

DBT Relevant Articles from July 2 – July 30, 2014

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DBT Treatment Research

1. [The Use of Dialectical Behavior Therapy Skills Training as Stand-Alone Treatment: A Systematic Review of the Treatment Outcome Literature](#)
SE Valentine, SM Bankoff, RM Poulin, EB Reidler, DW Pantalone - *Journal of Clinical ...*, 2014

Objective: Dialectical behavior therapy (DBT) skills training is currently being administered as standalone treatment across a variety of clinical settings, serving diverse client populations. However, there is little empirical support for this use. **Method:** In this systematic review, we identified 17 trials employing a treatment that included DBT skills training in the absence of the other DBT modalities. **Results:** While the literature reviewed provides preliminary evidence of the utility of DBT skills training to address a range of mental health and behavioral problems, methodological limitations of published studies preclude us from drawing strong conclusions about the efficacy of skills training as a stand-alone treatment. **Conclusion:** We present an overview of the implementation of DBT skills training across clinical settings and populations. We found preliminary evidence supporting the use of DBT skills training as a method of addressing a range of behaviors. We provide recommendations for future research.

2. [Dialectical Behavior Therapy for Adolescents With Repeated Suicidal and Self-harming Behavior—A Randomized Trial](#)
L Mehlum, AJ Tørmoen, M Ramberg, E Haga, LM Diep... - *Journal of the American ...*, 2014

Objective: We examined whether a shortened form of dialectical behavior therapy (DBT-A) is more effective than enhanced usual care (EUC) to reduce self-harm in adolescents.

Method: This was a randomized study of 77 adolescents with recent and repetitive self-harm treated at community child and adolescent psychiatric outpatient clinics randomly allocated to either DBT-A or EUC. Assessments of self-harm, suicidal ideation, depression, hopelessness, and symptoms of borderline personality disorder were made at baseline and after 9, 15, and 19 weeks (end of trial period), and frequency of hospitalizations and emergency department visits over the trial period were recorded.

Results: Treatment retention was generally good in both treatment conditions, and the use of emergency services was low. DBT-A was superior to EUC in reducing self-harm, suicidal ideation, and depressive symptoms. Effect sizes were large for treatment outcomes in patients who received DBT-A, whereas effect sizes were small for outcomes in patients receiving EUC. Total number of treatment contacts was found to be a partial mediator of the association between treatment and changes in the severity of suicidal ideation, whereas no mediation effects were found on the other outcomes or for total treatment time.

Conclusion: DBT-A may be an effective intervention to reduce self-harm, suicidal ideation, and depression in adolescents with repetitive self-harming behavior.

3. [Societal cost-of-illness in patients with borderline personality disorder one year before, during and after dialectical behavior therapy in routine outpatient care](#)
T Wagner, T Fydrich, C Stiglmayr, P Marschall... - *Behaviour Research and ...*, 2014

Societal cost-of-illness in a German sample of patients with borderline personality disorder (BPD) was calculated for 12 months prior to an outpatient Dialectical Behavior Therapy (DBT) program, during a year of DBT in routine

outpatient care and during a follow-up year. We retrospectively assessed resource consumption and productivity loss by means of a structured interview. Direct costs were calculated as opportunity costs and indirect costs were calculated according to the Human Capital Approach. All costs were expressed in Euros for the year 2010. Total mean annual BPD-related societal cost-of-illness was €28,026 ($SD = €33,081$) during pre-treatment, €18,758 ($SD = €19,450$) during the DBT treatment year for the 47 DBT treatment completers, and €14,750 ($SD = €18,592$) during the follow-up year for the 33 patients who participated in the final assessment. Cost savings were mainly due to marked reductions in inpatient treatment costs, while indirect costs barely decreased. In conclusion, our findings provide evidence that the treatment of BPD patients with an outpatient DBT program is associated with substantial overall cost savings. Already during the DBT treatment year, these savings clearly exceed the additional treatment costs of DBT and are further extended during the follow-up year. Correspondingly, outpatient DBT has the potential to be a cost-effective treatment for BPD patients. Efforts promoting its implementation in routine care should be undertaken.

4. [Dialectical Behavior Therapy Alters Emotion Regulation and Amygdala Activity in Patients with Borderline Personality Disorder](#)

M Goodman, D Carpenter, CY Tang, KE Goldstein... - *Journal of Psychiatric ...*, 2014

Objective: Siever and Davis' (1991) psychobiological framework of borderline personality disorder (BPD) identifies affective instability (AI) as a core dimension characterized by prolonged and intense emotional reactivity. Recently, deficient amygdala habituation, defined as a change in response to repeated relative to novel unpleasant pictures within a session, has emerged as a biological correlate of AI in BPD. Dialectical behavior therapy (DBT), an evidence-based treatment, targets AI by teaching emotion-regulation skills. This study tested the hypothesis that BPD patients would exhibit decreased amygdala activation and improved habituation, as well as improved emotion regulation with standard 12-month DBT.

Methods: Event-related fMRI was obtained pre- and post-12-months of standard-DBT in unmedicated BPD patients. Healthy controls (HCs) were studied as a benchmark for normal amygdala activity and change over time ($n = 11$ per diagnostic-group). During each scan, participants viewed an intermixed series of unpleasant, neutral and pleasant pictures presented twice (novel, repeat). Change in emotion regulation was measured with the Difficulty in Emotion Regulation (DERS) scale.

Results: fMRI results showed the predicted Group \times Time interaction: compared with HCs, BPD patients exhibited decreased amygdala activation with treatment. This post-treatment amygdala reduction in BPD was observed for all three pictures types, but particularly marked in the left hemisphere and during repeated-emotional pictures. Emotion regulation measured with the DERS significantly improved with DBT in BPD patients. Improved amygdala habituation to repeated-unpleasant pictures in patients was associated with improved overall emotional regulation measured by the DERS (total score and emotion regulation strategy use subscale).

Conclusion: These findings have promising treatment implications and support the notion that DBT targets amygdala hyperactivity—part of the disturbed neural circuitry underlying emotional dysregulation in BPD. Future work includes examining how DBT-induced amygdala changes interact with frontal-lobe regions implicated in emotion regulation.

5. [Dialectical behaviour therapy-informed skills training for deliberate self-harm: A controlled trial with 3-month follow-up data](#)

J Gibson, R Booth, J Davenport, K Keogh, T Owens - *Behaviour Research and ...*, 2014

Dialectical Behaviour Therapy (DBT) has been shown to be an effective treatment for deliberate self-harm (DSH) and emerging evidence suggests DBT skills training alone may be a useful adaptation of the treatment. DBT skills are presumed to reduce maladaptive efforts to regulate emotional distress, such as DSH, by teaching adaptive methods of emotion regulation. However, the impact of DBT skills training on DSH and emotion regulation remains unclear. This study examined the Living Through Distress (LTD) programme, a DBT-informed skills group provided in an inpatient setting. Eighty-two adults presenting with DSH or Borderline Personality Disorder (BPD) were offered places in LTD, in addition to their usual care. A further 21 clients on the waiting list for LTD were recruited

as a treatment-as-usual (TAU) group. DSH, anxiety, depression, and emotion regulation were assessed at baseline and either post-intervention or 6 week follow-up. Greater reductions in the frequency of DSH and improvements in some aspects of emotion regulation were associated with completion of LTD, as compared with TAU. Improvements in DSH were maintained at 3 month follow-up. This suggests providing a brief intensive DBT-informed skills group may be a useful intervention for DSH.

6. [The Effects of a DBT Informed Partial Hospital Program on: Depression, Anxiety, Hopelessness, and Degree of Suffering](#)

JE Lothes, KD Mochrie, J St John - *J Psychol Psychother*, 2014

Objective: Mental health programs are increasingly being asked to evaluate the effectiveness of the treatment they provide. This study looks to examine the efficacy of a Dialectical Behavioral Therapy (DBT) informed Partial Hospital (PH) program on different clinical symptoms.

Method: This study examines a Quality Improvement study that was conducted at a DBT informed PH program in the Southeast Region of the United States. This article presents the results of one program's attempt to assess treatment outcomes of clients for depression, anxiety, hopelessness and perceived degrees of suffering. Participants (N=38, ages 19-67 (M=37), 29 females and 9 males) were evaluated for medical necessity at admission and at discharge.

Results: Paired t-test results show that a DBT informed PH program did significantly reduce depression, anxiety, hopelessness, and perceived degrees of suffering in a clinical population from time of intake to discharge.

Conclusion: This article outlines the procedure that was used for assessment and uses the results to show that a DBT informed PH Program may help in reducing depression, anxiety, hopelessness and degrees of suffering from time of admission to discharge.

Other Articles Relevant to DBT & BPD

7. [Reconsidering the Link Between Impulsivity and Suicidal Behavior](#)

MD Anestis, KA Soberay, PM Gutierrez, TD Hernández... - *Personality and Social ...*, 2014

It is widely accepted that suicidal behavior often occurs with little planning. We propose, however, that suicidal behavior is rarely if ever impulsive—that it is too frightening and physically distressing to engage in without forethought—and that suicidal behavior in impulsive individuals is accounted for by painful and fearsome behaviors capable of enhancing their capacity for suicide. We conducted a meta-analysis of the association between trait impulsivity and suicidal behavior and a critical review of research considering the impulsiveness of specific suicide attempts. Meta-analytic results suggest the relationship between trait impulsivity and suicidal behavior is small. Furthermore, studies examining a mediating role of painful and provocative behaviors have uniformly supported our model. Results from our review suggest that researchers have been unable to adequately measure impulsivity of attempts and that measures sensitive to episodic planning must be developed to further our understanding of this phenomenon.

8. [Attitudes of clinical psychologists towards clients with personality disorders](#)

SJ Egan, S Haley, CS Rees - *Australian Journal of Psychology*, 2014

Previous studies have found that a variety of mental health professionals hold negative attitudes towards clients diagnosed with a personality disorder. These negative attitudes may lead to clients receiving a lower quality of service. Specialist training has been found to improve attitudes towards personality disorders but no empirical studies in Australia have examined this among clinical psychologists. In this study, the attitudes of 81 clinical

psychologists towards clients with personality disorders were examined. We were specifically interested in investigating the relationship between recency of specialist training and clinician's attitudes as well as the influence of percentage of personality disorder clients on the clinician's caseload. Results demonstrated that both recency of specialist training and percentage of clients seen were associated with more positive attitudes; however, a higher caseload of clients with personality disorders was the most important predictor of positive attitudes. The implication is that recent participation in specialist training for personality disorders appears to be valuable in improving clinician's attitudes but that more positive attitudes are associated with seeing a greater number of individuals with personality disorders.

9. [PERSONALITY DISORDERS AND THE PERSISTENCE OF ANXIETY DISORDERS IN A NATIONALLY REPRESENTATIVE SAMPLE](#)

AE Skodol, T Geier, BF Grant, DS Hasin - *Depression and Anxiety*, 2014

Background: Among individuals with anxiety disorders, comorbid personality disorders (PDs) increase cross-sectional symptom severity and decrease functioning. Little is known, however, about how PDs influence the course of anxiety disorders over time. The purpose of this study was to examine the effect of PDs on the persistence of four anxiety disorders in a nationally representative sample in the United States. **Methods:** Two waves of data were collected on 34,653 participants, 3 years apart. At both waves, participants were evaluated for generalized anxiety disorder (GAD), social and specific phobias, and panic disorder. Predictors of persistence included all DSM-IV PDs. Control variables included demographics, comorbid PDs, age at onset of the anxiety disorder, number of prior episodes, duration of the current episode, treatment history, and cardinal symptoms of exclusionary diagnoses for each anxiety disorder. **Results:** Any PD, two or more PDs, borderline PD, schizotypal PD, mean number of PD criteria met, and mean number of PDs diagnosed predicted the persistence of all four anxiety disorders. Narcissistic PD predicted persistence of GAD and panic disorder. Schizoid and avoidant PDs also predicted persistence of GAD. Finally, avoidant PD predicted persistence of social phobia. Particular patterns of cross-cluster PD comorbidity were strong predictors of the persistence of individual anxiety disorders as well. **Conclusions:** In this national sample, a variety of PDs robustly predicted the persistence of anxiety disorders over 3 years, consistent with the results of recent prospective clinical studies. Personality psychopathology should be assessed and addressed in treatment for all patients with anxiety disorders.

10. [Emotion, Emotion Regulation, and Psychopathology An Affective Science Perspective](#)

JJ Gross, H Jazaieri - *Clinical Psychological Science*, 2014

Many psychiatric disorders are widely thought to involve problematic patterns of emotional reactivity and emotion regulation. Unfortunately, it has proven far easier to assert the centrality of "emotion dysregulation" than to rigorously document the ways in which individuals with various forms of psychopathology differ from healthy individuals in their patterns of emotional reactivity and emotion regulation. In the first section of this article, we define *emotion* and *emotion regulation*. In the second and third sections, we present a simple framework for examining emotion and emotion regulation in psychopathology. In the fourth section, we conclude by highlighting important challenges and opportunities in assessing and treating disorders that involve problematic patterns of emotion and emotion regulation.

11. [Are recommendations for psychological treatment of borderline personality disorder in current UK guidelines justified? Systematic review and subgroup analysis](#)

H Omar, M Tejerina-Arreal, MJ Crawford - *Personality and Mental Health*, 2014

Current UK guidelines on the management of borderline personality disorder include specific recommendations about the duration of therapy and number of sessions per week that patients should be offered. However, very little research has been conducted to examine the impact of these aspects of treatment process on patient

outcomes. We therefore undertook a systematic review to examine the impact of treatment duration, number of sessions per week and access group-based therapy on general mental health, depression, social functioning and deliberate self-harm. We identified 25 randomized trials for possible inclusion in the review. However, differences in outcome measures used meant that only 12 studies could be included in the analysis. Statistically significant reductions in self-harm and depression and improvement in social functioning were found for treatments that include more than one session per week and those that included group-based sessions but were not found for those that deliver in individual sessions or one or fewer sessions per week. Longer term outcomes of short-term interventions have not been examined. Further research is needed to examine the impact of shorter term interventions and to compare the effects of group-based versus individual therapies for people with borderline personality disorder.

12. [Pain in patients with borderline personality disorder](#)

RS Biskin, FR Frankenburg, GM Fitzmaurice... - *Personality and Mental ...*, 2014

Objective: Patients with borderline personality disorder (BPD) frequently present to primary care physicians and specialists with pain problems. The aims of the current study are to (1) examine the prevalence of pain symptoms in patients with a diagnosis of BPD compared with a diagnosis of another personality disorder and (2) identify the factors that predict pain experienced in patients with BPD.

Methods: Two hundred and ninety inpatients meeting Revised Diagnostic Interview for Borderlines and DSM-III-R criteria for BPD and 72 patients who met DSM-III-R criteria for another personality disorder were assessed at baseline using semistructured interviews and self-report measures. Ratings of pain were assessed 16 years after baseline diagnosis and compared between diagnostic groups using t-tests. Regression analyses were used to identify predictors of pain among patients with BPD.

Results: Patients with BPD are more likely to experience pain and rate their pain as more severe than patients with other personality disorders. In multivariable regression models, there were three significant predictors of severity of pain among patients with BPD: older age, the presence of major depressive disorder, and the severity of childhood abuse other than sexual abuse.

Conclusion: Patients with BPD report significant pain, which interferes with their lives. A focus on the management of medical and psychiatric comorbidities may improve their long-term functioning.

Non-DBT BPD Treatment Research

13. [Changing from a traditional psychodynamic treatment programme to mentalization-based treatment for patients with borderline personality disorder—Does it make a difference?](#)

EH Kvarstein, G Pedersen, Ø Urnes, B Hummelen... - *... and Psychotherapy: Theory, ...*, 2014

Objectives. Few studies outside United Kingdom have documented effects of mentalization-based treatment (MBT) for patients with borderline personality disorder (BPD). This study aimed to investigate outcomes for BPD patients treated in an MBT programme in a Norwegian specialist treatment unit and compare benefits of the implemented MBT with the unit's former psychodynamic treatment programme.

Design. A naturalistic, longitudinal, comparison of treatment effects for BPD patients before and after transition to MBT.

Methods. The sample consisted of 345 BPD patients treated in the period 1993–2013. Before 2008, patients were admitted to a psychodynamic treatment programme (n = 281), after 2008 patients received MBT (n = 64). Symptom distress, interpersonal problems, and global functioning were assessed repeatedly throughout the treatment. Suicidal/self-harming acts, hospital admissions, medication, and occupational status were assessed at the start

and end of treatment. Therapists' competence and adherence to MBT was rated and found satisfactory. The statistical method for longitudinal analyses was mixed models.

Results. BPD patients in MBT and in the former psychodynamic treatment programme had comparable baseline severity and impairments of functioning. BPD patients in MBT had a remarkably low drop-out rate (2%), significantly lower than the former treatment. Improvements of symptom distress, interpersonal, global and occupational functioning were significantly greater for MBT patients. Large reductions in suicidal/self-harming acts, hospital admissions, and use of medication were evident in the course of both treatments.

Conclusions. The study confirms the effectiveness of MBT for BPD patients and indicates greater clinical benefits than in traditional psychodynamic treatment programmes.

14. [Effectiveness of Day Hospital Mentalization-Based Treatment for Patients with Severe Borderline Personality Disorder: A Matched Control Study](#)

DL Bales, R Timman, H Andrea, JJV Busschbach... - *Clinical Psychology & ...*, 2014

The present study extends the body of evidence regarding the effectiveness of day hospital Mentalization-Based Treatment (MBT) by documenting the treatment outcome of a highly inclusive group of severe borderline personality disorder (BPD) patients, benchmarked by a carefully matched group who received other specialized psychotherapeutic treatments (OPT). Structured diagnostic interviews were conducted to assess diagnostic status at baseline. Baseline, 18-month treatment outcome and 36-month treatment outcome (after the maintenance phase) on psychiatric symptoms (Brief Symptom Inventory) and personality functioning (118-item Severity Indices of Personality Problems) were available for 29 BPD patients assigned to MBT, and an initial set of 175 BPD patients assigned to OPT. Propensity scores were used to determine the best matches for the MBT patients within the larger OPT group, yielding 29 MBT and 29 OPT patients for direct comparison. Treatment outcome was analysed using multilevel modelling. Pre to post effect sizes were consistently (very) large for MBT, with a Cohen's *d* of -1.06 and -1.42 for 18 and 36 months, respectively, for the reduction in psychiatric symptoms, and *ds* ranging from 0.81 to 2.08 for improvement in domains of personality functioning. OPT also yielded improvement across domains but generally of moderate magnitude. In conclusion, the present matched control study, executed by an independent research institute outside the UK, demonstrated the effectiveness of day hospital MBT in a highly inclusive and severe group of BPD patients, beyond the benchmark provided by a mix of specialized psychotherapy programmes. Interpretation of the (large) between condition effects warrants cautionary caveats given the non-randomized design, as well as variation in treatment dosages.

15. [Examining the Efficacy of the Unified Protocol for Transdiagnostic Treatment of Emotional Disorders in the Treatment of Individuals With Borderline Personality Disorder](#)

ME Lopez, JA Stoddard, A Noorollah, G Zerbi... - *Cognitive and Behavioral ...*, 2014

Although an abundance of diagnosis specific protocols exist, they tend to inadvertently contribute to issues with treatment dissemination. A unified approach that can address multiple disorders simultaneously by targeting the core underlying components has been identified as a possible solution. The Unified Protocol for Transdiagnostic Treatment of Emotional Disorders (UP; Barlow et al., 2011) has demonstrated efficacy in the treatment of anxiety disorders and depression, and has been theorized to work in the treatment of other emotional disorders in which emotion dysregulation is a core component, including Borderline Personality Disorder (BPD). In the present study, the usefulness of the UP was examined in a small sample of individuals ($N = 8$) with BPD by employing a multiple baseline across individuals single case experimental design. This study provided an important extension of research related to the applicability of the UP and preliminary support for its efficacy in the treatment of BPD.