



DBT Treatment Research

DECEMBER 3, 2014 – JANUARY 21, 2015

1. **Title:** [Change in Emotion Regulation during the Course of Treatment Predicts Binge Abstinence in Guided Self-help Dialectical Behavior Therapy for Binge Eating Disorder](#)

Authors: LM Wallace, PC Masson, DL Safer, KM von Ranson

Journal & Date: Journal of Eating Disorders (2014)

Background: Dialectical behavior therapy (DBT), which appears to be an effective treatment for binge eating disorder (BED), focuses on teaching emotion regulation skills. However, the role of improved emotion regulation in predicting treatment outcome in BED is uncertain.

Methods: This secondary analysis explored whether change in self-reported emotion regulation (as measured by the Difficulties in Emotion Regulation Scale) during treatment was associated with abstinence from binge eating at post-treatment and 4-, 5-, and 6-month follow-up in individuals who received a guided self-help adaptation of DBT for BED. Participants were 60 community-based men and women with BED who received a self-help manual and six 20-minute support phone calls.

Results: Greater improvement in self-reported emotion regulation between pre- and post-treatment predicted abstinence from binge eating at post-treatment, 4-, 5-, and 6-month follow-up. However, some follow-up results were no longer significant when imputed data was excluded, suggesting that the effect of emotion regulation on binge abstinence may be strongest at 4-month follow-up but decline across a longer duration of follow-up.

Conclusions: This study provides preliminary support for the theoretical role played by improved emotion regulation in achieving binge eating abstinence. If this finding is replicated with larger samples, further research should identify specific techniques to help more individuals to effectively regulate their emotions over a longer duration.

2. **Title:** [Effectiveness of dialectic behavioral therapy in routine outpatient care: the Berlin Borderline Study](#)

Authors: C Stiglmayr, J Stecher-Mohr, T Wagner, J Meißner...

Journal & Date: Borderline Personality Disorder and Emotion Dysregulation (2014)

Background: Dialectical behavior therapy (DBT) has been proven to be an efficacious treatment for borderline personality disorder (BPD) in several randomized controlled trials (RCTs). However, generalizability of this outcome to the routine health care (effectiveness) has rarely been investigated to date. The aim of this study is to examine the effectiveness of DBT for BPD under the routine health care situation in Germany.

Methods: The study has a longitudinal design over a course of four years with six assessment points. In this paper, results for the first year of treatment are reported. Outcome was assessed at four times throughout an initial phase (of up to five therapy-sessions) and an additional 12 months of therapy. Overall, n =78 patients started the study, 47 patients completed one year of treatment. Dependent variables were number and duration of inpatient treatment stays, number of suicide attempts and non-suicidal self-injury, severity of borderline symptoms, depression, level of dissociation, and general psychopathology.

Results: Patients significantly improved regarding self-injurious behaviors, number of inpatient hospital stays, severity of borderline symptoms and psychopathology. At the end of the first treatment year, 77% of the patients no longer met criteria for BPD diagnosis. Fewer therapy discontinuations by patients were observed when therapists participated in consultation teams.

Conclusions: Under routine mental health care conditions in Germany, outpatient DBT leads to positive results comparable to those reported in other effectiveness studies and in randomized controlled trials.



DBT Treatment Research

JANUARY 21 – FEBRUARY 18, 2016

1. **Title:** [Addition of methylphenidate to intensive dialectical behaviour therapy for patients suffering from comorbid borderline personality disorder and ADHD: a naturalistic study](#)

Authors: P Prada, R Nicastro, J Zimmermann, R Hasler...

Journal & Date: ADHD Attention Deficit and Hyperactivity Disorders (2015)

Attention deficit hyperactivity disorder (ADHD) is frequently comorbid with borderline personality disorder (BPD). However, few studies have examined how comorbid BPD–ADHD patients, treated or not with methylphenidate (MPH), respond to psychotherapy compared to non-comorbid BPD patients. In this perspective, we used a naturalistic study to compare, during a month-long intensive dialectical behaviour therapy (DBT), the clinical course of BPD patients and comorbid BPD–ADHD patients who were treated or untreated with MPH. Out of the 158 BPD patients recruited, 59 had adult ADHD as a comorbidity; among these, 29 underwent a treatment with MPH or des-methylphenidate, while the 30 others did not. MPH treatment was given non-randomly and only when ADHD was considered to be hampering the capacity of the subjects to follow the therapy. Patients completed the following forms upon admission and after 1 month of treatment: the adult ADHD Self-Report Scale (ASRS v.1.1), the Barratt Impulsiveness Scale (BIS-10), the State–Trait Anger Expression (STAXI), the Beck Depression Inventory II (BDI-II), and the Beck Hopelessness Scale. At baseline, comorbid BPD–ADHD patients showed significantly higher impulsiveness than BPD patients. In the entire sample, there was a significant decrease in all dimensions ranging from small to large effect sizes during the 4-week intensive DBT. BPD–ADHD patients who were undergoing MPH treatment showed a significantly improved response to DBT treatment for Trait–State Anger scores, motor impulsiveness, depression severity, and ADHD severity, when compared to those without stimulant medication. This study outlines the importance of systematically screening BPD patients for ADHD, since a MPH-based treatment will improve the symptoms of patients who are comorbid for BPD and ADHD. Due to the non-random allocation of subjects, more severely affected patients were more readily placed on MPH; this suggests that the more severe the ADHD symptoms, the greater the chance for the patient of being treated

2. **Title:** [Investigating Bang for your Training Buck: A Randomized Controlled Trial Comparing Three Methods of Training Clinicians in Two Core Strategies of Dialectical Behavior Therapy](#)

Authors: LA Dimeff, MS Harned, EA Woodcock, JM Skutch

Journal & Date: J Behavior Therapy (2015)

The present study examined the efficacy of online training (OLT), instructor-led training (ILT), and a treatment manual (TM) in training mental health clinicians in two core strategies of Dialectical Behavior Therapy (DBT): chain analysis and validation. A randomized controlled trial compared OLT, ILT, and TM among clinicians naïve to DBT (N = 172) who were assessed at baseline, post-training, and 30, 60, and 90 days following training. Primary outcomes included satisfaction, self-efficacy, motivation, knowledge, clinical proficiency, and clinical use. Overall, ILT outperformed OLT and TM in satisfaction, self-efficacy, and motivation, whereas OLT was the most effective method for increasing knowledge. The conditions did not differ in observer-rated clinical proficiency or self-reported clinical use, which both increased to moderate levels after training. In addition, ILT was particularly effective at improving motivation to use chain analysis, whereas OLT was particularly effective at increasing knowledge of validation strategies. These findings suggest that these types of brief, didactic trainings may be effective methods of increasing knowledge of new treatment strategies, but may not be sufficient to enable clinicians to achieve a high level of clinical use or proficiency. Additional research examining the possible advantages of matching training methods to types of treatment strategies may help to determine a tailored, more effective approach to training clinicians in empirically supported treatments.



DBT Treatment Research

FEBRUARY 18 – APRIL 1, 2015

1. **Title:** [Dialectical Behavior Therapy for High Suicide Risk in Individuals With Borderline Personality Disorder: A Randomized Clinical Trial and Component Analysis](#)

Authors: MM Linehan, KE Korslund, MS Harned, RJ Gallop...

Journal & Date: JAMA Psychiatry (2015)

IMPORTANCE: Dialectical behavior therapy (DBT) is an empirically supported treatment for suicidal individuals. However, DBT consists of multiple components, including individual therapy, skills training, telephone coaching, and a therapist consultation team, and little is known about which components are needed to achieve positive outcomes.

OBJECTIVE: To evaluate the importance of the skills training component of DBT by comparing skills training plus case management (DBT-S), DBT individual therapy plus activities group (DBT-I), and standard DBT which includes skills training and individual therapy.

DESIGN, SETTING, AND PARTICIPANTS: We performed a single-blind randomized clinical trial from April 24, 2004, through January 26, 2010, involving 1 year of treatment and 1 year of follow-up. Participants included 99 women (mean age, 30.3 years; 69 [71%] white) with borderline personality disorder who had at least 2 suicide attempts and/or nonsuicidal self-injury (NSSI) acts in the last 5 years, an NSSI act or suicide attempt in the 8 weeks before screening, and a suicide attempt in the past year. We used an adaptive randomization procedure to assign participants to each condition. Treatment was delivered from June 3, 2004, through September 29, 2008, in a university-affiliated clinic and community settings by therapists or case managers. Outcomes were evaluated quarterly by blinded assessors. We hypothesized that standard DBT would outperform DBT-S and DBT-I.

INTERVENTIONS: The study compared standard DBT, DBT-S, and DBT-I. Treatment dose was controlled across conditions, and all treatment providers used the DBT suicide risk assessment and management protocol.

MAIN OUTCOMES AND MEASURES: Frequency and severity of suicide attempts and NSSI episodes.

RESULTS: All treatment conditions resulted in similar improvements in the frequency and severity of suicide attempts, suicide ideation, use of crisis services due to suicidality, and reasons for living. Compared with the DBT-I group, interventions that included skills training resulted in greater improvements in the frequency of NSSI acts ($F_{1,85} = 59.1$ [$P < .001$] for standard DBT and $F_{1,85} = 56.3$ [$P < .001$] for DBT-S) and depression ($t_{399} = 1.8$ [$P = .03$] for standard DBT and $t_{399} = 2.9$ [$P = .004$] for DBT-S) during the treatment year. In addition, anxiety significantly improved during the treatment year in standard DBT ($t_{94} = -3.5$ [$P < .001$]) and DBT-S ($t_{94} = -2.6$ [$P = .01$]), but not in DBT-I. Compared with the DBT-I group, the standard DBT group had lower dropout rates from treatment (8 patients [24%] vs 16 patients [48%] [$P = .04$]), and patients were less likely to use crisis services in follow-up (ED visits, 1 [3%] vs 3 [13%] [$P = .02$]; psychiatric hospitalizations, 1 [3%] vs 3 [13%] [$P = .03$]).

CONCLUSIONS AND RELEVANCE: A variety of DBT interventions with therapists trained in the DBT suicide risk assessment and management protocol are effective for reducing suicide attempts and NSSI episodes. Interventions that include DBT skills training are more effective than DBT without skills training, and standard DBT may be superior in some areas.



2. **Title:** [The therapeutic alliance as a predictor of outcome in dialectical behavior therapy versus nonbehavioral psychotherapy by experts for borderline personality disorder.](#)

Authors: JD Bedics, DC Atkins, MS Harned, MM Linehan

Journal & Date: Psychotherapy (2015)

The purpose of the present study was to explore facets of the client- and therapist-rated therapeutic alliance as predictors of suicide attempts, nonsuicidal self-injury, depression, and introject during the course of 2 psychosocial treatments for borderline personality disorder. A total of 101 women meeting Diagnostic and Statistical Manual of Mental Disorders-IV DSM-IV criteria for borderline personality disorder participated in a randomized controlled trial of dialectical behavior therapy (DBT) versus community treatment by experts. Clients and therapists rated the therapeutic alliance at 4 time points during 1 year of treatment. Multilevel models showed no significant differences in client ratings of the alliance by treatment condition. DBT therapists reported greater working strategy consensus early in treatment and an overall greater alliance during treatment. Client ratings of commitment and working capacity were associated with fewer suicide attempts in DBT. Client ratings of commitment were also associated with reduced nonsuicidal self-injury in DBT only. Therapist ratings of the alliance were predictive of reduced suicide attempts in both treatments. Therapist ratings of the alliance in community treatment by experts were predictive of increased nonsuicidal self-injury. Client and therapist ratings of the alliance were not significantly associated with changes in depression or introject across both treatments. The study supported theoretically predicted relationships between facets of the therapeutic alliance in DBT and suicidal behavior. Results are discussed in the context of recommendations for developing the therapeutic alliance in DBT.

3. **Title:** [Influence of Meta Learning the effectiveness of dialectical behavior therapy in reducing symptoms in patients with borderline personality disorder](#)

Authors: L Tourani

Journal & Date: International Research Journal of Applied and Basic Sciences (2015)

This study was a quasi-experimental design and pretest-posttest control group. The population consisted of patients under treatment at a counseling center in Tehran. According to the inclusion criteria, 15 subjects were divided into three groups randomly. The first group was exposed to a dialectical behavior therapy, the second group, subject to the dialectical behavior therapy skills Meta Learning and third group, exposed as a control group. The Clinical Interview (SCID) DSM-IV used for diagnosis of Borderline personality disorder, also borderline personality disorder criteria, were used to assess symptoms. To analyze the data obtained is used for multivariate analysis of covariance. The results showed that dialectical behavior therapy reduced all symptoms except the feeling of emptiness and boredom. However, the "dialectical behavior therapy with learning to learn skills," with much greater effect, reduces all components. There were significant differences between the two mentioned treatments. "Dialectical Behavior Therapy Skills Meta Learning with" more of dialectical behavior therapy to reduced symptoms of borderline personality disorder. Based on the results we can say that meta-learning can increase the efficacy of the dialectic.



DBT Treatment Research

APRIL 1 – APRIL 28, 2015

1. **Title:** [Modifying Dialectical Behavior Therapy for Incarcerated Female Youth: A Pilot Study](#)

Authors: B Banks, T Kuhn, JU Blackford

Journal & Date: Office of Juvenile Justice and Delinquency Prevention (2015)

The prevalence of mental and emotional disturbance is a persistent problem for youth detained in correctional facilities. Females within this population, while often considered by the social science and juvenile justice communities to be a subset of their male counterparts, present with unique biological, cultural, social, and psychological stressors, including extensive trauma histories and internalizing behaviors. In addition, organizational barriers to the implementation of many treatment models exist for females in juvenile justice settings; hence, little evidence-based mental health treatment designed specifically for this population currently exists. There is evidence that Dialectical Behavior Therapy (DBT) successfully addresses many of the types of problems presented by this population. In this study, we examined the implementation process and treatment outcomes of a modified DBT group in a correctional facility for adolescent females with a variety of mental and emotional problems. Mental health program implementation was the main focus of this study. Modifications were made to group leaders' training requirements, duration of the group, and group session format to fit the needs of this population. A brief description of preliminary treatment outcomes is included.

2. **Title:** [Assertive Anger Mediates Effects of Dialectical Behaviour-informed Skills Training for Borderline Personality Disorder: A Randomized Controlled Trial](#)

Authors: U Kramer, A Pascual-Leone, L Berthoud, Y De Roten...

Journal & Date: Clinical Psychology & Psychotherapy (2015)

Dialectical behaviour therapy (DBT)-informed skills training for borderline personality disorder (BPD) aims at the development of specific emotion regulation skills in patients, particularly with regard to the regulation of problematic anger. While the effects of dialectical behaviour skills training have been shown, their processes of change are rarely examined. Neacsiu, Rizvi and Linehan (2010) found that patient's self-reported use of emotion regulation skills was a mediator of therapeutic change in these treatments; however, they found no effect for problematic anger. From an integrative perspective on anger (Pascual-Leone & Greenberg, 2007; Pascual-Leone & Paivio, 2013), there are several forms of anger, varying in their degree of therapeutic productivity. The present add-on randomized controlled trial included n = 41 patients with BPD (n = 21 DBT-informed skills training versus n = 20 treatment as usual). The first study examined the outcome of the DBT-informed skills training encompassing basic components of training in mindfulness, distress tolerance, interpersonal effectiveness and emotion regulation. Results showed that symptom reduction was significantly greater in the DBT-informed skills training, compared with the treatment as usual. The second study used process assessment, for which all patient completers underwent a 50-min-long psychological interview both early and late in treatment, which was rated using the Classification of Affective Meaning States. DBT-informed skills training produced increased levels of primary 'assertive' anger, as compared with the treatment as usual, whereas no effect was found for 'rejecting' secondary anger. Most importantly, we showed that changes in assertive anger mediated the reported symptom reduction, in particular in patient's social roles. We discuss these results in the context of underlying mechanisms of change in DBT skills group treatments, in particular towards developing more productive forms of anger in this patient population.



3. **Title:** [Contingencies Create Capabilities: Adjunctive Treatments in Dialectical Behavior Therapy That Reinforce Behavior Change](#)

Authors: A Carmel, KA Comtois, MS Harned, R Holler, L McFarr

Journal & Date: Cognitive and Behavioral Practice (2015)

Dialectical behavior therapy (DBT) has been shown to be effective in the treatment of borderline personality disorder (BPD), a disorder associated with poor functional outcomes and high utilization of behavioral health services. Contingency management strategies are one of the four primary change procedures in DBT. This paper provides an overview of the use of contingency management strategies in DBT with a particular focus on how adjunctive treatments can be utilized as a reinforcer for positive behavior change. We focus specifically on two adjunctive DBT treatments with evidence of efficacy, including the DBT Prolonged Exposure protocol (DBT PE), which targets PTSD, and DBT–Accepting the Challenges of Exiting the System (DBT-ACES), which targets getting off of psychiatric disability by obtaining and maintaining employment. This paper describes how contingency management strategies are used to help clients make the changes necessary to become eligible to receive these adjunctive treatments, as well as the process of clarifying and managing contingencies to maintain and increase adaptive behaviors as these treatments are implemented. Considerations for how DBT therapists and larger health systems can apply contingency management strategies to enhance behavioral capabilities in the treatment of individuals with BPD are discussed.

4. **Title:** [A Pilot Study of Maudsley Family Therapy With Group Dialectical Behavior Therapy Skills Training in an Intensive Outpatient Program for Adolescent Eating Disorders](#)

Authors: JAY Johnston, JSX O'Gara, SL Koman, CW Baker...

Journal & Date: Journal of Clinical Psychology (2015)

Objective: The goal of this study was to provide pilot clinical data on the effectiveness of an intensive outpatient treatment model for adolescent eating disorders that combines Maudsley-based family therapy and group dialectical behavior therapy skills training.

Method: Measures of physical and psychological status were gathered upon admission, discharge, and at 3 follow-up intervals.

Results: Adolescents who completed the program gained a significant amount of weight and experienced a significant decrease in eating disorder psychopathology. At the 1-year follow-up, 64% of adolescents were weight restored and menstruating normally. Measures of eating disorder psychopathology continued to improve up to a year after treatment.

Conclusions: This pilot, multimodal program warrants further investigation and may be an effective intermediate level of care treatment option for adolescent eating disorders.

5. **Title:** [Dialectical Behavior Therapy in College Counseling Centers: Current Literature and Implications for Practice](#)

Authors: CD Chugani

Journal & Date: Journal of College Student Psychotherapy (2015)

This article examines the topic of Dialectical Behavior Therapy (DBT) applied in college counseling centers. Trends in mental health issues on college campuses are briefly reviewed in support of the increased need for evidence-based treatment of severe mental health issues. The article next presents an overview of the standard DBT model and reviews research regarding DBT in college counseling centers, focusing on clinical outcomes and adaptations made for the college counseling setting. Finally, there is a discussion of implications for practice, barriers to implementation and outcome measurement, and areas for future research.



DBT Treatment Research

APRIL 28 – JUNE 10, 2015

1. **Title:** [The Use of Dialectical Behavior Therapy \(DBT\) in Music Therapy: A Sequential Explanatory Study](#)

Authors: CM Chwalek, CH McKinney

Journal & Date: Journal of Music Therapy (2015)

Background: There are published examples of how dialectical behavior therapy (DBT) and music therapy are effectively being used as separate therapies in the treatment of individuals with a variety of mental health disorders. However, research examining DBT-informed music therapy is limited.

Objective: The purpose of this study was to determine whether music therapists working in mental health settings are implementing components of DBT in their work, and if so, how and why; and if not, why not and what is their level of interest in such work.

Methods: We used a sequential explanatory mixed-methods research design implemented in two phases. Phase 1 was a quantitative survey of board-certified music therapists ($n = 260$). Due to a low survey response rate (18%), and to enhance the validity of the findings, Phase 2, an embedded qualitative procedure in the form of interviews with clinicians experienced in the DBT approach, was added to the study. Both survey and interviews inquired about DBT training, use of DBT-informed music therapy, music therapy experiences used to address DBT skills, and experiences of implementing DBT-informed music therapy.

Results: Respondents indicating they implement DBT-informed music therapy (38.3%) are using components and adaptations of the standard DBT protocol. Advantages of implementing DBT-informed music therapy were identified, and more than half of the respondents who do not implement DBT in their music therapy practice also perceived this work as at least somewhat important. Disadvantages were also identified and support the need for further research.

Conclusions: Components of DBT are used in music therapy and are valued, but there is a lack of empirical evidence to inform, refine, and guide practice.

2. **Title:** [Group Dialectical-Behavior Therapy Skills Training for Conversion Disorder With Seizures](#)

Authors: KD Bullock, N Mirza, C Forte, M Trockel

Journal & Date: The Journal of Neuropsychiatry and Clinical... (2015)

Neuroimaging evidence suggests deficits in affective regulation in conversion disorder (CD). Dialectical-behavior therapy skills training (DBT-ST) was developed to target emotion dysregulation. This study was aimed to test the feasibility of stand-alone DBT-ST for CD using Linehan's manual for borderline personality disorder. In a prospective naturalistic design, 19 adult outpatients diagnosed with video EEG-confirmed seizure type CD were recruited and received weekly group DBT. Seventeen out of 19 subjects finished an average of 20.5 weeks of treatment. The mean seizure rate decreased by 66%. Cessation of seizures occurred in 35% of the sample. Completion rates reached 90%.



DBT Treatment Research

JUNE 10 – JULY 1, 2015

1. **Title:** [Self-Injurious Behaviour And Suicidal Ideation During Dialectical Behaviour Therapy \(Dbt\) Of Patients With Borderline Personality Disorder](#)

Authors: A van Goethem, D Mulders, J de Jong, A Arntz, J Egger

Journal & Date: Clinical Neuropsychiatry (2015)

Objective: The purpose of this study was to investigate the effect of dialectical behaviour therapy (DBT) and specific DBT modules on the longitudinal evolution of parasuicide of borderline patients (BPD). It was expected that a decrease in parasuicide would occur, in particular during therapy module 'crisis coping skills'.

Method: Hypotheses were tested using a sequential and replicated single-case experimental phase-design. Thirteen BPD patients made daily recordings of the frequency, urge, and severity of their self-injury and of their suicidal thoughts and behaviour.

Results: Parasuicidal behaviours showed a highly variable course but, overall, decreased during DBT, albeit that the change could not be specifically attributed to the module 'crisis coping skills'.

Conclusions: Results suggest that both the integral approach of DBT (using all DBT modules) and its long-term application may be responsible for the abiding reduction in parasuicide.

2. **Title:** [Adapted Dialectical Behavior Therapy for Adolescents with Self-injurious Thoughts and Behaviors](#)

Authors: DB Courtney, MF Flament

Journal & Date: The Journal of Nervous and Mental Disease (2015)

The purpose of this study was to explore clinical changes observed in suicidal adolescents treated with an adapted form of Dialectical Behavior Therapy for adolescents (A-DBT-A) in a tertiary care setting. We conducted an open-label naturalistic study including 61 adolescents with self-injurious thoughts and behaviors and associated features of borderline personality disorder, who underwent a 15-week course of A-DBT-A. Pre- and post-treatment measures were administered, the primary outcome being the total score on the Suicidal Ideas Questionnaire. Self-harm, symptoms of borderline personality disorder, resiliency measures, predictors of response, and predictors of attrition were also explored. Among participants who completed post-treatment measures, we found a significant reduction in suicidal ideation ($n = 31$, $p < 0.001$). Secondary outcomes also suggested improvement. Baseline substance use predicted attrition (HR 2.51; 95% CI 1.03-6.14; $p < 0.05$), as did baseline impulsivity score on the Life Problems Inventory (HR 1.03; 95% CI 1.004-1.06; $p < 0.05$). Overall, we observed clinical improvements in adolescents receiving A-DBT-A.



DBT Treatment Research

JULY 1 – AUGUST 31, 2015

1. **Title:** [Dialectical behavior therapy for nonsuicidal self-injury and depression among adolescents: preliminary meta-analytic evidence](#)

Authors: NE Cook, M Gorraiz

Journal & Date: Child and Adolescent Mental Health (2015)

Background: Dialectical behavior therapy (DBT) has proven effective in reducing symptoms and behaviors related to Borderline Personality Disorder. More recently, it has been modified and applied to adolescents struggling with regulating their emotions and who may engage in impulsive, self-destructive behaviors, including nonsuicidal self-injury (NSSI). However, there is limited research evidence regarding the effectiveness of DBT for reducing NSSI behavior and depression among adolescents. Given the high suicide risk associated with NSSI and its association with depression, this is clearly an important focus of clinical and research attention.

Method: This meta-analysis sought to offer preliminary evidence regarding the effectiveness of DBT to treat NSSI and depression in adolescents. Twelve published studies were included; all 12 reported pre- and post-treatment measures of depression and six of these studies reported pre- and post-treatment measures of NSSI.

Results: The weighted mean effect size for NSSI was large ($g = 0.81$, 95% CI = 0.59–1.03); the weighted mean effect size for depression was small ($g = 0.36$, 95% CI = 0.30–0.42).

Conclusions: Intervention effects for both outcomes were positive, suggesting decreased NSSI and improvement in depressive symptoms for adolescents following a course of DBT. However, given considerable limitations in the research base available for meta-analysis, these findings are preliminary and tentative. Limitations in the current knowledge base and suggestions for future research are discussed.

2. **Title:** [Beyond Borderline Personality Disorder: Dialectical Behavior Therapy in a College Counseling Center](#)

Authors: AR Panepinto, CC Uschold, M Olandese, BK Linn

Journal & Date: Journal of College Student Psychotherapy (2015)

The study investigated the efficacy of a dialectical behavior therapy (DBT) program with a general college counseling center population, not limited to students diagnosed with borderline personality disorder. A review of records of 64 students found that obsessive-compulsive symptoms, interpersonal sensitivity, depression, anxiety, paranoia, somatization, psychoticism, and phobic anxiety decreased, as did overall distress. All four target areas of DBT, namely confusion about self, impulsivity, emotional dysregulation, and interpersonal chaos, also significantly decreased. Limitations and implications for college counseling centers are discussed.



3. **Title:** [Introduction to a Special Issue Dialectical Behavior Therapy: Evolution and Adaptations in the 21st Century](#)

Authors: AL Miller

Journal & Date: American Journal of Psychotherapy (2015)

Born from the randomized controlled trial by Linehan and colleagues in 1991, dialectical behavior therapy (DBT) has become the gold standard for treatment of individuals who are suicidal and have borderline personality disorder. In this special issue, we begin with a historical review of DBT provided by the treatment developer herself. We then introduce readers to new, 21st century adaptations developed of this treatment modality. In this issue we explore the use of DBT for suicidal adolescents with one paper focusing on Latina teens and their parents, and one focused on the more recently developed walking the middle path skills module. Other papers in this issue include unique adaptations of DBT for eating disorders, and disorders of over-control, as well as trauma in incarcerated male adolescents. We also look at transdiagnostic applications of DBT and finally a comparison of DBT with mentalization-based treatment.

- [The Course and Evolution of Dialectical Behavior Therapy](#)
MM Linehan, CR Wilks - American Journal of Psychotherapy, 2015
- [Mentalization and Dialectical Behavior Therapy](#)
CR Swenson, LW Choi-Kain - American Journal of Psychotherapy, 2015
- [Dialectical Behavior Therapy and Eating Disorders: The Use of Contingency Management Procedures to Manage Dialectical Dilemmas](#)
L Wisniewski, DD Ben-Porath - American Journal of Psychotherapy, 2015
- [Radically Open-Dialectical Behavior Therapy for Disorders of Over-Control: Signaling Matters](#)
TR Lynch, RJ Hempel, C Dunkley - American Journal of Psychotherapy, 2015
- [Treatment Acceptability Study of Walking The Middle Path, a New DBT Skills Module for Adolescents and their Families](#)
J Rathus, B Campbell, A Miller, H Smith - American Journal of Psychotherapy, 2015
- [Transdiagnostic applications of DBT for adolescents and adults](#)
LA Ritschel, NE Lim, LM Stewart - American Journal of Psychotherapy, 2015
- [Towards the Development of an Effective Working Alliance: The Application of DBT Validation and Stylistic Strategies in the Adaptation of a Manualized Complex ...](#)
SJ Fasulo, JM Ball, GJ Jurkovic, AL Miller - American Journal of Psychotherapy, 2015abstract

4. **Title:** [Effectiveness of Dialectical Behavior Therapy on Quality of Sleep and Anxiety in Patients with Irritable Bowel Syndrome](#)

Authors: J Mohamadi, S Gholamrezae, A Azizi

Journal & Date: Iranian Journal of Psychiatric Nursing Journal (2015)

Sleep problems and anxiety symptoms in patients with irritable bowel syndrome are considered. Dialectical behavior therapy in the past decade as one of the most effective treatments in the treatment of many disorders is presented, Therefore the aim of this study was to determine the effectiveness of dialectical behavior therapy for irritable bowel syndrome is a group of sleep quality and anxiety. Methods: The research method was experimental (pretest-posttest control group and random assignment) is. The sample of the study consisted of 30 patients with irritable bowel syndrome in 2014 among whom all patients were admitted to hospitals. After the interview, the Rome-III diagnostic criteria and completed and Beck Anxiety Inventory and Quality of sleep Petersburg questionnaire, using simple random sampling (n = 15 per group) were selected and were allocated to experimental and control groups. After completion of 8 sessions (one session a week for 90 minutes over two months), dialectical behavior therapy in the control group, in order to measure the dependent variable (Sleep quality and anxiety), Quality of sleep and anxiety as a post- test questionnaire was administered in both groups. The collected data were statistically analyzed using analysis of covariance obtained by SPSS.20 software. Results: According to a dialectical behavior therapy in reducing insomnia, anxiety, irritable bowel syndrome patients in the experimental group was significantly effective. So that after the intervention, mean scores decreased sleep quality and anxiety. Conclusion: Dialectical behavior therapy can improve sleep quality and reduce the level of anxiety in patients with irritable bowel syndrome. So this intervention is used as an effective method in improving the signs. Also, it can be the mental state of patients with irritable bowel syndrome improved with the implementation of the treatment.



5. **Title:** [Refractory depression: mechanisms and evaluation of radically open dialectical behaviour therapy \(RO-DBT\)\[REFRAMED\]: protocol for randomised trial](#)

Authors: TR Lynch, B Whalley, RJ Hempel, S Byford, P Clarke...

Journal & Date: BMJ Open (2015)

Introduction: Only 30–40% of depressed patients treated with medication achieve full remission. Studies that change medication or augment it by psychotherapy achieve only limited benefits, in part because current treatments are not designed for chronic and complex patients. Previous trials have excluded high-risk patients and those with comorbid personality disorder. Radically Open Dialectical Behaviour Therapy (RO-DBT) is a novel, transdiagnostic treatment for disorders of emotional over-control. The REFRAMED trial aims to evaluate the effectiveness and cost-effectiveness of RO-DBT for patients with treatment-resistant depression.

Methods and analysis: REFRAMED is a multicentre randomised controlled trial, comparing 7 months of individual and group RO-DBT treatment with treatment as usual (TAU). Our primary outcome measure is depressive symptoms 12 months after randomisation. We shall estimate the cost-effectiveness of RO-DBT by cost per quality-adjusted life year. Causal analyses will explore the mechanisms by which RO-DBT is effective.

6. **Title:** [Dialectical Behavioral Therapy with American Indian/Alaska Native Adolescents Diagnosed with Substance Use Disorders: Combining an Evidence Based Treatment with cultural, spiritual and traditional beliefs](#)

Authors: DJ Beckstead, MJ Lambert, AP DuBose, M Linehan

Journal & Date: Addictive Behaviors (2015)

This pilot study examined pre to post-change of patients in a substance use residential treatment center that incorporated Dialectical [Behavior Therapy](#) with specific cultural, traditional and spiritual practices for American Indian/Alaska Native adolescents. Specifically, the incorporation of cultural, spiritual and traditional practices was done while still maintaining fidelity to the evidence based treatment (DBT). 229 adolescents participated in the study and were given the Youth Outcome Questionnaire-Self-Report version at pre-treatment and post-treatment and the total scores were compared. The results of the research study showed that 96% of adolescents were either “recovered” or “improved” using clinical significant change criteria. Additionally, differences between the group’s pre-test scores and post-test scores were statistically significant using a matched standard T-test comparison. Finally, the effect size that was calculated using Cohen’s criteria was found to be large. The results are discussed in terms of the implication for integrating western and traditional based methods of care in addressing [substance use disorders](#) and other mental health disorders with American Indian/Alaska Native adolescents.

7. **Title:** [The Use of Dialectical Behavior Therapy and Prolonged Exposure to Treat Comorbid Dissociation and Self-Harm: The Case of a Client With Borderline Personality Disorder and Posttraumatic Stress Disorder](#)

Authors: HF Granato, CR Wilks, EM Miga, KE Korslund, M Linehan

Journal & Date: Journal of Clinical Psychology (2015)

There is a high rate of comorbidity between borderline personality disorder (BPD) and posttraumatic stress disorder (PTSD; Pagura et al., 2010). Preliminary studies have evaluated the treatment of PTSD in a BPD population and found positive outcomes for the integration of dialectical behavior therapy (DBT) and prolonged exposure (PE). This case study illustrates the implementation of a PE protocol into standard DBT treatment, specifically focusing on the management of self-harm and severe dissociation for a client with co-occurring PTSD and BPD. The client entered into treatment with severe and persistent dissociation and a recent history of self-harm, and the case includes consideration of two separate pauses in PTSD treatment related to elevated dissociation and self-harm behaviors. The client successfully completed the DBT PE protocol and results indicate significant improvements in PTSD symptoms as well as outcomes related to self-harm and dissociation. These findings demonstrate the efficacy of combining DBT with PE for clients with comorbid BPD and PTSD and exemplify how complex clients with BPD who present with severe dissociation and self-harm behavior can safely and successfully receive treatment for PTSD.



8. **Title:** [The Influence of Posttraumatic Stress Disorder on Treatment Outcomes of Patients With Borderline Personality Disorder](#)

Authors: T Boritz, R Barnhart, SF McMain

Journal & Date: Journal of Personality Disorders (2015)

The aim of this study was to determine the influence of posttraumatic stress disorder (PTSD) on treatment outcomes in patients with borderline personality disorder (BPD). Participants were 180 individuals diagnosed with BPD enrolled in a randomized controlled trial that compared the clinical and cost effectiveness of dialectical behavior therapy (DBT) and general psychiatric management (GPM). Multilevel linear models and generalized linear models were used to compare clinical outcomes of BPD patients with and without PTSD. BPD patients with comorbid PTSD reported significantly higher levels of global psychological distress at baseline and end of treatment compared to their non-PTSD counterparts. Both groups evidenced comparable rates of change on suicide attempts and non-suicidal self-injury (NSSI), global psychological distress, and BPD symptoms over the course of treatment and post-treatment follow-up. DBT and GPM were effective for BPD patients with and without PTSD across a broad range of outcomes.



DBT Treatment Research

SEPTEMBER 1 – OCTOBER 15, 2015

1. **Title:** [Applying Technological Approaches to Clinical Supervision in Dialectical Behavior Therapy: A Randomized Feasibility Trial of the Bug-in-the-Eye \(BITE\) Model](#)

Authors: A Carmel, JL Villatte, MZ Rosenthal, S Chalker...

Journal & Date: Cognitive and Behavioral Practice (2015)

The growth of the evidence based practice (EBP) movement has created a need for efficient models of EBP training that provide timely feedback to trainees. This feasibility trial examined a technological approach to clinical supervision called bug-in-the-eye (BITE) among trainees learning Dialectical Behavior Therapy (DBT). Eight DBT trainees within a psychiatry residency program were randomized to receive either supervision-as-usual (SAU; n = 4) or BITE group supervision (n = 4) during a 1-year elective clinical rotation. A mixed method design was used to evaluate acceptability, feasibility, and preliminary effectiveness of BITE to improve DBT knowledge transfer and reduce burnout relative to SAU. Qualitative analyses indicate that BITE was feasible to implement and acceptable among trainees. Trainees assigned to the BITE condition had significantly better postsupervision scores on a DBT case formulation assignment compared to those receiving SAU. The BITE condition also showed a trend toward higher scores on an exam measuring knowledge of DBT skills and theory. There were no trends noted over time or between condition on pre-post reports of burnout or satisfaction with supervision. This study finds preliminary support for a supervision approach using BITE technology as a feasible and acceptable model of clinical supervision that is associated with differentially greater learning for DBT case conceptualization compared to traditional supervision. A key limitation of the study is the small sample size, which limits both statistical power and generalizability; however, findings suggest that technological methods of enhancing supervision may be implemented successfully in evidence-based behavioral therapies.

2. **Title:** [Dialectical Behavior Therapy as a catalyst for change in street-involved youth: A mixed method study](#)

Authors: E McCay, C Carter, A Aiello, S Quesnel, J Langley...

Journal & Date: Children and Youth Services Review (2015)

The current study implemented and evaluated a 12-week Dialectical Behavior Therapy (DBT) intervention across two Canadian service agencies providing drop-in, shelter and transitional housing to street-involved youth in order to alleviate mental health challenges and to strengthen resilience. A quasi-experimental mixed methods design with a wait-list comparison was used. Overall results demonstrate that youth who received the DBT intervention (N = 60) demonstrated significant improvement in mental health challenges (e.g. depression, hopelessness, and anxiety), as well as significant improvement in resilience, self-esteem, and social connectedness immediately post-intervention. Participants in the wait-list control did not demonstrate significant improvement on any of the study outcome measures. Furthermore, the gains attained for the intervention group were sustained at four and 10 weeks post-intervention. The qualitative data substantiates these findings; further shedding light on youth's perspectives regarding the impetus for engaging in DBT, the experience of DBT and the impact DBT had on their lives. Results of this study suggests that DBT implemented by front-line clinicians shows promise in meeting the needs of street-involved youth in the community. Moreover, this study demonstrates that it is possible, with the right approach and support, for an interdisciplinary team of youth workers, nurses, and social workers to implement an evidenced-based treatment with youth at community agencies thereby increasing access to needed services to support youth in ultimately exiting the street.



3. **Title:** [Structured skills training for adults with ADHD in an outpatient psychiatric context: an open feasibility trial](#)

Authors: E Morgensterns, J Alfredsson, T Hirvikoski

Journal & Date: ADHD Attention Deficit and Hyperactivity Disorders (2015)

The aim of the current study was to evaluate the feasibility, acceptability, and effectiveness of Dialectical Behavioral Therapy-based skills training groups for adults with ADHD in an outpatient psychiatric context. Furthermore, the purpose was to analyze the impact of clinical characteristics on the effect and attrition. Ninety-eight adults (out of 102) with ADHD were allocated to the treatment. Self-rating scales were administered as baseline before the first session (T1), post-treatment (T2), and at 3-month follow-up (T3). Approximately 80 % (74 individuals) attended at least two-thirds of the sessions. Treatment satisfaction was good. ADHD symptoms and ADHD-related functional impairment in every-day life were reduced. Well-being, ability to be mindful, acceptance of emotions and quality of life were increased. The results were stable at 3-month follow-up. None of the predictors, i.e., age, comorbidity, ADHD medication status, IQ-level, treatment credibility, or functional impairment at the beginning of treatment, significantly predicted treatment outcome (change in ADHD symptoms from T1 to T2). Likewise, none of the predictors, i.e., irritability/aggression, comorbidity, and functional impairment, were significantly associated with attrition. Due to the difficulties in predicting treatment outcome, as well as attrition, based on clinical characteristics, broad inclusion criteria should be applied.



DBT Treatment Research

OCTOBER 15 – NOVEMBER 5, 2015

1. **Title:** [Examining Challenging Behaviors of Clients with Borderline Personality Disorder](#)

Authors: SA Chalker, A Carmel, DC Atkins, SJ Landes, AH Kerbrat, KA Comtois

Journal & Date: Behaviour Research and Therapy (2015)

Few studies have examined effects of challenging behaviors of clients with borderline personality disorder (BPD) on psychotherapy outcomes. Dialectical behavior therapy (DBT) is an evidence-based treatment designed to treat chronic suicidality, self-directed violence (SDV), and emotion dysregulation, while targeting challenging behaviors. DBT has been shown to be effective with clients with BPD. We evaluated whether therapist reported challenging behaviors, such as high volume phone contacts or violating the therapist's limits, during DBT would be associated with dropping out of DBT, severity and frequency of SDV, emotion regulation deficits, psychological symptom severity and client's and therapist's satisfaction of treatment. The current study examined challenging behaviors reported by therapists in a sample of 63 psychiatrically disabled outpatient DBT clients diagnosed with BPD (73% women, average age 37 years). More frequent phone contacts were associated with a decrease in dropout and psychological symptoms, and an increase in client and therapist satisfaction. More avoidance/disengagement behavior was associated with more than twice the risk of SDV and a decrease in therapist satisfaction. Findings suggest that the phone coaching might serve to maximize client satisfaction and reduce the likelihood of dropout.