



DBT Treatment Research

JUNE 1, 2019 – JUNE 30, 2019

1. **Title:** [Emotional experiences of clients with borderline personality disorder in dialectical behavior therapy: An empirical investigation of in-session affect.](#)

Authors: AM King, SL Rizvi, EA Selby

Journal & Date: Personality Disorders, 2019

Abstract: Borderline personality disorder (BPD) is a diagnosis characterized by intense and labile emotion; dialectical behavior therapy, a common treatment for BPD, aims to reduce the intensity and lability of clients' emotion through multiple methods, some of which occur in the therapy session, with the expectation that changes will generalize to the rest of clients' lives. However, little research has examined how BPD clients' affect presents and varies in session or whether affect in session reflects patients' patterns of affect outside of treatment. This study had 2 aims: (a) to explore changes in clients' positive and negative affect in therapy, and (b) to assess if the severity of client psychopathology relates to affect in treatment. Positive and negative affect ratings were collected from clients (N = 73) at the start and end of every individual therapy session (total sessions = 1,474). Hierarchical linear modeling and linear regression were used to examine patterns of affect and assess the relationship between affect and severity. Results indicated that positive affect increased while negative affect decreased between the start and end of sessions, with the same pattern of change in pre-session affect from week to week. In addition, increased BPD severity was associated with lower pre-session positive affect ratings and higher negative affect ratings. Further exploration is needed to assess which dialectical behavior therapy treatment processes contribute to changes in in-session affect and how in-session affect relates to treatment outcomes.

2. **Title:** [Comparison of the Effect of Dialectical Behavior Therapy, Mindfulness Based Cognitive Therapy and Positive Psychotherapy on Perceived Stress and Quality of Life in Patients with Irritable Bowel Syndrome: A Pilot Randomized Controlled Trial](#)

Authors: J Mohamadi, F Ghazanfari, & F Mir Drikvand

Journal & Date: Psychiatric Quarterly, 2019

Abstract: This study aimed to compare dialectical behavior therapy (DBT), mindfulness based cognitive therapy (MBCT) and positive psychotherapy (PPT) effects on perceived stress (PS) and quality of life (QOL) among patients with irritable bowel syndrome (IBS). Seventy six eligible patients with a Rome-IV diagnosis were randomly allocated in DBT ($n = 18$), MBCT ($n = 20$), PPT ($n = 18$), and control groups ($n = 20$). All the patients were evaluated for PS by perceived stress scale (PSS) and QOL by irritable bowel syndrome quality of life (IBS-QOL) on the studied groups at the time of their inclusion in the study and 8 weeks after it. Each of the intervention groups took part in 8 group sessions. Conversely, the control group were evaluated without any intervention. 46 female and 27 male in 4 groups completed the study. The results showed significant differences between the groups based on the variables of the PSS and IBS-QOL ($p < 0.05$). In addition, levels of PS were significantly lower for the MBCT intervention compared



with the other groups; besides, the significant effects of the QOL variables represented the higher scores of the PPT compared to the treatment groups. The interventions could not be generalized to other samples. Some other limitations included the lack of conducting a follow-up plan. This study provides initial evidence that MBCT and PPT are more effective than other treatment groups on PS decrease and QOL improvement among patients with IBS, respectively.

3. **Title:** [Dialectical behavior therapy \(DBT\) for the treatment of stalking offenders: A randomized controlled study](#)

Authors: B Rosenfelt, M Galietta, M Foellmi, S Coupland, Z Turner, S Stern....& A Ivanoff

Journal & Date: Law and Human Behavior, 2019

Abstract: The objective was to evaluate the relative efficacy of dialectical behavior therapy modified for stalking offenders (DBT-S) versus a cognitive-behavioral anger management intervention for the treatment of stalking offenders. We expected DBT to result in significantly lower rates of renewed stalking behavior and significantly greater improvements in impulsivity, aggression, anger, and empathy. We randomly assigned individuals charged with stalking-related offences (N = 109) to one of two study interventions: DBT-S and anger management. Recidivism (renewed stalking, violence, and other offences) was monitored for 1 year following the baseline assessment, and participants completed a battery of self-report questionnaires before and after treatment and at a 1-year follow-up assessment. We found relatively low rates of reoffence when compared to past studies of untreated stalking offenders in the U.S., but type of treatment had no impact on the likelihood of reoffence, nor did completion of the treatment program. Likewise, there was no between-groups difference in rates of treatment completion, or on changes in self-report measures. Intensive treatment focused on reducing problematic behaviors in stalking offenders may be effective regardless of treatment modality, but the mechanism by which treatment impacts criminal behavior is not yet clear. (PsycINFO Database Record (c) 2019 APA, all rights reserved).

Other Articles Relevant to DBT & BPD

1. **Title:** [Predictors of short- and long-term recurrence of suicidal behavior in borderline personality disorder](#)

Authors: DE Rodante, LN Grendas, S Puppo, P Vidjen, A Portela, SM Rojas...& FM Daray

Journal & Date: Acta Psychiatrica Scandinavica, 2019

Abstract: Objective: To evaluate the incidence of suicidal outcomes and risk factors for short- and long-term recurrence of suicidal behavior (SB) among high-risk borderline personality disorder (BPD) patients during a 24-month prospective follow-up period. **Methods:** A multicenter prospective cohort study was designed to compare data obtained from 136 patients admitted to the emergency department for current suicidal ideation (SI) or a recent suicide attempt (SA). Subjects were clinically evaluated and monitored for a new SA or suicide. **Results:** The incidence of a new SA was 25.63 events/100 persons-year, and one patient died by suicide. Child sexual abuse (CSA) was the only significant predictor throughout the complete follow-up period. The absence of prior psychiatric treatment predicts the recurrence of SB in the first



6 months of follow-up. Patient age, poor psychosocial functioning before hospitalization, age at first SA, and having multiple suicide attempts increased risk of SB recurrence at the long-term period (24th months). In addition, there was an interaction between CSA and poor psychosocial functioning that increased risk of SB. **Conclusion:** The risk of recurrence was higher during the first 6 months. Risk factors at 6 and 24 months vary. These findings are important for implementing suicide strategies.

2. **Title:** [Principles of Skills Assessment in Dialectical Behavior Therapy](#)

Authors: M Swales & C Dunkley

Journal & Date: Cognitive and Behavioral Practice, 2019

Abstract: Since its inception, increasing clients' capabilities in experiencing and managing emotions, interpersonal relationships, and crises has been central to both the theory and practice of Dialectical Behavior Therapy (DBT; Linehan, 1993a & b; Linehan, 2015a & b). Enabling clients to learn new skills, and to effectively implement them to change behavior, requires both capability and motivation on the part of skills trainers and individual therapists alike. The most effective DBT practitioners precisely assess at each stage of skills acquisition, strengthening, and generalization to determine how well their clients perform new skills. They assess what barriers are preventing effective skills use, in order to implement a focused endeavour to overcome any obstacles. This paper reviews principles of skills assessment within each treatment modality and provides therapists with checklists for identifying problems, and case vignettes illustrating helpful therapeutic strategies.

3. **Title:** [Borderline personality disorder and emotion dysregulation](#)

Authors: AL Chapman

Journal & Date: Development and Psychopathology, 2019

Abstract: Borderline personality disorder (BPD) is a severe and complex disorder characterized by instability across many life domains, including interpersonal relations, behavior, and emotions. A core feature and contributor to BPD, emotion dysregulation (ED), consists of deficits in the ability to regulate emotions in a manner that allows the individual to pursue important goals or behave effectively in various contexts. Biosocial developmental models of BPD have emphasized a transaction of environmental conditions (e.g., invalidating environments and adverse childhood experiences) with key genetically linked vulnerabilities (e.g., impulsivity and emotional vulnerability) in the development of ED and BPD. Emerging evidence has begun to highlight the complex, heterotypic pathways to the development of BPD, with key heritable vulnerability factors possibly interacting with aspects of the rearing environment to produce worsening ED and an adolescent trajectory consisting of self-damaging behaviors and eventual BPD. Adults with BPD have shown evidence of a variety of cognitive, physiological, and behavioral characteristics of ED. As the precursors to the development of ED and BPD have become clearer, prevention and treatment efforts hold great promise for reducing the long-term suffering, functional impairment, and considerable societal costs associated with BPD.



4. **Title:** [Borderline personality disorder and self-directed violence in a sample of suicidal army soldiers](#)

Authors: M Fruhbauerova, CR DeCou, BE Crow, & KA Comtois

Journal & Date: Psychological Services, 2019

Abstract: There has been a sharp increase in the military suicide rates in 2004. While, borderline personality disorder (BPD) has a stronger association with suicide attempts than any other mental health disorder, there is limited evidence concerning the prevalence and scope of BPD symptoms among military personnel. This secondary data analysis compared active duty suicidal soldiers to characterize the presence-absence of BPD diagnostic criteria and lifetime history of self-directed violence in a suicidal military sample. The current study examined data of 137 active Service Members with significant suicidal ideation. Approximately one-quarter of the soldiers in this sample met full diagnostic criteria for BPD. The presence of BPD criteria was generally consistent among participants with BPD who reported past self-directed violence relative to those who did not. The number of BPD criteria was a significant predictor of the odds of reporting any nonsuicidal self-injury (NSSI) as well as the amount of NSSI, but was not associated with suicide attempt. This study demonstrated that a nontrivial proportion of suicidal soldiers meet criteria for this condition, which is strongly associated with self-directed violence. It is important to rigorously assess for the presence-absence of BPD criteria among suicidal military personnel and cultivate prevention strategies and treatment options for BPD.

5. **Title:** [A Meta-analysis and Systematic Review of Emotion Regulation Strategies in Borderline Personality Disorder](#)

Authors: AR Daros & GE Williams

Journal & Date: Harvard Review of Psychiatry, 2019

Abstract: Emotion dysregulation is often considered a core characteristic of individuals with borderline personality disorder (BPD). With the development and strength of a contemporary affective-science model that encompasses both healthy emotion regulation (ER) and emotion dysregulation, this model has increasingly been used to understand the affective experiences of people with BPD. In this meta-analysis and review, we systematically review six of the most commonly studied ER strategies and determine their relative endorsement in individuals with elevated symptoms of BPD compared to individuals with low symptoms of BPD and healthy controls, as well as to individuals with other mental disorders. Results from 93 unique studies and 213 different effect-size estimates indicated that symptoms of BPD were associated with less frequent use of ER strategies that would be considered more effective at reducing negative affect (i.e., cognitive reappraisal, problem solving, and acceptance) and more frequent use of ER strategies considered less effective at reducing negative affect (i.e., suppression, rumination, and avoidance). When compared to individuals with other mental disorders, people with BPD endorsed higher rates of rumination and avoidance, and lower rates of problem solving and acceptance. We also review important contributions from studies of ER in BPD that we were unable to incorporate into our meta-analysis. We conclude by discussing how the pattern of using ER strategies in BPD contributes to emotion dysregulation and also the potential reasons for this pattern, integrating both Gross's extended process model of ER and Linehan's updated theoretical account on the development of emotion dysregulation.



6. **Title:** [A systematic review and meta-analysis of dropout rates from dialectical behaviour therapy in randomized controlled trials*](#)

Authors: L Dixon & J Linardon

Journal & Date: Cognitive Behaviour Therapy, 2019

Abstract: Dropout is an important factor that may compromise the validity of findings from randomized controlled trials (RCTs) of dialectical behaviour therapy (DBT). We conducted a targeted meta-analytic review of dropout from RCTs of DBT, with the aims of (1) calculating average rates of dropout from DBT; (2) investigating factors that moderate dropout; (3) examining whether dropout rates from DBT differ to control interventions; (4) synthesising reasons for dropout. Forty RCTs of DBT met full inclusion criteria. The weighted mean dropout rate was 28.0% (95% CI = 23.6, 32.9). Dropout rates were not related to target disorder, dropout definition, delivery format, therapist experience, and therapist adherence. Unexpectedly, dropout rates were significantly higher in trials that offered telephone coaching and utilized a therapist consultation team. DBT dropout rates did not significantly differ to dropout rates from control interventions. Few trials reported reasons for dropout, and there was little consistency in the reported reasons. Findings suggest that over one in four patients drop out from DBT in RCTs. This review highlights the urgency for future trials to explicitly report detail pertaining to patient dropout, as this may assist in the development of strategies designed to prevent future dropouts in RCTs of DBT.

**Please note that abstract indicates that dropout was unrelated to therapist adherence. The actual finding is that dropout was unrelated to whether the study measured therapist adherence, not whether the therapist was adherent to the treatment.*