



## DBT Treatment Research January 26-March 28, 2017

1. **Title:** [Can Trainees Effectively Deliver Dialectical Behavior Therapy for Individuals With Borderline Personality Disorder? Outcomes From a Training Clinic](#)

**Authors:** SL Rizvi, CD Hughes, AD Hittman, P Vieira Oliveira

**Journal & Date:** Journal of Clinical Psychology (2017)

**Objective:** The aim of the current study was to evaluate the effectiveness of a 6-month course of comprehensive dialectical behavior therapy (DBT) provided in a training clinic with doctoral students as therapists and assessors.

Method: Clinical outcomes for 50 individuals with borderline personality disorder (80% female,  $M_{age} = 29.52$  [ $SD = 9.64$ ]) are reported. Reliable change indices and clinical significance were calculated for measures. Finally, our results were benchmarked against a “gold standard” randomized clinical trial (RCT; McMain et al., 2009).

**Results:** Analyses with both the full sample and the treatment completers indicate significant reductions in mental health symptomatology that were reliable, clinically and statistically significant, and comparable in effect size to the benchmarked RCT.

**Conclusion:** This DBT training clinic produced good outcomes, comparable to that of a large RCT. Results have implications for who can provide DBT treatment, as well as improving access to DBT in community settings where training clinics may be located.

2. **Title:** [Training frontline community agency staff in dialectical behaviour therapy: building capacity to meet the mental health needs of street-involved youth](#)

**Authors:** E McCay, C Carter, A Aiello, S Quesnel, C Howes, H Beanlands, J Langley, B MacLaurin, S Hwang, L Cooper, C Lord

**Journal & Date:** The Journal of Mental Health Training, Education, and Practice (2017)

**Purpose:** The purpose of this paper is to evaluate the effectiveness of the dialectical behavior therapy (DBT) training which was provided to community agency staff ( $N=18$ ) implementing DBT in the community with street-involved youth.

**Design/methodology/approach:** Staff participated in a multi-component approach to training which consisted of webinars, online training, self-study manuals, and ongoing peer consultation. To evaluate assess the effectiveness of the training, questionnaires assessing evaluating DBT



skills knowledge, behavioral anticipation and confidence, and DBT skills use, were completed at baseline, immediately post-training, four to six months post-training, and 12-16 months post-training. Additionally, the mental health outcomes for youth receiving the DBT intervention are reported to support the effectiveness of the training outcomes.

**Findings:** Results demonstrate that the DBT skills, knowledge, and confidence of community agency staff improved significantly from pre to post-training and that knowledge and confidence were sustained over time. Additionally, the training was clinically effective as demonstrated by the significant improvement in mental health outcomes for street-involved youth participating in the intervention.

**Practical implications:** Findings suggest that this evidence-based intervention can be taught to a range of staff working in community service agencies providing care to street-involved youth and that the intervention can be delivered effectively.

3.

**Title:** [A Cultural Adaptation of Dialectical Behavior Therapy in Nepal](#)

**Authors:** MK Ramaiya, D Fiorillo, U Regmi, CJ Robins, BA Kohrt

**Journal & Date:** Cognitive and Behavioral Practice (2017)

Growing evidence exists on the potential for adapting evidence-based interventions for low- and-middle-income countries (LMIC). One opportunity that has received limited attention is the adaptation of psychotherapies developed in high-income countries (HIC) based on principles from LMIC cultural groups. Dialectical behavior therapy (DBT) is one such treatment with significant potential for acceptability in South Asian settings with high suicide rates. We describe a tri-phasic approach to adapt DBT in Nepal that consists of qualitative interviews with major Nepali mental health stakeholders (Study 1), an adaptation workshop with 15 Nepali counselors (Study 2), and a small-scale treatment pilot with eligible clients in one rural district (Study 3). Due to low literacy levels, distinct conceptualizations of mind and body, and program adherence barriers, numerous adaptations were required. DBT concepts attributable to Asian belief systems were least comprehensible to clients. However, the 82% program completion rate suggests utility of a structured, skills-based treatment. This adaptation process informs future research regarding the effectiveness of culturally adapted DBT in South Asia.

4. **Title:** [Stopping the Nonadherence Cycle: The Clinical and Theoretical Basis for Dialectical Behavior Therapy Adapted for Adolescents With Chronic Medical Illness \(DBT-CMI\)](#)

**Authors:** BH Lois, AL Miller

**Journal & Date:** Cognitive and Behavioral Practice (2017)

Most adolescents with chronic illness do not adhere to their regimen. A novel transdiagnostic adaptation of dialectical behavior therapy (dialectical behavior therapy for chronic medical conditions; DBT-CMI) is presented to improve medical adherence in adolescents. The authors



describe the approach of DBT-CMI and the model's conceptualization of nonadherence, with specific focus on the core concepts of non-adherence across illness in adolescence.

DBT-CMI has been piloted in two disease groups with preliminary benefit. DBT-CMI lends itself theoretically as a transdiagnostic approach due to specific skills that target core concepts of nonadherence in adolescence. Future research is warranted on the applicability of DBT-CMI across other pediatric medical conditions to replicate findings and examine long-term outcomes.

5. **Title:** [Dialectical Behavior Therapy Skills Training for Persistent Complex Bereavement Disorder](#)

**Authors:** JJ Barrett, KA Tolle, NL Salsman

**Journal & Date:** *Clinical Case Studies* (2017)

Although the majority recovers from the death of a loved one, nearly 5% exhibit persistent symptoms of grief, known as Persistent Complex Bereavement Disorder (PCBD). PCBD has adverse health, social, and psychological consequences. We examined the effectiveness of dialectical behavior therapy (DBT) skills training with a 57-year-old African American woman who met the *Diagnostic and Statistical Manual of Mental Disorders* (5th ed.; *DSM-5*) criteria for PCBD and Persistent Depressive Disorder. The client met with a graduate student therapist (i.e., the second author) who applied DBT skills training on an individual basis. By the end of treatment, the participant no longer met the criteria for either of these disorders. Reliable and clinically significant reduction in her grief and depressive symptoms, suicidality, and sleep difficulties were noted from pre- to posttreatment and maintained for 2 months post treatment. Furthermore, she improved her ability to regulate her emotions and cognitions using DBT coping skills and eliminated substance abuse. These results prompt the need for more research to further investigate DBT skills training for PCBD.

6. **Title:** [Treating Veterans With PTSD and Borderline Personality Symptoms in a 12-Week Intensive Outpatient Setting: Findings From a Pilot Program](#)

**Authors:** L Meyers, EK Volter, EB McCallum, P Thuras, S Shallcross, T Velasquez, L Meis

**Journal & Date:** *Journal of Traumatic Stress* (2017)

Rates of comorbidity between borderline personality disorder and posttraumatic stress disorder (PTSD) are high in veteran populations, and clinicians are hesitant to treat PTSD given high rates of suicidality. Given promising early work integrating dialectical behavior therapy (DBT) and prolonged exposure (PE) therapy, we created a 12-week intensive outpatient program combining these two treatments. PE and DBT were provided concurrently to 33 veterans with PTSD symptoms and BPD symptoms at a large, midwestern Veteran Affairs medical center. Approximately half of the participants were male, with the majority identifying as Caucasian. Participants' ages ranged from 23 to 58 years, with a mean age of 43.21 years. The full-model of DBT was provided; PE was provided twice weekly for approximately 6 weeks of the program. Of participants, 22 veterans successfully completed the program with no dropout during PE. Large



pre- to posttreatment effect sizes were found for decreases in PTSD symptoms ( $d = 1.61$ ) and dysfunctional coping styles ( $d = 1.55$ ), and an increase in the use of DBT skills ( $d = 1.02$ ). A moderate effect size was found in the decrease of suicidal ideation ( $d = 0.64$ ). The results of this pilot program suggest that PTSD can be safely and effectively treated among veterans with comorbid symptoms of borderline personality disorder through the combination of concurrent intensive DBT and PE.

7. **Title:** [Concurrent Dialectical Behavior Therapy and Prolonged Exposure Reduces Symptoms and Improves Overall Quality of Life for a Veteran With Posttraumatic Stress ...](#)

**Authors:** E Scheidierer, JA Carlile, AC Aosved, A Barlow

**Journal & Date:** Clinical Case Studies (2017)

This article presents a case study illustration of integrated, concurrent dialectical behavior therapy (DBT) and prolonged exposure (PE), conducted within a Veterans Affairs health care system. Treatment in this case effectively reduced symptoms and improved overall quality of life. Based on clinical complexities encountered (e.g., substance use, nonsuicidal self-harm, treatment setting constraints), recommendations are provided for concurrent treatment of posttraumatic stress disorder and borderline personality disorder in veterans.

Recommendations include consideration of flexibility in duration of pre-PE stabilization, modification of DBT phone coaching protocol, management of structural barriers to treatment access, full use of consultation, and coordination of clinician roles.

**Title:** [Efficacy of Dialectical Behavior Therapy on Stress, Resilience and Coping Strategies in](#)

8. [Irritable Bowel Syndrome Patients](#)

**Authors:** SA Haghayegh, HT Neshatdoost, P Adibi, F Shafii

**Journal & Date:** Zahedan Journal of Research in Medical Sciences

**Background:** Irritable bowel syndrome (IBS) is the most common gastrointestinal disorder that have considerable psychological features.

**Objectives:** This research aimed to determine the efficacy of dialectical behavioral therapy on stress, resilience and coping strategies of IBS patients.

**Methods:** The study was quasi-experimental that including two intervention and control groups. Fifty-two IBS patients who met this diagnosis- according the Rome III criteria- were selected and assigned to two experimental and control groups with 26 IBS patients in each group. The dialectical behavioral therapy-according to Moonshine s manual- was conducted in 8 weekly sessions in a gastroenterology clinic in Isfahan. The questionnaires of stress, resilience and coping strategies were completed as the pretest, post-test and follow-up. Data were analyzed with SPSS.20.



**Results:** Results of multivariate analysis of variance showed that dialectical behavioral therapy had a significant effect in reduction of post-test mean scores of emotional coping strategies ( $P < 0.05$ ), and there was an acceptable effect size for all variables (except avoidance strategies).

**Conclusions:** Dialectical behavioral therapy could be useful to improvement of psychological status of IBS patients, but it needs longer therapeutic period for more persistent effects.

## Other Articles Relevant to DBT & BPD

1. **Title:** [The value of psychological treatment for borderline personality disorder: Systematic review and cost offset analysis of economic evaluations](#)

**Authors:** D Meuldijk, A McCarthy, ME Bourke, BFS Grenyer

**Journal & Date:** PLOS ONE (2017)

**Aim:** Borderline Personality Disorder (BPD) is a common mental health condition with high patterns of service utilisation of inpatient and community treatment. Over the past five years there has been significant growth in research with economic data, making this systematic review a timely update.

**Methods:** Empirical studies written in English or German, published up to December 2015, and cited in major electronic databases were examined using the PRISMA systematic review method. Papers were included that had one of the following: data related to cost of BPD to society, the individual, the carer or families; cost benefits of interventions. Reported cost data were inflated to the year 2015 and converted into US- dollars (USD \$) using purchasing power parities.

**Results:** We identified 30 economic evaluations providing cost data related to interventions for BPD across 134,136 patients. The methodological quality was good, almost all studies fulfilled  $\geq 50\%$  of the quality criteria. The mean cost saving for treating BPD with evidence-based psychotherapy across studies was USD \$2,987.82 per patient per year. A further mean weighted reduction of USD \$1,551 per patient per year (range \$83 - \$29,392) was found compared to treatment as usual. Evidence-based psychological treatment was both less expensive as well as more effective, despite considerable differences in health cost arrangements between individual studies and countries. Where it was able to be calculated, a significant difference in cost-savings between different types of evidence-based psychotherapies was found.

**Discussion:** Individuals with BPD consistently demonstrate high patterns of service utilization and therefore high costs. The findings of this review present a strong argument in favour of prioritizing BPD treatments in reimbursement decisions, both for the affected individual and the family. The provision of evidence based treatment, irrespective of the type of psychological treatment, may lead to widespread reductions in healthcare costs.



2. **Title:** [Factor Structure of the Difficulties in Emotion Regulation Scale \(DERS\) in Adult Outpatients Receiving Dialectical Behavior Therapy \(DBT\)](#)

**Authors:** TL Osborne, J Michonski, J Sayrs, SS Welch, LK Anderson

**Journal & Date:** Journal of Psychopathology and Behavioral Assessment

The Difficulties in Emotion Regulation Scale (DERS; Gratz & Roemer in **Journal of Psychopathology and Behavioral Assessment**, 26, 41–54, 2004) is a widely used measure of emotion regulation, however, few studies have examined the scale’s psychometric properties in clinical samples. The current study examined the latent factor structure of the scale, in addition to other psychometric properties, in a naturalistic sample of adult outpatients ( $n = 344$ ) receiving dialectical behavior therapy (DBT). A number of models were fitted, including a bifactor model, which has not previously been examined with the DERS, but which may be more appropriate for addressing the study’s two primary aims. These aims were to: (1) investigate some of the prior concerns raised about the Awareness subscale items; and (2) evaluate the appropriateness of using DERS total vs. subscale scores. Results indicated that a modified bifactor model which excluded the Awareness items from the general factor fit the data best. Additional findings suggested that the DERS total score (excluding Awareness items) was reliable and had good criterion-related validity in this sample. However, the findings related to the DERS subscales were mixed. This study extends prior research on the DERS by demonstrating the utility of the scale with individuals receiving DBT for problems with emotion regulation, as well as by clarifying some of the prior questions about the scale’s latent structure.

3. **Title:** [Emotion regulation in borderline personality disorder: An experimental investigation of the effects of instructed acceptance and suppression](#)

**Authors:** KL Dixon-Gordon, BJ Turner, MZ Rosenthal, AL Chapman

**Journal & Date:** Behavior Therapy (2017)

Difficulties with emotion regulation are central to borderline personality disorder (BPD). Recent research suggests that avoidance of emotions in general, and emotion suppression specifically, may be commonly used among those who meet criteria for the disorder. Contemporary behavioral interventions for BPD incorporate cognitive and behavioral skills to increase emotional experiencing and acceptance while decreasing behaviors that function to escape or avoid from emotions. Few studies, however, have experimentally examined the effects of instructed emotion suppression and acceptance in BPD. The present study examined the effects of instructed use of different emotion regulation strategies on emotions, psychophysiology, and behavior in BPD. Participants with BPD, major depressive disorder (MDD), and non-psychiatric controls ( $N = 193$ ) were randomly assigned to either suppress or accept emotions during an



audio recording of a social rejection scenario, and completed a behavioral measure of distress tolerance. BPD participants exhibited greater heart rate variability in the acceptance (versus suppression) condition; this pattern was not evident within the other groups. These results suggest that deliberate use of acceptance-based emotion regulation strategies may have unique physiological effects among individuals with BPD.

4. **Title:** [Neural correlates of fears of abandonment and rejection in borderline personality disorder](#)

**Authors:** L Romaniuk, M Pope, K Nicol, D Steele, J Hall

**Journal & Date:** Wellcome Open Research (2016)

**Background:** Borderline personality disorder (BPD) is a prevalent and disabling psychiatric condition commonly associated with early life adversity. Social difficulties are a prominent symptom of BPD, particularly a fear of abandonment and rejection. There has recently been a growing interest in the neural basis of these social symptoms and their relationship to early experience.

**Methods:** In the current study, we examined social brain function and learning in BPD using functional MRI. Participants with BPD (n=20) and healthy controls (n=16) completed a computerized parametric social exclusion task (the “Cyberball” task). Brain activation was compared between groups and related to social symptom status and experiences of childhood trauma. Additional analyses were conducted using a reinforcement learning model treating social inclusion as a rewarding event.

**Results:** Participants with BPD demonstrated a group effect of decreased right temporoparietal junction (TPJ) activation ( $p < 0.013$ , FWE-corrected). Increased fear of abandonment in BPD was associated with reduced inclusion-related activation of the inferior frontal gyrus ( $p = 0.003$ , FWE-corrected). Across all participants, TPJ inclusion-related activation was modified by prior experience of childhood physical neglect ( $p < 0.001$ , FWE-corrected). Reinforcement learning modelling revealed decreased midbrain responses to social inclusion in BPD participants ( $p = 0.028$ , FWE-corrected within midbrain mask), with decreased anticipatory midbrain activation in anticipation of social inclusion specifically associated with fears of abandonment ( $p = 0.019$ , FWE-corrected within a midbrain mask).

**Conclusions:** The findings demonstrate alterations in social brain function and social reinforcement learning in BPD, which are influenced by both early life experience and symptom status.