



## DBT Treatment Research October 20-December 31, 2017

1. **Title:** [Treatment Outcomes of Dialectical Behavior Therapy on the Level of Suicide Severity and Distress Tolerance in Suicidal Patients](#)

**Authors:** N Idrees Chaudhary & S Hasan

**Journal:** International Journal of Scientific & Engineering Research Volume 8, Issue 9, September-2017

**Abstract:** According to WHO (2014), suicide is the second leading cause of death among young adults. In Pakistan, the rate has been increasing since 1990. The present study aimed at evaluating the effectiveness of dialectical behavior therapy to reduce the severity and frequency of suicidal ideation and attempts and its effect on distress tolerance among suicidal patients. The study sample included N=10 patients with diagnosis of depression based on DSM V and at least one attempt in the recent one year, single, males and females, aged 20-30 years, who have completed at least 14 years of formal education. It was a quantitative study, single group pre and post treatment. Purposive sampling was done and data was collected through informed consent, demographic form along with scales to measure the variables. Paired sample t-test analyzed results which were significant at  $**P < .01$  for the reduction in severity and frequency of suicidal ideation and attempts and at  $***P < .001$  for distress tolerance. Reliable change indices also represented change within each patient.

**Title:** [Health Related Quality of Life for Young People receiving Dialectical Behaviour Therapy \(DBT\)](#)

2. **Authors:** M Swales, RAB Hibbs, L Bryning, & RP Hasting

**Journal:** SpringerPlus (2016)

**Abstract: 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 TM) 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 were 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.

3. **Title:** [Effects of a dialectical behavior therapy-based skills group intervention for obese individuals: a Brazilian pilot study](#)

**Authors:** AC Maciel Cancian, LA Schuster de Souza, RP Araujo Liboni, W de Lara Machado, & M da Silva Oliveira

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

**Abstract: Purpose:** This pilot study aimed to analyze the effects of an adapted dialectical behavior therapy (DBT) skills training group on problematic and adaptive eating behaviors in Brazilian obese individuals. **Methods:** Thirty-one obese individuals were randomly assigned to 10 sessions of adapted DBT skills training ( $n = 14$ ) or two months of a waiting list comparison condition ( $n = 17$ ).

**Results:** Attrition rates were similar to what's been found in comparable studies, with most dropouts happening at the beginning of the treatment. Results showed improvements in binge eating severity ( $d = 0.80$ ) and depression ( $d = 0.82$ ) compared to no treatment condition. After the intervention, adaptive eating and distress outcomes showed an improvement trend, reaching nonclinical levels for most participants in the intervention group. Large to moderate between-group effect sizes were observed, but none of those were statistically significant. Large within-group effect sizes were observed in the intervention group in binge eating severity ( $d = 1.34$ ), intuitive eating ( $d = 1.33$ ) and depression ( $d = 1.12$ ). Medium effect sizes were observed in emotional eating ( $d = 0.73$ ) and in emotion regulation ( $d = 0.72$ ). Despite positive outcomes in other variables, mindful eating worsened after the intervention ( $d = 0.66$ ).

**Conclusions:** These results are preliminary and require further replications with larger samples, yet they suggest that the intervention may be useful to improve distress outcomes and adaptive eating among obese people. Implications for clinical practice and recommendations for future research are discussed.

4. **Title:** [Evaluation of a pilot dialectical behaviour therapy skills training group, in a child and adolescent mental health service team](#)



**Authors:** M Quinn & R Hyman

**Journal:** Mental Health Practice (2017)

**Abstract:** Dialectical behaviour therapy (DBT), a cognitive behavioural treatment, was developed originally for suicidal and non-suicidal self-injurious behaviour in adults with borderline personality disorder, and for emotional dysregulation, but it can be adapted for use with young people with similar challenges. The aims of DBT are to reduce life-threatening suicidal behaviours and therapy-interfering behaviours, to teach behavioural, coping and social skills, and to improve quality of life. The emotional and behavioural dysregulation and impulsive/avoidant behaviour profile in adolescents means DBT is a potentially effective treatment option for this patient population.

5. **Title:** [Clinical Severity as a Moderator of Outcome in Psychodynamic and Dialectical Behavior Therapies for Borderline Personality Disorder](#)

**Author:** Z Sahin, B Vinnars, BS Gorman, A Wilczek, M Åsberg, & JP Barber

**Journal:** Personality Disorders (2017)

**Abstract:** The aim of the present study was to assess the effect of initial level of psychiatric severity on treatment outcome in psychodynamic therapy and dialectical behavior therapy (DBT) for borderline personality disorder (BPD). It was hypothesized that DBT would lead to better outcome for patients with high psychiatric severity, whereas dynamic treatment would lead to better outcome for patients with lower psychiatric severity. Data from the 5th-year follow-up of the Stockholm City Council's and the Karolinska Institute's Psychotherapy Project were used in the present study. A total of 106 female patients diagnosed with BPD with at least 2 past suicide attempts were randomized into object-relational psychotherapy (ORP; based on transference-focused psychotherapy), DBT, and treatment as usual. Patients' baseline global severity index was used as a moderator. Global Assessment of Functioning (Diagnostic and Statistical Manual of Mental Disorders, Fourth Edition [American Psychiatric Association, 1994]) was used to examine outcome. There was a significant 3-way interaction of Time  $\times$  Treatment  $\times$  Severity. Post hoc analyses suggested that patients with lower levels of severity had significantly better outcomes in object-relational psychotherapy. For patients with higher severity, the 3 treatments resulted in similar outcomes in terms of level of functioning. Outcome of treatment for BPD might differ significantly for patients depending on their initial levels of overall psychiatric severity. If our findings are replicated for patients with low severity and supported for a high-severity sample, psychiatric severity can be used as a low-cost and effective tool to match patients with BPD to optimal treatments.



6. **Title:** [Inpatient dialectical behaviour therapy for borderline personality disorder: effect on symptoms, coping, attachment and quality of life](#)

**Author:** JM Oostendrop & F Chakhsi

**Journal:** Tijdschrift Voor Psychiatrie (2017)

**Abstract: Background:** Dialectical behaviour therapy (DBT) is an effective treatment for patients suffering from borderline personality disorder (bpd). When outpatient treatment is ineffective, patients are often referred to inpatient (group) treatment. As of yet, little is known about the effectiveness of inpatient (group) dbt. An altered style of attachment is one of the presumed components of inpatient (group) treatment. At present, this supposition has not yet been examined in inpatient DBT programs. **Aim:** To examine the treatment outcome of an inpatient group dbt program for patients suffering from bpd, evaluating symptoms, coping, attachment style and quality of life. Whether an improvement in attachment style during treatment is a predictor of psychological wellbeing at the end of treatment will also be examined. **Method:** An inpatient group dbt population, comprising of 64 patients diagnosed with bpd, was evaluated. Self-report questionnaires assessed symptoms, coping, attachment style and quality of life at the start of treatment, after 19 weeks and at the end of treatment. **Results:** The mentioned variables significantly improved in the inpatients of the group DBT program (treatment lasting on average 7.2 months). Furthermore, positive changes in secure and preoccupied attachment style were a significant predictor of psychological wellbeing at the end of the treatment. **Conclusion:** We conclude that patients diagnosed with bpd may benefit from an inpatient debt (group) program. Improvements in attachment style during inpatient treatment may contribute to this benefit.

## Other Articles Relevant to DBT & BPD

7. **Title:** [Dialectical Behaviour Therapy: A Path Beyond Polarities and Towards Acceptance](#)

**Author:** P de Silva

**Journal:** The Psychology of Buddhism in Conflict Studies (2017)

**Abstract:** Dialectical behaviour therapy (DBT) was the creation of Marsha M. Linehan. While DBT uses mindfulness techniques like mindfulness-based cognitive therapy, what differentiates it from others is the use of a dialectical method through conflicts and paradoxes. DBT combines the basic strategies of behaviour therapy with eastern mindfulness practice residing within an overreaching dialectical world view that emphasises the *synthesis of opposites*. The term dialectical is also meant to convey the multiple tensions that occur in therapy with suicidal clients, and the emphasis is on *enhancing dialectical thinking patterns to replace rigid, dichotomous thinking*.



8. **Title:** [Recovery from Borderline Personality Disorder through Dialectical Behavior Therapy](#)

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**Authors:** CD Chugani, AR Seiler, TR Goldstein

**Journal:** The Qualitative Report (2017)

**Abstract:** This article presents a qualitative investigation of the perspectives and experiences of recovery from borderline personality disorder from six individuals who were treated with comprehensive dialectical behavior therapy. Data were collected via semi-structured interviews, transcribed, and coded using a six-step analysis process. Six primary themes emerged: (1) belief about recovery, (2) current experience of self, (3) facets of recovery, (4) motivating factors, (5) external supports to recovery, and (6) characteristics required for recovery. Overall, the findings took a dialectical form in which participants often described conflicting experiences (e.g., feeling recovered while also continuing to experience heightened emotional sensitivity). We conclude that the themes presented in this article represent broad domains related to the meaning of recovery from BPD, and recognize that the relative importance of each domain is best determined by the individual.

9. **Title:** [Therapists' Self-Reported Drift from Dialectical Behavior Therapy Techniques for Eating Disorders](#)

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**Authors:** L Wisniewski, ME Hernandez Hernandez, & G Waller

**Journal:** Eating Behaviors (2017)

**Abstract: Objective:** Research has shown that clinicians underuse or omit techniques that constitute an essential part of evidence-based therapies. However, it is not known whether this is the case in DBT for eating disorders. The aims of this study were; 1) exploring the extent to which DBT techniques were used by self-identified DBT clinicians treating eating disorders; 2) determining whether therapists fell into distinct groups, based on their usage of DBT techniques; and 3) examining whether clinician characteristics were related to the use of such techniques. **Method:** Seventy-three clinicians offering DBT for eating disorders completed an online survey about their use of specific DBT techniques. They also completed measures of personality and intolerance of uncertainty. **Results:** In relation to the first aim, the pattern of use of DBT techniques showed a bimodal distribution — most were used either a lot or a little. Considering the second aim, clinicians fell into two groups according to the techniques that they delivered — one characterized by a higher use of DBT techniques and the other by a higher use of techniques that were specific to the treatment of eating disorders, rather than DBT methods. Finally, more experienced clinicians were more likely to be in the 'DBT technique-focused' group. **Discussion:** DBT clinicians are encouraged to implement both sets of techniques (DBT techniques and standard techniques for the treatment of eating disorders) in an integrated way. Training, supervision and the use of manuals are recommended to decrease therapist drift in DBT.



10. **Title:** [Psychopathology and Borderline Personality Pathology Associated with Lifetime Self-Injurious Behavior in Adolescent Psychiatric Inpatients and Detainees](#)

**Author:** J Koenig, R Brunner, JM Schmidt, P Parzer, F Resch, & M Kaess

**Journal:** Zeitschrift für Kinder- und Jugendpsychiatrie und Psychotherapie (2017)

**Abstract: Objective:** Self-injurious behavior (SIB) is a widespread phenomenon among adolescent psychiatric inpatients. It is also reported among delinquent adolescents detained in correctional facilities. While previous studies have addressed different functions of SIB within offender populations, here we investigate particular patterns of borderline personality pathology and psychopathology underlying SIB in both adolescent psychiatric inpatients and detainees. **Method:** Adolescent psychiatric inpatients and detainees were recruited consecutively. Participants completed self-reports on SIB, suicidal thoughts and behavior, borderline personality pathology, and general psychopathology. Predictors of lifetime SIB by group were analyzed. **Results:** Psychiatric inpatients ( $n = 77$ ) and detainees ( $n = 50$ ) did not differ with respect to lifetime SIB (57.14 % versus 54.00 %), whereas SIB within the past year did (67.53 % versus 14 %;  $\chi^2(1) = 6.158$ ,  $p = .013$ ). Psychiatric inpatients reported greater emotional problems ( $t(125) = 5.109$ ,  $p < .0001$ ) and greater borderline personality pathology. Those with lifetime SIB were characterized by greater emotional problems and borderline personality pathology, independent of their group. Results from regression analyses suggest no group-specific predictors of lifetime SIB. **Conclusions:** Although psychiatric inpatients endorse greater psychopathological distress, lifetime SIB among adolescent psychiatric inpatients and detainees is associated with similar patterns of psychopathology and borderline personality pathology.

11. **Title:** [Self-Compassion Mediates the Relationship Between Mindfulness and Borderline Personality Disorder Symptoms](#)

**Authors:** HJ Scheibner, A Daniels, S Guendelman, F Utz, & F Bermpohl

**Journal:** Journal of Personality Disorders (2017)

**Abstract:** Individuals suffering from borderline personality disorder (BPD) experience difficulties with mindfulness. How mindfulness influences BPD symptoms, however, is still unknown. We hypothesized that the relationship between mindfulness and BPD symptoms would be mediated by self-compassion. In study 1, we recruited 29 individuals with BPD and 30 group-matched healthy controls. In study 2, we complemented our results with findings from a larger, nonclinical sample of 89 participants that were recruited during an open-house event at the local university. All participants completed questionnaires assessing self-compassion, mindfulness, BPD symptom severity, and emotion dysregulation. In both studies, self-compassion mediated the relationship between mindfulness and BPD symptom severity as well as between mindfulness and emotion



dysregulation. Self-compassion seems to be one psychological process that could explain the relationship between mindfulness and BPD symptoms. One promising approach in therapy could be to target self-compassion more directly during mindfulness trainings and interventions.

12. **Title:** [Differential neural processing of social exclusion and inclusion in adolescents with non-suicidal self-injury and young adults with Borderline Personality Disorder](#)

**Authors:** RC Brown, PL Plener, G Groen, D Neff, Monenberger, & B Ablter

**Journal:** Frontiers in Psychiatry (2017)

**Abstract:** Introduction: Non-suicidal self-injury (NSSI) is a symptom of Borderline Personality Disorder (BPD). However, NSSI often occurs independently of BPD. Altered neural processing of social exclusion has been shown in adolescents with NSSI and adults with BPD with additional alterations during social inclusion in BPD patients. Aims of this study were to investigate differences in neural processing of social inclusion and exclusion situations between adolescents with NSSI and young adults with BPD and NSSI. **Methods:** Using fMRI, neural processing of positive and negative social situations (paradigm: 'Cyberball') was explored. Participants were 14 adolescents with NSSI, but without BPD (Mage=15,4; SD=1,9), 15 adults with BPD and NSSI (Mage=23,3; SD=4,1), as well as 15 healthy adolescents (Mage=14,5; SD=1,7) and 16 healthy adults (Mage=23,2; SD=4,4). **Results:** Behavioral results showed enhanced feelings of social exclusion in both patient groups as compared to healthy controls but only the NSSI group showed enhanced activation during social exclusion vs. inclusion compared to the other groups. While both, NSSI and BPD group showed enhanced activation in the ventral anterior cingulate cortex during social exclusion as compared to their age-matched controls, enhanced activation during social inclusion as compared to a passive watching condition was mainly observed in the BPD group in the dorsolateral and dorsomedial prefrontal cortex, and the anterior insula. **Discussion:** While neural processing of social exclusion was pronounced in adolescents with NSSI, BPD patients also showed increased activity in a per se positive social situation. These results might point towards a higher responsiveness to social exclusion in adolescents with NSSI, which might then develop into a generalized increased sensitivity to all kind of social situations in adults with BPD.

13. **Title:** [Effects of brief mindfulness and loving-kindness meditation inductions on emotional and behavioral responses to social rejection among individuals with high borderline personality traits](#)

**Author:** S Keng & HH Tan

**Abstract:** Borderline personality disorder (BPD) is characterized by an enduring pattern of instability across affective, behavioral, cognitive, and interpersonal domains. Individuals with BPD are known to be particularly vulnerable to experiences of social rejection, but little work has examined strategies that may moderate their reactivity to social rejection. Using a laboratory experimental approach, this study investigated the effects of brief mindfulness and loving-kindness meditation





(LKM) inductions on emotional and behavioral responses to social rejection in a sample of adults with high BPD traits. One hundred and eighteen participants were randomly assigned to receive 10 min of mindful breathing practice, LKM, or a no-instruction control condition, prior to exposure to a social rejection manipulation. Participants rated their emotions and completed a competitive reaction time task, which provided a proxy measure of aggression. Compared to the control condition, the mindfulness group demonstrated significantly quicker recovery in negative affect and feelings of rejection after social rejection. The mindfulness group also reported significantly quicker recovery in negative affect compared to the LKM group. Whereas baseline trait mindfulness negatively predicted aggressive behaviors across all participants, groups did not differ in immediate emotional reactivity or aggressive behavior following social rejection. The findings suggest that mindfulness training may be a promising strategy in alleviating negative emotional effects of social rejection among individuals with high borderline personality traits, and highlight the limited utility of brief LKM practice in buffering the effects of social rejection.

14. **Title:** [Association among self-compassion, childhood invalidation, and borderline personality disorder symptomatology in a Singaporean sample.](#)

**Authors:** S Keng & YY Wong

**Journal:** Borderline Personality Disorder and Emotion Dysregulation (2017)

**Abstract: Background:** Linehan's biosocial theory posits that parental invalidation during childhood plays a role in the development of borderline personality disorder symptoms later in life. However, little research has examined components of the biosocial model in an Asian context, and variables that may influence the relationship between childhood invalidation and borderline symptoms. Self-compassion is increasingly regarded as an adaptive way to regulate one's emotions and to relate to oneself, and may serve to moderate the association between invalidation and borderline symptoms. The present study investigated the association among childhood invalidation, self-compassion, and borderline personality disorder symptoms in a sample of Singaporean undergraduate students.

**Methods:** Two hundred and ninety undergraduate students from a large Singaporean university were recruited and completed measures assessing childhood invalidation, self-compassion, and borderline personality disorder symptoms. **Results:** Analyses using multiple regression indicated that both childhood invalidation and self-compassion significantly predicted borderline personality disorder symptomatology. Results from moderation analyses indicated that relationship between childhood invalidation and borderline personality disorder symptomatology did not vary as a function of self-compassion. **Conclusion:** This study provides evidence in support of aspects of the biosocial model in an Asian context, and demonstrates a strong association between self-compassion and borderline personality disorder symptoms, independent of one's history of parental invalidation during childhood.