



DBT Treatment Research

OCTOBER 1, 2018 – OCTOBER 31, 2018

1. **Title:** [Dialectical behaviour therapy v. mentalisation-based therapy for borderline personality disorder](#)

Authors: K Barnicot & M Crawford

Journal & Date: Psychological Medicine, 2018

Abstract: Background Dialectical behaviour therapy (DBT) and mentalisation-based therapy (MBT) are both widely used evidence-based treatments for borderline personality disorder (BPD), yet a head-to-head comparison of outcomes has never been conducted. The present study therefore aimed to compare the clinical outcomes of DBT v. MBT in patients with BPD. **Methods** A non-randomised comparison of clinical outcomes in $N = 90$ patients with BPD receiving either DBT or MBT over a 12-month period. **Results** After adjusting for potentially confounding differences between participants, participants receiving DBT reported a significantly steeper decline over time in incidents of self-harm (adjusted IRR = 0.93, 95% CI 0.87–0.99, $p = 0.02$) and in emotional dysregulation (adjusted $\beta = -1.94$, 95% CI -3.37 to -0.51 , $p < 0.01$) than participants receiving MBT. Differences in treatment dropout and use of crisis services were no longer significant after adjusting for confounding, and there were no significant differences in BPD symptoms or interpersonal problems. **Conclusions** Within this sample of people using specialist personality disorder treatment services, reductions in self-harm and improvements in emotional regulation at 12 months were greater amongst those receiving DBT than amongst those receiving MBT. Experimental studies assessing outcomes beyond 12 months are needed to examine whether these findings represent differences in the clinical effectiveness of these therapies.

2. **Title:** [Executive Functioning Outcomes Among Adolescents Receiving Dialectical Behavior Therapy](#)

Authors: A Smith, K Freeman, S Montgomery, D Vermeersch, & S James

Journal & Date: Child & Adolescent Social Work Journal, 2018

Abstract: Changes in the adolescent brain underlie the development of executive functions (EFs) after the onset of puberty; however, adolescents that engage in deliberate self-harm (DSH) have impaired EFs in the areas of inhibition, emotion regulation, shifting, and interpersonal functioning. On the other hand, dialectical behavior therapy (DBT) has been shown to be effective in treating adolescents with DSH. Moreover, the DBT skills of mindfulness, emotion regulation, distress tolerance, interpersonal effectiveness, and “walking the middle path” are suited to treat these adolescents with impaired EFs. This single group pre-post study examined changes in adolescents’ EFs who were enrolled in DBT. Ninety-three adolescents from a 16-week DBT program for DSH were administered the Behavior Rating Inventory of Executive Function-Self Report (BRIEF-SR) at pre-treatment and post-treatment. Adolescents improved from the elevated to non-clinical range on the Emotional Control, Shifting, and Monitor scales in addition to the Global Executive Composite of the BRIEF-SR. Significant effects for funding type on



shifting, interpersonal functioning, and overall EF were observed while a significant effect for previous history of psychiatric hospitalizations was observed for emotion regulation. DBT appears to be effective for improving the EFs of adolescents with DSH and for specific subgroups of this population. Knowledge of these adolescents' profile of EFs will assist clinicians in determining the type and level of intervention with DBT in order to shape positive behaviors during this important period of brain development.

3. **Title:** [Dialectical Behavior Therapy for Men With Borderline Personality Disorder and Antisocial Behavior: A Clinical Trial](#)

Authors: D Wetterborg, P Dehlbom, N Långström, G Andersson, AE Fruzzetti, & P Enebrink, PhD

Journal & Date: Journal of Personality Disorders, 2018

Abstract: In addition to suicidal behaviors, men with borderline personality disorder (BPD) often display antisocial behavior that could impair contacts with mental health services. While research has established effective treatments for women with BPD, this is not yet the case for men. The authors evaluated 12 months of dialectical behavior therapy (DBT) for 30 men with BPD and antisocial behavior, using a within-group design with repeated measurements. The authors found moderate to strong, statistically significant pre-to posttreatment reductions of several dysfunctional behaviors, including self-harm, verbal and physical aggression, and criminal offending (rate ratios 0.17–0.39). Symptoms of BPD and depression were also substantially decreased. The dropout rate was 30%, and completing participants reported high satisfaction with treatment and maintained their improvements at 1-year follow-up. The authors conclude that DBT could be an effective treatment alternative for men with BPD and antisocial behavior, and it merits future studies with more rigorous design.

Other Articles Relevant to DBT & BPD

1. **Title:** [Integration of Structural Family Therapy and Dialectical Behavior Therapy With High-Conflict Couples](#)

Authors: N Finney & E Tadros

Journal & Date: The Family Journal, 2018

Abstract: There is a gap in existing literature regarding the integration of family therapies and dialectical behavior therapy (DBT) with high-conflict couples and families. A case application is utilized to highlight how the integration of structural family therapy (SFT) and DBT can inform the conceptualization and treatment of clients. The following case study involves a high-conflict, Children's Services Bureau-referred couple presenting to therapy with reported multiple stressors and problems. For the purposes of this article, therapeutic change occurs within the family unit, by accepting each member as they are, while at the same time working together to change maladaptive familial structures. The aim of this article is to begin closing the gap in research by exploring how structural family therapy and dialectical behavior can be integrated to create a comprehensive theory and approach to treatment.



2. **Title:** [Multisite Implementation and Evaluation of 12-Month Standard Dialectical Behavior Therapy in a Public Community Setting](#)

Authors: D Flynn, M Kells, M Joyce, P Corcoran, J Hurley, C Gillespie....& E Arensman

Journal & Date: Journal of Personality Disorders, 2018

Abstract: Dialectical behavior therapy (DBT) is an effective intervention for treating adults with emotional and behavioral dysregulation. The National DBT Project, Ireland was established in 2013 to coordinate the implementation of DBT across public community mental health settings at a national level. This study describes the implementation and evaluation of DBT across multiple independent sites in adult mental health services (AMHS). The Consolidated Framework for Implementation Research was used to guide this national implementation where barriers and facilitators to DBT implementation were considered. Nine AMHS teams completed DBT training and delivered the standard 12-month program. One hundred and ninety-six adults with borderline personality disorder participated in the program, and outcome measures were recorded at four time points. Significant reductions on outcome measures, including frequency of self-harm and suicidal ideation, were observed. This study highlights that DBT can be successfully implemented in community mental health settings as part of a coordinated implementation.

3. **Title:** [Evaluation of a Dialectical Behavior Therapy Psychiatry Residency Training Program](#)

Authors: A Carmel, E Logvinenko, & ES Valenti

Journal & Date: Academic Psychiatry, 2018

Abstract: Objective Dialectical behavior therapy (DBT) is a widely disseminated evidence-based treatment for patients with borderline personality disorder (BPD). This evaluation of a community psychiatry residency rotation compared a DBT training program to a standard care training program to determine the levels of confidence in treating patients with BPD, willingness to treat patients with BPD, and attitudes towards this patient population. **Methods** Participants were 57 psychiatry residents who completed a 3-month community psychiatry rotation in a DBT clinic ($N = 33$), or standard care clinic ($N = 24$) based in a partial hospitalization program in a community mental health center. A mixed method design was used to collect qualitative and quantitative data on participants' experiences working with BPD and patients at high-risk for suicide. Participants were asked several open-ended questions to determine what aspect of their community psychiatry rotation influenced their level of confidence in treating, and willingness to treat BPD, non-suicidal self-injurious behaviors, and suicidal behaviors. **Results** Compared to training in the standard care condition, the DBT condition demonstrated significantly higher rates of willingness to treat, and confidence in treating patients with BPD, and confidence in treating non-suicidal self-injury. There were no significant differences between the two conditions in the level of confidence in treating suicidal patients. Four themes emerged from a qualitative content analysis examining the benefits of the training program, including (1) exposure to high-risk patients, (2) team-based treatment structure, (3) formal didactic training, and (4) individual or group supervision. **Conclusion** Participants receiving DBT training had more willingness to treat and confidence in treating patients with BPD compared to participants receiving training in the standard care clinic. Team-based structure of DBT and exposure to high-risk patients were two themes from the training that impacted these variables across both study arms, according to participant self-report. Internal validity of the study was limited by the lack of randomization and pre-post design. External validity of the study was



strengthened due to the setting of a community mental health clinic and resident training program.

4. **Title:** [The Longitudinal Course of Borderline Personality Disorder](#)

Authors: CM Temes & M Zanarini

Journal & Date: Psychiatric Clinics, 2018

Abstract: Findings from decades of longitudinal research have challenged the long-held notion that borderline personality disorder (BPD) is a chronically disabling condition. Instead, several prospective, long-term follow-up studies have found that most patients with BPD experience a remission from the disorder, and many experience a full recovery over the course of their lives. These studies also indicate that symptoms of BPD wax and wane over time, although more acute, behavioral symptoms of the disorder tend to remit rapidly and recur rarely. Further, findings regarding predictors of good and poor outcomes in BPD could influence further developments in treatments for the disorder.

5. **Title:** [Emotional Reactivity in Borderline Personality Disorder: Theoretical Considerations Based on a Meta-Analytic Review of Laboratory Studies](#)

Authors: R Bortolla, M Cavicchioli, A Fossati, & C Maffei

Journal & Date: Journal of Personality Disorders, 2018

Abstract: Emotional hyperreactivity (Linehan, 1993) is the most investigated construct in borderline personality disorder (BPD). However, experimental studies revealed mixed results on the topic. Our main objective is to comprehensively summarize the results on emotional reactivity in BPD compared to healthy controls (HCs), using a meta-analytic approach, considering different emotional response systems (physiology, behavior, self-report). We included 31 experimental studies (1,675 subjects). We observed null to small effect sizes for several physiological and behavioral outcomes. Conversely, BPD subjects revealed a moderate to large difference in valence attributed to emotional stimuli and a small difference in self-reported arousal. Significant differences in pooled effect sizes were found between self-report and physiological outcomes. Several sources of heterogeneity were explored. In general, the hyperreactivity hypothesis was not supported. Additional dysfunctional processes should be taken into consideration to understand BPD emotional responsiveness.