



# DBT Treatment Research

NOVEMBER 30, 2015 – JANUARY 7, 2016

1. **Title:** [Dialectical behavior therapy and domains of functioning over two years](#)

**Authors:** CR Wilks, KE Korslund, M Harned, MM Linehan

**Journal & Date:** Behaviour Research and Therapy (2015)

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.

2. **Title:** [Group Therapy for University Students: A Randomized Control Trial of Dialectical Behavior Therapy and Positive Psychotherapy](#)

**Authors:** AA Uliaszek, T Rashid, GE Williams, T Gulamani

**Journal & Date:** Behaviour Research and Therapy (2015)

The present study examined the efficacy of two evidence-based group treatments for significant psychopathology in university students. Fifty-four treatment-seeking participants were randomized to a semester-long dialectical behavior therapy (DBT) or positive psychotherapy (PPT) group treatment. Mixed modeling was used to assess improvement over time and group differences on variables related to symptomatology, adaptive/maladaptive skill usage, and well-being/acceptability factors. All symptom and skill variables improved over the course of treatment. There were no statistically significant differences in rate of change between groups. The DBT group evidenced nearly all medium to large effect sizes for all measures from pre-to post-treatment, with mostly small to medium effect sizes for the PPT group. There was a significant difference in acceptability between treatments, with the DBT group demonstrating significantly lower attrition rates, higher attendance, and higher overall therapeutic alliance. While both groups demonstrated efficacy in this population, the DBT group appeared to be a more acceptable and efficacious treatment for implementation. Results may specifically apply to group therapy as an adjunctive treatment because a majority of participants had concurrent individual therapy.



# DBT Treatment Research

JANUARY 7 – FEBRUARY 4, 2016

1. **Title:** [Effects of dialectical behavior therapy skills training on outcomes for mental health staff in a child and adolescent residential setting](#)

**Authors:** AF Haynos, AE Fruzzetti, C Anderson, D Briggs, J Walenta

**Journal & Date:** Journal of Hospital Administration (2016)

Training in Dialectical Behavior Therapy (DBT) skills coaching is desirable for staff in psychiatric settings, due to the efficacy of DBT in treating difficult patient populations. In such settings, training resources are typically limited, and staff turnover is high, necessitating brief training. This study evaluated the effects of a brief training in DBT skills coaching for nursing staff working in a child and adolescent psychiatric residential program. Nursing staff ( $n = 22$ ) completed assessments of DBT skill knowledge, burnout, and stigma towards patients with borderline personality disorder (BPD) before and after a six-week DBT skills coaching training. Repeated measure ANOVAs were conducted to examine changes on all measures from pre- to post- treatment and hierarchical linear regressions to examine relationships between pre- training DBT knowledge, burnout, and BPD stigma and these same measures post-training. The brief DBT skill coaching training significantly increased DBT knowledge ( $p = .007$ ) and decreased staff personal ( $p = .02$ ) and work ( $p = .03$ ) burnout and stigma towards BPD patients ( $p = .02$ ). Burnout indices and BPD stigma were highly correlated at both time points ( $p < .001$ ); however, while pre-training BPD stigma significantly predicted post-training client burnout ( $p = .04$ ), pre-training burnout did not predict post-training BPD stigma. These findings suggest that brief training of psychiatric nursing staff in DBT skills and coaching techniques can result in significant benefits, including reduced staff burnout and stigma toward patients with BPD-related problems, and that reducing BPD stigma may particularly promote lower burnout.

2. **Title:** [Dialectical Behavior Therapy Compared With Enhanced Usual Care for Adolescents With Repeated Suicidal and Self-Harming Behavior: Outcomes Over a One-Year Follow-Up](#)

**Authors:** L Mehlum, M Ramberg, AJ Tørmoen, E Haga, LM Diep, BH Stanley, AL Miller, AM Sund, B Grøholt

**Journal & Date:** Journal of the American Academy of Child & Adolescent Psychiatry (2016)

## Objective

We conducted a 1-year prospective follow-up study of posttreatment clinical outcomes in adolescents with recent and repetitive self-harm who had been randomly allocated to receive 19 weeks of either dialectical behavior therapy adapted for adolescents (DBT-A) or enhanced usual care (EUC) at community child and adolescent psychiatric outpatient clinics.

## Method

Assessments of self-harm, suicidal ideation, depression, hopelessness, borderline symptoms, and global level of functioning were made at the end of the 19-week treatment period and at follow-up one year later. Altogether 75 of the 77 (97%) adolescents participated at both time points. Frequencies of hospitalizations, emergency department visits and other use of mental health care during the 1-year follow-up period were recorded. Change analyses were performed using mixed effects linear spline regression and mixed effect Poisson regression with robust variance.

## Results

Over the 52-week follow-up period, DBT-A remained superior to EUC in reducing the frequency of self-harm. For other outcomes such as suicidal ideation, hopelessness, and depressive or borderline symptoms and for the global level of functioning, inter-group differences apparent at the 19-week assessment were no longer observed, mainly due to participants in the EUC group having significantly improved on these dimensions over the follow-up year, whereas DBT-A participants remained unchanged.

## Conclusion

A stronger long-term reduction in self-harm and a more rapid recovery in suicidal ideation, depression, and borderline symptoms suggest that DBT-A may be a favorable treatment alternative for adolescents with repetitive self-harming behavior



3. **Title:** [The Use of Dialectical Behavior Therapy in Post-Disaster Psychotherapy](#)

**Authors:** U Martin

**Journal & Date:** International Journal of Emergency Mental Health and Human Resilience (2015)

Hurricane Sandy struck in 2012, propelling serious emotional, financial, and practical problems at millions of people. Many of them experienced ongoing feelings of stress and anxiety following the disaster. 22 individuals with anxiety issues post-disaster were treated with Dialectical Behavior Therapy techniques, and compared to control subjects who received no treatment. The Beck Anxiety Inventory was administered to assess anxiety levels pre and post-treatment. Results indicated that Dialectical Behavior Therapy (DBT) is useful in reducing anxiety levels triggered by natural disaster. This study substantiates earlier studies which demonstrate the effectiveness of DBT, and provides new data on its use with a new sample: post-hurricane survivors. Discovering techniques which can support emotional recovery is useful for individuals, communities, and relief organizations which establish policies and programs. Practical implications of this research include the need for resources to help survivors cope with emotional issues in the wake of disasters. This study yields significant information which can assist survivors of future natural disasters



## DBT Treatment Research

FEBRUARY 4 – MARCH 9, 2016

1. **Title:** [Effectiveness of Dialectical Behavior Therapy versus collaborative assessment and management of suicidality treatment for reduction of self-harm in adults with borderline personality traits and disorder: A randomized observer-blinded clinical trial](#)

**Authors:** K Andreasson, J Krogh, C Wenneberg, HKL Jessen...

**Journal & Date:** Depression and Anxiety (2016)

**Background:** Many psychological treatments have shown effect on reducing self-harm in adults with borderline personality disorder. There is a need of brief psychotherapeutical treatment alternative for suicide prevention in specialized outpatient clinics.

**Methods/Design:** The DiaS trial was designed as a pragmatic single-center, two-armed, parallel-group observer-blinded, randomized clinical superiority trial. The participants had at least two criteria from the borderline personality disorder diagnosis and a recent suicide attempt (within a month). The participants were offered 16 weeks of dialectical behavior therapy (DBT) versus up to 16 weeks of collaborative assessment and management of suicidality (CAMS) treatment. The primary composite outcome was the number of participants with a new self-harm (nonsuicidal self-injury [NSSI] or suicide attempt) at week 28 from baseline. Other exploratory outcomes were: severity of borderline symptoms, depressive symptoms, hopelessness, suicide ideation, and self-esteem.

**Results:** At 28 weeks, the number of participants with new self-harm in the DBT group was 21 of 57 (36.8%) versus 12 of 51 (23.5%) in the CAMS treatment (OR: 1.90; 95% CI: 0.80–4.40;  $P = .14$ ). When assessing the effect of DBT versus CAMS treatment on the individual components of the primary outcome, we observed no significant differences in the number of NSSI (OR: 1.60; 95% CI: 0.70–3.90;  $P = .31$ ) or number of attempted suicides (OR: 2.24; 95% CI: 0.80–7.50;  $P = .12$ ).

**Conclusion:** In adults with borderline personality traits and disorder and a recent suicide attempt, DBT does not seem superior compared with CAMS for reduction of number of self-harm or suicide attempts. However, further randomized clinical trials may be needed.



2. **Title:** [Dialectical Behavior Therapy for Chronic Pain in Gastrointestinal Disorders: A Pilot Study](#)

**Authors:** H Sysko, G Thorkelson, E Szigethy

**Journal & Date:** Inflammatory Bowel Diseases (2016)

**Background:** Chronic pain is common in a subset of patients with chronic GI disorders, including IBD. Prevalence of co-morbid depression and anxiety has been shown to be 2 to 3 times higher (24%-27%) in patients with inflammatory bowel disease (IBD) than in the general population and predicts poorer quality of daily functioning. In addition, maladaptive coping and personality traits are increasingly recognized as associated characteristics. Treatment of this population remains challenging. This study evaluated the feasibility and effects of a group intervention using dialectical behavior therapy (DBT). DBT was developed for patients with borderline personality disorder and targets emotional dysregulation, poor distress tolerance, and negative cognitions; characteristics also found in some patients with chronic pain.

**Methods:** An 8-week pilot DBT Skills Training group was conducted at the UPMC Visceral Inflammation and Pain Center. A subset of patients with chronic GI conditions, including IBD, co-morbid depression, anxiety, pain and diminished quality of life were recruited for participation. A psychologist (HBS) from the center facilitated the group. Pre and post (2 months) questionnaires of the Patient Health Questionnaire-9 Item (PHQ-9), Generalized Anxiety Disorder- 7 Item (GAD-7) and 3 subscales (Pain Intensity, Pain Behavior, Pain Interference) from the Patient Reported Outcomes Measurement Information System (PROMIS) instrument were administered during the first and last sessions. Weekly 90-minute group sessions followed the DBT Skills Training Manual format. Each session included mindfulness exercises, discussion of participants' use of skills during the previous week and presentation of new DBT skills. Two weeks were spent on each of the 4 DBT Modules: Mindfulness, Emotion Regulation, Distress Tolerance and Interpersonal Effectiveness.

**Results:** Of the 6 patients initially enrolled, 1 patient (gastric bypass/adhesions) withdrew due to logistics and 1 patient (somatization disorder) withdrew due to worsening health. Of the remaining 4 patients (2 patients with IBD and 2 with IBS), at least 3 patients were present for all sessions. In pre and post questionnaires, 3 of 4 patients experienced improvement in depression and anxiety scores as measured by the PHQ-9 and GAD-7 respectively. Improvement was greatest in the domain of anxiety with near normalization of anxiety symptoms in treatment responders followed by pain scores as measured by the PROMIS. The non-responder experienced significant co-morbid non-gastroenterological health issues and was awaiting a surgical procedure. In this population, noted for frequent emergency medical encounters, there were no inpatient hospitalizations or ED visits during the 8-week period.

**Conclusions:** Patients with IBS and IBD experiencing multiple co-morbid psychiatric issues and a poor quality of life showed significant improvement in the domains of depression, anxiety, and pain after successful completion of a pilot 8-week DBT Skills Training Group. Response was the most robust in the domain of anxiety improvement suggesting treating anxiety in a social group setting can help improve pain. Given the promising findings from this pilot study and a high degree of patient satisfaction and adherence, future groups with larger enrolment and longitudinal follow-up are planned.



3. **Title:** [The Use of “Bug-in-the-Eye” Live Supervision for Training in Dialectical Behavior Therapy A Case Study](#)

**Authors:** SL Rizvi, J Yu, S Geisser, D Finnegan

**Journal & Date:** Clinical Case Studies (2016)

Dialectical behavior therapy (DBT) has been shown effective for the treatment of borderline personality disorder (BPD) and other high-risk, suicidal, and diagnostically complex populations. However, little has been written about how to train therapists in DBT’s highly structured framework of target hierarchies, behavioral chain analyses, and stylistic strategies.

This case study illustrates the utility of a live supervision method known as “bug-in-the-eye” (BITE) in training a novice DBT therapist. “Willow,” a 35-year-old Hispanic female with BPD, engaged in 6 months of comprehensive DBT that included 25 individual therapy sessions. BITE supervision was implemented in Sessions 12 through 17. Therapist adherence to DBT was assessed from Sessions 8 to 21. Client and therapist satisfaction with BITE was assessed after Session 21.

Results indicate that therapist adherence to DBT increased following the implementation of BITE supervision. In addition, both therapist and client found BITE supervision to be acceptable and minimally intrusive, with the therapist reporting increased confidence in delivering DBT. Furthermore, results indicate that DBT was effective in reducing Willow’s suicidal ideation and self-harm urges, decreasing her feelings and displays of intense fear and jealousy, and increasing her independence. Recommendations for implementing live supervision into DBT training settings are provided.

4. **Title:** [Impact of Mindfulness Training on Borderline Personality Disorder: A Randomized Trial](#)

**Authors:** M Elices, JC Pascual, MJ Portella, A Feliu-Soler...

**Journal & Date:** Mindfulness (2016)

Recent research suggests that deficits in the ability to be mindful may be related to core aspects of borderline personality disorder (BPD). Mindfulness plays a central role in BPD treatment, and evidence also indicates that mindfulness is the most commonly practiced of the skills taught in dialectical behavior therapy (DBT).

The present study investigated whether a 10-week mindfulness training program would improve BPD symptoms and mindfulness-related capacities in a sample of individuals diagnosed with BPD. A total of 64 participants (mean age = 31.64, SD = 6.9; 86 % female) were randomized to 10 weeks of mindfulness (n = 32) or interpersonal effectiveness skills training (control group; n = 32). BPD symptoms and mindfulness capacities were measured at pre- and post-intervention.

Compared to the control group, participants assigned to mindfulness experienced a significantly greater reduction and increase, respectively, in BPD symptoms and decentering capacity. Treatment response rates (in reference to BPD symptoms) were higher for the mindfulness group (40 vs. 13 %). Interpersonal effectiveness alone did not result in improvements on any outcome measures. These findings suggest that mindfulness training may be a useful approach to decreasing BPD symptoms while simultaneously improving mindfulness capacities.



# DBT Treatment Research

MARCH 9 – APRIL 21, 2016

1. **Title:** [Single-session dialectical behavior therapy skills training versus relaxation training for non-treatment-engaged suicidal adults: a randomized controlled trial](#)

**Authors:** EF Ward-Ciesielski, CB Jones, MD Wielgus, CR Wilks, and MM Linehan

**Journal & Date:** BMC Psychology (2016)

**Background:** Individuals who are not engaged in treatment are commonly overlooked in the design of intervention trials targeting suicidal populations as a result of recruitment methodology that requires individuals to be referred from their current provider. In fact, research suggests that the majority of individuals who die by suicide have not been in contact with mental health services in the year before their death.

**Methods/design:** A randomized controlled trial of two brief, one-session interventions for adults who are not engaged in mental health treatment. Inclusion criteria include 1) 18 years or older, 2) experiencing suicidal ideation in the past week, 3) have not received mental health treatment in the month prior to screening, 4) living within commuting distance to the research office, and 5) willing to consent to recording and assessment. Exclusion criteria are 1) non-English speaking and 2) significant cognitive impairment. Recruitment takes place in the community via flyers, radio, and online advertisements. Interested individuals are screened via telephone and those who are eligible attend a one-time in-person assessment and intervention appointment. During this appointment, they are randomized to a single-session intervention in which they are presented with either dialectical behavior therapy skills or supportive discussion and instruction in relaxation. Following the in-person appointment, participants complete three follow-up interviews via telephone at one-week, four-weeks, and twelve-weeks post-intervention. The primary outcomes are suicidal ideation, emotion dysregulation, and skills use. Secondary outcomes include depression, anxiety, self-efficacy, and treatment utilization. Exploratory outcomes are suicidal and intentionally self-injurious behaviors. Intent-to-treat analyses will be conducted on primary and secondary outcomes.

**Discussion:** Suicidal individuals who are not engaged in mental health treatment are an understudied and significantly at-risk group for death by suicide. A better understanding of this population, targeted efforts to recruit and engage these individuals, and developing effective interventions for this group are critical areas for investigation in the field that this trial seeks to address.

2. **Title:** [Toward treatment integrity: Developing an approach to measure the treatment integrity of a Dialectical Behavior Therapy intervention with homeless youth in the community](#)

**Authors:** E McCay, C Carter, A Aiello, S Quesnel, C Howes, and B Johansson

**Journal & Date:** Archives of Psychiatric Nursing (2016)

The current paper discusses an approach to measuring treatment integrity of Dialectical Behavioral Therapy (DBT) when implemented within two programs providing services to street-involved youth in the community. Measuring treatment integrity is a critical component of effective implementation of evidence-based interventions in clinical practice, since sound treatment integrity increases confidence in client outcomes and intervention replicability. Despite being an essential part of implementation science, few studies report on treatment integrity, with limited research addressing either measurement tools or maintenance of treatment integrity. To address the lack of available treatment integrity measures, researchers in the current study developed and piloted a treatment integrity measure which pertain to the individual and group components of DBT. A total of 20 recordings were assessed using the treatment integrity measures. Results indicate that the community agency staff (e.g. youth workers, social workers & nurses) implemented the intervention as intended; increasing confidence in the outcome variables, the staffs' training and the replicability of the intervention. This article offers one approach to addressing treatment integrity when implementing evidence-based interventions, such as DBT in a community setting, and discusses the need for effective and feasible integrity measures that can be adopted in order to strengthen mental health practice in community settings.



3. **Title:** [Differential role of CBT skills, DBT skills and psychological flexibility in predicting depressive versus anxiety symptom improvement](#)

**Authors:** CA Webb, C Beard, SJ Kertz, KJ Hsu, and T Björgvinsson

**Journal & Date:** Behaviour Research and Therapy (2016)

**Objective:** Studies have reported associations between cognitive behavioral therapy (CBT) skill use and symptom improvement in depressed outpatient samples. However, little is known regarding the temporal relationship between different subsets of therapeutic skills and symptom change among relatively severely depressed patients receiving treatment in psychiatric hospital settings.

**Method:** Adult patients with major depression (N = 173) receiving combined psychotherapeutic and pharmacological treatment at a psychiatric hospital completed repeated assessments of traditional CBT skills, DBT skills and psychological flexibility, as well as depressive and anxiety symptoms.

**Results:** Results indicated that only use of behavioral activation (BA) strategies significantly predicted depressive symptom improvement in this sample; whereas DBT skills and psychological flexibility predicted anxiety symptom change. In addition, a baseline symptom severity X BA strategies interaction emerged indicating that those patients with higher pretreatment depression severity exhibited the strongest association between use of BA strategies and depressive symptom improvement.

**Conclusions:** Findings suggest the importance of emphasizing the acquisition and regular use of BA strategies with severely depressed patients in short-term psychiatric settings. In contrast, an emphasis on the development of DBT skills and the cultivation of psychological flexibility may prove beneficial for the amelioration of anxiety symptoms.

4. **Title:** [Direct versus indirect psychosocial and behavioural interventions to prevent suicide and suicide attempts: a systematic review and meta-analysis](#)

**Authors:** EL Meerwijk, A Parekh, MA Oquendo, IE Allen, LS Franck, and KA Lee

**Journal & Date:** The Lancet Psychiatry (2016)

**Background:** Psychosocial and behavioural interventions that address suicidal thoughts and behaviour during treatment (direct interventions) might be more effective in preventing suicide and suicide attempts than indirect interventions that address symptoms associated with suicidal behaviour only (eg, hopelessness, depression, anxiety, quality of life). To test this hypothesis, we did a systematic review and meta-analysis of psychosocial and behavioural interventions aimed at preventing suicide and suicide attempts.

**Methods:** For this systematic review and meta-analysis, we searched MEDLINE and PsycINFO from inception to Dec 25, 2015, for randomised controlled trials that reported suicides or suicide attempts as an outcome, irrespective of participants' diagnoses or the publication language. We excluded studies with pharmacological or device-based interventions, those that targeted communities or clinicians, primary prevention trials, and trials that reported events of non-suicidal self-injury as suicide attempts. Trials that had no suicides or suicide attempts in both groups were also excluded. Data were extracted by one investigator and independently verified by a second investigator. We used random-effects models of the odds ratio (OR) based on a pooled measure of suicides and the number of individuals who attempted suicide, immediately post-treatment and at longer-term follow-up.

**Findings:** Of 2024 unique abstracts screened, 53 articles met eligibility criteria and reported on 44 studies; 31 studies provided post-treatment data with 6658 intervention group participants and 6711 control group participants at baseline, and 29 studies provided follow-up data. The post-treatment difference between direct interventions and indirect interventions did not reach statistical significance at the 0.05 level (OR 0.62 [95% CI 0.45–0.87] vs 0.93 [0.77–1.12],  $p=0.06$ ) and represented a large effect size (Cohen's  $d=0.77$ ). At longer-term follow-up, the difference was not significant (OR 0.65 [0.46–0.91] vs 0.82 [0.70–0.96],  $p=0.25$ ) but still represented a medium effect size (Cohen's  $d=0.47$ ). These effect sizes emphasise the clinical importance of direct interventions. Post-hoc subgroup and sensitivity analyses showed that our results are robust and unlikely to be notably affected by between-study heterogeneity or publication bias.

**Interpretation:** Psychosocial and behavioural interventions that directly address suicidal thoughts and behaviour are effective immediately post-treatment and long term, whereas treatments indirectly addressing these components are only effective long term. Moreover, although the differences shown between direct and indirect strategies were non-significant, the difference in favour of direct interventions represented a large post-treatment improvement and medium improvement at longer-term follow-up. On the basis of these findings, clinicians working with patients at risk of suicide should address suicidal thoughts and behaviours with the patient directly. Although direct interventions are effective, they are not sufficient, and additional efforts are needed to further reduce death by suicide and suicide attempts. Continued patient contact might be necessary to retain long-term effectiveness.



## DBT Treatment Research

APRIL 21 – MAY 5, 2016

1. **Title:** [Skills use and common treatment processes in dialectical behaviour therapy for borderline personality disorder](#)

**Authors:** K Barnicot, R Gonzalez, R McCabe, S Priebe

**Journal & Date:** Journal of Behavior Therapy and Experimental Psychiatry (2016)

**Background and Objectives:** Dialectical behaviour therapy (DBT) trains participants to use behavioural skills for managing their emotions. The study aimed to evaluate whether skills use is associated with positive treatment outcomes independently of treatment processes that are common across different therapeutic models.

**Method:** Use of the DBT skills and three common treatment processes (therapeutic alliance, treatment credibility and self-efficacy) were assessed every 2 months for a year in 70 individuals with borderline personality disorder receiving DBT. Mixed-multilevel modelling was used to determine the association of these factors with frequency of self-harm and with treatment dropout.

**Results:** Participants who used the skills less often at any timepoint were more likely to drop out of DBT in the subsequent two months, independently of their self-efficacy, therapeutic alliance or perceived treatment credibility. More frequent use of the DBT skills and higher self-efficacy were each independently associated with less frequent concurrent self-harm. Treatment credibility and the alliance were not independently associated with self-harm or treatment dropout.

**Limitations:** The skills use measure could not be applied to a control group who did not receive DBT. The sample size was insufficient for structural equation modelling.

**Conclusion:** Practising the DBT skills and building an increased sense of self-efficacy may be important and partially independent treatment processes in dialectical behaviour therapy. However, the direction of the association between these variables and self-harm requires further evaluation.

2. **Title:** [Neural correlates of distraction in borderline personality disorder before and after dialectical behavior therapy](#)

**Authors:** D Winter, I Niedtfeld, R Schmitt, M Bohus, C Schmahl, SC Herpertz

**Journal & Date:** European Archives of Psychiatry and Clinical Neuroscience (2016)

Neural underpinnings of emotion dysregulation in borderline personality disorder (BPD) are characterized by limbic hyperactivity and disturbed prefrontal activity. It is unknown whether neural correlates of emotion regulation change after a psychotherapy which has the goal to improve emotion dysregulation in BPD, such as dialectical behavioral therapy (DBT). We investigated distraction as a main emotion regulation strategy before and after DBT in female patients with BPD. Thirty-one BPD patients were instructed to either passively view or memorize letters before being confronted with negative or neutral pictures in a distraction task during functional magnetic resonance imaging. This paradigm was applied before and after a 12-week residential DBT-based treatment program. We compared the DBT group to 15 BPD control patients, who continued their usual, non-DBT-based treatment or did not have any treatment, and 22 healthy participants. Behaviorally, BPD groups and healthy participants did not differ significantly with respect to alterations over time. On the neural level, BPD patients who received DBT-based treatment showed an activity decrease in the right inferior parietal lobe/supramarginal gyrus during distraction from negative rather than neutral stimuli when compared to both control groups. This decrease was correlated with improvement in self-reported borderline symptom severity. DBT responders exhibited decreased right perigenual anterior cingulate activity when viewing negative (rather than neutral) pictures. In conclusion, our findings reveal changes in neural activity associated with distraction during emotion processing after DBT in patients with BPD. These changes point to lower emotional susceptibility during distraction after BPD symptom improvement.



3. **Title:** [Impact of dialectical behavior therapy on incidence of suicidal attempts and non-suicidal self injury among a sample of Egyptian borderline personality disorder patients](#)

**Authors:** A Abdelkarim, D Nagui Rizk, M Esmail, H Helal

**Journal & Date:** European Psychiatry (2016)

Dialectical behavior therapy (DBT) is a comprehensive psycho-social treatment developed by Marsha Linehan and originally designed for persons meeting criteria for borderline personality disorder (BPD). DBT is considered as a standard evidence based treatment for suicidal BPD patients in most international guidelines. Although its effectiveness has been proved in multiple studies across different patient populations but almost all the research was conducted in North American or European countries. The current study was the first trial to apply DBT in Egypt with a different language and culture than where the treatment was originally developed. Assessment of incidence of suicidal attempts and non-suicidal self-injury (NSSI) among a sample of Egyptian BPD patients enrolled in an outpatient DBT program. The aim of the current study was to estimate impact of comprehensive DBT on suicidal attempts and NSSI when applied to Egyptian BPD patients. Twenty-five BPD patients, 4 males and 21 females, were included in a comprehensive outpatient DBT program for one year and incidence of suicidal attempts and NSSI were calculated. Five patients only attempted suicide again with an incidence of 20% and a mean of one attempt/patient. Seven patients attempted NSSI with an incidence of 28%, an overall 22 incidents and a mean of 3 incidents/patient. Although this was the first time to apply DBT in an Egyptian population, DBT proved to be an effective psycho-therapeutic intervention for suicidal BPD patients across regardless of different language or culture.

4. **Title:** [Social media group parallel to dialectical behavior therapy skills training group, the pros and cons](#)

**Authors:** A Abdelkarim, DN Rizk, M Esmail, H Helal

**Journal & Date:** European Psychiatry (2016)

In the past few years, social media has gained a high popularity as a dynamic and interactive computer-mediated communication tools. Although it has become a part of everyday life for most of our clients, yet we did not have the opportunity to study its impact on compliance to therapy. Assessment of impact of parallel social media group to dialectical behavior therapy (DBT) skills training group in a sample of Egyptian patients suffering from borderline personality disorder (BPD). The aim of the current study was to estimate impact of parallel social media group on compliance to DBT skills training group and its adverse events. Patients with BPD enrolled to an outpatient comprehensive DBT program in Alexandria were assigned either to group (A) skills training, where a parallel Facebook group was crated aiming at increasing to compliance to the original group, or group (B) skills training alone and dropout rates were calculated based on completion of 6 months full skills training. We considered patients out of the group if they missed 4 sessions in a row. Two patients of 15 patients who joined group (A) missed four consecutive sessions with a dropout rate of 13%, whereas group (B) showed 43% drop out rate as 10 out of 23 patients did not complete the group. The difference was statistically significant. We reported only one privacy issue dealt with it immediately. Utilization of social media group could lead to increase patient compliance to DBT skills training group.

5. **Title:** [Journeys into dialectical behaviour therapy \(DBT\): capturing the staff and service-user experience](#)

**Authors:** P Johnson, M Thomson, J Skellern

**Journal & Date:** Journal of Intellectual Disabilities and Offending Behaviour (2016)

**Purpose:** The purpose of this paper is to explore the lived experiences of staff and service-users regarding the introduction of dialectical behaviour therapy (DBT) into an NHS forensic learning disability (LD) service.

**Design/methodology/approach:** Drawing on data from two recent qualitative research studies, the research team used a case-oriented approach to see beyond original findings to capture the shared experiences of the participants' journeys, thus giving a deeper insight to the commonalities of the participants' voices which is rarely reported in the literature (Sandelowski, 2011).

**Findings:** A common set of phenomena became apparent when the cases were analysed, these included: trust, intensity and worthwhile. It is intended this paper gives some opportunity for reflection and shared empathetic responses to the similar experiences discussed.

**Originality/value:** The case-orientated analysis adds value to the evidence base by highlighting the importance of the qualitative voice of both the staff and service user. This is important because most available literature reflects the process of setting up a team or DBT service, rather than describing the team experience. Equally, most published literature regarding the effectiveness of DBT is not written from the perspective of the people who receive the therapy.



6. **Title:** [Is psychotherapy effective for reducing suicide attempt and non-suicidal self-injury rates? Meta-analysis and meta-regression of literature data](#)

**Authors:** R Calati, P Courtet

**Journal & Date:** Journal of Psychiatric Research (2016)

**Objective:** To determine the efficacy of psychotherapy interventions for reducing suicidal attempts (SA) and non-suicidal self-injury (NSSI).

**Methods:** Meta-analysis of randomized controlled trials (RCTs) comparing psychotherapy interventions and treatment as usual (TAU; including also enhanced usual care, psychotropic treatment alone, cognitive remediation, short-term problem-oriented approach, supportive relationship treatment, community treatment by non-behavioral psychotherapy experts, emergency care enhanced by provider education, no treatment) for SA/NSSI. RCTs were extracted from MEDLINE, EMBASE, PsycINFO and Cochrane Library and analyzed using the Cochrane Collaboration Review Manager Software and Comprehensive Meta-analysis.

**Results:** In the 32 included RCTs, 4114 patients were randomly assigned to receive psychotherapy (n = 2106) or TAU (n = 2008). Patients who received psychotherapy were less likely to attempt suicide during the follow-up. The pooled risk difference for SA was  $-0.08$  (95% confidence intervals =  $-0.04$  to  $-0.11$ ). The absolute risk reduction was 6.59% (psychotherapy: 9.12%; TAU: 15.71%), yielding an estimated number needed to treat of 15. Sensitivity analyses showed that psychotherapy was effective for SA mainly in adults, outpatients, patients with borderline personality disorder, previously and non-previously suicidal patients (heterogeneous variable that included past history of SA, NSSI, deliberate self-harm, imminent suicidal risk or suicidal ideation), long- and short-term therapies, TAU only as a control condition, and mentalization-based treatment (MBT). No evidence of efficacy was found for NSSI, with the exception of MBT. Between-study heterogeneity and publication bias were detected. In the presence of publication bias, the Duval and Tweedie's "trim and fill" method was applied.

**Conclusion:** Psychotherapy seems to be effective for SA treatment. However, trials with lower risk of bias, more homogeneous outcome measures and longer follow-up are needed.



## DBT Treatment Research

MAY 6 – JUNE 14, 2016

1. **Title:** [Predicting Treatment Outcomes from Prefrontal Cortex Activation for Self-Harming Patients with Borderline Personality Disorder: A Preliminary Study](#)

**Authors:** AC Ruocco, AH Rodrigo, SF McMain, E Page-Gould, H Ayaz, PS Links

**Journal & Date:** Frontiers in Human Neuroscience (2016)

Self-harm is a potentially lethal symptom of borderline personality disorder (BPD) that often improves with dialectical behavior therapy (DBT). While DBT is effective for reducing self-harm in many patients with BPD, a small but significant number of patients either does not improve in treatment or ends treatment prematurely. Accordingly, it is crucial to identify factors that may prospectively predict which patients are most likely to benefit from and remain in treatment. In the present preliminary study, 29 actively self-harming patients with BPD completed brain-imaging procedures probing activation of the prefrontal cortex (PFC) during impulse control prior to beginning DBT and after 7 months of treatment. Patients that reduced their frequency of self-harm the most over treatment displayed lower levels of neural activation in the bilateral dorsolateral prefrontal cortex (DLPFC) prior to beginning treatment, and they showed the greatest increases in activity within this region after 7 months of treatment. Prior to starting DBT, treatment non-completers demonstrated greater activation than treatment-completers in the medial PFC and right inferior frontal gyrus. Reductions in self-harm over the treatment period were associated with increases in activity in right DLPFC even after accounting for improvements in depression, mania, and BPD symptom severity. These findings suggest that pre-treatment patterns of activation in the PFC underlying impulse control may be prospectively associated with improvements in self-harm and treatment attrition for patients with BPD treated with DBT.

2. **Title:** [Dialectical Behavior Therapy in College Counseling Centers: Current Trends and Barriers to Implementation](#)

**Authors:** CD Chugani, SJ Landes

**Journal & Date:** Journal of College Student Psychotherapy (2016)

The purpose of this study was to examine trends and barriers in implementation of dialectical behavior therapy (DBT) programs in college counseling centers (CCCs). Participants were 107 CCC employees who participated in an electronic survey. One third of respondents endorsed use or planned use of DBT at their centers. The most prevalent primary mode of DBT offered was group skills training. Highly endorsed barriers to implementation included productivity demands and lack of individual therapists, time for team consultation, and willingness to offer phone coaching. Suggested implementation strategies include developing community partnerships, use of virtual teams, supporting programs with campus data, and adapting DBT strategically.



3. **Title:** [Assessing a six-month dialectical behaviour therapy skills-only group: Results from a study of the effectiveness of a stand-alone treatment for people with borderline personality disorder and other serious mental illnesses](#)

**Authors:** J Vickers

**Journal & Date:** Mental Health Practice (2016)

**Background:** Dialectical behaviour therapy (DBT) is recognised as a successful treatment for borderline personality disorder. There is a body of research suggesting it can be helpful for other diagnoses. A full DBT programme, however, is expensive. Emerging evidence suggests that using only the skills training part of DBT is an effective, less costly treatment option.

**Aim:** To evaluate the effectiveness of a DBT skills-only training group as a standalone treatment for people with serious mental illness.

**Method:** An examination of self-rated outcome measure scores and evaluation forms from 40 people with serious mental illness who have completed a group in the past four years.

**Results:** Significant improvement in functioning and symptoms, particularly anxiety and depression difficulties, with certain skills perceived as most helpful.

**Conclusion:** A DBT skills-only group appears to be an effective and cost-efficient treatment for people with serious mental illness.

4. **Title:** [Therapists' continuations following \*I don't know\*—responses of adolescents in psychotherapy](#)

**Authors:** M Jager, M Huiskes, J Metselaar, EJ Knorth, AF DeWinter, SA Reijneveld

**Journal & Date:** Patient Education and Counseling (2016)

**Objective:** In psychotherapy clients' *I don't know*—responses (IDK-responses) to therapists' questions are typically considered to be non-cooperating behaviors. How therapists actually handle these behaviors remains unclear. This study therefore aims to assess client-therapist interactions following IDK-responses.

**Methods:** Data were collected in a Dutch child and adolescent mental healthcare service by observing Dialectical Behavior Therapy aimed at adolescents with severe emotional distress. Eighteen individual psychotherapy sessions involving two therapists with six clients were video-recorded and transcribed. Stand-alone IDK-responses were selected ( $n = 77$ ) and analyzed using conversation analysis.

**Results:** Adolescents' IDK-responses led to varying actions of therapists. We identified five categories of continuations after IDK-responses: no IDK-related continuation; redoing of the question; proposing a candidate answer; employing therapy-specific techniques; and meta-talk on the problematic nature of the IDK-response.

**Conclusions:** Therapists treat IDK-responses not just as non-cooperative behavior on the part of the client; IDK-responses are also used as a starting point to collaboratively enhance clients' insights in their own thoughts, emotions, and behaviors.

**Practice implications:** After IDK-responses therapists can use a variety of continuation strategies with varying therapeutic functions. These strategies can be embedded in training of therapists to deal with potentially non-cooperative behavior.



5. **Title:** [Surveying the Effectiveness of Dialectical Behavioral Therapy on Clinical Symptoms, Body Image, Self-Efficacy of People with Bulimia Disorder](#)

**Authors:** FSM Hassan, T Hassan

**Journal & Date:** Mediterranean Journal of Social Sciences (2016)

This research is a semi-experimental research (pretest-posttest with control group) with the purpose of surveying the effectiveness of Dialectical Behavioral Therapy (DBT) on clinical symptoms, self-efficacy and body image of people with bulimia disorder. Statistical population of this study was women with bulimia disorder referred to nutrition clinics in Mashhad. The statistical sample of this research was 40 women with bulimia disorder chosen randomly by convenience sampling method and divided into two groups (20 women in experimental group and 20 women in control group), randomly. Applied tools were clinical symptoms questionnaire made by researcher, Sherer self-efficacy questionnaire and PSDQ (Physical Self-Description Questionnaire). For experimental group, Dialectical Behavior Therapy training sessions were held during 12 sessions, 75 minutes per session. During this time, control group didn't get any intervention. After the 12th session, research tools performed on subjects again, as posttest. The data of questionnaires were analyzed by descriptive statistic methods of mean and standard deviation, and Inferential statistics of covariance analysis. The results showed that the clinical symptoms of experimental group were decreased comparing to control group, and self-efficacy and self-description were increased.

6. **Title:** [The Impact of Stimulus Arousal Level on Emotion Regulation Effectiveness in Borderline Personality Disorder](#)

**Authors:** S Fitzpatrick, JR Kuo

**Journal & Date:** Psychiatry Research (2016)

Basic emotion theory suggests that the effectiveness of different emotion regulation strategies vary with the intensity of the emotionally-salient stimulus. Although findings from studies using healthy samples are concordant with what is proposed by theory, it is unclear whether these relationships hold true among individuals with borderline personality disorder (BPD). Twenty-five individuals with BPD and 30 HCs were exposed to negative images of varying levels of emotional arousal and were instructed to either react as they normally would, distract, or use mindful awareness. Self-reported negativity ratings, heart rate, and skin conductance level (SCL) were monitored throughout. SCL data indicated that increases in image arousal resulted in larger reductions in SCL when distracting but not when implementing mindful awareness. Self-report data suggested that, in HCs, the effectiveness of mindful awareness decreased to a greater extent than distraction when image arousal increased. These findings are consistent with basic emotion research and suggest that some forms of emotion regulation (distraction) are more suited to high emotion arousal contexts than others (mindful awareness) and that, compared with HCs, individuals with BPD may be more resilient to the deteriorating effectiveness of mindful awareness with respect to increasing emotional arousal.

7. **Title:** [Emotion regulation choice in female patients with borderline personality disorder: findings from self-reports and experimental measures](#)

**Authors:** C Sauer, G Sheppes, HK Lackner, EA Arens, R Tarrasch, S Barnow

**Journal & Date:** Psychiatry Research (2016)

Emotion dysregulation is a core feature of borderline personality disorder (BPD). So far, many studies have tested the consequences of the implementation of certain emotion regulation (ER) strategies, but there have been no investigations about ER choices in BPD. Thus, the aim of this study was to investigate habitual ER choices by self-report questionnaires and experimentally by testing the preference to select between distraction and reappraisal when facing different emotional intensities (high vs. low) and contents (borderline-specific vs. unspecific negative) in patients with BPD ( $n = 24$ ) compared with clinical controls (patients with major depression,  $n = 19$ ) and a healthy control group ( $n = 32$ ). Additionally, heart rate (HR) responses were continuously assessed. Main results revealed that both patient groups showed maladaptive self-reported ER choice profiles compared with HC. We found, however, no differences between the groups in the choice of distraction and reappraisal on the behavioral level and in HR responses. In BPD, within-group analyses revealed a positive association between symptom severity and the preference for distraction under high-intensity borderline-specific stimuli. Our findings provide preliminary evidence of ER choices in BPD and show the robustness of the choice effect in patients with affective disorders.



8. **Title:** [Suicide prevention strategies revisited: 10-year systematic review](#)

**Authors:** G Zalsman, K Hawton, D Wasserman, K van Heeringen...

**Journal & Date:** The Lancet Psychiatry (2016)

**Background:** Many countries are developing suicide prevention strategies for which up-to-date, high-quality evidence is required. We present updated evidence for the effectiveness of suicide prevention interventions since 2005.

**Methods:** We searched PubMed and the Cochrane Library using multiple terms related to suicide prevention for studies published between Jan 1, 2005, and Dec 31, 2014. We assessed seven interventions: public and physician education, media strategies, screening, restricting access to suicide means, treatments, and internet or hotline support. Data were extracted on primary outcomes of interest, namely suicidal behaviour (suicide, attempt, or ideation), and intermediate or secondary outcomes (treatment-seeking, identification of at-risk individuals, antidepressant prescription or use rates, or referrals). 18 suicide prevention experts from 13 European countries reviewed all articles and rated the strength of evidence using the Oxford criteria. Because the heterogeneity of populations and methodology did not permit formal meta-analysis, we present a narrative analysis.

**Findings:** We identified 1797 studies, including 23 systematic reviews, 12 meta-analyses, 40 randomised controlled trials (RCTs), 67 cohort trials, and 22 ecological or population-based investigations. Evidence for restricting access to lethal means in prevention of suicide has strengthened since 2005, especially with regard to control of analgesics (overall decrease of 43% since 2005) and hot-spots for suicide by jumping (reduction of 86% since 2005, 79% to 91%). School-based awareness programmes have been shown to reduce suicide attempts (odds ratio [OR] 0.45, 95% CI 0.24–0.85;  $p=0.014$ ) and suicidal ideation (0.5, 0.27–0.92;  $p=0.025$ ). The anti-suicidal effects of clozapine and lithium have been substantiated, but might be less specific than previously thought. Effective pharmacological and psychological treatments of depression are important in prevention. Insufficient evidence exists to assess the possible benefits for suicide prevention of screening in primary care, in general public education and media guidelines. Other approaches that need further investigation include gatekeeper training, education of physicians, and internet and helpline support. The paucity of RCTs is a major limitation in the evaluation of preventive interventions.

**Interpretation:** In the quest for effective suicide prevention initiatives, no single strategy clearly stands above the others. Combinations of evidence-based strategies at the individual level and the population level should be assessed with robust research designs.

9. **Title:** [Prevalence of Borderline Personality Disorder in University Samples: Systematic Review, Meta-Analysis and Meta-Regression](#)

**Authors:** R Meaney, P Hasking, A Reupert

**Journal & Date:** PLOS ONE (2016)

**Objective:** To determine pooled prevalence of clinically significant traits or features of Borderline Personality Disorder among college students, and explore the influence of methodological factors on reported prevalence figures, and temporal trends. Data

**Sources:** Electronic databases (1994–2014: AMED; Biological Abstracts; Embase; MEDLINE; PsycARTICLES; CINAHL Plus; Current Contents Connect; EBM Reviews; Google Scholar; Ovid Medline; Proquest central; PsychINFO; PubMed; Scopus; Taylor & Francis; Web of Science (1998–2014), and hand searches. Study Selection: Forty-three college-based studies reporting estimates of clinically significant BPD symptoms were identified (5.7% of original search). Data

**Extraction:** One author (RM) extracted clinically relevant BPD prevalence estimates, year of publication, demographic variables, and method from each publication or through correspondence with the authors.

**Results:** The prevalence of BPD in college samples ranged from 0.5% to 32.1%, with lifetime prevalence of 9.7% (95% CI, 7.7–12.0;  $p < .005$ ). Methodological factors contributing considerable between-study heterogeneity in univariate meta-analyses were participant anonymity, incentive type, research focus and participant type. Study and sample characteristics related to between study heterogeneity were sample size, and self-identifying as Asian or “other” race. The prevalence of BPD varied over time: 7.8% (95% CI 4.2–13.9) between 1994 and 2000; 6.5% (95% CI 4.0–10.5) during 2001 to 2007; and 11.6% (95% CI 8.8–15.1) from 2008 to 2014, yet was not a source of heterogeneity ( $p = .09$ ).

**Conclusions:** BPD prevalence estimates are influenced by the methodological or study sample factors measured. There is a need for consistency in measurement across studies to increase reliability in establishing the scope and characteristics of those with BPD engaged in tertiary study.



10. **Title:** [Disturbed Self Concept Mediates the Relationship between Childhood Maltreatment and Adult Personality Pathology](#)

**Authors:** L Cohen, O Leibu, T Tanis, F Ardalan, I Galynker

**Journal & Date:** Comprehensive Psychiatry (2016)

**Background:** Despite a robust literature documenting the relationship between childhood maltreatment and personality pathology in adulthood, there is far less clarity about the mechanism underlying this relationship. One promising candidate for such a linking mechanism is disturbance in the sense of self. This paper tests the hypothesis that disturbances in the sense of self mediate the relationship between childhood maltreatment and adult personality pathology. Specifically, we assess the self-related traits of stable self-image, self-reflective functioning, self-respect and feeling recognized.

**Methods:** The sample included 113 non-psychotic psychiatric inpatients. Participants completed the Child Trauma Questionnaire (CTQ), the Personality Diagnostic Questionnaire-4 (PDQ-4+), and the self-reflective functioning, stable self-image, self-respect, and feeling recognized scales from the Severity Indices of Personality Problems (SIPP-118). A series of linear regressions was then performed to assess the direct and indirect effects of childhood trauma on personality disorder traits (PDQ-4+ total score), as mediated by self-concept (SIPP-118 scales). Aroian tests assessed the statistical significance of each mediating effect.

**Results:** There was a significant mediating effect for all SIPP self-concept variables, with a full mediating effect for the SIPP composite score and for SIPP feeling recognized and self-reflective functioning, such that the direct effect of childhood trauma on personality did not retain significance after accounting for the effect of these variables. There was a partial mediating effect for SIPP stable self-image and self-respect, such that the direct effect of the CTQ retained significance after accounting for these variables. SIPP feeling recognized had the strongest mediating effect.

**Conclusions:** Multiple facets of self-concept, particularly the degree to which an individual feels understood by other people, may mediate the relationship between childhood maltreatment and adult personality pathology. This underscores the importance of attending to disturbances in the sense of self in patients with personality pathology and a history of childhood maltreatment. These findings also support the centrality of disturbed self-concept to the general construct of personality pathology.



## DBT Treatment Research

JUNE 14 – JULY 7, 2016

1. **Title:** [Dialectical Behavior Therapy Skills for Families of Individuals with Behavioral Disorders: Initial Feasibility and Outcomes](#)

**Authors:** CR Wilks, H Valenstein-Mah, H Tran, AMM King, A Lungu, MM Linehan

**Journal & Date:** Cognitive and Behavioral Practice (2016)

Family members of individuals with behavioral disorders are a valuable source of logistical and emotional support for patients. Family members may take on tremendous financial and/or psychological responsibility to care for their loved ones, which can result in poor psychological outcomes for the family and, in turn, impede the recovery of the patient. Dialectical Behavior Therapy (DBT) skills training is an effective treatment that has been utilized with numerous populations, including family members of individuals with behavioral problems, and has shown efficacy in improving various interpersonal outcomes; however, no study has examined feasibility and outcomes of delivering all four unabridged DBT skills modules to this population. Twenty participants attended weekly DBT skills classes for 6 months, where they acquired skills in mindfulness, emotion regulation, interpersonal effectiveness, and distress tolerance. There were significant pre-post improvements for emotion dysregulation, stress reactivity, and various interpersonal outcomes; there were no significant changes in depression or anxiety. These results suggest that DBT skills may be effective at improving broad clinical domains in a sample of family members of individuals with behavioral problems. This research is the first step in demonstrating that DBT skills might benefit family members of patients with heterogeneous mental health problems and, therefore, fits in to the field's growing interest in cost-effective transdiagnostic interventions.

2. **Title:** [Evaluating a Multimedia Tool for Suicide Risk Assessment and Management: The Linehan Suicide Safety Net](#)

**Authors:** MS Harned, A Lungu, CR Wilks, MM Linehan

**Journal & Date:** Journal of Clinical Psychology (2016)

**Objective:** The present study examined the usability and effectiveness of the Linehan Suicide Safety Net (LSSN), a web-based, multimedia tool designed to support clinicians working with individuals who are suicidal. The core feature of LSSN is the Linehan Risk Assessment and Management Protocol (LRAMP), an empirically derived protocol that provides a structured checklist for assessing, managing, and documenting suicide risk.

**Method:** Mental health professionals (N = 44) completed assessments at baseline and monthly during a 3-month evaluation period.

**Results:** The LSSN was rated as acceptable and highly usable. Use of the LSSN was associated with a significant increase in confidence in conducting suicide risk assessment and management and a decrease in concerns related to treating suicidal clients.

**Conclusion:** The LSSN appears to be a promising tool for clinicians working with suicidal clients.



3. **Title:** [Naturalistic Outcomes of Evidence-Based Therapies for Borderline Personality Disorder at a Medical University Clinic](#)

**Authors:** RJ Gregory, S Sachdeva

**Journal & Date:** American Journal of Psychotherapy (2016)

Dialectical behavior therapy (DBT) and dynamic deconstructive psychotherapy (DDP) are listed in the National Registry of Evidence-Based Programs and Practices based on their performances in randomized controlled trials. However, little is known about their effectiveness in real-world settings. In the present study, the authors observed the naturalistic outcomes of 68 clients with borderline personality disorder (BPD) who were treated at a medical university clinic by experienced therapists using either comprehensive DBT ( $n = 25$ ) or DDP ( $n = 27$ ), with 16 clients treated with unstructured psychotherapy serving as a control. We found both DBT and DDP achieved significant reductions in symptoms of BPD, depression, and disability by 12 months of treatment, and showed effect sizes consistent with controlled trials. However, attrition from DBT was high and DDP obtained better outcomes than DBT ( $d = .53$ ). Larger effectiveness studies are needed to replicate these findings, delineate common and unique treatment processes, and determine therapist and patient characteristics predicting positive outcomes.

4. **Title:** [The Radical Openness Group: A controlled trial with 3-month follow-up](#)

**Authors:** K Keogh, R Booth, K Baird, J Gibson, J Davenport

**Journal & Date:** Practice Innovations (2016)

Radically open-dialectical behavior therapy (RO-DBT) has been developed as an intervention to treat difficulties associated with over-control (OC). This study examined the effectiveness of a new RO-DBT-informed group intervention for OC. Participants were adults ( $n = 117$ ) attending a psychiatric hospital for mental health difficulties. They were recruited to radical openness (RO;  $n = 58$ ) or, if RO was full, they were placed on a waiting list and received Treatment as Usual (TAU,  $n = 59$ ). RO participants completed measures pre and posttreatment and TAU participants completed the measures at the same time points. RO participants continued to receive TAU and completed measures at 3-month follow-up. The primary outcome measure was overall psychopathology, assessed using the Global Severity Index on the Brief Symptom Inventory (BSI). Secondary outcome measures related to OC as well as skills use. Compared with TAU, the RO participants experienced statistically greater improvements in overall psychopathology. Statistically greater improvements were also found on secondary outcomes: (a) the Social Safeness and Pleasure Scale, (b) Dialectical Behavior Therapy (DBT) Ways of Coping Checklist, and (c) the Desire for Structure subscale on the Personal Need for Structure Scale. At 3-month follow-up, gains were maintained for skills use. Findings from this study provide preliminary support for the effectiveness of this treatment innovation in reducing psychopathology in patients with OC.



## DBT Treatment Research

JULY 7 – AUGUST 31, 2016

1. **Title:** [State dissociation moderates response to dialectical behavior therapy for posttraumatic stress disorder in women with and without borderline personality disorder](#)

**Authors:** N Kleindienst, K Priebe, N Görg, A Dyer, R Steil... M Bohus

**Journal & Date:** European Journal of Psychotraumatology (2016)

**Background:** Patients with posttraumatic stress disorder (PTSD) are prone to dissociation, which in theory should interfere with successful treatment. However, most empirical studies do not substantiate this assumption.

**Objective:** The primary objective was to test whether state dissociation predicts the success of an adaptation of dialectical behavior therapy designed for the treatment of patients with PTSD after childhood sexual abuse (CSA) (DBT-PTSD). We further explored whether the operationalization of dissociation as state versus trait dissociation made a difference with respect to prediction of improvement.

**Methods:** We present a hypothesis-driven post hoc analysis of a randomized controlled trial on the efficacy in patients with PTSD after CSA. Regression analyses relating pre–post improvements in the Clinician-Administered PTSD Scale (CAPS) and the Posttraumatic Diagnostic Scale (PDS) to dissociation were applied to the women who participated in the active treatment arm (DBT-PTSD). Multivariate models accounting for major confounders were used to relate improvements in both the CAPS and the PDS to (1) state dissociation as assessed after each treatment session and (2) trait dissociation as assessed at baseline.

**Results:** State dissociation during psychotherapy sessions predicted improvement after DBT-PTSD: patients with low state dissociation during treatment had a higher chance to show substantial improvement. This relation consistently emerged across subgroups of PTSD patients with and without borderline personality disorder. The operationalization of dissociation as state versus trait dissociation made a difference as improvement was not significantly predicted from trait dissociation.

**Conclusions:** Dissociation during treatment sessions may reduce success with trauma-focused therapies such as DBT-PTSD. Accordingly, clinical studies aimed at improving ways to address dissociation are needed.



2. **Title:** [Effects of psychotherapy on neuronal correlates of reappraisal in female patients with borderline personality disorder](#)

**Authors:** R Schmitt, D Winter, I Niedtfeld, SC Herpertz, C Schmahl

**Journal & Date:** Biological Psychiatry: Cognitive Neuroscience and Neuroimaging (2016)

**Background:** Emotion dysregulation is a fundamental aspect of Borderline Personality Disorder (BPD). Accordingly, one major focus of Dialectical Behavior Therapy (DBT) is to teach strategies to regulate emotional reactions. To date, little is known about the neural mechanisms linked to the amelioration of BPD symptoms after therapy. In the present study, we used functional magnetic resonance imaging to investigate which brain regions associated with explicit emotion regulation are modulated after successful therapy.

**Methods:** Female BPD patients performed a reappraisal task before and after a 12-week inpatient DBT program and were compared to 24 healthy control participants. Based on the change in symptom severity, the BPD group was separated into responders and non-responders and compared to a clinical control group of 16 BPD patients. Both control groups were scanned twice within 12 weeks.

**Results:** After DBT, BPD patients showed decreased insula and anterior cingulate cortex activity during reappraisal. Anterior cingulate connectivity to medial and superior frontal gyrus, superior temporal gyrus, and inferior parietal cortices increased after DBT. Responders exhibited reduced activation in amygdala, anterior cingulate cortex, orbitofrontal, and dorsolateral prefrontal cortex together with increased connectivity within a limbic-prefrontal network during the reappraisal of negative stimuli after psychotherapy.

**Conclusions:** This study revealed reduced activity and increased connectivity in salience processing and neural networks related to emotion regulation after therapy. Attenuated limbic hyperarousal together with an elevated coupling between limbic and prefrontal control regions in BPD patients after successful therapy indicated more efficient emotion regulation during reappraisal of negative pictures.

3. **Title:** [Benchmarks for Outpatient Dialectical Behavioral Therapy in Adults With Borderline Personality Disorder](#)

**Authors:** M Washburn, A Rubin, S Zhou

**Journal & Date:** Research on Social Work Practice (2016)

**Purpose:** This article provides benchmark data on within-group effect sizes from published randomized clinical trials supporting the efficacy of dialectical behavioral therapy (DBT) for borderline personality disorder (BPD) in adults aged 18–65 years.

**Method:** Within-group effect sizes were calculated via the Glass approach and adjusted for sample size using Hedges's  $g$  then aggregated to produce benchmarks for symptoms commonly associated with BPD, such as self-harm, depression, and anger.

**Results:** Aggregate within-group effect sizes are presented separately for treatment (DBT) and control (treatment as usual) groups and for interviewer assessed and self-reported outcome measures.

**Discussion:** Community-based practitioners can use these benchmarks as a comparison tool to evaluate the ways in which they are adopting or adapting the DBT intervention and to determine if the intervention should be modified or replaced, given their unique practice setting and client population.



4. **Title:** [Health related quality of life for young people receiving dialectical behaviour therapy \(DBT\): a routine outcome-monitoring pilot](#)

**Authors:** M Swales, RAB Hibbs, L Bryning, RP Hastings

**Journal & Date:** SpringerPlus (2016)

**Purpose:** Adults presenting with borderline personality disorder (BPD) score poorly on measures of health related quality of life (HRQoL). Little is known about HRQoL in adolescents with BPD type presentations and how treatment impacts quality of life. Our primary aim was to use routinely collected quality-of-life outcome measures pre and post-treatment in dialectical behaviour therapy (DBT) for adolescents to address this gap. Secondary aims were to benchmark these data against EuroQol 5 dimensions (EQ-5D™) outcomes for clients treated in clinical trials and to assess the potential of the EQ-5D™ as a benchmarking tool.

**Method:** Four adolescent DBT teams, routinely collecting outcome data using a pseudonymised secure web-based system, supplied data from consecutive discharges.

**Results:** Young people in the DBT programmes (n = 43) had severely impaired HRQoL scores that were lower at programme admission than those reported in published studies using the EQ-5D™ in adults with a BPD diagnosis and in one study of adolescents treated for depression. 40 % of adolescents treated achieved Reliable Clinical Change. HRQoL improved between admission and discharge with a large effect size. These results were not statistically significant when clustering in programme outcomes was accounted for.

**Conclusion:** Young people treated in NHS DBT programmes for BPD type presentations had poorer HRQoL than adults with a BPD diagnosis and adolescents with depression treated in published clinical trials. The EQ-5D™ detected reliable change in this group of adolescents. Programme outcome clustering suggests that both the measure and the web-based monitoring system provide a mechanism for benchmarking clinical programmes.

5. **Title:** [Family Connections™ in New Zealand and Australia: an Evidence-Based Intervention for Family Members of People With Borderline Personality Disorder](#)

**Authors:** R Krawitz, A Reeve, P Hoffman, A Fruzzetti

**Journal & Date:** Journal of the NZ College of Clinical Psychologists (201x)

This article provides an overview of the history, content, and current Australasian status of Family Connections™, an intervention for families of people with borderline personality disorder (BPD). The intervention has a substantial published evidence base and has been running for almost 15 years under the auspices of the National Education Alliance for Borderline Personality Disorder (NEA-BPD), the major international BPD advocacy organisation. Family Connections™ is a 12 x 2 hour grassroots manualised programme run by family and/or professionals. The programme combines psychoeducation about BPD, skills training drawn largely from dialectical behaviour therapy, and peer support. Three pre-post studies have demonstrated statistically significant decreases in participants' subjective experience of burden, distress/depression, and grief, and statistically significant increases in participants' subjective experience of mastery/empowerment. These changes were either sustained or further improved at 3-month follow-up. Family Connections™ programmes have been running in more than 10 New Zealand cities since 2010 and in Australia since 2015. The programme has substantial waiting lists (e.g., 650 in Australia).



6. **Title:** [The DBT Coach Mobile Application as an Adjunct to Treatment for Suicidal and Self-Injuring Individuals With Borderline Personality Disorder: A Preliminary Evaluation and Challenges to Client Utilization](#)

**Authors:** SL Rizvi, CD Hughes, MC Thomas

**Journal & Date:** Psychological Services (2016)

Acquisition and generalization of specific behavioral skills is a key component of dialectical behavior therapy (DBT) for individuals with borderline personality disorder (BPD). We examined the feasibility, acceptability, usability, and immediate effects of the DBT Coach, a mobile phone application (app) designed specifically to augment skills generalization through interactive coaching in DBT skills. In this pilot study, we provided the DBT Coach installed on a mobile device as an adjunct to 6 months of standard DBT, among a sample of 16 individuals with BPD and a recent history of attempted suicide and/or nonsuicidal self-injury (NSSI). Results indicate good acceptability and usability of the DBT Coach with considerable between-person variability in the frequency of app use and a median use of only 11.5 times over the course of treatment and a 3-month follow-up period. Using a hierarchical linear modeling approach, analyses indicated the DBT Coach reduced subjective distress and urges to self-harm following app use. However, use of the DBT Coach was not related to any treatment outcomes, except for reductions in NSSI. This study is the first to examine the use of mobile technology as an adjunct in DBT and highlights some potential challenges in incorporating apps into treatment. Implications for future research and clinical utility are discussed.

7. **Title:** [Teaching Dialectical Behavior Therapy to Psychiatry Residents: The Columbia Psychiatry Residency DBT Curriculum](#)

**Authors:** BS Brodsky, DL Cabaniss, M Arbuckle, MA Oquendo, B Stanley

**Journal & Date:** Academic Psychiatry (2016)

**Objective:** Dialectical behavior therapy (DBT) is an evidence-based psychosocial treatment with efficacy in reducing self-harm behaviors in borderline personality disorder (BPD). This study describes and evaluates a clinical curriculum to teach DBT to psychiatry residents, developed at a large urban university hospital. The curriculum objectives are to (1) have psychiatry residents achieve basic understanding of DBT theory and clinical skill, (2) increase residents' ability and confidence in treating self-harm behaviors (both suicidal behavior and non-suicidal self-injury), and (3) enhance residents' willingness to treat individuals with BPD.

**Methods:** In addition to a 6-week didactic course on DBT offered to all residents (n = 62), 25 elected to enroll in a year-long DBT clinical training curriculum over the course of a 5-year period. The DBT clinical training consisted of 15 h of additional didactics, ongoing conduct of individual therapy and group DBT skills training, videotaping of individual therapy sessions, and weekly supervision meetings utilizing videotape to provide feedback. Residents participating in the clinical training program videotaped baseline and later sessions, which were rated for DBT adherence. All 62 graduates of the program were surveyed regarding the impact of the training on their practice of psychiatry.

**Results:** Upon graduation, a high percentage (87 % in the curriculum and 70 % in the didactic course only) reported incorporating DBT into their psychiatry practice, as well as willingness and confidence in treating BPD and self-harm behaviors. Residents participating in the clinical training demonstrated significant improvement in their ability to utilize DBT interventions, particularly in structuring sessions, problem assessment, problem solving, and using validation and dialectical strategies.

**Conclusion:** This DBT curriculum was effective in preparing psychiatrists-in-training to incorporate evidence-based practices for effective treatment of BPD and self-harm behaviors and can serve as a model for teaching DBT during psychiatry residency training. Limitations include a small sample size and lack of baseline survey measurement of attitudes for pre- and post-curriculum comparison.



8. **Title:** [Dialectical Behavior Therapy Training and Desired Resources for Implementation: Results From a National Program Evaluation in the Veterans Health Administration](#)  
**Authors:** SJ Landes, MM Matthieu, BN Smith, LR Trent, AL Rodriguez, J Kemp, C Thompson  
**Journal & Date:** Military Medicine (2016)  
**Context:** Little is known about nonresearch training experiences of providers who implement evidence-based psychotherapies for suicidal behaviors among veterans.  
**Evidence Acquisition:** This national program evaluation identified the history of training, training needs, and desired resources of clinicians who work with at-risk veterans in a national health care system. This sequential mixed methods national program evaluation used a post-only survey design to obtain needs assessment data from clinical sites (N = 59) within Veterans Health Administration (VHA) facilities that implemented dialectical behavior therapy (DBT). Data were also collected on resources preferred to support ongoing use of DBT.  
**Results:** While only 33% of clinical sites within VHA facilities reported that staff attended a formal DBT intensive training workshop, nearly 97% of participating sites reported having staff who completed self-study using DBT manuals. Mobile apps for therapists and clients and templates for documentation in the electronic health records to support measurement-based care were desired clinical resources.  
**Conclusion:** Results indicate that less-intensive training models can aid staff in implementing DBT in real-world health care settings. While more training is requested, a number of VHA facilities have successfully implemented DBT into the continuum of care for veterans at risk for suicide.
9. **Title:** [Dialectical Behaviour Therapy \[DBT\] with People with Intellectual Disabilities: A Systematic Review and Narrative Analysis](#)  
**Authors:** L McNair, C Woodrow, D Hare  
**Journal & Date:** Journal of Applied Research in Intellectual Disabilities (2016)  
**Background:** There is mixed evidence regarding the effectiveness of psychological therapies for people with intellectual and developmental disorders. Although systematic reviews have supported the use of dialectical behaviour therapy with people with borderline personality disorder, there are no comparable reviews regarding DBT with people with intellectual and development disabilities. Methods  
Studies were identified using a systematic approach and were selected if they reported an intervention that included a DBT skills group and then assessed using the Evaluative Method for Determining Evidence Based Practice.  
**Results:** Seven studies reported adaptations and outcomes of DBT for people with intellectual and development disabilities, four of which delivered full DBT programmes with three describing DBT skills groups. All studies were appraised with regard to methodological quality and the adaptations and results examined.  
**Conclusions:** The findings indicate that DBT and DBT skills groups can be adapted for people with intellectual and development disabilities, but further high-quality research is needed to make conclusions about efficacy and effectiveness.
10. **Title:** [Influence and Change of Self-Directedness in Dialectical Behavior Therapy](#)  
**Authors:** D Bernheim, M Becker, M Gander, A Lischke, R Mentel, A Buchheim, HJ Freyberger  
**Journal & Date:** Psychiatrische Praxis (2016)  
**Objective:** Investigate influence and change of self-directedness (SD) in Dialectical-Behavior Therapy (DBT) for 26 female outpatients with borderline personality disorder (BPS).  
**Method:** Variance analyses are used to evaluate psychopathology and interpersonal problems in 2 subgroups (low vs. high SD) with questionnaires at 3 measuring times over the period of 1 year.  
**Results:** Low SD was associated with higher psychopathology, more interpersonal problems and lower symptomreduction. Over time of intervention the SD of all patients improved significantly.  
**Conclusion:** DBT strengthens the SD of patients with BPD. A screening of SD before intervention, and systematic support should be considered.



11. **Title:** [Efficacy of Dialectical Behavior Therapy on Clinical Signs and Emotion Regulation in Patients with Obsessive-Compulsive Disorder](#)

**Authors:** M Ahovan, S Balali, NA Shargh, Y Doostian

**Journal & Date:** Mediterranean Journal of Social Sciences (2016)

Ranked fourth in the list of mental illnesses, Obsessive-Compulsive Disorder (OCD) accounts for about ten percent of patients visiting medical centers. There have so far been various methods of treatment for OCD. An attempt was made in this study to determine the effectiveness of dialectical behavior therapy (DBT) on clinical signs and emotion regulation among patients with OCD. This was a quasi-experimental study involving intervention and control groups. The statistical population included all female patients referred to psychological counseling centers in Neyshabur during 2015. Each group comprised 15 patients selected through the convenient sampling method. The measurement tool was Yale-Brown's Obsessive Compulsive Scale (YBOCS) and Garnefski's Cognitive Emotion Regulation Questionnaire (CERQ). Training was provided for the intervention group during eight 90-minute sessions of dialectical behavior therapy, whereas the control group received no intervention. Analysis of covariance of the scores revealed that dialectical behavior therapy effectively reduced the observed symptoms and improved cognitive emotion regulation among patients. Generally, the results suggested that DBT alleviated OCD by modifying emotional responses of patients and that DBT could prove a highly effective treatment in this regard.

12. **Title:** [Dialectical behavior therapy skills use and emotion dysregulation in personality disorders and psychopathy: a community self-report study](#)

**Authors:** AD Neacsiu, MA Tkachuck

**Journal & Date:** Borderline Personality Disorder and Emotion Dysregulation (2016)

**Background:** Emotion dysregulation is a critical transdiagnostic mental health problem that needs to be further examined in personality disorders (PDs). The current study examined dialectical behavior therapy (DBT) skills use, emotion dysregulation, and dysfunctional coping among adults who endorsed symptoms of cluster B PDs and psychopathy. We hypothesized that skills taught in DBT and emotion dysregulation are useful for adults with PDs other than borderline personality disorder (BPD).

**Methods:** Using a self-report questionnaire, we examined these constructs in three groups of community adults: those who reported symptoms consistent with borderline personality disorder (BPD; N = 29), those who reported symptoms consistent with any other cluster B PD (N = 22), and those with no reported cluster B PD symptoms (N = 77) as measured by the Personality Diagnostic Questionnaire-4 + .

**Results:** Both PD groups reported higher emotion dysregulation and dysfunctional coping when compared to the no PD group. Only the BPD group had significantly lower DBT skills use. DBT skills use was found to be a significant predictor of cluster B psychopathology but only before accounting for emotion dysregulation. When added to the regression model, emotion dysregulation was found to be a significant predictor of cluster B psychopathology but DBT skills use no longer had a significant effect. Across all groups, DBT skills use deficits and maladaptive coping, but not emotion dysregulation, predicted different facets of psychopathy.

**Conclusion:** Emotion dysregulation and use of maladaptive coping are problems in cluster B PDs, outside of BPD, but not in psychopathy. Inability to use DBT skills may be unique to BPD. Because this study relied exclusively on self-report, this data is preliminary and warrants further investigation.

13. **Title:** [A Different Type of Supervision: Training Clinical Mental Health Counseling Interns in Dialectical Behavior Therapy](#)

**Authors:** TA Field

**Journal & Date:** Journal of Mental Health Counseling (2016)

A basic qualitative study examined the role of supervision in learning dialectical behavior therapy (DBT). Ten master's-level clinical mental health counseling interns completed in-depth interviews regarding their experiences of supervision when providing DBT skills training groups to adolescents in an inpatient psychiatric setting.

Supervision was described as an activity in tandem with observation and shadowing, with the supervisor functioning as a consultant and teacher. Themes highlighted the importance of structure in mitigating trainee performance anxiety, and a focus on skills training during supervision. Implications for supervising counseling interns in evidence-based practices such as DBT are discussed.



14. **Title:** [Emotional Processes in Borderline Personality Disorder: An Update for Clinical Practice](#)

**Authors:** KL Dixon-Gordon, JR Peters, EA Fertuck, S Yen

**Journal & Date:** Journal of Psychotherapy Integration (2016)

Despite prior assumptions about poor prognosis, the surge in research on borderline personality disorder (BPD) over the past several decades shows that it is treatable and can have a good prognosis. Prominent theories of BPD highlight the importance of emotional dysfunction as core to this disorder. However, recent empirical research has suggested a more-nuanced view of emotional dysfunction in BPD. This research is reviewed in the present article, with a view toward how these laboratory-based findings can influence clinical work with individuals suffering from BPD.

15. **Title:** [Romantic Relationship Dysfunction in Borderline Personality Disorder—A Naturalistic Approach to Trustworthiness Perception](#)

**Authors:** A Miano, EA Fertuck, S Roepke, I Dziobek

**Journal & Date:** Personality Disorders: Theory, Research, and Treatment (2016)

Patients with borderline personality disorder (BPD) suffer greatly from their unstable interpersonal relationships. Studies on explanatory mechanisms driving social dysfunctions in patients' real-life relationships are, however, lacking. Here, we aimed to investigate one of the most central aspects of close relationships, interpersonal trust, in romantic relationships of persons with BPD. We tested the hypothesis that patients with BPD show unstable trustworthiness perception toward their partner, which we expected to be most pronounced after a relationship-threatening situation. Thirty-one heterosexual couples in which the women were diagnosed with BPD and 36 healthy control (HC) couples (total N = 134) each discussed three different topics that were (a) neutral (favorite films), (b) personally threatening (personal fears), and (c) relationship threatening (possible reasons for separation from partner). Trustworthiness appraisal of the partner was assessed after each conversation by self-report. BPD patients did not differ from HC women on trustworthiness perception after the neutral conversation but reported diminished trustworthiness perception after both threatening situations compared to HCs. BPD patients' trustworthiness perception was by trend decreased after the separation versus fear condition. The perceived tenderness in the relationship was a protective factor. The inability to maintain a stable image of a trustworthy partner during threatening situations might lead to difficulties in interpersonal relationships of patients with BPD. Although relationship threats possibly play a particular role in this context, trustworthiness perception decreases are not limited to this kind of threat.

16. **Title:** [Recovered Voices: Experiences of Borderline Personality Disorder](#)

**Authors:** C Chugani

**Journal & Date:** The Qualitative Report (2016)

The purpose of this article is to use poetic analysis to present evocative accounts of the lived experiences of individuals who have recovered from Borderline Personality Disorder (BPD). Individuals with BPD suffer from a complex set of clinical issues that may be worsened by stigmatization encountered in their general lives as well as from health care providers. I argue that one method of enhancing clinical service provision to individuals with BPD is to view their behavior within the context that it originally developed. Viewing behavior in context may enhance healthcare providers' abilities to respond empathically and/or to assist clients in generating meaningful solutions to problems associated with BPD. The poems offered here represent six individual stories of the experience of BPD. These poems may serve as a reminder of the painful and often tragic circumstances in which "borderline" behaviors can develop. They may also be useful as tools to assist trainees in developing better understanding of how to work with individuals with BPD effectively and compassionately.



17. **Title:** [Considering Meta-Analysis, Meaning, and Metaphor: A Systematic Review and Critical Examination of “Third Wave” Cognitive and Behavioral Therapies](#)

**Authors:** S Dimidjian, JJ Arch, R Schneider, P Desormeau, N Felder, Z Segal

**Journal & Date:** Behavior Therapy (2016)

In this review, we examine common usage of the term “third wave” in the scientific literature, systematically review published meta-analyses of identified “third wave” therapies, and consider the implications and options for the use of “third wave” as a metaphor to describe the nature of and relationships among cognitive and behavioral therapies. We demonstrate that the “third wave” term has grown in its use over time, that it is commonly linked with specific bona fide therapies, and that the majority of such therapies have amassed a compelling evidence base attesting to their clinical and public health value. We also consider the extent to which the “third wave” designation is an effective guide for the future, and we encourage scientific inquiry and self-reflection among those concerned with cognitive and behavioral therapies and the scientific basis of psychotherapy more broadly.



# DBT Treatment Research

SEPTEMBER 1 – OCTOBER 13, 2016

1. **Title:** [Predicting dropout in outpatient dialectical behavior therapy with patients with borderline personality disorder receiving psychiatric disability](#)

**Authors:** S Landes, S Chalker, K Comtois

**Journal & Date:** Borderline Personality Disorder and Emotion Dysregulation (2016)

## Background

Rates of treatment dropout in outpatient Dialectical Behavior Therapy (DBT) in the community can be as high as 24 % to 58 %, making dropout a great concern. The primary purpose of this article was to examine predictors of dropout from DBT in a community mental health setting.

## Methods

Participants were 56 consumers with borderline personality disorder (BPD) who were psychiatrically disabled participating in a larger feasibility trial of Dialectical Behavior Therapy- Accepting the Challenges of Exiting the System. The following variables were examined to see whether they predicted dropout in DBT: age, education level, baseline level of distress, baseline level of non-acceptance of emotional responses, and skills module in which a consumer started DBT skills group. These variables were chosen based on known predictors of dropout in consumers with BPD and in DBT, as well as an interest in what naturally occurring variables might impact dropout.

## Results

The dropout rate in this sample was 51.8 %. Results of the logistic regression show that younger age, higher levels of baseline distress, and a higher level of baseline non-acceptance of emotional responses were significantly associated with dropout. The DBT skills module in which an individual started group did not predict dropout.

## Conclusions

The implications of these findings are that knowledge of consumer age and pretreatment levels of distress and non-acceptance of emotional responses can impact providers' choice of commitment and treatment strategies to reduce dropout. Future research should examine these strategies, as well as the impact of predictor variables on outcome and reasons for dropout.

2. **Title:** [Pilot Study of a Brief Dialectical Behavior Therapy Skills Group for Jail Inmates](#)

**Authors:** KE Moore, JB Folk, EA Boren, JP Tangney, S Fischer, SW Schrader

**Journal & Date:** Psychological Services (2016)

Regulating emotions, refraining from impulsive, maladaptive behavior, and communicating effectively are considered primary treatment needs among jail inmates. Dialectical behavior therapy (DBT; Linehan, 1993a) skills address these deficits and have been implemented in long-term correctional settings, but have yet to be adapted for general population inmates in short-term jail settings. This study assessed the feasibility and acceptability of a DBT skills group in a jail setting, as well as its utility in improving coping skills and emotional/behavioral dysregulation. Male jail inmates participated in an 8-week DBT skills group and completed pre- and posttest assessments of coping skills, emotional/behavioral dysregulation, and measures of treatment acceptability. Out of 27 who started therapy, 16 completed it, primarily due to involuntary attrition such as transfer to another correctional facility. Although several logistical issues arose during this pilot study, preliminary results suggest that a brief DBT skills group is feasible and

acceptable in a jail setting, and may improve coping skills and reduce externalization of blame among general population jail inmates. This study lays the groundwork for larger, controlled trials of abbreviated DBT skills groups for general population inmates in short-term jail settings.

3. **Title:** [A Dialectical Behavior Therapy Skills Group Case Study on Mothers With Severe Emotion Dysregulation](#)

**Authors:** CG Martin, LE Roos, M Zalewski, N Cummins

**Journal & Date:** Cognitive and Behavioral Practice (2016)

Parenting is an emotionally demanding endeavor, which can be particularly challenging for parents who struggle with psychopathology and lack the regulation skills to manage their own emotional lability. Although dialectical behavior therapy (DBT) is an effective treatment that directly targets emotion dysregulation, little is known about whether DBT might also improve parenting behaviors. A DBT skills group was employed to examine whether DBT skills are utilized by mothers in their parenting and whether skill use improves parenting. Four mothers with severe emotion dysregulation who met diagnostic criteria for at least one Axis I disorder were part of a case study, in which they completed a DBT skills group for mothers, and two of the mothers participated in an in-depth exit interview regarding their use of DBT skills in their parenting. The mothers reported substantial changes in their parenting during the exit interview and modest improvements were found for parenting in pre- to posttreatment parenting assessments. This paper describes the various parenting contexts in which DBT skills were used and discusses maternal emotion regulation as a potential pathway from DBT skills to improved parenting.



## DBT Treatment Research

OCTOBER 13-DECEMBER 1, 2016

1. **Title:** [A randomized trial of brief dialectical behaviour therapy skills training in suicidal patients suffering from borderline disorder](#)

**Authors:** SF McMain, T Guimond, R Barnhart, L Habinski

**Journal & Date:** Acta Psychiatrica (2016)

### Objective

Evidence-based therapies for borderline personality disorder (BPD) are lengthy and scarce. Data on brief interventions are limited, and their role in the treatment of BPD is unclear. Our aim was therefore to evaluate the clinical effectiveness of brief dialectical behaviour therapy (DBT) skills training as an adjunctive intervention for high suicide risk in patients with BPD.

### Method

Eighty-four out-patients were randomized to 20 weeks of DBT skills ( $n = 42$ ) or a waitlist (WL;  $n = 42$ ). The primary outcome was frequency of suicidal or non-suicidal self-injurious (NSSI) episodes. Assessments were conducted at baseline 10, 20 and 32 weeks.

### Results

DBT participants showed greater reductions than the WL participants on suicidal and NSSI behaviours between baseline and 32 weeks ( $P < 0.0001$ ). DBT participants showed greater improvements than controls on measures of anger, distress tolerance and emotion regulation at 32 weeks.

### Conclusions

This abbreviated intervention is a viable option that may be a useful adjunctive intervention for the treatment of high-risk behaviour associated with the acute phase of BPD.

2. **Title:** [A Randomized Trial of Dialectical Behavior Therapy in High-Risk Suicidal Veterans](#)

**Authors:** M Goodman, D Banthin, NJ Blair, KA Mascitelli, J Wilsnack, J Chen, JW Messenger, MM Perez-Rodriguez, J Triebwasser, HW Koenigsberg, RR Goetz, EA Hazlett, AS New

**Journal & Date:** Journal of Clinical Psychiatry (2016)

### Objective

Despite advances in suicide prevention implemented throughout the US Department of Veterans Affairs (VA) including the hiring of Suicide Prevention Coordinators (SPCs) at every VA hospital, enhanced monitoring, and the availability of 24-hour crisis hotline services, suicide by veterans remains a critical problem affecting 20 veterans daily. Few empirically based treatment strategies for suicide prevention for postdeployment military personnel exist. This study aimed to test whether dialectical behavior therapy (DBT), one of the few psychosocial treatments with proven efficacy in diminishing suicidal behavior in individuals with personality disorder, can be applied to veterans irrespective of personality diagnosis.



## **Methods**

From January 2010 to December 2014, 91 nonpsychotic veterans at high risk for suicide (61 men, 30 women) were randomly assigned to a 6-month treatment trial at a veterans' medical center comparing standard DBT to treatment as usual (TAU) and followed for 6 months after trial completion. Primary outcome was suicide attempts, measured with the Columbia-Suicide Severity Rating Scale, and secondary outcomes were suicide ideation, depression, hopelessness, and anxiety. There were no exclusions pertaining to substance abuse, homelessness, or medical comorbidity.

## **Results**

Both DBT and TAU resulted in improvements in suicidal ideation, depression, and anxiety during the course of the 6-month treatment trial that did not differ between treatment arms. Survival analyses for suicide attempts and hospitalizations did not differ between treatment arms. However, DBT subjects utilized significantly more individual mental health services than TAU subjects ( $28.5 \pm 19.6$  vs  $14.7 \pm 10.9$ ,  $F_{1,77} = 11.60$ ,  $P = .001$ ).

## **Conclusions**

This study is the first to examine 6-month DBT in a mostly male, veteran population. Increased mental health treatment service delivery, which included enhanced monitoring, outreach, and availability of a designated SPC, did not yield statistically significant differences in outcome for veterans at risk for suicide in TAU as compared to the DBT treatment arm. However, both treatments had difficulty with initial engagement post-hospitalization. Future studies examining possible sex differences and strategies to boost retention in difficult-to-engage, homeless, and substance-abusing populations are indicated.



3. **Title:** [Pilot Study Implementing a Brief DBT Skills Program in Schools to Reduce Health Risk Behaviors Among Early Adolescents](#)

**Authors:** TCB Zapolski, GT Smith

**Journal & Date:** Journal of School of Nursing (2016)

A significant proportion of youth engage in health risk behaviors, which are of concern, as they are associated with adverse health consequences across development. Two factors associated with engagement in such behaviors are emotion dysregulation and impulsivity. Dialectical behavioral therapy (DBT) is an effective intervention that enhances emotion regulation skills to reduce problem behaviors among adolescent populations; however, limited research has been conducted implementing the program within school settings. The current study was a 9-week DBT skills group conducted among 80 middle school youth, with pre–posttest data among 53 students. Findings indicated feasibility to implement the program in schools and preliminary evidence of efficacy in decreasing youth’s likelihood to engage in risky, particularly among youth high on an emotion-based impulsivity trait. Brief DBT skills group may be an effective program to be utilized by school nurses and health-care teams to reduce health risk behaviors among school-aged youth.

4. **Title:** [What changes when? The course of improvement during a stage-based treatment for suicidal and self-injuring women with borderline personality disorder and PTSD](#)

**Authors:** MS Harned, RJ Gallop, HR Valenstein-Mah

**Journal & Date:** Psychotherapy Research (2016)

**Objective**

Dialectical Behavior Therapy (DBT) with the DBT Prolonged Exposure (DBT PE) protocol is an integrated treatment for suicidal and self-injuring individuals with PTSD and borderline personality disorder (BPD) that occurs in three stages: Stage 1 targets behavioral dyscontrol, Stage 2 targets PTSD via the DBT PE protocol, and Stage 3 addresses remaining problems. We evaluated the course of change in multiple outcomes across these three stages and compared them to changes found in DBT alone.

**Method**

Participants were 38 women with BPD, PTSD and recent suicidal and/or non-suicidal self-injury. Data were collected weekly or bi-weekly to assess PTSD, BPD, global well-being, state dissociation, and urges to engage in problem behaviors.

**Results**

In DBT + DBT PE, there was a significant improvement in PTSD in Stage 2 and in PTSD, BPD, and state dissociation in Stage 3. Compared to DBT, DBT + DBT PE led to significantly higher global well-being and moderately, but non-significantly, lower PTSD and BPD in Stages 2 and/or 3.

**Conclusions**

PTSD does not improve until it is directly targeted and changes in other comorbid problems occur after PTSD is treated. Adding the DBT PE protocol to DBT was associated with improvement rather than worsening of outcomes.

5. **Title:** [An adaptive randomized trial of dialectical behavior therapy and cognitive behavior therapy for binge-eating](#)

**Authors:** EY Chen, J Cacioppo, K Fettich, R Gallop

**Journal & Date:** Psychological Medicine (2016)



Early weak treatment response is one of the few trans-diagnostic, treatment-agnostic predictors of poor outcome following a full treatment course. We sought to improve the outcome of clients with weak initial response to guided self-help cognitive behavior therapy (GSH).

One hundred and nine women with binge-eating disorder (BED) or bulimia nervosa (BN) (DSM-IV-TR) received 4 weeks of GSH. Based on their response, they were grouped into: (1) early strong responders who continued GSH (cGSH), and early weak responders randomized to (2) dialectical behavior therapy (DBT), or (3) individual and additional group cognitive behavior therapy (CBT+).

Baseline objective binge-eating-day (OBD) frequency was similar between DBT, CBT+ and cGSH. During treatment, OBD frequency reduction was significantly slower in DBT and CBT+ relative to cGSH. Relative to cGSH, OBD frequency was significantly greater at the end of DBT ( $d = 0.27$ ) and CBT+ ( $d = 0.31$ ) although these effects were small and within-treatment effects from baseline were large ( $d = 1.41, 0.95, 1.11$ , respectively). OBD improvements significantly diminished in all groups during 12 months follow-up but were significantly better sustained in DBT relative to cGSH ( $d = -0.43$ ). At 6- and 12-month follow-up assessments, DBT, CBT and cGSH did not differ in OBD.

Early weak response to GSH may be overcome by additional intensive treatment. Evidence was insufficient to support superiority of either DBT or CBT+ for early weak responders relative to early strong responders in cGSH; both were helpful. Future studies using adaptive designs are needed to assess the use of early response to efficiently deliver care to large heterogeneous client groups.

6. **Title:** [Evaluation of a dialectical behavior therapy-informed partial hospital program: outcome data and exploratory analyses](#)

**Authors:** JE Lothes II, KD Mochrie, EJW Quickel, JS John

**Journal & Date:** Research in Psychotherapy (2016)

The use of dialectical behavioral therapy (DBT) among a variety of programs and patients has recently exploded. Of particular interest is the use of DBT in partial hospital (PH) programs due to the high number of severely ill and suicidal patients who participate in these programs. Recently, Lothes, Mochrie and St. John (2014) examined data from a local DBT-informed PH program and found significant reductions in depression, anxiety, hopelessness, and degree of suffering from intake to discharge. The present study examined these same four symptom constructs by assessing intake and discharge data for additional individuals enrolled in this DBT-informed PH program. In addition, lengths of stay and acuity ratings were analyzed to explore the relationship between these variables and symptom constructs. Significant

symptom reduction in depression, anxiety, hopelessness, and degree of suffering from intake to discharge was found among high and medium acuity patients, replicating the results of Lothes et al. (2014). Further, individuals with the highest acuity saw the largest reduction in hopelessness symptoms the longer they participated in the program (i.e., a significant interaction effect between acuity and length of stay). This is meaningful given the connection between hopelessness and suicidal ideation/action, which is of particular concern for those charged with treating clinical populations. DBT-informed PH programs may be a cost-effective and useful way to treat high-risk patients who come from inpatient facilities. Future studies may wish to create follow-up periods (i.e., 3 months, 6 months) post-discharge to assess if symptom reduction remains.