



DBT Treatment Research

JANUARY 1, 2018 – FEBRUARY 28, 2018

1. **Title:** [Efficacy of Dialectical Behavior Therapy for Adolescents in a Partial Hospitalization Program](#)

Authors: AS Lenz & G Del Conte

Journal & Date: Journal of Counseling & Development, 2018

Abstract: This study evaluated dialectical behavior therapy for adolescents (DBT-A) vs. treatment as usual within a 6-week partial hospitalization program. The 103 adolescent participants (mean age = 15.27 years) were predominantly girls ($n = 63$, 61%) with a variety of primary mental health diagnoses. Results indicated that DBT-A was superior for decreasing symptoms of depression and interpersonal sensitivity, but no statistically significant difference was detected for anxiety or hostility. Implications for treating youth with transdiagnostic identities are discussed.

2. **Title:** [On the potential for iatrogenic effects of psychiatric crisis services: The example of dialectical behavior therapy for adult women with borderline personality disorder](#)

Authors: TN Coyle, JA Shaver, & MM Linehan

Journal & Date: Journal of Consulting and Clinical Psychology, 2018

Abstract: Although previous research has suggested that people with a history of using psychiatric crisis services are at higher risk for suicide, it is unclear whether this link is attributable to individual risk factors or iatrogenic effects of service utilization. We examined this question by analyzing data from a randomized controlled trial of dialectical behavior therapy (DBT), a treatment for highly suicidal individuals in which patients took advantage of crisis services less than those in the comparison condition. We hypothesized that crisis-service utilization during a treatment year, rather than pretreatment indicators of suicide risk, would be associated with higher suicide risk after treatment, and that DBT's treatment effects would be partially attributable to this association. Participants were 101 women (Mage = 29.3, 87% Caucasian) with recent suicidal and self-injurious behaviors meeting Diagnostic and Statistical Manual of Mental Disorders (4th ed.; DSM-IV; American Psychiatric Association [APA], 1994) criteria for borderline personality disorder. We examined relationships between suicidal ideation (using the Suicide Behaviors Questionnaire; Linehan, 1981), number of suicide attempts (using the Suicide Attempt Self-Injury Interview; Linehan, Comtois, Brown, Heard, & Wagner, 2006), and number of psychiatric inpatient admissions and psychiatric emergency-room (ER) visits (using the Treatment History Interview; Linehan & Heard, 1987) from the years prior to, during, and following treatment. Treatment-year psychiatric ER visits were the sole predictor of the number of follow-up year suicide attempts. Treatment condition and pretreatment inpatient admissions predicted treatment-year psychiatric ER visits. Finally, there was evidence that DBT resulted in fewer suicide attempts at follow-up, in part because getting DBT led to fewer psychiatric ER visits. In this population and context, data suggest that crisis-service utilization conveys risk for suicide. DBT may reduce suicide risk in part by reducing use of these services.



3. **Title:** [Alliance Rupture and Resolution in Dialectical Behavior Therapy for Borderline Personality Disorder](#)

Authors: T Boritz, R Barnhart, CF Eubanks, & S McMain

Journal & Date: Journal of Personality Disorders, 2018

Abstract: The aim of this exploratory study was to investigate alliance rupture and resolution processes in the early sessions of a sample of clients who underwent 1 year of standard dialectical behavior therapy (DBT) for borderline personality disorder (BPD). Participants were three recovered and three unrecovered clients drawn from the DBT arm of a randomized controlled trial that compared the clinical and cost-effectiveness of DBT and general psychiatric management. Alliance rupture and resolution processes were coded using the observer-based Rupture Resolution Rating Scale. Unrecovered clients evidenced a higher frequency of withdrawal ruptures than recovered clients. Withdrawal ruptures tended to persist for unrecovered clients despite the degree of resolution in the prior session, unlike for recovered clients, for whom the probability of withdrawal ruptures decreased as the degree of resolution increased. This study suggests that alliance rupture and resolution processes in early treatment differ between recovered and unrecovered clients in DBT for BPD.

4. **Title:** [Improving functional outcomes in women with borderline personality disorder and PTSD by changing PTSD severity and post-traumatic cognitions](#)

Authors: MS Harned, CR Wilks, SC Schmidt, & TN Coyle

Journal & Date: Behaviour Research and Therapy, 2018

Abstract: Although functional impairment typically improves during evidence-based psychotherapies (EBPs) for borderline personality disorder (BPD), functional levels often remain suboptimal after treatment. The present pilot study evaluated whether and how integrating PTSD treatment into an EBP for BPD would improve functional outcomes. Participants were 26 women with BPD, PTSD, and recent suicidal and/or self-injurious behavior who were randomized to receive one year of Dialectical Behavior Therapy (DBT) or DBT with the DBT Prolonged Exposure (DBT PE) protocol for PTSD. Five domains of functioning were assessed at 4-month intervals during treatment and at 3-months post-treatment. DBT + DBT PE was superior to DBT in improving global social adjustment, health-related quality of life, and achieving good global functioning, but not interpersonal problems or quality of life. Results of time-lagged mixed effects models indicated that, across both treatments, reductions in PTSD severity significantly predicted subsequent improvement in global social adjustment, global functioning, and health-related quality of life, whereas reductions in post-traumatic cognitions significantly predicted later improvement in all functional outcomes except global social adjustment. These findings provide preliminary evidence supporting the role of change in PTSD severity and trauma-related cognitions as active mechanisms in improving functional outcomes among individuals with BPD and PTSD.

5. **Title:** [A randomized controlled trial of an Internet delivered dialectical behavior therapy skills training for suicidal and heavy episodic drinkers](#)

Authors: CR Wilks, A Lungu, SY Ang, B Matsuyama, Q Yin, & MM Linehan



Journal & Date: Journal of Affective Disorders, 2018

Abstract: *Background.* Given that alcohol misuse elevates risk of suicide death among ideators, the paucity of treatment outcome research for individuals presenting with both suicide ideation and problem drinking is particularly troubling. Dialectical Behavior Therapy (DBT) skills training, which effectively targets behaviors associated with emotion dysregulation including addictive and suicidal behaviors, provides a fitting model amenable to computerization. As stigma and scarcity stand as potential barriers to treatment, online dissemination platforms provide means for efficient treatment delivery that can augment the utility of suitable interventions. This pilot RCT sought to evaluate the feasibility, acceptability, and preliminary efficacy of an Internet-delivered DBT skills training intervention (iDBT-ST) for suicidal individuals who engage in heavy episodic drinking. *Methods.* Participants ($N=59$) were randomized to receive iDBT-ST immediately or after an 8-week waiting period. Clinical outcomes were suicide ideation, alcohol use, and emotion dysregulation. *Results.* Participants on average saw a significant reduction in all outcomes over the four-month study period. Compared to waitlist controls, individuals who received iDBT-ST immediately showed faster reductions in alcohol consumption. *Conclusions.* Preliminary results suggest that iDBT-ST may be a viable resource for the high-risk and underserved group represented in this study, and pathways for future development are suggested. *Limitations.* There was difficulty retaining and engaging participants due to technological barriers.

6. **Title:** [A dialectical behavior therapy skills intervention for women with suicidal behaviors in rural Nepal: A single-case experimental design series](#)

Authors: MK Ramaiya, C McLean, U Regmi, D Fiorillo, CJ Robins, & BA Kohrt

Journal & Date: Journal of Clinical Psychology, 2018

Abstract: *Background.* Suicide in low- and middle-income countries (LMICs) accounts for 75% of the world's burden of suicide mortality and is the leading single cause of death among Nepali reproductive age women. To advance treatment for suicidal behaviors in LMICs, a single-case experimental design (SCED) was conducted of a culturally adapted Dialectical Behavior Therapy skills intervention for Nepali populations (DBT-N). *Method.* Ten Nepali women with histories of suicidality participated in the 10-session intervention. Outcomes of emotion regulation, suicidal ideation, depression, anxiety, resilience, and coping skills use were measured at multiple time points pre-intervention, during, and at follow-up. Qualitative interviewing assessed DBT-N's feasibility and acceptability. *Results.* Participants showed improvements in emotion regulation over the course of treatment, which were associated with increased skills use. Rapid, sustained reductions in suicidal ideation and improvements in resilience were observed after DBT-N initiation. *Conclusion.* This SCED supports conducting further evaluation of DBT-N through controlled trials with emotion regulation as a target mechanism of action for reducing suicidal behaviors in LMICs.

Other Articles Relevant to DBT & BPD



1. **Title:** [Implementation of Dialectical Behavior Therapy in Residential Treatment Programs: A Process Evaluation Model for a Community-Based Agency](#)

Authors: AM Holbrook, SR Hunt, & MR See

Journal & Date: Community Mental Health Journal, 2018

Abstract: Dialectical behavior therapy (DBT) can be challenging to implement in community-based settings. Little guidance is available on models to evaluate the effectiveness or sustainability of training and implementation efforts. Residential programs have much to gain from introduction of evidence-based practices, but present their own challenges in implementation. This paper presents a low-cost process evaluation model to assess DBT training piloted in residential programs. The model targets staff and organizational factors associated with successful implementation of evidence-based practices and matches data collection to the four stages of the DBT training model. The strengths and limitations of the evaluation model are discussed.

2. **Title:** [Dialectical Behavior Therapy With Prolonged Exposure for Adolescents: Rationale and Review of the Research](#)

Authors: CM Lang, AJ Edwards, MA Mittler, & L Bonavitacola

Journal & Date: Cognitive and Behavioral Practice, 2018

Abstract: Among adolescents, interpersonal trauma has been associated with severe post-traumatic stress disorder (PTSD) and impairments across multiple domains of functioning (e.g., Derosa, Amaya-Jackson & Layne, 2013; Ford, Courtois, Steele, van der Hart, & Nijenhuis, 2005; van der Kolk, 2005). Such difficulties can include high-risk behaviors such as active suicidality (Middlebrooks & Audage, 2008) and nonsuicidal self-injurious behavior (NSSI; Hu, Taylor, Li, & Glauert, 2017). While there have been many advances in the treatment of trauma, treatment dropout for adolescents seeking trauma-informed treatment is predicted by diagnostic comorbidity and complexity (Sprang et al., 2013), as well as the number of traumatic events endorsed (Wamser-Nanney & Steinzor, 2016). Many traumatized adolescents with high-risk behaviors are referred to Dialectical Behavior Therapy (DBT-A). However, DBT-A does not yet include a specific, evidence-based protocol for treating PTSD, without which treatment gains may not be sustained for traumatized adolescents (Harned, Korslund, & Linehan, 2014). While Prolonged Exposure (PE) is indicated as the gold-standard treatment for PTSD and has proven effective for adolescents (PE-A; Foa, McLean, Capaldi, & Rosenfield, 2013), it has not yet been validated with adolescents who are actively suicidal. However, PE has successfully been integrated within DBT for adults with co-occurring Borderline Personality Disorder and PTSD (e.g., DBT-PE; Harned et al., 2014). Based upon this model, the current paper proposes the integration of DBT-A and PE-A to treat adolescents with interpersonal trauma who also present with high-risk behaviors. The paper discusses anticipated complications related to adapting this model for adolescents and provides direction for future research.

3. **Title:** [A Review of the Effectiveness and Mechanisms of Change for Three Psychological Interventions for Borderline Personality Disorder](#)

Authors: G Byrne & J Egan



Journal & Date: Clinical Social Work Journal, 2018

Abstract: The therapeutic uncertainty common in much of the early literature on borderline personality disorder (BPD) has given way to a growing research base with findings indicating the effectiveness of a number of psychological treatments. This article will review three major evidence-based treatments for BPD: dialectical behavior therapy, schema-focused therapy and mentalization-based treatment. While not a panacea, these treatments have provided, to differing degrees, a reasonable level of evidence indicating therapeutic effectiveness. The evidence base for each of these models is discussed as well as possible mechanisms of change. The article highlights similarities between the differing modalities as well as the features that distinguish the models. The article contends that increasing mentalization skills may be a common underlying factor in all treatments for individual with BPD. The authors conclude by discussing the difficulties and potential benefits of treatment integration.

4. **Title:** [Dialectical behaviour therapy for posttraumatic stress disorder related to childhood sexual abuse: a pilot study in an outpatient treatment setting](#)

Authors: R Steil, C Dittmann, M Müller-Engelmann, A Dyer, A Maasch, & K Priebe

Journal & Date: European Journal of Psychotraumatology, 2018

Abstract: *Background:* Dialectical behaviour therapy for posttraumatic stress disorder (DBT-PTSD), which is tailored to treat adults with PTSD and co-occurring emotion regulation difficulties, has already demonstrated its efficacy, acceptance and safety in an inpatient treatment setting. It combines elements of DBT with trauma-focused cognitive behavioural interventions. *Objective:* To investigate the feasibility, acceptance and safety of DBT-PTSD in an outpatient treatment setting by therapists who were novice to the treatment, we treated 21 female patients suffering from PTSD following childhood sexual abuse (CSA) plus difficulties in emotion regulation in an uncontrolled clinical trial. *Method:* The Clinician Administered PTSD Symptom Scale (CAPS), the Davidson Trauma Scale (DTS), the Borderline Section of the International Personality Disorder Examination (IPDE) and the Borderline Symptom List (BSL-23) were used as primary outcomes. For secondary outcomes, depression and dissociation were assessed. Assessments were administered at pretreatment, post-treatment and six-week follow-up. *Results:* Improvement was significant for PTSD as well as for borderline personality symptomatology, with large pretreatment to follow-up effect sizes for completers based on the CAPS (Cohens $d = 1.30$), DTS ($d = 1.50$), IPDE ($d = 1.60$) and BSL-23 ($d = 1.20$). *Conclusion:* The outcome suggests that outpatient DBT-PTSD can safely be used to reduce PTSD symptoms and comorbid psychopathology in adults who have experienced CSA.