



## DBT Treatment Research

### June 1-30, 2018

1. **Title:** [An Examination of the Effectiveness of Dialectical Behavior Therapy Skills Groups](#)

**Authors:** KM Hunnicutt Hollenbaugh & AS Lenz

**Journal & Date:** Journal of Counseling and Development, 2018

**Abstract:** This study implemented a multiple-phase, contrast, single-case research design to examine the effectiveness of the 4 core dialectical behavior therapy skills group modules in reducing emotion dysregulation. Three participants completed four 6-week skills modules over 9 months. Examination of calculated estimates of treatment effect indicated that 2 out of the 3 participants experienced meaningful changes in their degree of emotion dysregulation over the course of treatment. Implications for counseling practice are discussed.

2. **Title:** [Efficacy of Dialectical Behavior Therapy for Adolescents at High Risk for Suicide: A Randomized Clinical Trial](#)

**Authors:** E McCauley, MS Berk, JR Asarnow, M Adrian, J Cohen, K Korslund... MM Linehan

**Journal & Date:** Journal of the American Medical Association (JAMA), 2018

**Abstract: Importance:** Suicide is a leading cause of death among 10- to 24-year-old individuals in the United States; evidence on effective treatment for adolescents who engage in suicidal and self-harm behaviors is limited. **Objective:** To evaluate the efficacy of dialectical behavior therapy (DBT) compared with individual and group supportive therapy (IGST) for reducing suicide attempts, nonsuicidal self-injury, and overall self-harm among high-risk youths. **Design, Setting, and Participants:** This randomized clinical trial was conducted from January 1, 2012, through August 31, 2014, at 4 academic medical centers. A total of 173 participants (pool of 195; 22 withdrew or were excluded) 12 to 18 years of age with a prior lifetime suicide attempt ( $\geq 3$  prior self-harm episodes, suicidal ideation, or emotional dysregulation) were studied. Adaptive randomization balanced participants across conditions within sites based on age, number of prior suicide attempts, and psychotropic medication use. Participants were followed up for 1 year. **Interventions:** Study participants were randomly assigned to DBT or IGST. Treatment duration was 6 months. Both groups had weekly individual and group psychotherapy, therapist consultation meetings, and parent contact as needed. **Main Outcomes and Measures:** A priori planned outcomes were suicide attempts, nonsuicidal self-injury, and total self-harm assessed using the Suicide Attempt Self-Injury Interview. **Results:** A total of 173 adolescents (163 [94.8%] female and 97 [56.4%] white; mean [SD] age, 14.89 [1.47] years) were studied. Significant advantages were found for DBT on all primary outcomes after treatment: suicide attempts (65 [90.3%] of 72 receiving DBT vs 51 [78.9%] of 65 receiving IGST with no suicide attempts; odds ratio [OR], 0.30; 95% CI, 0.10-0.91), nonsuicidal self-injury (41 [56.9%] of 72 receiving DBT vs 26



[40.0%] of 65 receiving IGST with no self-injury; OR, 0.32; 95% CI, 0.13-0.70), and self-harm (39 [54.2%] of 72 receiving DBT vs 24 [36.9%] of 65 receiving IGST with no self-harm; OR, 0.33; 95% CI, 0.14-0.78). Rates of self-harm decreased through 1-year follow-up. The advantage of DBT decreased, with no statistically significant between-group differences from 6 to 12 months (OR, 0.65; 95% CI, 0.12-3.36;  $P = .61$ ). Treatment completion rates were higher for DBT (75.6%) than for IGST (55.2%), but pattern-mixture models indicated that this difference did not informatively affect outcomes. **Conclusions and Relevance:** The results of this trial support the efficacy of DBT for reducing self-harm and suicide attempts in highly suicidal self-harming adolescents. On the basis of the criteria of 2 independent trials supporting efficacy, results support DBT as the first well-established, empirically supported treatment for decreasing repeated suicide attempts and self-harm in youths.

## Other Articles Relevant to DBT & BPD

- Title:** [Emotional Dysregulation as a target in the treatment of co-existing substance use and borderline personality disorders: A pilot study](#)

**Authors:** D Best

**Journal & Date:** Clinical Psychologist, 2018

**Abstract: Background:** Borderline Personality Disorder (BPD) and Substance Use Disorders (SUD) are frequently co-morbid and their co-occurrence exacerbates the symptomatology and associated harms for both disorders. However, few intervention studies have examined the delivery of an integrated intervention for BPD and SUD within alcohol and other drug (AOD) treatment settings. This single arm pilot study examined the clinical utility and outcomes of a 12-session emotion regulation intervention for clients with co-occurring SUD and BPD symptoms delivered in an outpatient AOD treatment setting. **Method:** Forty-five adult treatment-seekers (64.4% women, mean age 35.8 years [SD=10.4]) attending an outpatient AOD service, who exhibited three or more symptoms of BPD, engaged in a 12-session emotion regulation intervention. Clinical measures assessing alcohol and drug use, BPD symptoms, emotion dysregulation and acceptance, non-avoidance of thoughts and emotions, and psychological flexibility were collected at baseline, session six and session 12. Treatment engagement, satisfaction and rapport were also measured. **Results:** Fifty-one percent of participants completed the 12-session intervention. The results demonstrated that the number of drug using occasions in the past 28 days significantly reduced from baseline compared to session 12. Furthermore, a significant reduction was identified in BPD symptom severity, emotion dysregulation, and non-acceptance, experiential avoidance and psychological inflexibility from baseline to session 12. **Conclusions:** For those individuals who completed the 12-session emotion regulation intervention, there were significant reductions across a number of clinical outcomes. However, retention in treatment for this vulnerable client group remains a significant challenge in the AOD setting.

- Title:** [Emotion Regulation Deficits and Nonsuicidal Self-Injury Prospectively Predict Suicide Ideation in Adolescents](#)

Page 2



**Authors:** AM Brausch & SE Woods

**Journal & Date:** The Official Journal of the American Association of Suicidology, 2018

**Abstract: Background:** The relationship between emotion regulation deficits and nonsuicidal self-injury (NSSI) is well established. Many studies have documented the strong relationship between NSSI and suicidal thoughts and behaviors. The relationship between emotion regulation deficits and suicide is less understood, but recent studies indicate a moderate association. This study aimed to examine the relationship between emotion regulation deficits, NSSI behavior, and suicide ideation in an unselected community sample of adolescents. It was expected that NSSI history would moderate the relationship between emotion regulation and future suicide ideation. **Methods:** Data were collected from 367 unselected, community adolescents (mean age = 13). Self-report questionnaires assessed NSSI behavior, emotion regulation deficits, and suicide ideation at two time points, 6 months apart. **Results:** After controlling for suicide ideation at baseline, emotion regulation deficits (experiential avoidance and interoceptive deficits) significantly predicted suicide ideation severity at follow-up, and interactions with NSSI engagement showed support for moderation. **Conclusions:** Results of this study provide insight into the mechanisms of these relationships and have significant clinical implications for the identification of adolescents at risk for suicide behaviors.

**Title:** [‘Everyone should do it’: Client experience of a 12-week dialectical behaviour therapy group programme – An interpretative phenomenological analysis](#)

3.

**Authors:** J Childs-Fegredo & L Fellin

**Journal & Date:** Counseling & Psychotherapy Research, 2018

**Abstract: Objective:** There is a dearth of practice-based evidence of adapted or ‘DBT-informed’ transdiagnostic models, which could provide services and clinicians with information of what works and for whom, in which settings. This paper aims to bridge this gap by exploring the client experience of a 12-week transdiagnostic dialectical behaviour therapy (DBT) group programme in a private psychiatric hospital. **Method:** Five participants with varied clinical diagnoses and previous therapeutic experiences were interviewed following completion of one or more of the same adapted DBT programme, comprising of the standard four modules over 12 weeks, including a weekly skills group and 1:1 therapy. Interpretative phenomenological analysis (IPA) was applied to give voice to the clients’ lived experience of the group. **Results:** Three master themes were identified: ‘Pre DBT: Crisis & Desperation’; ‘In-session: Belonging’; and ‘The Real World: Living’, each characterised by four sub-themes, highlighting helpful and hindering factors of clients’ current and previous therapeutic experiences. **Conclusion:** Overall this version of DBT in a transdiagnostic setting was experienced as helpful and positive by participants; main outcomes included being able to build a life worth living, feel hope and joy, build DBT skills into a lifestyle, and develop reflective practice. Implications for clinical practice, service delivery and policy are also discussed. The article aims to provide clinicians with practice-based evidence to inform the delivery of DBT as well as supporting the case for the use of DBT with various disorders, thus paving the way for future research in this area.