

## Background and History

Samantha is a 24-year-old who was referred to the DBT program from the state psychiatric hospital. She cuts and burns her arms and legs, and has overdosed on pain killers with ambivalent intent to die ("if it happens, it happens; it's like Russian roulette"). She takes opiates for chronic back pain; at 21 she was hit head on by a drunk driver, and suffered severe injuries. Her passenger died in the accident. She has struggled with bulimia and cutting since she was 16, but after the accident, her intent to die and suicidal behavior became worse and the disordered eating more medically serious. She binges and purges and most recently purged to the extent that she induced heart problems that prompted admission to her nearby rural medical hospital. When medically stabilized, she transferred to the state hospital. The therapist hears from the person referring her that Samantha and the state hospital staff moved mountains to arrange for Samantha to live with an aunt in order to be able to work with the DBT program.

Thinking in terms of stage of treatment helps the therapist to organize what she knows so far. How might the therapist answer the questions in Table 2.1 given just Samantha's background and history? Here is her preliminary thinking.