



A Couple-Based Approach to CBT for BDD

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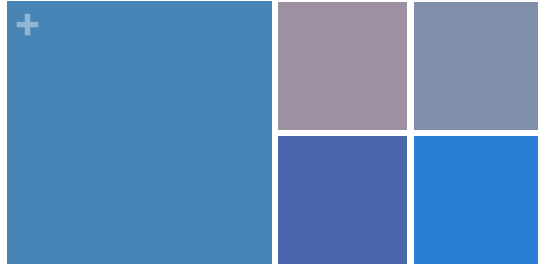
Outline

- BDD in an interpersonal context
- Review of individual treatment for BDD
- Involving the partner in treatment
 - Couple therapy for BDD
- Current research
- Role play demonstration
- Questions

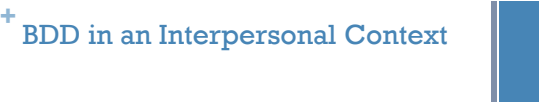


BDD: Essential Features

- Intrusive, negative beliefs about appearance (e.g., perceived flaw) trigger distress
- Compulsive rituals and avoidance behavior reduce distress
- Rituals and avoidance become habitual; they are reinforced by the distress reduction they engender
- Rituals and avoidance prevent the opportunity to correct maladaptive beliefs about appearance

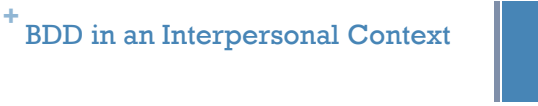


BDD in an Interpersonal Context



BDD in an Interpersonal Context

- Person with BDD structures environment to minimize distress
- Partners become part of “BDD World”
 - Partner helps person **avoid** distress
 - Partner **participates in rituals**
 - Partner provides ongoing **reassurance**



BDD in an Interpersonal Context

- Relationship distress
- Accommodation

+ Effects of Relationship Distress

- Increased general anxiety and stress
- Increased frequency of negative beliefs about appearance
- Poor communication (due to shame, secrecy)
- Decreased sense of social support, intimacy
- Worsening of BDD linked to personal stress

+ Partner Accommodation

- In trying to be helpful, the partner inadvertently enables rituals and avoidance, thereby actually maintaining the BDD
 - Helping with avoidance
 - Funding BDD-related procedures
 - Unknowingly performing rituals (giving reassurance, making comments about appearance)

+ Individual Treatment for BDD

+ Individual Treatment for BDD

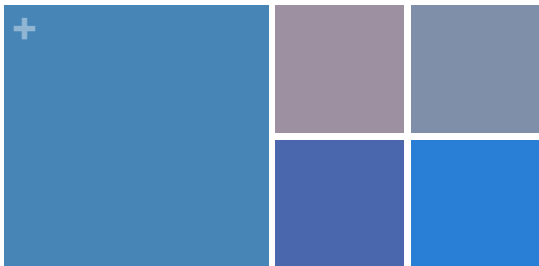
- Psychoeducation + case formulation
- Self monitoring
- Cognitive therapy
- Exposure & ritual prevention
- Mindfulness/Perceptual retraining
- Relapse prevention
- Optional modules:
 - Cosmetic treatment
 - Skin picking/hair pulling
 - Muscularity or shape/weight concerns
 - Mood management
 - Motivational interviewing

e.g., Wilhelm et al., 2011

+ Couple-Based Assessment and Treatment

+ 3 Ways to Involve a Partner

- General couple therapy
- Partner-assisted treatment
- **BDD-specific couples therapy**



General Couple Therapy

Couple Therapy

- **Target Problem:** Problematic relationship dynamics that serve as broad, chronic stressors (e.g., arguments)
 - Addresses the couple's relationship outside of BDD concerns
 - Based on the idea that relationships stressors contribute to the worsening of BDD symptoms
- **Role of the partner:** patient
- **When to use:**
 - Relationship distress & communication deficits are the presenting complaint



Partner Assisted Treatment

Partner Assisted Treatment

- **Target Problem:** The sufferer's BDD symptoms
 - The couple's relationship is not directly addressed
 - Symptom accommodation is not directly addressed
- **Role of the partner:** Coach or "support person"
- **When to use:**
 - Relationship distress is not part of the presenting complaint
 - Partner is not engaging in excessive accommodation

Role of the Partner

- Be present at the treatment sessions, but gradually withdraw from involvement in treatment
- Positive reinforcement of non-symptomatic behavior
- Gentle but firm reminders not to avoid or use safety behaviors
- Emotional support during exposure and response prevention



BDD-Specific Couple Therapy

+ BDD-Specific Couple Intervention

- **Target Problem:** BDD and aspects of the relationship that contribute to BDD
 - Partners redefine their roles and responsibilities (e.g., reduce symptom accommodation)
 - The couple's relationship outside of BDD is not directly addressed
- **Role of the partner:** Patient
- **When to use:**
 - Relationship distress is minimal
 - Partner is engaging in accommodation or the relationship revolves around BDD
 - BDD patient's motivation is low

+ BDD-Specific Couples Intervention

- **Techniques used:**
 - Healthy alliance-building between partners
 - Thorough assessment to gain understanding
 - Making BDD the enemy
 - Develop an exposure hierarchy together
 - Help couple develop new ways of relating that facilitate exposure rather than symptom expression

+ Alliance-Building & Psychoeducation

- Partners share thoughts & feelings about the effect of BDD on each of them
- Educate partners about how rituals/avoidance decrease discomfort in the short-term but maintain symptoms in the long-term
- Help partners to understand the use of exposure and response prevention

+ Couple-Based Assessment

- How does BDD affect your life as a couple?
- When did you first become aware that ____ has BDD?
- How often do you discuss body image concerns/BDD symptoms?
- What kinds of things do you avoid or feel uncomfortable with in your relationship because of BDD?
- How have you experienced your physical relationship relative to BDD?
- How do you imagine your relationship would be different without BDD?

+ Assessing BDD symptoms



+ Developing a Hierarchy Together

- Create specific exposure situations
- Stress importance of remaining in situation
- Teach couple to problem-solve around client's discomfort in a given situation
- Be specific about who will do what / when
- Discuss what was learned during the exercise

+ Setting up an exposure together



+ Develop Healthier Ways of Relating

- Increase healthy interactions and activities outside the context of BDD
 - Example: Increase displays of affection and tenderness outside the context of BDD/comments about appearance
- Facilitate exposure to feared situations rather than symptom expression
 - Rewards for healthy behaviors

+ Communication

- Emotional Expressiveness Training
 - “Sharing thoughts and feelings”
- Decision making / Problem solving

+ Comments for Partners to use During Exposure Therapy

- “I know this is hard, but you’re doing a great job”
- “Think of how good you’ll feel when you’re through”
- “Remember the distress is temporary”
- “If you stop now, you’ll make the distress stronger”
- “It sounds like you are asking for reassurance, but the therapist said it’s not helpful for me to give you assurance”

+ Comments for Partners to use During Exposure Therapy

- “How can I help you without doing a ritual for you?”
- “If I did that for you it would only be making your problem worse. How else can I help you.”
- “I know it is difficult. Let’s talk with the therapist about the problems your having getting through this”

+ Comments for Partners to Avoid

- “I know everything is going to be fine, don’t worry”
- “I’ve done this before, your discomfort is irrational”
- “Believe me, the therapist wouldn’t make you do this if it was dangerous”
- “Do what the therapist says or I’ll...”

+ Differences from Individual CBT

More	Less
<ul style="list-style-type: none"> Self-monitoring by patient AND partner Focus on communication skills <ul style="list-style-type: none"> Emotional expressiveness training Decision making Three types of exposure Coping self-statements Joint couple activity scheduling 	<ul style="list-style-type: none"> Cognitive therapy Perceptual retraining

+ Current Research

- 20 adults with primary DSM-5 BDD & their partners
- 18 – 20 weekly sessions
 - First eight will be twice/week
 - Final two will be spaced two weeks apart
- Session length ~75 minutes
- Manualized CBT protocol
- Assessments at pre- and post-treatment, as well as 6 mo. F/U

+ Current Research

Session 1: information-gathering, psychoeducation about BDD, a rationale for CBT, and a discussion of why the partner is included in treatment.

Session 2: case formulation and goal-setting

Session 3: development of exposure hierarchy, response prevention plan

Sessions 4/5: communication skills (speaking and listening skills, problem-solving skills) focused on BDD-related topics to assist them in planning, conducting, and trouble-shooting the core interventions.

Sessions 6-17: Core interventions [exposure; response prevention (including ending reassurance seeking from the partner)] and motivational interviewing

Optional treatment modules: skin picking/hair pulling, muscularity/weight-shape concerns, cosmetic treatment, depression management, and relationship issues (e.g., sexual intimacy)

Final 2 sessions: discontinuation and relapse prevention

+ Questions, Comments?

