'Condensed Dialectical Behaviour Therapy (DBT) BPD: Pilot Study exploring treatment outcomes for a reduced dose of treatment'. $10,000.
2016	University of Newcastle Health Behaviours PRC for adherence coding in Condensed DBT pilot study. $5,000
2016	University of Newcastle Brain and Mental Health PRC to fund Research Assistant for ongoing follow-up data collection. $9,000
2011	Awarded Hunter New England Mental Health Service, Centre for Brain and Mental Health 'Research, Translation, Implementation and Models of Care Program Grant' for adherence coding in Randomised Clinical Trial of Dialectical Behaviour Therapy and Conversational Model. $10,000.

Oral Presentations

Walton, C.J., Bendit, N., Baker, A., Carter, G.L., & Lewin, T (2016, September). *Dialectical Behaviour Therapy and the Conversational Model in the treatment of Borderline Personality Disorder: A randomised clinical trial in a public sector mental health service.* European Society for the Study of Personality Disorders International Congress of Borderline Personality Disorder, Vienna, Austria.

Walton, C.J., Bendit, N., Baker, A., & Carter, G.L. & Lewin, T. (2016, June). *Dialectical Behaviour Therapy and the Conversational Model in the treatment of Borderline Personality Disorder: A randomised clinical trial in a public sector mental health service.* Paper presented at the World Congress of Behavior and Cognitive Therapies, Melbourne, Australia.

Walton, C.J., Bendit, N., Baker, A., & Carter, G.L. & Lewin, T. (2015, October). *DBT and the Conversational Model in the treatment of BPD: An RCT in a public sector mental health service in Australia.* Paper presented at the Dialectical Behavior Therapy Strategic Planning Meeting, Seattle, USA.

Walton, C.J. (2015, September). *Impact of Training & Clinician Allegiance on Adherence to DBT in a public sector Mental Health team in Australia.* Paper presented at Seattle Implementation Research Conference, Seattle, USA.

Walton, C. J. (2013, July). *Exploring factors that affect outcomes in clinical trials: Discussion of a real world trial comparing Conversational and DBT models.* Invited speaker at Treatment of Borderline Personality Disorder: Promoting Integration Conference, Wollongong, Australia.

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List of Abbreviations

AAQ	Acceptance and Action Questionnaire
ADSHI	Acts of Deliberate Self-Harm Inventory
AES	Spielberger Anger Expression Scale
AIAQ	Anger, Irritability and Assault Questionnaire
BAI	Beck Anxiety Inventory
BASIS-32	Behaviour and Symptom Identification Scale
BDI	Beck Depression Inventory 1st edition
BDI-II	Beck Depression Inventory 2nd edition
BDQ	Brief Disability Questionnaire
BEST	Borderline Evaluation of Severity over Time
BHS	Beck Scale for Hopelessness
BIS	Barratt Impulsiveness Scale
BPD	Borderline Personality Disorder
BPD-40	Borderline Personality Disorder Checklist-40
BPD-TOA	Brief Borderline Personality Disorder Treatment Outcome Assessment
BPDSI-IV	Borderline Personality Disorder Severity Index 4th edition
BPRS	Brief Psychiatric Rating Scale
BPSDI	Borderline Personality Disorder Symptom Index
BSI	Borderline Symptom Inventory
BSL	Borderline Symptom List
BSSI	Beck Scale for Suicidal Ideation
CBT	Cognitive Behaviour Therapy
CGI	Clinical Global Impression
CISSB	Cornell Interview for Suicidal and Self-Harming Behaviour
CM	Conversational Model
COM	Treatment Completers
CORE-OM	Clinical Outcomes in Routine Evaluation – outcome measurement
CP	Community Psychotherapy

CT	Cognitive Therapy
DASS	Depression Anxiety Stress Scale
DASS-D	Depression Anxiety Stress Scale – Depression Subscale
DBT	Dialectical Behaviour Therapy
DERS	Difficulties in Emotion Regulation Scale
DES	Dissociative Experiences Scale
DIB-R	Diagnostic Interview for Borderline Personality Disorders – Revised
DPRS	Derogatis Psychiatric Rating Scale
DSHI	Deliberate Self-Harm Inventory
DSS	Dissociation Tension Scale
EQ-5D	EUROQOL Quality of Life Measure
ERGT	Emotion Regulation Group Therapy
GAF	Global Assessment of Functioning
GAF-F	Global Assessment of Functioning - Social Function Subscale
GAF-S	Global Assessment of Functioning – Symptoms Subscale
GPM	General Psychiatric Management / Good Psychiatric Management
GSA	Global Social Adjustment
GSI	Global Severity Index
HAM-D	Hamilton-Depression Scale
HARS	Hamilton Anxiety Rating Scale
IIP	Inventory of Interpersonal Problems
IVE	Eysenck Impulsivity Venturesomeness Empathy
K10+	Kessler 10 Scale
KABOSS-S	Karolinska Affective and Borderline Symptom Scale – Self-Assessment
KIMS	Kentucky Inventory of Mindfulness Skills
LPC	Lifetime Parasuicide Count
MANSA	Manchester Short Assessment of Quality of Life
MBT	Mentalisation Based Therapy
MCMI-III	Millon Clinical Multiaxial Inventory, Third Edition

MSI-BPD	McLean Screening Instrument for Borderline Personality Disorder
NSSI	Non-Suicidal Self-Injury
OAS	Overt Aggression Scale-Modified
PHI	Parasuicide History Interview
PSDI	Positive Symptom Distress Index
PST	Positive Symptom Total
QOLI	Quality of Life Inventory
QTF	Questionnaire of Thoughts and Feelings
RCT	Randomised Clinical Trial / Randomised Controlled Trial
RLI	Reasons for Living Inventory
RST	Rogerian Supportive Therapy
SAS	Social Adjustment Scale
SASI-Count	Suicide Attempt and Self-Injury Count
SASII	Suicide Attempt Self Injury Interview
SCID-BPD	Structured Clinical Interview for DSM-IV, Personality Disorders, Borderline Personality Disorder criteria
SCL-90-R	Symptom Checklist 90 Revised
SCM	Structured Clinical Management
SFQ	Social Functioning Questionnaire
SFT	Schema Focused Therapy
SGT	Supportive Group Treatment
SSHI	Suicide and Self-Harm Inventory
SSI	Sense of Self-Injury
STAI-S	State Trait Anxiety Inventory – State Anxiety
STAI-T	State Trait Anxiety Inventory – Trait Anxiety
STAXI	Speilberger Anger Scale
STEPPS	Systems Training for Emotional Predictability and Problem Solving
STIPO	Structured Interview of Personality Organization
T_0	Baseline Assessment point
T_1	Mid-treatment assessment point (7 months)

T_2	Post-treatment assessment point (14 months)
TAU	Treatment as Usual
TFP	Transference Focused Psychotherapy
THI	Treatment History Interview
WAI	Working Alliance Inventory
WHOQOL	World Health Organization Quality of Life Assessment
WHOQOL-BREF	World Health Organization Quality of Life Assessment – Brief form
WL	Waitlist
YSQ	Young Schema Questionnaire
ZRSB	Zanarini Rating Scale for Borderline Personality Disorder

Abstract

Borderline Personality Disorder (BPD) is a disabling mental disorder that is associated with a high degree of suffering for the individual. Large-scale studies have shown pervasive social and functional impairment. It is associated with intensive use of mental health services and is recognised as a challenging disorder for clinicians to treat. There was previously little hope about the capacity for BPD to be successfully treated. In the past 20 years, there has been considerable progress in psychotherapeutic treatments developed and evaluated for BPD. Psychotherapy, rather than psychiatric medication is the indicated treatment for BPD. There are a number of psychotherapies that have been developed specifically for the treatment of adults with a diagnosis of BPD, with Dialectical Behaviour Therapy (DBT) being the therapy with the greatest evidence base. However, the outcome research for BPD is in its infancy. There are a number of limitations in the existing randomised studies. Many have small sample sizes; apart from DBT, most treatment models have only been evaluated in one or two studies and the majority of studies have been conducted by treatment developers or investigators who are strongly allegiant to one particular model of therapy. DBT has been evaluated in a number of efficacy studies but few effectiveness studies. It has rarely been compared against another active treatment for BPD. Other therapies for BPD, such as the Conversational Model (CM), a psychodynamic therapy, show promising results. However, CM has not been investigated in a randomised trial, nor has it been evaluated against another evidence-based treatment for BPD.

This thesis describes the methodology and outcomes of a randomised clinical trial (RCT) conducted in a public sector mental health service comparing DBT and CM in

the treatment of suicidal and non-suicidal self-injurious behaviour and depression severity among persons with BPD. The methodology of the trial is described in Chapter 2. Persons with a diagnosis of BPD and recent suicidal and non-suicidal self-injury were randomised to receive either DBT or CM for 14 months. Outcomes were evaluated at baseline, mid-treatment (7 months) and post-treatment (14 months). Chapter 3 discusses the development and evaluation of an adherence measure for CM. The tool was found to have good inter-rater reliability on items and to clearly discriminate between the two treatments. Outcomes from the RCT are discussed in Chapter 4. Both treatments showed significant improvement over time across the 14 months of therapy in suicidal and non-suicidal self-injury and depression scores. There were no significant differences between the treatment models in reduction of suicidal and non-suicidal self-injury. However, DBT was associated with significantly greater reductions in depression scores compared to CM.

The pattern of results was similar with the secondary outcomes such that scores on BPD severity, dissociation, interpersonal problems, sense of self, mindfulness capacity and difficulties in emotion regulation all significantly improved with both treatments. At the differential level, DBT was associated with significantly better improvement in mindfulness capacity and emotion regulation. Chapter 5 reports on the findings of the RCT, in relation to the working alliance. The therapeutic alliance in DBT and CM was compared for therapist-rated and client-rated alliance overall, as well as distinct components of the alliance in the sub-scales of task, goal, and bond. There was a significant treatment effect overall for client-rated goals, which were significantly greater in DBT than CM. Therapist-rated goals were also significantly greater in DBT than CM in a time by treatment interaction effect. Chapter 6 reports on

changes at the individual level, beyond the aggregated results by treatment group reported in Chapters 4 and 5. The majority of participants improved in terms of their suicidal and non-suicidal self-injury, severity of BPD symptoms, depression scores, and dissociation scores. Despite this improvement in severity of symptoms, only 38% of the sample no longer met criteria for BPD after 14 months of treatment. The majority of participants fell in the 'unchanged' category on interpersonal problems, sense of self and mindfulness capacity. The final chapter of this thesis synthesises the main findings of the preceding six chapters. This research adds to the accumulating body of knowledge of psychotherapeutic treatment of BPD and supports the use of both DBT and CM as effective treatments in routine clinical settings, with some additional benefits for DBT for persons with co-morbid depression. Future research directions are identified and discussed.