



DBT Treatment Research

APRIL 1, 2019 – MAY 31, 2019

1. **Title:** [Efficacy of Dialectical Behavior Therapy Versus Treatment as Usual for Acute-Care Inpatient Adolescents](#)

Authors: AA Tebbett-Mock, E Saito, M McGee, M

Journal & Date: *Journal of the American Academy of Child and Adolescent Psychiatry* (2019)

Abstract: Objective: Dialectical behavior therapy (DBT) is an evidence-based treatment that targets suicidal behavior and non-suicidal self-injury (NSSI) and has been adapted for adolescents. Given the seriousness of these behaviors, many adolescents are psychiatrically hospitalized, but minimal research has been conducted on specific interventions during hospitalization. The goal of this study was to evaluate DBT versus treatment as usual (TAU) for adolescents on an acute-care psychiatric inpatient unit. **Method:** We conducted a retrospective chart review for adolescents receiving inpatient DBT (n = 425) and for a historical control group treated on the same unit before DBT (ie, TAU, n = 376). Both χ^2 and *t* tests were conducted as preliminary analyses to examine differences between groups on diagnosis, sex, and age. Mann–Whitney *U* tests were conducted to examine differences between groups on outcome variables. The potential benefit of cost savings was analyzed. **Results:** Patients who received DBT had significantly fewer constant observation (CO) hours for self-injury; incidents of suicide attempts and self-injury; restraints; and days hospitalized compared to patients who received TAU. Statistically significant differences were not found between DBT and TAU groups for number of CO hours for aggression, incidents of aggression toward patients or staff, seclusions, or readmissions. A cost analysis determined that \$251,609 less was spent on staff time for CO hours with DBT compared to TAU. **Conclusion:** Results provide support for the implementation of DBT in an acute-care adolescent psychiatric inpatient unit for adolescents. Clinical implications, study limitations, and future research directions are discussed.

2. **Title:** [Dialectical Behaviour Therapy Skills Training to Improve Turkish College Students' Psychological Well-Being: A Pilot Feasibility Study](#)

Authors: AM Üstündağ-Budak, E Özeke-Kocabaş, & A Ivanoff

Journal & Date: *International Journal for the Advancement of Counselling* (2019)

Abstract: The primary objective of this pilot study was to consider the feasibility of whether Dialectical Behaviour Therapy (DBT) skills training could improve Turkish college students' psychological well-being by equipping them with effective skills. The study examined the use of DBT skills training with sophomore and junior Turkish college students self-identifying with adjustment-related issues (settling and transition). Participants attended an initial 8-week skills program combined with 12-weeks follow-up training. Students' depression, anxiety and stress scores all improved after both the initial and follow-up training compared to initial scores. This preliminary evidence suggests potential feasibility for using DBT skills training in college settings.



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3. **Title:** [Outcomes for 18 to 25-year-olds with borderline personality disorder in a dedicated young adult only DBT programme compared to a general adult DBT programme for all ages 18+](#)

Authors: J Lyng, MA Swales, RP Hastings, T Millar, & DJ Duffy

Journal & Date: Early Intervention in Psychiatry (2019)

Abstract: Aim: Targeting young adults with borderline personality disorder (BPD) for treatment may carry significant social and clinical benefits. We aimed to evaluate a community-based Dialectical Behaviour Therapy (DBT) programme delivered exclusively to young adults with BPD. **Methods:** We describe a naturally occurring non-equivalent, quasi-experimental comparison of outcomes for young adults (18-25 years) with BPD following 1 year of treatment in either a young adult only DBT programme or a general adult DBT programme (18+ years). Twenty-four young adults enrolled in a community-based young adult DBT programme open only to 18- to 25-year-olds with BPD. Another 13 young adults, also 18-25 years, enrolled in a general adult DBT programme open to all ages above 18 years. Both treatment conditions offered all modes of standard DBT for 1 year. Participants completed a battery of self-report measures on mental health symptoms at baseline and again at treatment completion after 1 year. Discharge rates at 2 years post-treatment completion were also recorded. **Results:** Better outcomes were found on borderline symptom severity and general psychopathology among completers of young adult DBT, with a large effect size for treatment condition as well as greater clinically significant change. Discharge rates from mental health services 24 months later were also higher for completers of young adult DBT. **Conclusions:** There may be advantages in delivering DBT to young adults in an age-specific programme, possibly due to group cohesion. Methodological limitations apply, such as small sample size and non-randomization. Further controlled research is needed.

4. **Title:** [Effectiveness of a 5-Week Inpatient Dialectical Behavior Therapy for Borderline Personality Disorder](#)

Authors: T Probst, T O'Rourke, V Decker, E Kießling, S Meyer, C Bofinger...& C Pieh

Journal & Date: Journal of Psychiatric Practice (2019)

Abstract: Objective: The goal of this study was to evaluate whether symptoms are reduced and emotion regulation improves when patients with borderline personality disorder (BPD) receive a 5-week course of inpatient dialectical behavioral therapy (DBT) and if changes in emotion regulation are associated with changes in symptoms. **Methods:** Forty-four patients with BPD receiving a 5-week course of DBT in a German psychiatry clinic participated. The short version of the "Borderline Symptom List" (BSL-23) was the patient-reported outcome. To measure emotion regulation, the "Self-Report Measure for the Assessment of Emotion Regulation Skills" (SEK-27) was administered. Wilcoxon tests were performed to evaluate whether pre-post changes in the BSL-23 and SEK-27 reached statistical significance. Effect sizes (d) were calculated and correlations between the pre-post differences for both measures were computed to test associations between changes in emotion regulation and changes in symptoms. Completer ($n=33$) and intention-to-treat ($n=43$) analyses were performed. **Results:** Symptoms (BSL-23) were reduced and emotion regulation (SEK-27) improved during the 5-week inpatient DBT treatment (completer and intention-to-treat analysis: $P<0.001$). Effect sizes reached $d=0.47$ for the BSL-23 and $d=0.84$ for the SEK-27 in the completer analysis, and $d=0.38$ for the BSL-23 and $d=0.68$ for the SEK-27 in the intention-to-treat analysis. Improvements in emotion regulation



(SEK-27) were correlated with reductions in symptoms (BSL-23) in both the completer ($r=0.54$; $P=0.001$) and the intention-to-treat ($r=0.59$; $P<0.001$) analyses. Conclusions: These findings indicate that a 5-week course of inpatient DBT can effectively reduce symptoms in patients with BPD and that the more patients' emotion regulation improves, the more the patients benefit from the therapy.

5. **Title:** [Long term effectiveness of dialectical behavior therapy versus enhanced usual care for adolescents with self-harming and suicidal behavior](#)

Authors: L Mehlum, R Ramleth, AJ Tørmoen, E Haga, LM Diep, B Stanley... & B Grøholt

Journal & Date: The Journal of Child Psychology and Psychiatry (2019)

Abstract: Background: Knowledge is lacking on the long-term outcomes of treatment for adolescents with repetitive suicidal and self-harming behavior. Furthermore, the pathways through which treatment effects may operate are poorly understood. Our aims were to investigate enduring treatment effects of dialectical behavior therapy adapted for adolescents (DBT-A) compared to enhanced usual care (EUC) through a prospective 3-year follow-up and to analyze possible mediators of treatment effects. **Methods:** Interview and self-report data covering the follow-up interval were collected from 92% of the adolescents who participated in the original randomized trial. Trial registration number: NCT01593202 (www.ClinicalTrials.gov). **Results:** At the 3-year follow-up DBT-A remained superior to EUC in reducing the frequency of self-harm, whereas for suicidal ideation, hopelessness and depressive and borderline symptoms and global level of functioning there were no inter-group differences, with no sign of symptom relapse in either of the participant groups. A substantial proportion (70.8%) of the effect of DBT-A on self-harm frequency over the long-term was mediated through a reduction in participants' experience of hopelessness during the trial treatment phase. Receiving more than 3 months follow-up treatment after completion of the trial treatment was associated with further enhanced outcomes in patients who had received DBT-A. **Conclusions:** There were on average no between-group differences at the 3-year follow-up in clinical outcomes such as suicidal ideation, hopelessness, depressive and borderline symptoms. The significantly and consistently larger long-term reduction in self-harm behavior for adolescents having received DBT-A compared with enhanced usual care, however, suggests that DBT-A may be a favorable treatment alternative for adolescents with repetitive self-harming behavior.

Other Articles Relevant to DBT & BPD

1. **Title:** [Nonacceptance of negative emotions in women with borderline personality disorder: association with neuroactivity of the dorsal striatum](#)

Authors: A Lamers, M Toepper, SC Fernando, N Schlosser, E Bauerr, F Woermann,...& T Beblo

Journal & Date: Journal of Psychiatry & Neuroscience (2019)

Abstract: BACKGROUND: Emotion dysfunction is a key symptom in patients with borderline personality disorder (BPD) and is considered a consequence of dysfunctional emotion regulation (e.g., reduced emotion acceptance). In the present functional MRI (fMRI) study, we investigated the neural correlates of habitual emotion acceptance in individuals with BPD. **METHODS:** Female patients with BPD and female healthy controls passively viewed negative and neutral movie clips of faces during fMRI. We assessed emotion acceptance using the Emotion



Acceptance Questionnaire (EAQ). To examine brain activation associated with habitual emotional acceptance of negative stimuli, the EAQ score was included as a regressor of interest in brain data analyses of activation intensity during negative compared with neutral movies.

RESULTS: We included 20 women with BPD and 20 healthy controls in our analysis. Compared with healthy controls, patients with BPD showed significantly more activation in frontostriatal brain regions (i.e., left superior frontal gyrus, right caudate) as well as in the left precuneus, left precentral gyrus, left posterior cingulate cortex and left hippocampus when confronted with negative (v. neutral) stimuli. Patients with BPD reported decreased emotion acceptance compared with healthy controls, and habitual emotion acceptance was inversely associated with activation of striatal areas (i.e., left putamen, left caudate) in patients with BPD. **LIMITATIONS:** Causal conclusions are not possible. Comorbid diagnoses were not excluded, and only female participants were investigated. Stimuli were not rated immediately and may not be generalizable to all negative emotions. We cannot make any statements about other emotion-regulation strategies that may have been applied here. **CONCLUSION:** Data indicate that striatal hyperactivation during the processing of negative stimuli in women with BPD is related to their decreased disposition to accept unpleasant emotional states. Thus, individuals with BPD may benefit from therapy approaches that focus on emotion acceptance in order to normalize emotional reactions.

2. **Title:** [Implementation of Dialectical Behavior Therapy in a Day Hospital Setting for Adolescents with Eating Disorders](#)

Authors: A Pennell, C Webb, P Agar, A Federici, & J Couturier

Journal & Date: Journal of the Canadian Academy of Child and Adolescent Psychiatry (2019)

Abstract: Objective: This article discusses the implementation and preliminary outcomes of a Dialectical Behaviour Therapy (DBT) informed program integrated with Family Based Therapy (FBT) for adolescents with eating disorders within a day hospital program (DHP). **Method:** A retrospective analysis of hospital records between 2013–2015 provided descriptive characteristics of patients. Weight and percentage ideal body weight at admission and discharge, frequency of binge and purge episodes at discharge and readmissions were analysed.

Results: Analysis of patient characteristics indicated a broad range of eating disorder and comorbid psychiatric diagnoses among patients. Preliminary outcomes revealed increased weight and percentage of ideal body weight, decreased binge-purge status and few readmissions to the program over the two-year period studied. **Conclusions:** The implementation of a DBT informed DHP with integration of FBT is associated with improved patient outcomes. Ongoing challenges with respect to the implementation of DBT include modifying DBT to address varying developmental levels, ages and diagnoses and promoting adherence to the program by patients and families. Limitations include small sample size, uncontrolled chart review and the nature of DHP, which include a variety of components that may influence outcomes. This research will help to inform future implementation of treatment programs for adolescents with eating disorders.