



Behavioral Tech

A Linehan Institute Training Company

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DBT Treatment Research

MARCH 1 – APRIL 16, 2014

1. **Title:** [Family Skills Training in Dialectical Behaviour Therapy: The Experience of the Significant Others](#)

Authors: S Ekdahl, E Idvall, KI Perseius

Journal & Date: Archives of Psychiatric Nursing (2014)

Aim: The aim was to describe Significant Others' experiences of Dialectical Behaviour Therapy- Family Skills Training (DBT-FST), their life situation before and after DBT-FST, and measure their levels of anxiety and depressive symptoms.

Methods: The study had a descriptive mixed method design. Data was collected with free text questionnaires (n=44), group interviews (n=53) and the HAD scale (n=52) and analysed by qualitative content analysis and descriptive and inferential statistics.

Results: The results show that life before DBT-FST was a struggle. DBT-FST gave hope for the future and provided strategies helpful in daily life. For the subgroup without symptoms of anxiety and depression before DBT-FST, anxiety increased significantly. For the subgroup with symptoms of anxiety and depression, the symptoms decreased significantly. This indicates, despite increased anxiety for one group, that DBT-FST is a beneficial intervention and most beneficial for those with the highest anxiety and depressive symptoms.

2. **Title:** [A Pilot Study of Two Brief Forms of DBT Skills Training for Emotion Dysregulation in College Students](#)

Authors: SL Rizvi, LM Steffel

Journal & Date: Journal of American College Health (2014)

Objective: To examine the feasibility and initial efficacy of two abbreviated Dialectical Behavior Therapy (DBT) skills training groups: emotion regulation skills only and emotion regulation with mindfulness skills. Participants: Participants were 24 undergraduates (aged 18-29) with significant emotion dysregulation who participated between February and May of 2010, 2011, and 2012.

Methods: Participants participated in two-hour weekly group sessions for eight weeks and completed outcome measures at baseline, mid-treatment, post-treatment, and 4-week follow-up.

Results: Participants in both conditions made significant gains, with large effect sizes, across measures of emotion regulation, affect, skills use, and functioning. There were no differences between the two groups, suggesting no additive benefit of mindfulness skills.

Conclusions: This pilot study provides support for the acceptability and efficacy of abbreviated DBT skills training in colleges, given significant improvements, positive feedback, and low attrition. Impediments to feasibility included recruitment difficulties, particularly due to scheduling constraints.



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3. **Title:** [An Investigation of the Biosocial Model of Borderline Personality Disorder](#)

Authors: D Gill, W Warburton

Journal & Date: Journal of Clinical Psychology (2014)

Objectives: We sought to test the Biosocial Theory of borderline personality disorder (BPD) that posits that borderline traits are due to emotional dysregulation, caused by the interaction between childhood emotional vulnerability and invalidating parenting.

Method: A total of 250 adults (76% female, median age = 32.06 years) from a nonclinical population completed self-report measures assessing current levels of borderline traits and emotional dysregulation. They also completed retrospective measures of childhood emotional vulnerability and parental invalidation.

Results: Invalidating parenting and emotional vulnerability independently predicted emotion dysregulation, but an interaction effect was not found. Having experienced validating parenting was found to be a protective factor for developing borderline traits but was not significantly related to emotional dysregulation.

Conclusion: Data in this sample did not support the underlying genesis of BPD proposed by the Biosocial Theory and a model that more parsimoniously explains the development of BPD is proposed

4. **Title:** [Orienting Clients to Telephone Coaching in Dialectical Behavior Therapy](#)

Authors: DD Ben-Porath

Journal & Date: Cognitive and Behavioral Practice (2014)

Considerable attention in the literature has been devoted to individual therapy and group skills training in dialectical behavior therapy. However, there is a relative dearth of information on telephone coaching in DBT. While several authors have addressed important issues in DBT, including studies on efficacy and therapeutic considerations, what is glaringly absent from the literature is a basic overview of how to orient new clients to DBT phone coaching. The goal of the current paper is to highlight the following six important areas and their role in orientation to DBT phone coaching: (a) orientation to the three functions of DBT telephone coaching; (b) orientation to the rationale of the 24-hour rule; (c) orientation to the logistics of contacting their therapist after hours; (d) orientation to observing the therapist's personal limits; (e) orientation to the purpose of phone holidays; and (f) orientation to the practice of using skills prior to calling. A video is provided to further elucidate how to orient clients to DBT telephone coaching



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APRIL 16 – MAY 9, 2014

1. **Title:** [A Novel Adaptation of Distress Tolerance Skills Training Among Military Veterans: Outcomes in Suicide-Related Events](#)

Authors: CA Denckla, R Bailey, C Jackson, J Tatarakis...

Journal & Date: Cognitive and Behavioral Practice (2014)

Although clinical services designed to address suicide-related behaviors are available to veterans, some factors may limit their effectiveness. Relevant factors include the presence of barriers to accessing existing services and a lack of interventions that address the unique needs of veterans. In an effort to address this gap, a modified DBT distress tolerance drop-in group was offered to a population of military veterans in an outpatient setting. This exploratory study reports clinical outcomes on this skills training group intervention informed by Dialectical Behavior Therapy (DBT) principles among a population of self- and clinician-referred veterans. Findings suggest a significant reduction in suicide-related behaviors among veterans who attended 8 or more skills training groups. Clinical implications of study findings warrant further research into novel adaptations of evidence-based treatments for this population with unique needs.

2. **Title:** [A Pragmatic Randomised Controlled Trial of Dialectical Behaviour Therapy: Effects on Hospitalisation and Post-Treatment Follow-Up](#)

Authors: K Barnicot, M Savill, N Bhatti, S Priebe

Journal & Date: Psychotherapy and Psychosomatics (2014)

In 2012 in this journal we published the results of a pragmatic randomised controlled trial (RCT) of dialectical behaviour therapy (DBT) versus treatment as usual (TAU) in the United Kingdom National Health Service for patients with borderline personality disorder (BPD) and frequent self-harm [1]. This was a sample of 80 patients, 40 allocated to DBT and 40 to TAU. In this publication we reported on the primary outcome, self-harm, and showed that patients in the DBT condition achieved a significantly greater reduction in self-harm frequency over time than patients in the TAU condition. We report here the effect of DBT compared to TAU on inpatient service use, and a follow-up 6 months after the end of treatment.

- No DBT completers had any inpatient hospitalisations during the 6-month follow-up period. For treatment dropouts, the rate of follow-up was too low (8 of 21 participants) to render statistical comparison valid.
- We showed that patients completing DBT did not experience an increase in self-harming behaviour once discharged from treatment. In fact, self-harm on average continued to decrease following treatment, although this decrease was not statistically significant.



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3. **Title:** [Dialectical behavior therapy for adolescent binge eating, purging, suicidal behavior, and non-suicidal self-injury: A pilot study.](#)

Authors: S Fischer, C Peterson

Journal & Date: Psychotherapy (2014)

There are few published randomized controlled trials examining treatment for symptoms of bulimia nervosa (BN) in adolescents. Additionally, many adolescents presenting for treatment for BN symptoms endorse co-occurring mood disturbances, suicidality, and nonsuicidal self-injury (NSSI), and may not meet full Diagnostic and Statistical Manual-IV-Text Revision (DSM-IV-TR) diagnostic criteria for BN. In addition to the limited number of randomized controlled trials, published treatment studies of BN symptoms in adolescence do not specifically address the multiple comorbid symptoms that these adolescents often report. The purpose of this pilot study was to examine the feasibility and effectiveness of an outpatient dialectical behavior therapy (DBT) program for adolescents with symptoms of BN, suicide attempts, and NSSI. Ten eligible participants enrolled in the study; 3 dropped within 4 weeks of initiating treatment. In addition to binge eating and suicidal behavior, participants also endorsed a number of other comorbid mood disorders and substance abuse. Seven participants completed 6 months of treatment and 6-month follow-up assessments. Treatment included access to a crisis management system, individual therapy, skills training, and a therapist consultation team. At posttreatment, participants had significantly reduced self-harm; (Cohen's $d = 1.35$), frequency of objective binge episodes (Cohen's $d = .46$), frequency of purging (Cohen's $d = .66$), and Global Eating Disorder Examination scores (Cohen's $d = .64$). At follow-up, 6 participants were abstinent of NSSI; 3 participants were abstinent from binge eating. At follow-up, treatment gains were maintained and enhanced. Results indicate that it is feasible to address multiple forms of psychopathology during the treatment of BN symptoms in this age-group.

4. **Title:** [Efficacy and cost-effectiveness of an experimental short-term inpatient Dialectical Behavior Therapy \(DBT\) program: study protocol for a randomized controlled trial](#)

Authors: LM van den Bosch, R Sinnaeve, L Hakkaart-van Roijen...

Journal & Date: Trials (2014)

Background: Borderline Personality Disorder (BPD) is a serious psychiatric condition associated with substantial mortality, burden and public health costs. DBT is the treatment model with the largest number of published research articles showing effectiveness. However, some patients are not sufficiently engaged in outpatient treatment while presenting severe parasuicidal behavior, making hospitalization necessary. The Center for Personality Disorders Jelgersma developed an intensive 12-week inpatient DBT program that (i) rapidly reduces core borderline symptoms like suicidal behavior, (ii) minimizes the negative effects of an inpatient setting, and (iii) enhances compliance with outpatient treatment. We evaluate the (cost-) effectiveness of this experimental program.

Methods/Design: Seventy patients, aged 18 to 45 years with a primary diagnosis of BPD, showing a chronic pattern of parasuicidal gestures and/or reporting high degrees of severity of other borderline symptoms, are randomly allocated to the control and intervention groups. Subjects in the control group receive standard outpatient DBT, provided in one of three regular mental health settings in GGZ Rivierduinen. Subjects in the intervention group receive 12 weeks of intensified inpatient DBT plus six months of standard DBT, provided in the Center for Personality Disorders Jelgersma. The primary outcome is the number of suicide attempts/selfharming acts. Secondary outcomes are severity of other borderline complaints, quality of life, general psychopathological symptoms and health care utilization and productivity costs. Data are gathered using a prospective, two (group: intervention and control) by five (time of measurement) repeated measures factorial design. Participants will complete three-monthly outcome assessments in the course of therapy: at baseline, and 12, 24, 36 and 52 weeks after the start of the treatment. The period of recruitment started in March 2012 and the study will end in December 2014.

Discussion: Highly suicidal outpatient patients can pose a dilemma for mental health care professionals. Although hospitalization seems inevitable under some circumstances, it has proven to be harmful in its own right. This paper outlines the background and methods of a randomized trial evaluating the possible surplus value of a short-term inpatient DBT program.



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MAY 10 – JUNE 30, 2014

1. **Title:** [Dialectical Behavior Therapy: Does It Bring About Improvements in Affect Regulation in Individuals with Eating Disorders?](#)

Authors: DD Ben-Porath, A Federici, L Wisniewski, M Warren

Journal & Date: Journal of Contemporary Psychotherapy (2014)

The current investigation sought to determine whether a standard outpatient dose of dialectical behavior therapy (DBT) skills training (2 h per week) coupled with standard CBT treatment would be sufficient to produce changes in affect regulation over the course of day hospitalization treatment. In an uncontrolled pre-post treatment design, 65 women diagnosed with anorexia nervosa or bulimia nervosa were assessed at the beginning of treatment and at the end of treatment on affect regulation. Findings indicated that participants demonstrated a significant improvement in their ability to regulate affect, suggesting that weekly DBT treatment may play an important role in producing changes in affect regulation. Secondary analyses on eating disorder outcomes revealed a significant increase in weight gain as well as a significant reduction in restriction, bingeing, purging and eating disordered cognitions. Findings are discussed in the context of clinical and treatment implications for those with severe eating disorders.

2. **Title:** [A Critical Ethnography of the Compatibility of a Culturally Modified Dialectical Behavior Therapy with Native American Culture and Context](#)

Authors: KM Kinsey

Journal & Date: (Dissertation, University of Arizona) (2014)

Purpose: Describe the Suquamish cultural influences on defining living a life worthwhile and to describe the compatibility of a culturally modified Dialectical Behavior Therapy (DBT) with a Native American community's culture and context.

Background: Native Americans experience serious psychological distress, suicide, and substance abuse at higher rates than other racial groups. Studies using DBT found a significant decrease in parasuicidal risk behavior and substance abuse. However, research has not demonstrated that DBT is efficacious or compatible within the Native American culture. Specific Aims: 1) Describe the Native American cultural influences on defining living a life worthwhile. 2) Describe the compatibility between Healthy and Whole, a culturally modified DBT intervention with Native American culture.

Methodology: Critical ethnographic study with in-depth interviews (13) and participant observations (10 months) was conducted. Sample was tribal members and clinicians exposed to the Healthy and Whole and tribal members who are identified as knowledgeable regarding tribal tradition. Analyses included semantic domain, taxonomic, and theme analysis for aim1 and compared DBT curriculum to results of aim 1 to accomplish aim 2.

Findings: An intergenerational cycle of relational trauma was initiated by structural cultural genocide with systematic abuse and neglect of Native Americans especially children. Relational trauma of abuse and neglect is the source of a variety of maladaptive behaviors. These maladaptive behaviors lead to relational trauma in the next generation. A dual process of maintaining and revitalizing Suquamish cultural values coupled with skills taught in a culturally modified DBT intervention, Healthy and Whole, help Suquamish members live more worthwhile lives and recover from intrapersonal trauma.

Implications: Healthy and Whole is a community approach to healing from relational trauma. Healthy and Whole approach to DBT may help other indigenous people live more worthwhile lives and recover from relational trauma and break the cycle because Suquamish cultural values are collectivist and many indigenous peoples share similar values and histories of historical trauma.



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4. **Title:** [Dialectical Behavior Therapy Skills for Transdiagnostic Emotion Dysregulation: A Pilot Randomized Controlled Trial](#)

Authors: AD Neacsiu, J Eberle, R Kramer, T Wiesmann...

Journal & Date: Behaviour Research and Therapy (2014)

Objective: Difficulties with emotions are common across mood and anxiety disorders. Dialectical behavior therapy skills training (DBT-ST) reduces emotion dysregulation in borderline personality disorder (BPD). Preliminary evidence suggests that use of DBT skills mediates changes seen in BPD treatments. Therefore, we assessed DBT-ST as a stand-alone, transdiagnostic treatment for emotion dysregulation and DBT skills use as a mediator of outcome.

Method: Forty-four anxious and/or depressed, non-BPD adults with high emotion dysregulation were randomized to 16 weeks of either DBT-ST or an activities-based support group (ASG). Participants completed measures of emotion dysregulation, DBT skills use, and psychopathology every 2 months through 2 months posttreatment.

Results: Longitudinal analyses indicated that DBT-ST was superior to ASG in decreasing emotion dysregulation ($d = 1.86$), increasing skills use ($d = 1.02$), and decreasing anxiety ($d = 1.37$), but not depression ($d = 0.73$). Skills use mediated these differential changes. Participants found DBT-ST acceptable. 32% of DBT-ST and 59% of ASG participants dropped treatment. 59% of DBT-ST and 50% of ASG participants complied with the research protocol to avoid ancillary psychotherapy and/or medication changes.

Conclusion: DBT-ST is a promising treatment for emotion dysregulation for depressed and anxious transdiagnostic adults, although more assessment of feasibility is needed.

5. **Title:** [Pilot Randomized Controlled Trial of Dialectical Behavior Therapy Group Skills Training for ADHD Among College Students.](#)

Authors: AP Fleming, RJ McMahon, LR Moran, AP Peterson...

Journal & Date: Journal of Attention Disorders (2014)

Objective: ADHD affects between 2% and 8% of college students and is associated with broad functional impairment. No prior randomized controlled trials with this population have been published. The present study is a pilot randomized controlled trial evaluating dialectical behavior therapy (DBT) group skills training adapted for college students with ADHD.

Method: Thirty-three undergraduates with ADHD between ages 18 and 24 were randomized to receive either DBT group skills training or skills handouts during an 8-week intervention phase. ADHD symptoms, executive functioning (EF), and related outcomes were assessed at baseline, post-treatment, and 3-month follow-up.

Results: Participants receiving DBT group skills training showed greater treatment response rates (59-65% vs. 19-25%) and clinical recovery rates (53-59% vs. 6-13%) on ADHD symptoms and EF, and greater improvements in quality of life.

Conclusion: DBT group skills training may be efficacious, acceptable, and feasible for treating ADHD among college students. A larger randomized trial is needed for further evaluation



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6. **Title:** [The DiaS trial: dialectical behavior therapy versus collaborative assessment and management of suicidality on self-harm in patients with a recent suicide attempt and borderline personality disorder traits - study protocol for a randomized controlled trial](#)

Authors: K Andreasson, J Krogh, B Rosenbaum, C Gluud...

Journal & Date: Trials (2014)

Background: In Denmark 8,000 to 10,000 people will attempt suicide each year. The Centre of Excellence in Suicide Prevention in the Capital Region of Denmark is treating patients with suicidal behavior, and a recent survey has shown that 30% of the patients are suffering from borderline personality disorder. The majority of patients (70% to 75%) with borderline personality disorder have a history of deliberate self-harm and 10% have a lifetime risk to die by suicide. The DiaS trial is comparing dialectical behavior therapy with collaborative assessment and management of suicidality-informed supportive psychotherapy, for the risk of repetition of deliberate self-harm in patients with a recent suicide attempt and personality traits within the spectrum of borderline personality disorder. Both treatments have previously shown effects in this group of patients on suicide ideation and self-harm compared with treatment as usual.

Methods/Design: The trial is designed as a single-center, two-armed, parallel-group observer-blinded randomized clinical superiority trial. We will recruit 160 participants with a recent suicide attempt and at least two traits of the borderline personality disorder from the Centre of Excellence in Suicide Prevention, Capital Region of Denmark. Randomization will be performed through a centralized and computer-generated approach that conceals the randomization sequence. The interventions that are offered are a modified version of a dialectical behavior therapy program lasting 16 weeks versus collaborative assessment and management of suicidality-informed supportive psychotherapy, where the duration treatment will vary in accordance with established methods up to 16 weeks. The primary outcome measure is the ratio of deliberate self-harming acts including suicide attempts measured at week 28. Other exploratory outcomes are included such as severity of symptoms, suicide intention and ideation, depression, hopelessness, self-esteem, impulsivity, anger, and duration of respective treatments.



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DBT Treatment Research

DATE – DATE, 2016

1. **Title:** [The Use of Dialectical Behavior Therapy Skills Training as Stand-Alone Treatment: A Systematic Review of the Treatment Outcome Literature](#)

Authors: SE Valentine, SM Bankoff, RM Poulin, EB Reidler, DW Pantalone

Journal & Date: Journal of Clinical Psychology (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. **Title:** [Dialectical Behavior Therapy for Adolescents With Repeated Suicidal and Self-harming Behavior—A Randomized Trial](#)

Authors: L Mehlum, AJ Tørmoen, M Ramberg, E Haga, LM Diep...

Journal & Date: Journal of the American Academy of Child & Adolescent Psychiatry (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



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3. **Title:** [Societal cost-of-illness in patients with borderline personality disorder one year before, during and after dialectical behavior therapy in routine outpatient care](#)

Authors: T Wagner, T Fydrich, C Stiglmayr, P Marschall...

Journal & Date: Behaviour Research and Therapy (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. **Title:** [Dialectical Behavior Therapy Alters Emotion Regulation and Amygdala Activity in Patients with Borderline Personality Disorder](#)

Authors: M Goodman, D Carpenter, CY Tang, KE Goldstein...

Journal & Date: Journal of Psychiatric Research(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 × 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 picture 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.



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

Authors: J Gibson, R Booth, J Davenport, K Keogh, T Owens

Journal & Date: Behaviour Research and Therapy (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. **Title:** [The Effects of a DBT Informed Partial Hospital Program on: Depression, Anxiety, Hopelessness, and Degree of Suffering](#)

Authors: JE Lothes, KD Mochrie, J St John

Journal & Date: Journal of Psychology & Psychotherapy (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.



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DBT Treatment Research

JULY 30 – SEPTEMBER 3, 2013

1. **Title:** [EPA-1674 – Effects of dialectic behavior therapy on the neuronal correlates of emotion regulation in borderline personality disorder](#)

Authors: R Schmitt, D Winter, I Niedtfeld, C Schmahl...

Journal & Date: European Psychiatry (2014) [Note: This is a conference abstract, not a journal article]

Introduction: A fundamental aspect of Borderline Personality Disorder (BPD) is emotional dysregulation. Dialectic Behavior Therapy (DBT) is a widely used therapy program developed specifically for improving emotion regulation in BPD.

Objectives: To date little is known about the neural mechanisms associated with the amelioration of BPD symptoms after DBT.

Aims: In the present study we investigated pre-post therapy changes in a) brain activity during cognitive reappraisal, one commonly acquired skill during DBT and b) brain gray matter volume attributable to successful participation in a DBT skills training.

Methods: Before and after a 12-week in-patient DBT treatment program 22 female BPD patients and 22 healthy control subjects participated in two fMRI sessions of a well-established emotion reappraisal paradigm. Using voxel-based morphometry (VBM) changes in gray matter volume were analysed. Pre-post therapy changes were compared between the group of DBT-Responders (n=12) and DBT-Non-Responders (n=10).

Results: After participating in a DBT skills training, DBT responders exhibited a reduced activity in vIPFC compared to the first scanning session and to DBT non-responders during reappraisal of aversive stimuli. The reduction in vIPFC activity correlated significantly with symptom improvement after therapy. After therapy DBT-Responders showed a significant higher gray matter volume in an extended cluster comprising anterior insula, caudate nucleus, and putamen.

Conclusions: In the current study, we provide evidence that a successful participation in DBT is associated with altered activity in the vIPFC and changes in gray matter concentration in anterior insula and striatum.

2. **Title:** [Non-suicidal self-injury during an exposure-based treatment in patients with posttraumatic stress disorder and borderline features](#)

Authors: A Krüger, N Kleindienst, K Priebe, AS Dyer, R Steil...

Journal & Date: Behaviour Research and Therapy (2014)

Patients with posttraumatic stress disorder (PTSD) and features of borderline personality disorder (BPD) often show non-suicidal self-injury (NSSI). However, patients with on-going NSSI are mostly excluded from PTSD treatments and NSSI during PTSD treatment has rarely been investigated. The aim of the present study was to evaluate the course of NSSI during an exposure-based PTSD treatment. This study focused on a subset (n = 34) of data from a randomised controlled trial that tested the efficacy of a residential PTSD programme (DBT-PTSD) in comparison to a treatment-as-usual wait-list. In this subset we compared a) NSSI during treatment between participants who had or had not engaged in NSSI pre-treatment and b) NSSI between treatment weeks that included exposure interventions vs. those that did not. We further compared the outcome between participants with vs. without NSSI at pre-treatment. At pre-treatment, 62% participants reported on-going NSSI. During treatment, the percentage of participants carrying out NSSI decreased to 38% (p = 0.003). The rates of NSSI were similar in treatment weeks with exposure compared to weeks without. Similar results were observed for the frequency of NSSI. At the end of treatment, participants showed comparable improvement in PTSD symptoms regardless of whether or not they had exhibited NSSI beforehand.



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DBT Treatment Research

SEPTEMBER 4 – OCTOBER 1, 2014

1. **Title:** [Dialectical Behavior Therapy for School Refusal: Treatment Development and Incorporation of Web-based Coaching](#)

Authors: BC Chu, SL Rizvi, EA Zendegui, L Bonavitacola

Journal & Date: Cognitive and Behavioral Practice (2014)

Youth school refusal is a significant societal problem with broad negative long-term consequences yet few treatments have been developed for this population. This paper reports on the development and implementation of a novel treatment program, Dialectical Behavior Therapy for School Refusal (DBT-SR), that attempts to address limitations in both existing treatment models and current delivery systems. DBT-SR employs a multi-modal approach to directly address the severe emotional and behavioral dysregulation mechanisms maintaining school refusal behavior. It also incorporates a web-based coaching component to provide active, “real-time” skills coaching to youth and parents at the times, and in the context of greatest need (at home, during morning hours). A pilot trial and illustrative case examples are described to provide “proof of concept” that DBT-SR is reasonably feasible and acceptable to clients and therapists and that web-based coaching provides incremental, unique benefit. Significant development remains, as participant recruitment proved a challenge in this trial. However, results suggest that DBT-SR is a promising, novel intervention that deserves further development.

2. **Title:** [Does Insurance Matter? Implementing Dialectical Behavior Therapy with Two Groups of Youth Engaged in Deliberate Self-harm](#)

Authors: S James, KR Freeman, D Mayo, ML Riggs, JP Morgan...

Journal & Date: Administration and Policy in Mental Health (2014)

This paper presents the outcomes of a Dialectical Behavior Treatment (DBT) program, implemented in intensive outpatient care with two groups of adolescents (n = 55 and n = 45), ages 12–18, who engaged in deliberate self-harm (DSH) but had different insurance/funding sources and risk backgrounds. This pre-post study examined variability in clinical functioning and treatment utilization between the two groups and investigated moderating risk factors. Findings support DBT’s effectiveness in improving clinical functioning for youth with DSH regardless of insurance type. However, lower rates of treatment completion among youth without private insurance call for extra engagement efforts to retain high-risk youth in DBT.



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3. **Title:** [Sudden losses and sudden gains during a DBT-PTSD treatment for posttraumatic stress disorder following childhood sexual abuse](#)

Authors: A Krüger, T Ehring, K Priebe, AS Dyer, R Steil, M Bohus

Journal & Date: European Journal of Psychotraumatology (2014)

Background: Exposure-based treatment approaches are first-line interventions for patients suffering from posttraumatic stress disorder (PTSD). However, the dissemination of exposure-based treatments for PTSD is challenging, as a large proportion of clinicians report being concerned about symptoms worsening as a result of this type of intervention and are therefore reluctant to offer it to patients with PTSD. However, there is only little empirical evidence to date on the pattern of symptom worsening during exposure-based treatment for PTSD.

Objective: The goal of the present study was to explore the frequency of sudden losses and sudden gains in the course of an exposure-based treatment programme for female patients suffering from PTSD related to childhood sexual abuse who also show severe comorbidity. In addition, the relationship between sudden changes and treatment outcome was examined.

Methods: Female participants (N=74) were randomised to either a 12-week residential DBT-PTSD programme or a treatment-as-usual wait list. The pattern of symptom change was assessed via weekly assessments using the Posttraumatic Diagnostic Scale (PDS). Sudden changes were computed as suggested by the literature on sudden gains.

Results: During treatment, only one participant (3%) experienced a sudden loss, whereas 25% of participants experienced sudden gains. In the waiting condition, 8% of the participants experienced sudden losses and 5% experienced sudden gains during the same time period. No symptom worsening was observed in response to exposure sessions. However, sudden gains occurred during exposure and non-exposure treatment weeks. Patients with sudden gains showed better treatment outcome in the post-treatment and follow-up assessments.

Conclusions: Exposure-based treatment did not lead to PTSD symptom worsening in the study sample. Results show that sudden gains occur frequently during PTSD treatment and have a prognostic value for treatment outcome.

4. **Title:** [Effectiveness of Group Dialectical Behavior Therapy \(Based on Core Distress Tolerance and Emotion Regulation Components\) on Expulsive Anger and Impulsive Behaviors](#)

Authors: HR Jamilian, AA Malekirad, M Farhadi, M Habibi...

Journal & Date: Global Journal of Health Science (2014)

Introduction: The purpose of this study is to measure Effectiveness of group dialectical behavior therapy (based on core distress tolerance and emotion regulation components) on Expulsive Anger and Impulsive Behaviors.

Materials & Methods: Research method is a semi experimental socio-statistic approach consisting of experimental group (dialectical behavior therapy) and control group. Participants were patients referred to Amir Kabir Hospital in Arak who suffered from Expulsive Anger and Impulsive Behaviors. Based on stratified random sampling, 16 patients (women) were placed in each group. Research tools included the structured diagnosis interview according to DSM-IV-TR (2000), Barrat impulsivity scale(1994) Distress Tolerance Scale (2005) Difficulties of Emotion Regulation Scale (2004) and dialectical behavior therapy were done for two months,8 group-sessions).

Findings: Dialectical behavior therapy was effective on Expulsive Anger and Impulsive Behaviors.

Discussion & Conclusion: Distress tolerance and emotion regulation components were effective on Expulsive Anger and Impulsive Behaviors.



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5. **Title:** [Efficacy of dialectical behavior therapy in irrational belief and anxiety among young male prisoners with antisocial personality disorder in Ilam prison](#)

Authors: P Asmand, S Mami, R Valizadeh

Journal & Date: - Medical Science Journal of Islamic Azad University (2014)

Background: Antisocial personality has some clear symptoms as impulsivity, unstable emotions, aggression, drinking, use of drugs, early initiation of sexual behavior make some difficulties and problems in their relations with family members and those who have interaction with them and at least in society. The aim of this study was to evaluate efficacy of dialectical behavior therapy in irrational and anxiety among young male prisoners with antisocial personality in Ilam prison.

Materials and methods: This Semi experimental study has been done by pre and post test. 32 subjects aged between 18 and 40 years old have been randomly selected among male prisoners in Ilam prison and the experimental group intervention was based on dialectical behavior therapy protocol. Questionnaires of the Millon Clinical Questionnaire, Johns Irrational Beliefs and Back Anxiety were used.

Results: Dialectical behavior therapy was significantly effective in the treatment of anxiety ($p < 0.05$) and irrational beliefs ($p < 0.05$).

Conclusion: Our results showed that dialectical behavior therapy has efficacy on anxiety and irrational beliefs of subjects with antisocial personality disorder.



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DBT Treatment Research

OCTOBER 1 – NOVEMBER 3, 2014

1. **Title:** [Outcome and predictors of functional impairment in suicidal women with BPD receiving Dialectical Behavior Therapy](#)

Authors: CR Wilks

Journal & Date: (University of Washington ResearchWorks Archive) (2014)

Individuals diagnosed with BPD are more likely to be more functionally impaired, or experience difficulty finding and maintaining satisfying employment, housing, or relationships. The theory underlying Dialectical Behavior Therapy (DBT) proposes that emotion dysregulation is the core feature of Borderline Personality Disorder (BPD) and lacking skills to regulate emotions drives many of the maladaptive behaviors associated with BPD. While various aspects of functioning have been examined in individuals diagnosed with BPD, possible mechanisms have not been explored. Participants (n=99) were drawn from a single-blind, randomized controlled trial component analysis of DBT. Participants were women diagnosed of borderline personality disorder who had at least two episodes of suicide attempts and/or non-suicidal self-injury (NSSI) in the last 5 years, an episode in the 8 weeks prior to screening, and a suicide attempt in the past year. Results indicate that DBT improve functioning. Emotion dysregulation and skills use assessed from the previous period predicted functional outcomes. Implications of the findings are discussed.

2. **Title:** [Adapting dialectical behavior therapy for outpatient adult anorexia nervosa—A pilot study](#)

Authors: EY Chen, K Segal, J Weissman, TA Zeffiro, R Gallop...

Journal & Date: International Journal of Eating Disorders (2014)

Objective: Anorexia Nervosa (AN) is associated with excessive self-control. This iterative case series describes the augmentation of Dialectical Behavior Therapy (DBT) for outpatient adult AN with skills addressing emotional and behavioral overcontrol. An overly controlled style is theorized to develop from the transaction between an individual with heightened threat sensitivity and reduced reward sensitivity, interacting with an environment reinforcing overcontrol and punishing imperfection.

Method: Case Series 1 utilized standard DBT, resulting in retention of 5/6 patients and a body mass index (BMI) effect size increase of $d = -0.5$ from pre- to post-treatment. Case series 2, using standard DBT augmented with skills addressing overcontrol, resulted in retention of 8/9 patients with an effect size increase in BMI at posttreatment that was maintained at 6-and 12-months follow-up ($d = -1.12$, $d = -0.87$, and $d = -1.12$).

Discussion: Findings suggest that skills training targeting rigidity and increasing openness and social connectedness warrant further study of this model and treatment for AN.



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3. **Title:** [A Comparison of Mindfulness-Based Group Training and Skills Group Training in Adults With ADHD An Open Study](#)

Authors: MA Edel, T Hölter, K Wassink, G Juckel

Journal & Date: Journal of Attention Disorders (2014)

Objective: To compare a novel “third wave” mindfulness-based training program with an established skills training derived from dialectical behavior therapy, to reduce ADHD symptoms and improve mindfulness and self-efficacy.

Method: Ninety-one adults with ADHD (combined and inattentive type, mainly medicated) were non-randomly assigned to and treated within a mindfulness-based training group (MBTG, n = 39) or a skills training group (STG, n = 52), each performed in 13 weekly 2-hr sessions.

Results: General linear models with repeated measures revealed that both programs resulted in a similar reduction of ADHD symptoms, and improvement of mindfulness and self-efficacy. However, the effect sizes were in the small-to-medium range. A decrease in ADHD symptoms $\geq 30\%$ was observed in 30.8% of the MBTG participants and 11.5% of the STG participants.

Conclusion: The comparatively weak results may be due to limitations such as the absence of randomization, the lack of a control group without intervention, and the lack of matching groups for borderline, depression, and anxiety status. Moreover, audio instructions for home exercises and more stringent monitoring of participants’ progress and eventual absence from sessions might have improved the outcome.

4. **Title:** [Two Approaches to Treating Preadolescent Children With Severe Emotional and Behavioral Problems: Dialectical Behavior Therapy Adapted for Children and Mentalization-Based Child Therapy](#)

Authors: F Perepletchikova, G Goodman

Journal & Date: Journal of Psychotherapy Integration (2014)

In this paper, we discuss dialectical behavior therapy and mentalization-based therapy in the context of their application to preadolescent children. The paper presents brief overviews of the 2 approaches, with clinical vignettes exemplifying representative techniques, followed by the analysis of each vignette from the perspective of an alternative approach. The main goals of the paper were to describe the key strategies used in each therapy and to highlight the points of convergence and divergence between approaches.

5. **Title:** [It Takes a Village: A Mixed Method Analysis of Inner Setting Variables and Dialectical Behavior Therapy Implementation](#)

Authors: MS Ditty, SJ Landes, A Doyle, RS Beidas

Journal & Date: Administration and Policy in Mental Health and... (2014)

Guided by the Consolidated Framework for Implementation Research, this mixed method study explored the relationship between inner setting variables and dialectical behavior therapy (DBT) implementation. Intensively trained DBT clinicians completed an online quantitative survey (n = 79) and a subset were sequentially interviewed using qualitative methods (n = 20) to identify relationships between inner setting variables and DBT implementation. Four interpersonal variables—team cohesion, team communication, team climate, and supervision—were correlated with the quantity of DBT elements implemented. Qualitative themes corroborated these findings. Additional variables were connected to implementation by either quantitative or qualitative findings, but not both.



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6. **Title:** [Reliability and validity of the DBT-VLCS: A measure to code validation strategies in dialectical behavior therapy sessions](#)

Authors: A Carson-Wong, S Rizvi

Journal & Date: Psychotherapy Research (2014)

Objective: There are six strategies or validation levels in dialectical behavior therapy (DBT), yet there are no measures designed to code for them. This absence limits our understanding of the relationship between validation strategies and treatment outcome. The DBT-Validation Level Coding Scale (DBT-VLCS) was developed to overcome this limitation. **Method:** This research reports on the interrater reliability and content validity for the DBT-VLCS. **Results:** Overall, interrater reliability was excellent for all items, with the exception of two items that demonstrated good reliability. Good content validity was demonstrated for six of the seven items. **Conclusions:** This preliminary study suggests that the DBT-VLCS is a reliable and valid measure to code the presence of validation in DBT. This measure creates the opportunity for research that has not previously been possible.

DBT Treatment Research

NOVEMBER 3 – DECEMBER 3, 2014

1. **Title:** [Veterans' Service Utilization and Associated Costs Following Participation in Dialectical Behavior Therapy: A Preliminary Investigation](#)

Authors: LL Meyers, SJ Landes, P Thuras

Journal & Date: Military Medicine (2014)

Context: Dialectical Behavior Therapy (DBT) is an evidence-based therapy developed for the treatment of suicidal behaviors and disorders characterized by emotional and behavioral dyscontrol that is effective in veteran populations. The impact of DBT on veterans' Veterans Affairs (VA) service utilization and cost is unknown.

Evidence Acquisition: This study evaluated the impact of DBT in a VA outpatient mental health setting on VA service utilization and cost of services. Veterans treated for symptoms of Borderline Personality Disorder, who had completed at least 6 months of the DBT program were sampled (N = 41). Use of physical and mental health services during the years prior and following DBT was assessed using medical record information.

Results: There was a significant decrease in mental health service utilization. Psychiatric hospitalization dropped in half, and for those with a hospitalization, length of stay decreased significantly. Direct costs associated with all health care were significantly reduced.

Conclusion: Changes in service utilization resulted in a significant reduction in direct costs of providing care to veterans with symptoms of Borderline Personality Disorder. Additional research is needed to compare the reduction in overall costs to the cost of implementing DBT and to compare these changes to a control group.



Behavioral Tech

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2. **Title:** [Adapted Dialectical Behavior Therapy Skills Group for Adults with Intellectual and Developmental Disabilities: A Quasi-Experimental Trial](#)

Authors: K Gilroy

Journal & Date: (Dissertation) (2014)

Adults with mild to moderate Intellectual Disabilities (ID) experience cognitive and environmental challenges that increase risk for problem behavior and development of depressive symptoms. Self-regulation of emotion has been linked to these challenges and is a promising leverage point of intervention, addressed by Dialectical Behavior Therapy (DBT; Linehan, 1993). This study explored if one DBT-informed intervention, the Skills System adapted for adults with ID (Brown, 2011), reduces problem behavior and depression while enhancing self-efficacy of emotion regulation in a postsecondary education setting. The 12 modules each covered twice a week for the duration of a 16-week semester, covered the four DBT skill sets: mindfulness, interpersonal effectiveness, emotion regulation, and distress tolerance. Thirty-one participants were assigned according to programmatic factors to either the Skills System or a waitlist condition who received the intervention in the spring semester. Informant-report of problem behavior and depressive behaviors and self-report of depressive symptoms, self-efficacy of emotion regulation, and satisfaction with life were obtained for all participants who completed the study (17 Skills System and 14 waitlist participants) at the first and last weeks of the fall and spring semesters. There were no statistically significant group differences for problem behavior, informant- and self-reported depression and self-efficacy of emotion regulation. Within group change from pre- to post-intervention was examined with a larger sample by collapsing the data of both groups also revealing no statistically significant difference in mean scores from pre- to post-intervention. Post-hoc analyses revealed that the sample of participants with elevated depression scores endorsed a significant reduction in self-report depression from pre- to post-intervention. Discussion of the non-significant findings from this quasi-experimental study raises questions about the active component of DBT-based interventions for adults with ID. One possibility is that offering a single cycle as opposed to more than one cycle over 12 months as seen in prior research may not have been adequate to effect significant change. It is also possible that these findings are suggestive that the skills-group without individual DBT-informed therapy may be inadequate to effect significant change. Limitations to this study are discussed and highlight some of the challenges and future suggestions for conducting quasi-experimental research with adults with ID and comorbid behavioral and mental health concerns.