



## DBT Treatment Research August - September 2018

1. **Title:** [Effectiveness of Dialectical Behavioral Therapy on Reduction of Recidivism Among Recently Incarcerated Homeless Women: A Pilot Study](#)

**Authors:** A Nyamathi, SS Shin, J Smeltzer, B Salem, K Yada, D Krogh, & M Ekstand

**Journal & Date:** International Journal of Offender Therapy and Comparative Criminology, 2018

**Abstract:** The purpose of this pilot randomized controlled trial (RCT) was to compare the 6-month outcomes of a Dialectical Behavioral Therapy–Corrections Modified (DBT-CM) program versus a Health Promotion (HP) program on mitigating recidivism among 130 female parolees/probationers between baseline and 6-month follow-up. The effect of DBT-CM on reducing recidivism was greater among those who expressed a desire for help (risk ratio [RR] = 0.40; 95% confidence interval [CI] = [0.16, 1.00];  $p = .050$ ) and among homeless female ex-offenders (HFOs) who were younger (<50 years of age; RR = 0.46; 95% CI = [0.19, 1.11];  $p = .085$ ) and participants with Desire for Help score > 35 (Model 3; RR = 0.40; 95% CI = [0.16, 1.00];  $p = .050$ ). Findings from this pilot study suggest that the DBT-CM intervention may be effective in reducing reincarceration rates among some HFOs during reentry. Larger RCTs are needed to validate our findings.

2. **Title:** [Predictors of Dropout From a 20-Week Dialectical Behavior Therapy Skills Group for Suicidal Behaviors and Borderline Personality Disorder](#)

**Authors:** N Stratton, M Mendoza Alvarez, C Labrish, R Barnhart, & S McMain

**Journal & Date:** Journal of Personality Disorders, 2018

**Abstract:** Treatment dropout among individuals with borderline personality disorder (BPD) is associated with negative psychosocial outcomes. Identifying predictors of dropout among this population is critical to understanding how to improve treatment retention. The present study extends the current literature by examining both static and dynamic predictors of dropout. Chronically suicidal outpatients diagnosed with BPD ( $N = 42$ ) were randomly assigned to a 20-week dialectical behavior therapy (DBT) skills training group. Static and dynamic predictors were assessed at baseline, 5, 10, 15, 20 weeks, and 3 months post-intervention. A post-hoc two-stage logistic regression analysis was conducted to predict dropout propensity. Receiving disability benefits at baseline and decreases in mindfulness were associated with significantly increased probability of dropout. Clinicians working with chronically self-harming outpatients diagnosed with BPD would benefit from prioritizing clinical interventions that enhance mindfulness in order to decrease dropout propensity.



3. **Title:** [Examination of the Effectiveness of a Brief, Adapted Dialectical Behavior Therapy-Skills Training Group for Bariatric Surgical Candidates](#)

**Authors:** CA Delparte, HA Power, BL Gelinas, AM Oliver, RD Hart, & KD Wright

**Journal & Date:** Obesity Surgery, 2018

**Abstract:** Background: Bariatric surgery is the most effective treatment for morbid obesity, yet 20 to 30% of such patients regain weight approximately 2 years post-surgery. A psychological intervention adjunctive to bariatric surgery that addresses eating pathology often observed in bariatric populations may improve outcomes. In the present study, a brief, adapted DBT-ST group for bariatric surgical candidates was evaluated as an adjunctive intervention to bariatric surgery in the pre-surgical period to reduce eating pathology and clinical impairment. Methods: Participants included 95 bariatric surgery candidates, with 50 candidates in the DBT-ST plus treatment as usual (TAU) group and 45 candidates in the TAU (i.e., comparison) group. Participants completed measures of eating pathology at three time points (i.e., T1 = pre-DBT-ST program; T2 = post-DBT-ST program; T3 = 4 months post-DBT-ST; comparable time points employed for TAU group). Average wait time for surgery following the pre-surgical program was approximately 2 to 4 months. Results: A series of 2 (group: DBT-ST + TAU versus TAU)  $\times$  3 (assessment time: T1, T2, and T3) mixed-model ANOVAs were completed. Participants in the DBT-ST plus TAU group showed significant reductions in binge eating, emotional eating, global eating pathology, and clinical impairment related to eating difficulties over time in comparison to TAU. Conclusions: Findings demonstrated that a brief DBT-ST group integrated as an adjunctive intervention to TAU in a bariatric pre-surgical program could aid in addressing eating pathology. Bariatric participants in a DBT-ST plus TAU group may be on a better weight loss trajectory than those who only receive TAU.

4. **Title:** [Implementing a condensed dialectical behavior therapy skills group for binge-eating behaviors in adolescents](#)

**Authors:** RC Kamody, IB Thurston, EI Pluhar, JC Han, & E Thomaseo Burton

**Journal & Date:** Eating and Weight Disorders - Studies on Anorexia, Bulimia and Obesity, 2018

**Abstract:** Purpose: Subthreshold binge-eating disorder (BED) symptoms can lead to additive physical and psychological health challenges and may put youth at risk for developing BED during the early adulthood. We examined the implementation of a condensed dialectical behavior therapy (DBT) skills intervention for subthreshold binge-eating behaviors in adolescents. Methods: Fifteen 14–18 years old participated in a 10-week DBT skills group, which experientially introduced mindfulness, distress tolerance, emotion regulation, and interpersonal effectiveness skills in the context of emotionally driven overeating behaviors. Adolescents and caregivers completed measures of emotional eating and binge-eating behaviors at baseline and post-intervention, including the Eating Disorder Examination Questionnaire and Emotional Eating Scale for Children and Adolescents. Eleven participants were retained at 3-month follow-up. Results: Descriptive statistics were compared at all three time points. Results suggested a reduction in emotional eating and binge-eating behaviors based on youth self-report and caregiver report. Acceptability ratings of the treatment were high among participants completing the intervention. Conclusions: Using DBT skills to target emotionally driven overeating behaviors in youth may be useful in the treatment of subthreshold BED behaviors and potentially deter future development of full-criteria BED.



## Other Articles Relevant to DBT & BPD

1. **Title:** [Negative affect is more strongly associated with suicidal thinking among suicidal patients with borderline personality disorder than those without](#)

**Authors:** D Mou, EM Kleinman, S Fedor, S Beck, J Huffman, & MK Nock

**Journal & Date:** Journal of Psychiatric Research, 2018

Abstract: Patients suffering from borderline personality disorder (BPD) are at elevated risk for suicidal thoughts and behaviors (STBs), but this well-described and clinically important association is not well-understood. Prior research suggests that STBs often function as an attempt to escape aversive affect, and that people with BPD experience stronger emotion reactivity and greater discomfort with emotion than those without BPD. Here, we tested whether negative affective states are more likely to predict suicidal thoughts among those with BPD than those without this disorder. Data on affective states and suicidal thoughts were collected several times per day from 35 psychiatric inpatients using their smartphones to capture real-time associations between negative affect and suicidal thoughts. Results revealed that the association between negative affective states (e.g., abandonment, desperation, guilt, hopelessness, loneliness, rage, self-hatred, and upset), and severity of suicidal thinking was stronger among those with BPD than among those without BPD. This finding has implications for risk assessment and intervention in the clinical setting: for a given degree of reported negative affect, patients with BPD experience more suicidal ideation than those without. Further research needs to be done to elucidate the mechanism of this effect.

2. **Title:** [Specialized psychotherapies for adults with borderline personality disorder: A systematic review and meta-analysis](#)

**Authors:** M Oud, A Arntz, M Hermens, R Verhoef, & T Kendall

**Journal & Date:** Australian & New Zealand Journal of Psychiatry, 2018

Abstract: Objective: Borderline personality disorder affects up to 2% of the population and is associated with poor functioning, low quality of life and increased mortality. Psychotherapy is the treatment of choice, but it is unclear whether specialized psychotherapies (dialectical behavior therapy, mentalization-based treatment, transference-focused therapy and schema therapy) are more effective than non-specialized approaches (e.g. protocolized psychological treatment, general psychiatric management). The aim of this systematic review is to investigate the effectiveness of these psychotherapies. Methods: PubMed, PsycINFO, CINAHL, EMBASE and CENTRAL were searched from inception to November 2017. Included randomized controlled trials were assessed on risk of bias and outcomes were meta-analyzed. Confidence in the results was assessed using the Grading of Recommendations Assessment, Development and Evaluation method. The review has been reported following Preferred Reporting Items for Systematic Reviews and Meta-Analyses guidelines. Results: A total of 20 studies with 1375 participants were included. Specialized psychotherapies, when compared to treatment as usual or community treatment by experts, were associated with a medium effect based on moderate quality evidence on overall borderline personality disorder severity (standardized mean difference = -0.59 [95% confidence interval: -0.90, -0.28]), and dialectical behavior therapy,



when compared to treatment as usual, with a small to medium effect on self-injury (standardized mean difference =  $-0.40$  [95% confidence interval:  $-0.66, -0.13$ ]). Other effect estimates were often inconclusive, mostly due to imprecision. Conclusion: There is moderate quality evidence that specialized psychotherapies are effective in reducing overall borderline personality disorder severity. However, further research should identify which patient groups profit most of the specialized therapies.

**Title:** [Difficulties with being socially accepted: An experimental study in borderline personality](#)

3. [disorder](#)

**Authors:** L Liebke, G Koppe, M Bungert, J Thome, S Hauschild, N Defiebre.... & S Lis

**Journal & Date:** Journal of Abnormal Psychology, 2018

Abstract: Anxious preoccupation with real or imagined abandonment is a key feature of borderline personality disorder (BPD). Recent experimental research suggests that patients with BPD do not simply show emotional overreactivity to rejection. Instead, they experience reduced connectedness with others in situations of social inclusion. Resulting consequences of these features on social behavior are not investigated yet. The aim of the present study was to investigate the differential impact of social acceptance and rejection on social expectations and subsequent social behavior in BPD. To this end, we developed the Mannheim Virtual Group Interaction Paradigm in which participants interacted with a group of computer-controlled avatars. They were led to believe that these represented real human coplayers. During these interactions, participants introduced themselves, evaluated their coplayers, assessed their social expectations and received feedback signaling either acceptance or rejection by the alleged other participants. Subsequently, participants played a modified trust game, which measured cooperative and aggressive behavior. Fifty-six nonmedicated BPD patients and 56 healthy control participants were randomly and double-blindly assigned to either the group-acceptance or group-rejection condition. BPD patients showed lower initial expectations of being socially accepted than healthy controls. After repeated presentation of social feedback, they adjusted their expectations in response to negative, but not to positive feedback. After the experience of social acceptance, BPD patients behaved less cooperatively. These experimental findings point to a clinically relevant issue in BPD: Altered cognitive and behavioral responses to social acceptance may hamper the forming of stable cooperative relationships and negatively affect future interpersonal relationships.

**Title:** [Do treatment outcomes differ after 3 months DBT inpatient treatment based on borderline personality disorder subtypes?](#)

4. [Authors:](#) E Sleuwaegen, L Claes, K Luyckx, T Wilderjans, A Berens, & B Sabbe

**Journal & Date:** [Personality and Mental Health](#), 2018

Abstract: Heterogeneity in borderline personality disorder (BPD) drives the search for BPD subtypes to optimize the assessment and treatment of these patients. Therefore, the aims of the present study were (1) to replicate previously identified BPD subtypes based on reactive and regulative temperament; (2) to compare them on symptomatology and coping; and (3) to investigate whether these subtypes show different treatment responses after 3 months of inpatient dialectical behaviour therapy (DBT). A total of 145 BPD inpatients were assessed by



means of measures of temperament, symptomatology and coping. Through model-based clustering on the Behavioural Inhibition and Behavioural Activation Scales (BISBAS) and Effortful Control Scale (ECS), we identified three BPD subtypes: an Emotional/Disinhibited subtype (15%, high BAS and low ECS); a Low Anxiety subtype (41%, low BIS) and an Inhibited subtype (44%, low BAS). After 3 months of DBT, 75 patients completed the measures for a second time. Repeated measure ANOVAs demonstrated a general improvement on all symptoms and coping strategies. In addition, the BPD subtypes showed trajectory differences in clinical and borderline specific symptomatology and dissociation. These findings indicate that BPD subtypes based on temperament demonstrate different treatment responses, which can contribute to the search of more BPD subtype tailored treatment interventions.

**Title:** [How to Assess Recovery in Borderline Personality Disorder: Psychosocial Functioning and](#)

5. [Satisfaction With Life in a Sample of Former DBT Study Patients](#)

**Authors:** M Zeitler, M Bohus, N Kleindienst, R Knies, M Ostermann, C Schmahl, & L Lyssenko

**Journal & Date:** [Journal of Personality Disorder, 2018](#)

Abstract: Longitudinal studies provide substantial evidence for a high rate of symptomatic remission in borderline personality disorder (BPD), while social and vocational functioning seems to remain consistently impaired. Less data is available on recovery and the associated objective and personal indicators. We examined 58 patients 12–18 years after their diagnosis of BPD and compared two different recovery criteria: observer-based global assessment of functioning and self-rated satisfaction with life (SWL). Symptomatic remission was observed in 81% of the participants (according to *DSM-IV*), but only 44% of them achieved a GAF level > 60, and only 49% reported SWL within the range of one standard deviation of the normal population. In line with previous research, our data show that *DSM* symptom remission alone is an insufficient indicator for recovery from BPD. Replacing the GAF with patient-reported satisfaction with life considers empowerment in BPD and offers an efficient alternative criterion for recovery.

**Title:** [Biomarker correlates of psychotherapy outcomes in borderline personality disorder: A systematic review](#)

6. [Authors:](#) EM Marceau, D Meuldijk, ML Townsend, N Solowij, & BFS Grenyer

**Journal & Date:** [Neuroscience and Biobehavioral Reviews, 2018](#)

Abstract: Studies of neurobiological mechanisms in borderline personality disorder (BPD) have increased our understanding of the pathophysiology of its development and course. Less is known about how psychotherapy may influence these neurobiological factors, and also whether biomarkers may predict psychotherapy outcomes. We conducted a systematic review using PRISMA guidelines. Fourteen studies providing data from 467 participants diagnosed with BPD met inclusion criteria to: (a) investigate biomarkers predicting response to psychotherapy for BPD; or (b) examine neurobiological factors altered by psychotherapy. Neuroimaging studies ( $n = 11$ ) used mostly functional magnetic resonance imaging methods to scope brain regions related to emotion regulation and cognitive control. Three studies examined genetic or neuroendocrine markers. The evidence suggests that psychotherapy alters neural activation and connectivity of regions subserving executive control and emotion regulation. Additionally,



hypoactivation in prefrontal and cingulate regions predicted treatment response. Further work in this area may inform personalised treatment approaches in clinical practice for BPD through elucidating neural mechanisms of evidence-based psychotherapy.

7. **Title:** [The survivability of dialectical behaviour therapy programmes: a mixed methods analysis of barriers and facilitators to implementation within UK healthcare settings](#)

**Authors:** [JC King, R Hibbs, CWN Saville, & M Swales](#)

**Journal & Date:** BMC Psychology, 2018

**Abstract:** Background: Dialectical Behaviour Therapy (DBT) is an evidence-based intervention that has been included in the National Institute of Health and Care Excellence guidelines as a recommended treatment for Borderline Personality Disorder in the UK. However, implementing and sustaining evidence-based treatments in routine practice can be difficult to achieve. This study compared the survival of early and late adopters of DBT as well as teams trained via different training modes (on-site versus off-site), and explored factors that aided or hindered implementation of DBT into routine healthcare settings. Methods: A mixed-method approach was used. Kaplan-Meier survival analyses were conducted to quantify and compare survivability as a measure of sustainability between early and late implementers and those trained on- and off-site. An online questionnaire based on the Consolidated Framework for Implementation Research was used to explore barriers and facilitators in implementation. A quantitative content analysis of survey responses was carried out. Results: Early implementers were significantly less likely to survive than late implementers, although, the effect size was small. DBT teams trained off-site were significantly more likely to survive. The effect size for this difference was large. An unequal amount of censored data between groups in both analyses means that findings should be considered tentative. Practitioner turnover and financing were the most frequently cited barriers to implementation. Individual characteristics of practitioners and quality of the evidence base were the most commonly reported facilitators to implementation. Conclusions: A number of common barriers and facilitators to successful implementation of DBT were found among DBT programmes. Location of DBT training may mediate programme survival.