1. Published Randomized Controlled Trials

Authors	Subjects/Setting	Design	Adherence to Standard DBT	Outcomes and Comments
Linehan, Arm-strong, Suarez, Allmon, & Heard (1991).	Chronically suicidal women with BPD between 18-45 years of age; outpatient clinic.	Randomized controlled trial comparing DBT (n=24) to community-based treatment-as-usual (n=23). Treatment was 12 months in duration. Following completion of treatment, Ss were assessed at six-month intervals for one year.	Comprehensive DBT program with individual psychotherapy, 150-minute group skills training including didactic and homework review, and consultation team. Ss were exposed to all skills twice within this 12-month trial.	Ss assigned to DBT showed statistically significant reductions in parasuicidal behavior, were significantly more likely to start treatment (100% vs. 73%) and were significantly more likely to complete treatment (83% vs. 42%). DBT Ss had significantly fewer inpatient hospital days compared to TAU Ss. These findings were largely maintained throughout the post-treatment follow up year. During the one-year post-treatment follow-up, parasuicide repeat rate was significantly lower for DBT Ss compared to TAU (26% vs. 60%).
Linehan, Heard, & Armstrong (1993).	Chronically suicidal women with BPD. Ss were currently undergoing outpatient individual psychotherapy in the community.	Ss already in psychotherapy with therapist in the community were matched and randomly assigned to DBT group skills training condition as an add-on to existing individual therapy (n=11) or assessment only condition (n=8).	Ss in DBT condition only were exposed to DBT group skills training.	Despite strong prediction that adding DBT skills training group to ongoing individual psychotherapy would enhance treatment outcomes, no such effects emerged.
Linehan, Schmidt, Dimeff, Craft, Kanter, & Comtois (1999).	Substance dependent, multi-disordered women with BPD between 18-45 years of age; outpatient clinic.	Randomized controlled trial (N=28) comparing DBT to community-based treatment-as-usual. Ss assessed at 4, 8, 12 months and at a 16 month follow-up.	Ss received year-long treatment, including individual psychotherapy and group skills training. Each skills training module was reviewed twice during the duration of the year. Therapists attended a weekly one hour consultation team meeting.	Statistically significant reduction in substance abuse among DBT Ss compared to TAU Ss among both intent-to-treat and treated samples; findings corroborated by urinalyses (between-group mean effect sizes varied between .6 and 1.1). DBT more effectively retained subjects in therapy, with a 64% retention of DBT Ss compared to 27% of TAU Ss that remained in treatment with their primary therapist for the duration of treatment. Statistically significant improvements in social and global adjustment in DBT Ss were observed at follow-up when compared to TAU Ss. Within DBT condition, clients of therapists who consistently adhered to the DBT treatment manual had better outcomes than clients of non-adhering therapists suggesting therapist adherence to DBT manual and therapist competence may be important predictors of outcome.

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Authors	Subjects/Setting	Design	Adherence to Standard DBT	Outcomes and Comments
Koons, Robins, Tweed, Lynch, et al. (2001).	BPD women recruited from Veterans' Administration clinic. Ss not required to have history of parasuicidal behavior.	Randomized controlled trial comparing DBT (n=10) to treatment-as-usual (n=10) in outpatient setting. Length of treatment was six months. Ss were assessed at baseline, treatment midpoint (3 months), and at treatment completion (six months).	This study included all components of standard DBT. Because of shorter treatment duration (six months), all skills were taught one time only.	Ss in the DBT condition showed statistically greater reductions in suicidal ideation, depression, hopelessness, and anger compared to TAU Ss at post-treatment. Upon treatment completion, 3 of 10 DBT Ss continued to meet criteria for BPD compared to 5 of 10 in TAU. This study differs from Linehan's original trial in its shortened duration of treatment (from 12 months to 6 months). Additionally, this study did not include current or past history of parasuicidal behaviors as criteria for inclusion.
Lynch, Morse, Mendelson, & Robins (2003)	Ss of depressed individuals age 60 and older; outpatient treatment	Randomized controlled trial (N=34) comparing DBT to treatment as usual plus clinical management in 28 week treatment. All Ss received anti-depressant medications. Ss assessed at baseline, 28 weeks, and at 6-month follow up.	Ss only received DBT group skills training mode of treatment, in addition to anti-depressant medications. Targets modified to emphasize treating depression in elderly population. Skills modules taught once.	Between group analyses revealed one significant difference. The DBT condition showed significantly less maladaptive Pleasing Others compared to TAU. The numbers of individuals with clinically significant minimal depression at post treatment using the BDI were similar across condition, but favored DBT at follow-up. For the HAMD, 67% of DBT patients met criteria for being both significantly improved and asymptomatic at post treatment, as opposed to 50% of TAU patients. At the 6-month follow-up, 73% of DBT patients and 40% of TAU patients were within the asymptomatic range. Analyses revealed a number of significant changes over time within group on secondary measures of functional status and coping style, with the vast majority favoring the DBT condition.

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Linehan, Dimeff, Reynolds, Comtois, Shaw Welch, Heagerty, & Kivlahan (2002)	Opiate-addicted BPD women, 18 to 45 years old; outpatient clinic.	Randomized controlled trial (N=23) comparing DBT to Comprehensive Validation Therapy (CVT) with 12-Step. Ss assessed at 4, 8, 12 months and at a 16 month follow-up. All subjects (experimental and control) received a maintenance dose of opiate-replacement medication (i.e., ORLAAM or methadone). Ss transferred to methadone maintenance program following completion of treatment for ongoing drug replacement therapy.	DBT Ss received comprehensive DBT, modified for substance abusers with BPD. Modes of treatment included weekly individual psychotherapy, 90 minute group skills training (didactic only) and 30-minute individual skills coaching (homework review) homework review, as-needed case management, pharmacotherapy, and consultation team. Ss were exposed to all skills twice within this 12-month trial. Modes of CVT included weekly psychotherapy, weekly therapist supervision, as needed case management, pharmacotherapy, and optional 12-step sponsor meeting and standard 12-step meeting.	In contrast to DBT, CVT+12S was focused on validating the client and her experiences in a warm and supportive, non-directive atmosphere. Clients were encouraged to develop their confidence in themselves as capable, individuals worthy of therapists' respect, and reinforcing self-verification. Validation of public and private behaviors occurred only when the behavior was valid (e.g., effective in terms of the client's long term goals, was logically consistent with actual data or consistent with normative behavior). Major findings are three-fold: First, Ss in both conditions significantly reduced opiate use over time; at the 16 month assessment, subjects in both treatments had a low proportion of opiate-positive UA (27% DBT; 33% CVT). Secondly, CVT was remarkably effective in maintaining Ss in treatment (100% remained the entire treatment year, compared to 64%in DBT). Finally, Ss in both conditions showed a significant reduction in psychopathology over time.
Safer, Telch, & Agras (2001)	Women, ages 18-65, averaging at least one binge/purge episode over previous 3 months; general outpatient clinic setting.	Randomized controlled trial (N=31) comparing 20 weeks of DBT to a 20-week waiting-list condition. Ss assessed at baseline and post-treatment.	DBT Ss received individual psychotherapy sessions aimed at teaching emotional regulation skills to replace binge eating and purging behaviors. DBT adapted for the treatment of bulimia nervosa.	Results show DBT adapted for bulimia nervosa was associated with decrease in binge/purge behaviors. The DBT group had a 0% drop out and significant treatment effects were found for the frequency of binge eating and purging behaviors. Four participants (28.6%) in the DBT group were abstinent from binge/purge behaviors at 20 weeks, compared with no participants in the waiting-list group. Five reduced their number of binge eating episode by 88% and purging episodes by 89%, while the remaining four remained symptomatic.
Telch, Agras, & Linehan (2001)	Females, ages 18-65, meeting full DSM-IV research diagnostic criteria for binge eating disorder; Outpatient treatment.	Randomized controlled trial (N=44) evaluating the use of DBT adapted for binge eating disorder versus a wait-list control condition. Ss were assessed at baseline and after completing 20 weeks of treatment. Ss assigned to treatment were also assessed at 3 and 6 months following treatment.	20 week course with weekly 2-hour group sessions using manual adapted from DBT for BPD. Adaptive emotional regulation skills were taught throughout the course and each participant developed an individualized plan to use the skills to regulate emotions instead of binge eating.	Ss receiving group DBT skills training had significantly fewer binge days and episodes, and 89% of the women receiving DBT abstained from binge eating at the end of the study compared to 12.5% of control Ss. The number of those remaining abstinent in the DBT condition was 56% at 6 month follow-up. DBT Ss also had significantly lower scores on scales of weight concerns, shape concerns, eating concerns, and anger. Participants in the wait-list condition were invited to participate in the treatment after the 20 weeks. Of the 10 who accepted and completed the treatment, 90% were abstinent at the end and 67% remained at 6-month follow up.

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van den Bosch, Koeter, Verheul, & van den Brink (2005)	Female BPD patients with and without substance abuse problems; clinical referrals from addiction treatment centers and psychiatric services; outpatient DBT.	Randomized controlled trial (N=58) examining efficacy of DBT compared to TAU. Ss assessed at baseline, post-treatment (52 weeks), and at a six month post-treatment follow-up (78 weeks). TAU consisted of ongoing outpatient treatment from original referral source. Focus of this paper was specifically on the sustained efficacy of DBT six months after the discontinuation of treatment.	DBT Ss received comprehensive, standard DBT. Sessions of DBT individual therapy were rated for adherence across a five-point Likert scale. Median adherence score was 3.8, indicating "almost good DBT."	Positive outcomes favoring DBT were maintained during the six month post-treatment follow up period for impulsive and self-mutilating behaviors. At 18 months, no relapse was observed for these behaviors in the DBT group; additionally, they showed significantly larger reductions in alcohol use both at 12 months and 18 months. No differences were found between conditions for substance abuse.
Verheul, van den Bosch, Koeter, van den Brink, & Stijnen (2003)	BPD women, ages 18-70; primarily clinical referrals from addiction treatment centers and psychiatric services; outpatient DBT.	Randomized controlled trial (N=58) comparing DBT to TAU. Ss assessed before randomization and at 11, 22, 33, 44, and at 52 weeks after randomization for recurrent parasuicidal and other self-damaging mpulsive behaviors. Self mutilating behaviors were assessed at baseline and at 22 and 52 weeks after randomization. Treatment began 4 weeks after randomization.	DBT Ss received comprehensive, standard DBT. Sessions of DBT individual therapy were rated for adherence across a five-point Likert scale. Median adherence score was 3.8, indicating "almost good DBT.".	Ss assigned to DBT showed statistically significant reductions in self-mutilating and self-damaging behaviors compared to TAU. These differences between the treatment groups could not be explained by differences in the use of psychotropic medications. DBT Ss were significantly less likely to drop out of treatment (DBT=37%, TAU 77%). There were no significant differences between groups in frequency and course of suicidal behavior. Finally, in terms of baseline severity, the impact of DBT was far more pronounced in participants who reported higher baseline frequencies of self mutilating behaviors; DBT was superior to TAU for patients in the high severity group, but not lower severity. For suicidal behavior, results indicated a trend towards greater effectiveness for DBT in severely affected individuals.

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Authors	Subjects/Setting	Design	Adherence to Standard DBT	Outcomes and Comments
van den Bosch, Verheul, Schippers & van den Brink (2002)	Female patients with BPD with or without co-morbid substance abuse, ages 18-70; clinical referrals from outpatient psychiatric or substance abuse treatment; outpatient DBT program implemented at addiction treatment center.	Randomized controlled trial (N=58) comparing efficacy of DBT with treatment as usual, the impact of comorbid substance abuse on the efficacy of DBT, the overall efficacy of DBT on reducing substance abuse, and if standard DBT can be implemented among mixed group BPD patients without and without SA. Pilot phase recruited 9 BPD patients who were interviewed at beginning and end of treatment. Assessments are described in Verheul et al. (2003). Course of substance use behaviors and borderline symptomatology at 18 month follow up are presented.	Standard comprehensive DBT.	The intent of this paper was to examine differential results in treatment outcome among individuals with BPD with and without substance abuse. Implementation in a mixed population of BPD patients took place without any major problems. From exit interviews, all patients judged the program as validating and helpful and the treatment as very important. Session attendance was 81% and there was no difference found for patients with and without SA problems Comorbid SA did not significantly modify the impact of DBT on borderline symptoms; benefits of DBT on BPD symptoms occurred amongst both non-substance using and substance-using patients. Standard DBT is equally effective when suicidal and self-destructive behavior are focus of treatment, however it does not seem to effect substance abuse problems in these patients. There is almost no change over the 18 month follow up period, implying substance use problems were not effectively targeted in the TAU or in treatment condition. The authors recommend developing a multi-targeted DBT program for a broad patient population including several specific impulse control disorders and combinations of them.
Linehan, Comtois, Murray, Brown, Gallop, Heard, Korslund, Tutek, Reynolds, & Lindenboim (in press)	Women, ages 18-45, who met criteria for BPD and reported at least two suicide attempts and/or self-injuries in the past five years and at least one in the past eight weeks; outpatient clinic and community practice.	Randomized controlled trial (N=101) comparing 1 year of DBT to a non-behavioral community-treatment-by-experts (CTBE) to address whether DBT's effectiveness in treating suicidal and BPD patients can be accounted for by treatment factors common to most psychotherapies. Ss were assessed prior to treatment assignment and at 4-month intervals through the 1- year treatment and 1-year follow-up periods.	Standard comprehensive DBT.	DBT had better outcomes on intent-to-treat analysis in most target areas over the two-year treatment and follow-up period. DBT Ss were half as likelyh to make a suicide attempt, were less likely to be hospitalized for suicide ideation, and had lower medical risk across all suicide attempts and self-injurious acts combined. DBT Ss were significantly less likely to drop out of treatment (DBT=25%, CTBE=59%). DBT Ss had significantly fewer psychiatric emergency room visits and fewer psychiatric hospitalizations. Ss in both conditions showed statistically significantly improvement over time on depression, reasons for living, suicide ideation. This study was the first to examine DBT for the purpose of identifying the specific elements of treatment that are necessary and sufficient for an efficacious outcome with BPD individuals. The findings indicate that the efficacy of DBTcannot reasonably be attributed solely to general factors associated with receiving expert psychotherapy. DBT appears uniquely effective in reducing suicide attempts.

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2. Published Quasi Experimental Studies

Authors	Subjects/Setting	Design	Adherence to Standard DBT	Outcomes and Comments
Barley, Buie, Peterson, Hollings-worth, Griva, Hickerson, Lawson, & Bailey (1993).	Mostly female (79%) on an inpatient personality disorders unit. M age = 30 years (range=16-57). Length of stay in hospital: M = 106 days (range=3-629 days).	Quasi-experimental study (N=130). Study compares outcomes between Ss during three phases of integrating DBT onto unit: (1) no DBT; (2) phasing in/introducing DBT to unit; (3) full DBT program. To control for effects of time, investigators compared changes in parasuicide episodes across three intervals to changes in parasuicide rates across intervals on another psychiatric unit within hospital during same period of time.	Program was evolving from sole psychodynamic focus to incorporation of DBT; psychodynamic continued to inform case conceptualization and aspects of treatment with DBT skills training group as an adjunct to psychodynamic treatment. Included DBT skills training group, a separate "homework group" using problem-solving strategies when Ss didn't complete homework, and "fundamentals" group for new patients to provide general overview of skills and extensive exposure to crisis survival skills.	Mean monthly parasuicide rate on the personality disorders unit was significantly lower following the implementation of DBT on the unit. Rates of parasuicide on the general psychiatric unit were not significantly different at any of the three time periods. Results suggest that once incorporated onto the unit, use of DBT skills reduces parasuicidal behavior among Ss on a personality disorders unit. Because this study lacks randomization, other competing hypotheses for these findings are not eliminated. Its obvious strengths include its naturalistic setting on an inpatient unit.
Miller, Rathus, & Leigh (AABT, 1996, Nov). Rathus & Miller (2002)	Suicidal teens (M age=16); outpatient services in the Bronx, NY. 22% were male. Ethnicity: 68% Latino; 17% African American. DBT Ss met following inclusion criteria: BPD or BPD features plus current suicidal ideation or engaged in parasuicidal behavior within past 16 weeks.	Non-randomized control quasi-experimental pilot study comparing DBT for adolescents to treatment as usual. Of total (N=111), most severe teens were referred to DBT program. Ss in DBT received twice weekly individual and multi-family skills training; TAU Ss received twice weekly individual and family sessions.	Modifications to standard DBT included: inclusion of as-needed family therapy (added onto individual therapy) and inclusion of family members in group. Skills handouts modified for ease with teens and number of skills in modules reduced. Core mindfulness skills were taught 3 times, other modules were taught only once each. Treatment length was 12 weeks.	Ss in DBT group were significantly more likely to complete treatment than TAU Ss (62% vs. 40%). Ss in DBT had significantly fewer psychiatric hospitalizations (13% hospitalized in TAU vs. 0% in DBT-A). No significant differences in parasuicidal behaviors were observed. However, since Ss in DBT were recruited for this condition because of their suicidal behaviors, no difference between conditions on this outcome variable is noteworthy. Additional outcome measures from DBT (pre/post within DBT group): significant decreases in suicidal ideation, significant reductions in global severity index and positive symptoms distress index, and significant changes on SCL-90: anxiety, depression, interpersonal sensitivity, and obsessive compulsive, and trend toward significance on paranoid scale; reductions on Life Problems Inventory in total LPI scores as well as four problem areas: confusion about self, impulsivity, emotion dysregulation, and interpersonal difficulties.
Bohus, Haaf, Stiglmayr, et al. (2000).	BPD female Ss in an inpatient setting; had at least two parasuicide episodes in past two years.	Using a pre-post study design, Ss were assessed at admission to hospital and at one-month post-discharge.	All DBT Ss received DBT individual psychotherapy as well as DBT group skills training for the duration of their hospital stay. Additionally, skills coaching was provided in the milieu to further strengthen skills.	Significant decreases in the number of parasuicidal acts post-treatment as well as significant improvements in ratings of depression, dissociation, anxiety and global stress.

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Authors	Subjects/Setting	Design	Adherence to Standard DBT	Outcomes and Comments
Springer, Lohr, Buchtel, & Silk, (1996).	General inpatient unit. M length of stay = 13 days. Ss were selected for group on the basis of having a personality disorder.	Quasi-experimental study where investigators compared outcomes of Ss assigned to a treatment group that included DBT skills in a Creative Coping Group (CC) to a treatment as usual lifestyles and wellness discussion group.	Creative coping group format where Ss were encouraged to discuss parasuicidality in group. Ss only exposed to a limited number of DBT skills from three of four modules (emotion regulation, distress tolerance, and interpersonal effectiveness).	Ss in both conditions attended an average of six sessions and improved during their hospital stay. Ss in the CC treatment group were significantly more likely to believe that the lessons learned in group would help them manage their lives better upon discharge from the hospital. Investigators also note that Ss in the modified treatment group engaged in significantly *more* "acting out" behaviors during their hospital stay which they attribute to "discussing parasuicidality in the CC (creative coping) group and listening to patients describe their self-mutilative behaviors or fantasies." Two of the six individuals who engaged in self-mutilative acts while in the CC group had no prior history of such behavior. Authors conclude that adaptation of DBT to a short-term inpatient setting may not be in the patient's best interest because of possible contagion effect. This finding validates an important DBT principle described in Linehan's Skills Training manual: with chronically parasuicidal patients, do not encourage discussion of parasuicidal acts in a group setting because of contagion effects (p.24).
McCann & Ball, (1996). McCann, Ball, & Ivanoff (in review).	Primarily male forensic inpatients on medium & intermediate security wards; most committed violent crimes. 50% with BPD; 50% with ASPD. Recruited from 5 wards.	Quasi-experimental study comparing DBT (n=21) to treatment as usual (n=14) over 20 months. TAU was described as "individualized supportive care" that combined psychotropic medications, individual and group therapy.	DBT ward assumed DBT philosophy and patient assumptions. Individuals in DBT ward received DBT individual therapy, DBT group skills training, as well as skills coaching on the ward. Inpatients were encouraged to conduct a chain analysis of ward-interfering behavior, as well as therapy-interfering behavior.	In comparison to TAU, DBT Ss had a significant decrease in depressed and hostile mood, paranoia, and psychotic behaviors. Furthermore, DBT Ss had a significant decrease in several maladaptive interpersonal coping styles and an increase in adaptive coping in comparison to TAU. Finally, a trend towards reduction in staff burn-out was reported, again favoring DBT.

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Telch, Agras, & Linehan (2000).	Female Ss between 18 and 65 years of age in outpatient treatment program for Binge Eating Disorder.	Small preliminary pre-post design (N=11) adapting DBT to treatment of Binge Eating Disorder. 20 session-group format that includes skills training as well as behavioral chain analysis.	Ss only received DBT group skills training. With the exception of the interpersonal effective module, all DBT modules were taught. Additionally, chain analysis was taught as a self-management skill within group and Ss were instructed to conduct a chain analysis using specifically developed behavioral targets for mindful eating. Skill modules taught once, although a review of all skills in a particular module was provided at the end of each module.	Both the number of binge episodes and binge days decreased significantly from baseline to post-treatment and included weight loss. Three and six-month post-treatment assessment data showed strong continued abstinence from binge eating and maintenance of lower weight. No treatment drop outs were reported and attendance was strong.
Trupin, Stewart, Beach, Boesky (2002).	Juvenile female offenders in a mental health cottage in a correctional facility.	Quasi-experimental study comparing pre-post outcomes. Compared outcomes from cottage implementing DBT to a treatment as usual cottage with comparable characteristics.	Application primarily of DBT skills as well as consultation team. Each skills module taught over four week period in 60-90 minute groups occurring 1 to 2 times weekly. Skills strengthening occurred through coaching in the milieu.	Behavioral problems (aggression, parasuicide, and class disruption) were significantly higher within the experimental cottage at pretreatment and decreased significantly during intervention compared to other cottage. Following the DBT intervention, staff in the DBT cottage used fewer restrictive punitive responses. Following the DBT intervention, youth showed significantly improved transition to and participation in on-campus therapeutic, educational and vocational services.
Katz, Cox, Gunasekara, & Miller (2004)	Adolescent patients, aged 14 to 17 years, admitted for suicide attempts or suicidal ideation; psychiatric inpatient units.	Quasi-experimental pilot study (N=62, 10 boys, 52 girls) to evaluate the feasibility of DBT implementation in general child and adolescent psychiatric inpatient unit. Ss were 62 adolescents with suicide attempts or suicide ideation, admitted to one of two units, one of which applied DBT (n=26) and ther other TAU. Ss were assessed at pretreatment, - and a 1-year follow-up.	Adapted from adolescent DBT model developed by Miller et al. (1997). Two week program comprised of 10 daily, manualized DBT skills training sessions. Also seen twice per week for individual DBT psychotherapy and participated with DBT-trained nursing-staff in DBT milieu to facilitate skills generation. Staff met regularly for consultation meetings and DBT consultation was brought into evaluate the treatment program.	Follow up data was available for 26 DBT Ss (83% of those initially enrolled) and 27 TAU Ss (90% of those initially enrolled). The first study to evaluate implementation of DBT along with one-year clinical outcome follow up for suicidal adolescents on an inpatient unit compared to TAU. In comparison to TAU, DBT Ss had significantly fewer behavioral incidents and problems on the ward. There were no completed suicides in either group and both groups demonstrated highly significant reductions in parasuicidal behavior, depressive symptoms, and suicidal ideation at 1 year. Study supports feasibility to conduct abbreviated DBT program on an adolescent inpatient unit.

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4. Unpublished Quasi Experimental Studies

Authors	Subjects/Setting	Design	Adherence to Standard DBT	Outcomes and Comments
Stanley, Ivanoff, Brodsky, Oppen-heim, & Mann (AABT, 1998, Nov).	All Ss were females with BPD.	Non-randomized pilot project comparing efficacy for patients in standard DBT with a matched group of patients receiving TAU in the community.	This study included all components of standard, comprehensive DBT but was provided for shorter treatment duration (six months) than Linehan's original trial. Hence, all skills were taught one time only.	Statistically significant reductions in self-mutilation behaviors, self-mutilation urges, suicidal ideation, and suicidal urges were observed favoring DBT. No differences in self-reported psychopathology were observed. There were no suicide attempts in either group during the duration of the study.

5. Studies Incorporating Elements of DBT/Quasi DBT

Authors	Subjects/Setting	Design	Adherence to Standard DBT	Outcomes and Comments
Evans, Tyrer, Catalan, Schmidt, Davidson, Dent, Tata, Thornton, Barber, & Thompson (1999).	Ss ranging in age from 16-50 with recent episode of deliberate self-harm as well as at least 1 other episode of parasuicidal behavior in the past year. All Ss had a personality disturbance in Cluster B.	Randomized controlled trial (N=34) comparing a manual-assisted cognitive-behavioral brief intervention (MACT) to TAU. Following baseline, Ss were assessed at 6 months. Exposure to MACT ranged on a continuum from 2 to 6 sessions of problem-focused psychotherapy along with bibliotherapy (a manual of 6 short chapters covering problem-solving & basic cognitive techniques to manage emotions & negative thinking & relapse prevention strategies). Substance dependent clients were excluded from this study.	In contrast to comprehensive DBT, MACT constitutes a very brief treatment, up to 6 sessions of psychotherapy. Ss in MACT were instructed how to conduct a behavioral chain analysis using materials developed by Linehan and used in DBT and encouraged to conduct a chain analysis on their last episode of parasuicidal behavior. Ss were taught DBT crisis survival skills, including pros & cons and encouraged to practice these skills during the week.	During the six month assessment period, 10 Ss (56% MACT; 71% TAU) engaged in parasuicidal behavior. The rate of parasuicidal acts per month was lower with MACT than in TAU (median 0.17/month vs. 0.37/month, respectively). This finding was not statistically significant (p=0.11), which may be due to lack of statistical power. A statistically significant difference between conditions was noted on self-report of depression favoring MACT. The observed average cost of care was 46% less with MACT.
Turner, Ralph M. (2000)	Ss recruited from ER after suicide attempts; outpatient.	Randomized controlled trial (N=24) comparing DBT-oriented therapy to client-centered therapy (session range: 49-84 sessions). Ss assessed at baseline and at 6- and 12-month follow-ups. Ss received	Psychodynamic techniques added to standard DBT to conceptualize Ss' emotions and cognitions. To keep treatment conditions equal with regard to clinical contact hours, DBT skills training took place during individual therapy sessions, not in a separate group. Both treatment conditions received six sessions of group focusing on significant persons in the Ss environment.	Modifications to standard DBT made at theoretical and applied level, including incorporating of psychodynamic strategies and elimination of distinct DBT skills training mode. Results support efficacy of DBT-oriented treatment. At 6- and 12-month follow-up, Ss in DBT condition showed statistically significant gains in suicide/self-harm behavior compared to CCT Ss. At 12-month follow-up, DBT Ss showed significantly less anger, impulsivity, and depression than CCT Ss, as well as significantly improved global mental health functioning. At both 6-and 12-month follow-ups, DBT-oriented therapy significantly reduced hospitalization stays.

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Gold Award

Authors	Subjects/Setting	Design	Adherence to Standard DBT	Outcomes and Comments
Integrating Dialectical Behavior Therapy Into A Community Mental Health Program: The Mental Health Center of Greater Manchester, New Hampshire (1998)	Comprehensive community-based programs; outpatient DBT program for BPD clients used in pilot study.	Program effectiveness study (N=14) analyzing the outcomes of clients in a newly implemented DBT program. Ss were assessed before, during, and after a 1-year treatment.	The pilot program consisted of basic components of DBT, centered on group skills training, for 12=month duration. Clients are involved in a skills training group for 2.5 hours weekly, one hour each week for individual therapy, and telephone consultation. The staff also developed a medication protocol to alleviate symptoms that interfere with therapy and enhance participation. Finally, ancillary services and audiotaped modules were offered if appropriate. The program now offers a weekly transition group at the end of treatment, which clients may remain in for one year. In addition DBT "lite" is offered for borderline-spectrum clients who are not parasuicidal but exhibit behavioral and emotional dysregulation. A 16 week DBT program has also been implemented for adolescents who display traits consistent with a diagnosis of BPD. Also, treatment teams in support programs for clients with serious and persistent mental illnesses have been trained and applied DBT techniques prescriptively. Finally, a self-help group is offered for program graduates to maintain their skills.	For the first 14 clients who completed the program, there were positive changes in use of services compared with the year before program entry. There was 77% decrease in hospital days, 76% decrease in partial hospital days, 56% decrease in crisis bed days, and face-to-face contacts with emergency services were cut by 80 percent. The costs of these clients' outpatients' visits increased from $49,000 to $141,000, however hospital costs for them decreased from $453,000 to $83,000. Total treatment costs were cut in half from 645,000 to 273,000. For its successful integration of DBT which resulted in improved treatment of seriously ill clients, the Mental Health Center of Greater of Manchester was selected as a Gold Achievement Award Winner by the APA in 1998.

PUBLISHED ABSTRACTS FROM RANDOMIZED CONTROLLED TRIALS

Linehan, M.M., Armstrong, H.E., Suarez, A., Allmon, D., & Heard, H.L. (1991). Cognitive-Behavioral Treatment of Chronically Parasuicidal Borderline Patients [see comments]. Archives of General Psychiatry, 48, 1060-1064.

A randomized clinical trial was conducted to evaluate the effectiveness of a cognitive-behavioral therapy, i.e., dialectical behavior therapy, for the treatment of chronically parasuicidal women who met criteria for borderline personality disorder. The treatment lasted 1 year, with assessment every 4 months. The control condition was "treatment as usual" in the community. At most assessment points and during the entire year, the subjects who received dialectical behavior therapy had fewer incidences of parasuicide and less medically severe parasuicides, were more likely to stay in individual therapy, and had fewer inpatient psychiatric days. There were no between-group differences on measures of depression, hopelessness, suicide ideation, or reasons for living although scores on all four measures decreased throughout the year.

Linehan, M.M., Heard, H.L., & Armstrong, H.E. (1993). Naturalistic Follow-up of a Behavioral Treatment for Chronically Parasuicidal Borderline Patients. Archives of General Psychiatry, 50, 971-974.

BACKGROUND: A randomized clinical trial was conducted to evaluate whether the superior performance of dialectical behavior therapy (DBT), a psychosocial treatment for borderline personality disorder, compared with treatment-as-usual in the community, is maintained during a 1-year post treatment follow-up. METHODS: We analyzed 39 women who met criteria for borderline personality disorder, defined by Gunderson's Diagnostic Interview for Borderline Personality Disorder and DSM-III-R criteria, and who had a history of parasuicidal behavior. Subjects were randomly assigned either to 1 year of DBT, a cognitive behavioral therapy that combines individual psychotherapy with group behavioral skills training, or to treatment-as-usual, which may or may not have included individual psychotherapy. Efficacy was measured on parasuicidal behavior (Parasuicide History Interview), psychiatric inpatient days (Treatment History Interview), anger (State-Trait Anger Scale), global functioning (Global Assessment Scale), and social adjustment (Social Adjustment Scale--Interview and Social Adjustment Scale--Self-Report). Subjects were assessed at 6 and 12 months into the follow-up year. RESULTS: Comparison of the two conditions revealed that throughout the follow-up year, DBT subjects had significantly higher Global Assessment Scale scores. During the initial 6 months of the follow-up, DBT subjects had significantly less parasuicidal behavior, less anger, and better self-reported social adjustment. During the final 6 months, DBT subjects had significantly fewer psychiatric inpatient days and better interviewer-rated social adjustment. CONCLUSION: In general, the superiority of DBT over treatment-as-usual, found in previous studies at the completion of 1 year of treatment, was retained during a 1-year follow-up.

Linehan, M.M., Tutek, D.A., Heard, H.L., & Armstrong, H.E. (1994). Interpersonal Outcome of Cognitive Behavioral Treatment for Chronically Suicidal Borderline Patients. American Journal of Psychiatry, 151, 1771-1776.

OBJECTIVE: This study reports the efficacy of a cognitive behavioral outpatient treatment on interpersonal outcome variables for patients diagnosed with borderline personality disorder. METHOD: In a 1-year clinical trial, 26 female patients with borderline personality disorder were randomly assigned to either dialectical behavior therapy or a treatment-as-usual comparison condition. All subjects met criteria of DSM-III-R and Diagnostic Interview for Borderline Patients for borderline personality disorder and were chronically suicidal. RESULTS: In both the intent-to-treat and treatment completion groups, dialectical behavior therapy subjects had significantly better scores on measures of anger, interviewer-rated global social adjustment, and the Global Assessment Scale and tended to rate themselves better on overall social adjustment than treatment-as-usual subjects. CONCLUSIONS: These results suggest that dialectical behavior therapy is a promising psychosocial intervention for improving interpersonal functioning among severely dysfunctional patients with borderline personality disorder.

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Linehan, M.M., Schmidt, H., Dimeff, L.A., Craft, J.C., Kanter, J., & Comtois, K.A. (1999). Dialectical Behavior Therapy for Patients with Borderline Personality Disorder and Drug-dependence. American Journal on Addiction, 8, 279-292.

A randomized clinical trial was conducted to evaluate whether Dialectical Behavior Therapy (DBT), an effective cognitive-behavioral treatment for suicidal individuals with borderline personality disorder (BPD), would also be effective for drug-dependent women with BPD when compared with treatment-as-usual (TAU) in the community. Subjects were randomly assigned to either DBT or TAU for a year of treatment. Subjects were assessed at 4, 8, and 12 months, and at a 16-month follow-up. Subjects assigned to DBT had significantly greater reductions in drug abuse measured both by structured interviews and urinalyses throughout the treatment year and at follow-up than did subjects assigned to TAU. DBT also maintained subjects in treatment better than did TAU, and subjects assigned to DBT had significantly greater gains in global and social adjustment at follow-up than did subjects assigned to TAU. DBT has been shown to be more effective than treatment-as-usual in treating drug abuse in this study, providing more support for DBT as an effective treatment for severely dysfunctional BPD patients across a range of presenting problems.

Evans, K., Tyrer, P., Catalan, J., Schmidt, U., Davidson, K., Dent, J., Tata, P., Thornton, S., Barber, J., & Thompson, S.(1999). Manual-Assisted Cognitive-Behavior Therapy (MACT): A Randomized Controlled Trial of a Brief Intervention with Bibliotherapy in the Treatment of Recurrent Deliberate Self-harm. Psychological Medicine, 29, 19-25.

Investigated the effectiveness of a new manual-based treatment for recurrent deliberate self-harm that varied from bibliotherapy (6 self-help booklets) alone to 6 sessions of cognitive therapy linked to the booklets, which contained elements of dialectical behavior therapy. Thirty-four patients, aged 16-50 yrs, seen after an episode of deliberate self-harm, with personality disturbance within the flamboyant cluster and a previous parasuicide episode within the past 12 months, were randomly assigned to treatment with MACT (18 Ss) or treatment as usual (TAU; 16 Ss). Assessments of clinical symptoms and social function were made at baseline and repeated at 6 months. The number and rate of all parasuicide attempts, time to next episode and costs of care were also determined. Thirty-two patients (18 MACT; 14 TAU) were seen at follow-up and 10 patients in each group (56% MACT and 71% TAU) had a suicidal act during the 6 months. The rate of suicidal acts per month was lower with MACT (median 0.17/mo MACT; 0.37/mo TAU) and self-rated depressive symptoms also improved. The treatment involved a mean of 2.7 sessions and the observed average cost of care was 46% less with MACT. Results suggest that this new form of cognitive-behavior therapy is promising in its efficacy and feasible in clinical practice.

Koons, C.R., Robins, C.J., Tweed, J.L., Lynch, T.R., Gonzalez, A.M., G.K., Morse, J.Q., Bishop, G.K., Butterfield, M.I., & Bastian, L.A. (2001). Efficacy of Dialectical Behavior Therapy in Women Veterans with Borderline Personality Disorder. Behavior Therapy, 32, 371-390.

Twenty women veterans who met criteria for borderline personality disorder (BPD) were randomly assigned to Dialectical Behavior Therapy (DBT) or to treatment as usual (TAU) for 6 months. Compared with patients in TAU, those in DBT reported significantly greater decreases in suicidal ideation, hopelessness, depression, and anger expression. In addition, only patients in DBT demonstrated significant decreases in number of parasuicidal acts, anger experienced but not expressed, and dissociation, and a strong trend on number of hospitalizations, although treatment group differences were not statistically significant on these variables. Patients in both conditions reported significant decreases in depressive symptoms and in number of BPD criterion behavior patterns, but no decrease in anxiety. Results of this pilot study suggest that DBT can be provided effectively independent of the treatment's developer and that larger efficacy and effectiveness studies are warranted.

Telch, C.F., Agras, W.S., & Linehan, M.M. (2001). Dialectical Behavior Therapy for Binge Eating Disorder. Journal of Consulting and Clinical Psychology, 69(6), 1061-1065.

This study evaluated the use of Dialectical Behavior Therapy (DBT) adapted for binge eating disorder (BED). Forty-four women with BED were randomly assigned to group DBT or a wait-list control condition and administered the Eating Disorder Examination in addition to measures of weight, mood, and affect regulation at baseline and post-treatment. Treated women evidenced significant improvement on measures of binge eating and eating pathology compared to controls, and 89% of the women receiving DBT had stopped binge eating by the end of the treatment. Abstinence rates were reduced to 56% at the six-month follow-up. Overall, the findings on the measures of weight, mood, and affect regulation were not significant. These results support further research into DBT as a treatment of BED.

Safer, D.L., Telch, C.F., & Agras, W.S. (2001). Dialectical Behavior Therapy for Bulimia Nervosa. American Journal of Psychiatry, 158, 632-634

OBJECTIVE: The effects of dialectical behavior therapy adapted for the treatment of binge/purge behaviors were examined. METHOD: Thirty-one women (averaging at least one binge/purge episode per week) were randomly assigned to 20 weeks of dialectical behavior therapy or 20 weeks of a waiting-list comparison condition. The manual-based dialectical behavior therapy focused on training in emotion regulation skills. RESULTS: An intent-to-treat analysis showed highly significant decreases in binge/purge behavior with dialectical behavior therapy compared to the waiting-list condition. No significant group differences were found on any of the secondary measures. CONCLUSIONS: The use of dialectical behavior therapy adapted for treatment of bulimia nervosa was associated with a promising decrease in binge/purge behaviors.

Linehan, M.M., Dimeff, L.A., Reynolds, S.K., Comtois, K.A., Shaw Welch, S., Heagerty, P., & Kivlanhan, D.R. (2002). Dialectical Behavior Therapy versus Comprehensive Validation Plus 12-Step for the Treatment of Opioid Dependent Women Meeting Criteria for Borderline Personality Disorder. Drug and Alcohol Dependence, 67, 13-26.

A randomized clinical trial was conducted to evaluate whether Dialectical Behavior Therapy (DBT), a treatment that synthesizes behavioral change with radical acceptance treatment strategies, would be more effective for heroin-dependent women with borderline personality disorder (*N*=23) than Comprehensive Validation Therapy with 12-Step (CVT +12S), a manualized approach that provided the major acceptance-based strategies used in DBT in combination with participation in 12-Step programs. There were three major findings. First, results of urinalyses indicated that both treatments—when combined with LAAM replacement medication—were effective in reducing opiate use relative to baseline. At 16 months post-randomization (four months post treatment), subjects in both treatment conditions had a low proportion of opiate-positive urinalyses (27% in DBT; 33% in CVT+12S). Second, participants assigned to DBT maintained reductions in mean opiate use through 12 months of active treatment while those assigned to CVT+12S significantly increased opiate use during the last four months of treatment. Second, CVT+12S were remarkably effective in maintaining subjects in treatment: 100% stayed for the entire year, compared to 64% in DBT. Third, at both post-treatment and at the 16-month follow-up assessment, subjects in both treatment conditions showed significant overall reductions in level of psychopathology relative to baseline. A noteworthy secondary finding was that subjects assigned to DBT were significantly more accurate in self-reporting opiate use than were those assigned to CVT+12S.

van den Bosch, L.M.C., Verheul, R., Schippers, G.M., & van den Brink, W. (2002). Dialectical Behavior Therapy of borderline patients with and without substance use problems: Implementation and long term effects. Addictive Behaviors. 27(6): 911-923.

Objective: The aim of this article is to examine whether standard Dialectical Behavior Therapy (DBT) (1) can be successfully implemented in a mixed population of borderline patients with or without comorbid substance abuse (SA), (2) is equally efficacious in reducing borderline symptomatology among those with and those without comorbid SA, and (3) is efficacious in reducing the severity of the substance use problems. Method: The implementation of DBT is examined qualitatively. The impact of comorbid SA on its efficacy, as well as on its efficacy in terms of reducing SA, is investigated in a randomized clinical trial comparing DBT with treatment-as-usual (TAU) in 58 female borderline patients with (n=31) and without (n=27) SA. Results: Standard DBT can be applied in a group of borderline patients with and without comorbid SA. Major implementation problems did not occur. DBT resulted in greater reductions of severe borderline symptoms than TAU, and this effect was not modified by the presence of comorbid SA. Standard DBT, as it was delivered in our study, however, had no effect on SA problems. Conclusions: Standard DBT can be effectively applied with borderline patients with comorbid SA problems, as well as those without. Standard DBT, however, is not more efficacious than TAU in reducing substance use problems. We propose that, rather than developing separate treatment programs for dual diagnosis patients, DBT should be "multitargeted." This means that therapists ought to be trained in addressing a range of severe manifestations of personality pathology in the impulse control spectrum, including suicidal and self-damaging behaviors, binge eating, and SA.

Lynch, T.R., Morse, J.Q., Mendelson, T., & Robins, C.J. (2003). Dialectical Behavior Therapy for Depressed Older Adults: A Randomized Pilot Study. American Journal of Geriatric Psychiatry. 11, 33-45

Thirty-four (largely chronically) depressed individuals aged 60 and older were randomly assigned to receive twenty-eight weeks of antidepressant medication plus clinical management, either alone (MED) or with the addition of dialectical behavior therapy skills-training and scheduled telephone coaching sessions (MED+DBT). MED+DBT showed significant decreases on mean self-rated depression scores and both treatment groups demonstrated significant and roughly equivalent decreases on interviewer-rated depression scores. However, on interviewer-rated depression, 71% of MED+DBT patients were in remission at post-treatment, in contrast to 47% of MED patients. At a 6-month follow-up, 75% of MED+DBT patients were in remission compared with only 31% of MED patients, a significant difference. Only patients receiving MED+DBT showed significant improvements from pre- to post-treatment on dependency and adaptive coping that are proposed to create vulnerability to depression. Results from this pilot study suggest that DBT skills training and telephone coaching may offer promise to effectively augment the effects of antidepressant medication in depressed older adults.

Verheul, R., van den Bosch, L. M. C., Koeter, M. W. J., de Ridder, M. A. J., Stijnen, T., & van den Brink, W. (2003). Dialectical behavior therapy for women with borderline personality disorder. British Journal of Psychiatry, 182, 135-140.

Background Dialectical behaviour therapy (DBT) is widely considered to be a promising treatment for borderline personality disorder (BPD). However, the evidence for its efficacy published thus far should be regarded as preliminary. Aims To compare the effectiveness of DBT with treatment as usual for patients with BPD and to examine the impact of baseline severity on effectiveness. Method Fifty-eight women with BPD were randomly assigned to either 12 months of DBT or usual treatment in a randomised controlled study. Participants were recruited through clinical referrals from both addiction treatment and psychiatric services. Outcome measures included treatment retention and the course of suicidal, self-mutilating and self-damaging impulsive behaviours. Results Dialectical behaviour therapy resulted in better retention rates and greater reductions of self-mutilating and self-damaging impulsive behaviours compared with usual treatment, especially among those with a history of frequent self-mutilation. Conclusions Dialectical behaviour therapy is superior to usual treatment in reducing high-risk behaviours in patients with BPD.

van den Bosch, L.M.C., Koeter M., Stijnen T., Verheul R., & van den Brink, W. (2005). Sustained efficacy of Dialectical Behavior Therapy for Borderline Personality Disorder. Behaviour Research and Therapy, 43(9), 1231-1241.

Dialectical Behaviour Therapy (DBT) is considered one of the most promising treatments for borderline personality disorder (BPD). Recently, we reported significantly positive effects of 12 months DBT on parasuicidal behaviour and impulsivity in a mixed group of female BPD patients with and without substance abuse. Fifty-eight women with BPD were randomly assigned to either 52 weeks of DBT or treatment as usual (TAU). Follow-up assessment took place at 78 weeks, i.e., 6 months after discontinuation of DBT. Participants were clinical referrals from addiction treatment and psychiatric services. Outcome measures included parasuicidal behaviour, impulsivity and substance abuse. Six months after treatment discontinuation, the benefits of DBT over TAU in terms of lower levels of parasuicidal and impulsive behaviours, and in alcohol use, sustained. No differences between the treatment conditions were found for drug abuse. In conclusion, DBT seems to have a sustained effect on some of the core symptoms of BPD and on alcohol problems in a mixed population of female borderline patients with and without substance abuse problems.

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Lynch, T.R., Cheavens, J.S., Cukrowicz, K.C, Thorp, S., Beyer, J., & Bronner, L. (in press). Treatment of older adults with co-morbid personality disorder and depression: A Dialectical Behavior Therapy approach. International Journal of Geriatric Psychiatry.

The treatment of personality disorders in older adults, particularly those co-morbid with other Axis I disorders (e.g., Major Depressive Disorder), is an understudied clinical phenomenon. Recent research suggests that rates of personality disorders in older adults are similar to rates in younger adults. Additionally, it has been demonstrated that personality disorders in older adults complicate treatment of other psychopathology, as well as result in heightened interpersonal disturbance and emotional distress. This paper outlines two studies utilizing standard Dialectical Behavior Therapy (DBT) to treat personality disorders and depression in older adults. In addition, based on the results of these studies, we describe modifications to standard DBT to address issues of specific importance to co-morbidity in older adults with personality disorder and depression. An overview of a new biosocial theory of personality disorders in older adults, revised dialectics, and corresponding treatment targets for this population are then presented.

Linehan, M.M., Comtois, K.A., Murray, A.M., Brown, M.Z., Gallop, R.J., Heard, H.L. Korslund, K.E., Tutek, D.A., Reynolds, S.K., Lindenboim, N. (in press). Two-Year Randomized Trial + Follow-Up of Dialectical Behavior Therapy vs. Therapy by Experts for Suicidal Behaviors and Borderline Personality Disorder. Archives of General Psychiatry.

CONTEXT: Dialectical Behavior Therapy (DBT) is a treatment for suicidal behavior and borderline personality disorder (BPD) with well-documented efficacy. OBJECTIVES: Evaluate the hypothesis that unique aspects of DBT are more efficacious in comparison to treatment offered by non-behavioral expert psychotherapists. DESIGN: One year randomized controlled trial plus one year post-treatment follow-up. SETTING: University out-patient clinic and community practice. PARTICIPANTS: 101, clinically referred women with recent suicidal and self-injurious behaviors DSM-IV BPD criteria matched to condition on number of lifetime intentional self-injuries and psychiatric hospitalizations, suicide attempt history, age, and negative prognostic indication. INTERVENTION: One year of DBT or Community Treatment-By-Experts (CTBE). The CTBE condition was developed to maximize internal validity by controlling therapist availability, expertise, allegiance, gender, training and experience, consultation, availability, and institutional prestige. MAIN OUTCOME MEASURES: Trimester assessments of suicidal behaviors, emergency services usage, and general psychological functioning. Measures were selected on previous outcome studies of DBT. Assessments of outcome variables were by blinded assessors. RESULTS: DBT had better outcomes on intent-to-treat analysis than CTBE in most target areas over the two year treatment and follow-up period. DBT subjects were half as likely to make a suicide attempt ($p=.005$), were less likely to be hospitalized for suicide ideation ($p=.004$), and had lower medical risk ($p=.039$) across all suicide attempts and self-injurious acts combined. DBT subjects were less likely to drop out of treatment ($p<.001$), had few psychiatric emergency room visits ($p=.043$) and fewer psychiatric hospitalizations ($p=.007$). Subjects in both conditions showed statistically significant improvement over time on above measures as well as depression, reasons for living, and suicide ideation. CONCLUSION: Findings replicate previous studies of DBT and suggest that the effectiveness of DBT cannot reasonably be attributed to general factors associated with expert psychotherapy.

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