



Peer-Reviewed & Published Randomized Controlled/Comparative Trials

NSSI = non-suicidal self-injury | SA = suicide attempt | SUD = substance use disorder
TAU = treatment-as-usual | PTSD = post-traumatic stress disorder | BPD = borderline personality disorder

Authors	Participants	Treatments	DBT Modes	Outcomes and Comments
1. Linehan et al., 1991	 BPD & past (5yrs) and recent (8wks) NSSI or SA Age: 18-45	DBT (n = 24) & TAU (n = 23)	12-month Standard DBT	DBT > TAU in reductions of self-harm behavior, initiation of treatment (100% vs. 73%), and completion of treatment (83% vs. 42%). DBT < TAU inpatient hospital days.
2. Linehan et al., 1999	 BPD & SUD Age: 18-45	DBT (n = 12) & TAU (n = 16)	12-month Standard DBT	DBT > TAU in reductions of substance; findings corroborated by urinalyses (between-group mean effect sizes varied between .6 and 1.1). DBT > TAU in completion of treatment (64% vs. 27%). DBT > TAU improvements in social and global adjustment at follow-up. Within DBT condition, clients of therapists who consistently adhered to the DBT treatment manual had better outcomes than clients of non-adhering therapists.
3. Turner, 2000	 BPD & recent SA Age: 18-27	DBT-Oriented (n = 12) & Client-Centered Therapy (CCT; n = 12)	12-month Comprehensive DBT with modifications: - Individual DBT with psychodynamic conceptualization - DBT skills in individual therapy format	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, DBT > CCT in reductions of suicide/self-harm behavior. At 12-month follow-up, DBT < CCT in anger, impulsivity, and depression, DBT > CCT in improvement of global mental health functioning. At both 6-and 12-month follow-ups, DBT > CCT in reducing hospitalizations.
4. Koons et al., 2001	 BPD & veterans status Age: adults	DBT (n = 10) & TAU (n = 10)	6-month Standard DBT	DBT > TAU in reductions of suicidal ideation, depression, hopelessness, and anger. First study with a shortened duration of treatment (12 months to 6 months). This study did not include current or past history of parasuicidal behaviors as criteria for inclusion.
5. Linehan et al., 2002	 BPD & opiate dependence Age: 18-45	DBT (n = 11) & Standard Validation Therapy (CVT) with 12-Step (n = 12)	12-month Standard DBT	DBT = CVT in significantly reducing opiate through 16 month follow-up assessments, low proportion of opiate-positive urinalyses (27% DBT; 33% CVT). CVT > DBT in maintaining participants in treatment (100% vs. 64%). DBT = CVT in reducing psychopathology.



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6. Verheul et al., 2003	  BPD (53% SUD) Age: 18-70	DBT (n = 27) & TAU (n = 31)	12-month Standard DBT	DBT > TAU in reductions of self-mutilating and self-damaging behaviors. DBT < TAU drop out (37% vs. TAU). DBT = TAU in frequency and course of suicidal behavior. DBT > TAU for patients in the high severity group. DBT = TAU for patients in the low severity group. For suicidal behavior, results indicated a trend towards greater effectiveness for DBT in severely affected individuals.
7. Linehan et al., 2006	  BPD & past (5yrs) and recent (8wks) NSSI or SA Age: 18-45	DBT (n = 52) & Non-Behavioral Community-Treatment-by-Experts (CTBE; n = 49)	12-month Standard DBT	DBT < CTBE in suicide attempts (23% vs. 46%), hospitalizations for suicide ideation, and medical risk across all suicide attempts and self-injurious acts combined. DBT < CTBE in drop out of treatment (25% vs. 59%). DBT < CTBE in psychiatric emergency room visits and psychiatric hospitalizations. DBT = CTBE in improvement on depression, reasons for living, suicide ideation. The findings indicate that the efficacy of DBT cannot reasonably be attributed solely to general factors associated with receiving expert psychotherapy. DBT appears uniquely effective in reducing suicide attempts.
8. Lynch et al., 2007 (*Study 2)	  Depression & a personality disorder Age: 55 or older	DBT+Medication (n = 21) & Medication-Only (n = 14)	6-month Comprehensive DBT - for non-responders of 8-week medication trial - adapted for behaviors related to depression & coping	DBT+Medication achieves remission from major depressive disorder faster than medication-only. DBT+Medication > medication-only for gains in Interpersonal Sensitivity and Interpersonal Aggression.
9. Clarkin et al., 2007	  BPD Age: 18-50	DBT (n = 17) & Transference-Focused Psychotherapy (TFP; n = 23) & Supportive Treatment (ST; n = 22)	12-month Standard DBT	DBT = TFP = ST in reducing depression & anxiety and improving global functioning. DBT = TFP > ST in reducing suicidality.



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10. McMain et al., 2009	  BPD & past (5yrs) and recent (3mths) NSSI or SA Age: 18-60	DBT (n = 90) & General Psychiatric Management (GPM; n = 90)	12-month Standard DBT	DBT = GPM in decreasing suicidal behavior, use of crisis services (significant decrease in both conditions); DBT = GPM in decreasing depression, anger, symptom distress (significant decrease in both conditions)
11. Carter et al., 2010	  BPD & 3 episodes of recent (12mths) deliberate self-harm Age: 18-65	DBT (n = 38) & TAU + waitlist (WL; n = 35)	6-month Standard DBT - with modifications to phone consultation	DBT = TAU+WL in reductions of deliberate self-harm and psychiatric hospitalization. DBT > TAU+WL in reductions of disability (days spent in bed) and improvement in quality of life.
12. Courbasson, Nishikawa, & Dixon, 2012	  Eating disorder & SUD Age: 18 or older	DBT (n = 13) & TAU (n = 8)	12-month Standard DBT	DBT < TAU in drop out (at 3 months: 13% vs 80%). Drop out in TAU was so high and treatment response so poor that the study terminated recruitment due to clinical and ethical obligation. Meaningful head-to-head comparisons between groups could not be made. Data below for changes in the DBT group from pre to post treatment and follow-up: Significant improvement in behavioral and attitudinal features associated with disordered eating including reductions in binge eating episodes, bulimic tendencies, and concerns about eating, restraint and weight. Significant reductions in substance use. Significantly greater ability to cope and regulate negative emotions. No change in depression.
13. Feigenbaum et al., 2011	  Cluster B personality disorder (93% BPD) Age: 18-65	DBT (n = 25) & TAU (n = 16)	12-month Standard DBT	DBT > TAU in reduction of self-reported risk, suicidality, and PTSD symptoms. DBT = TAU in reducing self-harm, suicide attempts, rate and length of hospitalizations.



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14. Pistorello et al., 2012	  Current suicidal ideation, 1 lifetime SA or NSSI, BPD traits Age: 18-25	DBT (n =31) & Optimized-TAU (n = 32)	7-12-month Standard DBT	DBT = Optimized-TAU in treatment dropout; DBT > Optimized-TAU in reducing suicidality, medication use, NSSI, and depression; DBT > Optimized-TAU in increasing social adjustment. Optimized-TAU received supervision from expert psychodynamic supervisors.
15. Priebe et al., 2012	  A personality disorder & 5 days of recent (12mths) self-harm Age: 16 or older	DBT (n = 40) & TAU (n = 40)	12-month Standard DBT	DBT > TAU in reducing self-harm (the risk of self-harm in DBT was reduced 9% per 2-month period compared to TAU). DBT = TAU in reductions of BPD symptoms, psychiatric symptoms, and quality of life.
16. Bohus et al., 2013	  Residential Childhood sexual abuse related PTSD (45% BPD) Age: 17-65	Residential DBT-PTSD (n = 36) & TAU-WL (n = 38)	12-week Modified DBT - 23 individual sessions (DBT + formal exposure) - numerous weekly DBT skills groups & other group types - Consultation team use unknown - phone coaching not applicable	DBT-PTSD > TAU-WL in reducing PTSD. DBT-PTSD > TAU-WL in increasing global functioning and decreasing depression. DBT-PTSD = TAU-WL improving general psychopathology or BPD criteria.
17. Harned, Korslund, & Linehan, 2014	  BPD, PTSD, & past (5yrs) and recent (8wks) NSSI or SA Age: 18-60	DBT (n = 9) & DBT + DBT Prolonged Exposure (DBT PE) protocol (n = 17)	12-month Standard DBT & DBT+DBT PE	Compared to DBT, DBT+DBT PE led to larger and more stable improvements in PTSD and doubled the remission rate among treatment completers (80% vs. 40%). Patients who completed the DBT PE protocol were 2.4 times less likely to attempt suicide and 1.5 times less likely to self-injure than those in DBT. Among treatment completers, moderate to large effect sizes favored DBT+DBT PE for dissociation, trauma-related guilt cognitions, shame, anxiety, depression, and global functioning.



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18. Mehlum et al., 2014	  Lifetime and recent (16wks) NSSI or SA & BPD traits Age: 12-18	DBT for adolescents (n = 39) & Enhanced Usual Care (EUC; n = 38)	19-week Comprehensive DBT - with multifamily skills training - adapted for adolescents	DBT > EUC in reducing self-harm, severity of suicidal ideation, and depressive symptoms, with large effect sizes. DBT = EUC in retention.
19. Linehan et al., 2015	  BPD, past (5yrs) and recent (8wks) NSSI or SA Age: 18-60	DBT (n = 33) & DBT-Skills Only (n = 33) & DBT-Individual Therapy (n = 33)	12-month Standard DBT & 12-month Standard Skills-Only DBT & 12-month Individual-Therapy-Only DBT	All treatment conditions resulted in similar improvements in the frequency and severity of suicide attempts, suicide ideation, use of crisis services due to suicidality, and reasons for living. Interventions that include DBT skills training are more effective than DBT without skills training, and standard DBT may be superior in some areas.
20. Goldstein et al., 2015	  Bipolar disorder Age: 12-18	DBT (n = 14) & TAU (n = 6)	6-12-month Comprehensive DBT - 18 session of individual and 18 session of skills training - weekly treatment in first 6 months, frequency tapered in final 6 months - with multifamily skills training - adapted for adolescents	At 12-month follow-up: DBT > TAU in reducing severe depressive symptoms at over follow-up. The following were not statistically significant between groups due to small samples and non-normal distributions: DBT > TAU at reducing suicidal ideation (83% vs. 50%), DBT < TAU at increasing suicidal ideation (0% vs. 50%). Mania symptoms and emotion dysregulation reduced significantly in DBT but not TAU.
21. Andreasson et al., 2016	  BPD traits, recent (4wks) SA Age: 18-65	DBT (n = 57) & Collaborative assessment and management of suicidality (CAMS; n = 51)	16-week Comprehensive DBT	At week 28, no significant difference in self-harm between treatments during follow-up and no significant difference in the primary composite outcome (attempted suicide and NSSI).

Note: Standard DBT indicates treatment as outlined by the original treatment manual (Linehan, 1993). Comprehensive DBT indicates the implementation of the four core modes of DBT (individual, skills, consultation team, out-of-session coaching) but deviations or modifications from the treatment manual.