



DBT Treatment Research

JULY 1, 2019 – JULY 31, 2019

1. **Title:** [The therapeutic role of emotion regulation and coping strategies during a stand-alone DBT Skills training program for alcohol use disorder and concurrent substance use disorders](#)

Authors: M Cavicchioli, M Movalli, G Vassena, P Ramella, F Prude, & C Maffei

Journal & Date: Addictive Behaviors, 2019

Abstract: Clinical trials on Dialectical Behavior Therapy Skills Training (DBT-ST) as a stand-alone intervention for alcohol use disorder (AUD) showed promising outcomes. Improvements in difficulties with emotion regulation (DER) played a mediating role on abstinence maintenance. However, the effect of DER, together with specific coping strategies, have not been considered yet in the treatment of clinical features associated to AUD and concurrent substance use disorders (CO-SUDs). The current study aims at investigating changes in the number of consecutive days of abstinence (CDA), severity of AUD and CO-SUDs (Shorter PROMIS Questionnaire; SPQ alcohol, prescription, illicit drugs subscale), DER (Difficulties in Emotion Regulation Scale; DERS) and coping strategies (DBT Way of Coping Checklist; DBT-WCCL) during a 3-month DBT-ST program for the treatment of AUD and CO-SUDs. Furthermore, four independent multiple parallel mediational models were estimated considering scores of CDA/SPQ, DERS and DBT-WCCL dimensions as dependent, independent and mediators variables respectively. One-hundred eight individuals with a primary diagnosis of AUD were consecutively admitted. The results showed significant and moderate to large improvements in CDA, severity of AUD, CO-SUDs and DER. The analyses detected significant improvements in the use of DBT Skills. The changes in DER predicted decreases in SPQ scores. The changes in DBT-WCCL scores were mediators of the previous relationships, considering SPQ alcohol and prescription drugs subscales. These findings support the implementation of DBT-ST as a stand-alone intervention for the treatment of AUD and CO-SUDs. DER together with coping strategies are relevant therapeutic mechanisms in the treatment of clinical features related to SUDs.

2. **Title:** [Clinical efficacy of a combined acceptance and commitment therapy, dialectical behavioural therapy, and functional analytic psychotherapy intervention in patients with borderline personality disorder](#)

Authors: MA Reyes-Ortega, EM Miranda, A Fresán, AN Vargas, SC Barragán, R Robles García, & I Arango

Journal & Date: Psychology & Psychotherapy: Theory, Research, & Practice

Abstract: Objective Borderline personality disorder (BPD) consists of a persistent pattern of instability in affective regulation, impulse control, interpersonal relationships, and self-image. Although certain forms of psychotherapy are effective, their effects are small to moderate. One of the strategies that have been proposed to improve interventions involves integrating the therapeutic elements of different psychotherapy modalities from a contextual behavioural perspective (ACT, DBT, and FAP). **Methods** Patients ($n = 65$) attending the BPD Clinic of the Instituto Nacional de Psiquiatría Ramón de la Fuente Muñiz in Mexico City who agreed to participate in the study were assigned to an ACT group ($n = 22$), a DBT group ($n = 20$), or a

combined ACT + DBT + FAP therapy group ($n = 23$). Patients were assessed at baseline and after therapeutic trial on measures of BPD symptom severity, emotion dysregulation, experiential avoidance, attachment, control over experiences, and awareness of stimuli. **Results** ANOVA analyses showed no differences between the three therapeutic groups in baseline measures. Results of the MANOVA model showed significant differences in most dependent measures over time but not between therapeutic groups. **Conclusions** Three modalities of brief, contextual behavioural therapy proved to be useful in decreasing BPD symptom severity and emotional dysregulation, as well as negative interpersonal attachment. These changes were related to the reduction of experiential avoidance and the acquisition of mindfulness skills in all treatment groups, which may explain why no differences between the three different intervention modalities were observed.

Practitioner points

- Brief adaptations of acceptance and commitment therapy and dialectical behavioural therapy are effective interventions for BPD patients, in combined or isolated modalities, and with or without the inclusion of functional analytic psychotherapy.
- The reduction of experiential avoidance and the acquisition of mindfulness skills are related with the diminution of BPD symptoms severity, including emotional dysregulation and negative interpersonal attachment.

3. **Title:** [The efficiency of emotion regulation and distress tolerance based on Dialectical Behavior Therapy on anxiety sensitivity and emotion regulation difficulties in women with irritable bowel](#)

Authors: Sehati, M, Nasab, AA, & Yousefian, Z

Journal & Date: Social Behavioral Research & Health

Abstract: Background: Irritable Bowel Syndrome (IBS) is a functional gastrointestinal disorder that affects social, occupational, communicational, and psychological functioning. Therefore, the aim of this research was to determine the effect of emotional regulation and distress tolerance skills based on Dialectical Behavior Therapy (DBT) on anxiety sensitivity and emotion regulation difficulties among women with IBS. **Methods:** In order to conduct this study, a sample of 30 women with IBS who referred to Tehran healthcare centers was selected using the convenience sampling. Then, participants were assigned to experimental and control groups randomly. In this pretest-posttest semi-experimental study, we used anxiety sensitivity index questionnaire and the emotion regulation questionnaire. The experimental group received the educational intervention in 10 sessions during two and a half months. Data were analyzed by SPSS software. **Results:** The results showed that DBT had a significant effect on anxiety sensitivity and emotional regulation difficulties in women with IBS (P -value < 0.001). So, this treatment could reduce the anxiety sensitivity and emotional regulation difficulties in with IBS women. **Conclusion:** According to the results, DBT educations can reduce the anxiety sensitivity and negative emotion regulation and increase the positive emotion regulation.

4. **Title:** [Refractory depression – mechanisms and efficacy of radically open dialectical behaviour therapy \(RefraMED\): findings of a randomised trial on benefits and harms](#)

Authors: Lynch, TR, Hempel, RJ, Whalley, B, Byford, S, Chamba, R, Clarke, P.... & Russell, IT

Journal & Date: The British Journal of Psychiatry, 2019

Abstract: Background Individuals with depression often do not respond to medication or psychotherapy. Radically open dialectical behaviour therapy (RO DBT) is a new treatment



targeting overcontrolled personality, common in refractory depression. **Aims** To compare RO DBT plus treatment as usual (TAU) for refractory depression with TAU alone (trial registration: ISRCTN 85784627). **Method** RO DBT comprised 29 therapy sessions and 27 skills classes over 6 months. Our completed randomised trial evaluated RO DBT for refractory depression over 18 months in three British secondary care centres. Of 250 adult participants, we randomised 162 (65%) to RO DBT. The primary outcome was the Hamilton Rating Scale for Depression (HRSD), assessed masked and analysed by treatment allocated. **Results** After 7 months, immediately following therapy, RO DBT had significantly reduced depressive symptoms by 5.40 points on the HRSD relative to TAU (95% CI 0.94–9.85). After 12 months (primary end-point), the difference of 2.15 points on the HRSD in favour of RO DBT was not significant (95% CI –2.28 to 6.59); nor was that of 1.69 points on the HRSD at 18 months (95% CI –2.84 to 6.22). Throughout RO DBT participants reported significantly better psychological flexibility and emotional coping than controls. However, they reported eight possible serious adverse reactions compared with none in the control group. **Conclusions** The RO DBT group reported significantly lower HRSD scores than the control group after 7 months, but not thereafter. The imbalance in serious adverse reactions was probably because of the controls' limited opportunities to report these.

5. **Title:** [Implementing Dialectical Behavior Therapy skills training with at-risk male youth in a military-style residential program](#)

Authors: Anestis, JC, Charles, NE, Lee-Rowland, LM, Barry, CT, & Gratz, KL

Journal & Date: Cognitive and Behavioral Practice, 2019

Abstract: Recent calls to action rightly emphasize the need for early and preventative intervention for youth at risk for or currently exhibiting borderline personality disorder (BPD) features, nonsuicidal self-injury (NSSI), and/or suicidality. However, there is a lack of information in both the research literature and clinical practice guidelines about the acceptability and effectiveness of such interventions for male youth, particularly those who have dropped out of high school and, thus, are at even greater risk for a multitude of adverse psychological and functional outcomes. The current study aims to address this gap by examining the acceptability and pilot efficacy of a modified Dialectical Behavior Therapy for Adolescents (DBT-A) skills training group intervention among a sample of 73 non-treatment-seeking male youth (aged 16–18) with borderline personality features, self-harm, or suicidal ideation who had dropped out of high school and were enrolled in a military-style residential program (relative to youth participating in the residential program alone). Both quantitative and qualitative feedback from youth point to the high acceptability of DBT-A skills training with this population. Within-subjects and between-groups comparisons support the preliminary efficacy of DBT-A skills training with this population. At posttreatment, participants reported statistically significant decreases in emotion regulation (ER) difficulties ($d = 0.43$) and increases in distress tolerance ($d = -0.50$). Further, compared to a similar group of male youth who did not receive DBT-A skills training, those who received skills training showed greater improvements in ER difficulties, albeit not distress tolerance. Data from this pilot trial provide preliminary support for the efficacy of brief, stand-alone DBT-A skills training in improving ER difficulties in a high-risk group of male youth.

Other Articles Relevant to DBT & BPD



1. **Title:** [Too Much Too Soon?: Borderline Personality Disorder Symptoms and Romantic Relationships in Adolescent Girls](#)

Authors: SA Lazarus, S Choukas-Bradley, JE Beeney, AL Byrd, V Vine, & SD Stepp

Journal & Date: Journal of Abnormal Child Psychology, 2019

Abstract: Despite the centrality of adult romantic relationships to the conceptualization of borderline personality disorder (BPD), little is known about the earlier development of this interdependency during adolescence. Thus, we examined the co-development of romantic relationships and BPD symptoms from ages 15 to 19 in a large urban sample of girls ($N = 2310$) in the Pittsburgh Girls Study. We had two major aims. First, we sought to examine associations between BPD symptoms and romantic relationship involvement (number of partners, importance of relationship) and relational insecurity (concerns about infidelity and tactics to maintain relationship) during adolescence. Second, we investigated mutual influences and temporal precedence of BPD symptoms and four specific romantic relationship characteristics (perceived support and antagonism, verbal and physical aggression) during adolescence using latent growth curve models (LGCMS). Results indicated that BPD symptoms were associated with increased involvement in romantic relationships and heightened relational insecurity across adolescence. Furthermore, higher BPD symptoms at age 15 predicted increases in antagonism, verbal aggression, and physical aggression across ages 15 to 19. Conversely, perceptions of higher levels of relationship support at age 15 predicted steeper increases in BPD symptoms across ages 15 to 19, suggesting a potential negative influence of early involvement in close romantic relationships. These findings demonstrate the reciprocal nature of romantic relationship functioning and BPD symptoms during adolescence and suggest novel prevention targets for youth at risk for BPD.

2. **Title:** [Resting-state functional connectivity after hydrocortisone administration in patients with post-traumatic stress disorder and borderline personality disorder](#)

Authors: S Metz, J Fleischer, S Grimm, M Gärnter, S Golde, N Duesenberg, ... & K Wingenfeld

Journal & Date: European Neuropsychopharmacology, 2019

Abstract: In a previous study, we found that - in contrast to healthy individuals - patients with borderline personality disorder (BPD) and post-traumatic stress disorder (PTSD) showed better memory retrieval performance after hydrocortisone administration compared to placebo. As these results suggest an altered function of corticosteroid receptors in the brain in PTSD and BPD, we examined the effect of hydrocortisone on brain activation in both disorders. We recruited 40 female healthy controls, 20 female unmedicated patients with PTSD and 18 female unmedicated patients with BPD. We conducted a placebo-controlled cross-over study, in which all participants underwent two resting state MRI measurements after they received either a placebo or 10 mg hydrocortisone orally and in randomized order. There was a time interval of one week between the measurements. We analysed resting state functional connectivity (RSFC) with the hippocampus and the amygdala as seed regions. Compared to healthy controls, both patient groups showed reduced hippocampus RSFC to dorsomedial prefrontal cortex (dmPFC). Positive hippocampus dmPFC RSFC correlated negatively with childhood trauma ($r = -0.47$) and with severity of clinical symptoms, measured with the Borderline Symptom List ($r = -0.44$) and the Posttraumatic Stress Diagnostic Scale ($r = -0.45$). We found neither differences in amygdala RSFC nor an effect of hydrocortisone administration. Childhood trauma might lead to decreased



positive hippocampus dmPFC RSFC. This might explain symptoms of PTSD and BPD that are characterized by dysfunctional fear regulation.

3. **Title:** [Principles of Behavioral Assessment and Management of “Life-threatening behavior” in Dialectical Behavior Therapy](#)

Authors: Katz, LY & Korlund, K

Journal & Date: Cognitive & Behavioral Practice, 2019

Abstract: Dialectical behavior therapy (DBT) in its initial iteration was developed for the treatment of suicidal and self-injuring adults. As a result, the assessment and management of suicidal and nonsuicidal self-injurious (NSSI) behavior was and is central to the conduct of standard DBT. In this paper the authors describe the DBT approach to suicide risk assessment including discussion of both comprehensive and targeted suicide risk assessment and the associated documentation. In addition, it describes when and when not to conduct such assessment. Finally, this article describes management of both imminent and distant suicide risk and the application of DBT treatment strategies that can be applied in session.

4. **Title:** [Does it hurt to ask? An analysis of iatrogenic risk during suicide risk assessment](#)

Authors: Bender, TW, Fitzpatrick, S, Hartmann, M, Hames, J, Bodell, L, Selby, EA, & Joiner, TE

Journal & Date: Neurology, Psychiatry, and Brain Research, 2019

Abstract: Background There remains concern regarding whether suicide risk screening is harmful despite literature suggesting that it is not. The present study aimed to replicate and extend literature demonstrating that suicide risk assessment does not influence immediate or persistent distress, and examine its impact on implicit suicidality. Further, it examined whether having a suicide attempt history, higher depression symptoms, and high alcohol use yielded a beneficial effect of suicide risk assessment on distress and implicit suicidality. **Methods** Undergraduates (N = 147) were randomized to undergo suicide risk assessment or not. Distress was measured before and after survey/interviews, and again two days later along with implicit suicidality via *The Suicide Implicit Association Task*. **Results** The two groups did not differ in immediate or persistent distress, nor implicit suicidality. Individuals with high alcohol use comparable exhibited less immediate distress reduction following suicide risk assessment than those with low alcohol use, but comparable reductions in persistent distress. Those with a suicide attempt history who underwent suicide risk assessment exhibited lower levels of implicit suicidality than those who did not, but suicide risk assessment did not influence implicit suicidality for those without an attempt history. **Limitations** This study is limited by its small predominantly Caucasian and college sample, with a low base rate of suicidal behavior. **Conclusions** These findings add to a literature suggesting that suicide risk assessment may not be iatrogenic, even implicitly, and may be beneficial for those with a suicide attempt history. Clinicians are urged to continue suicide risk assessment.

5. **Title:** [Use your words: The role of emotion labeling in regulating emotion in borderline personality disorder](#)

Authors: Fitzpatrick, S, Ip, J, Krantz, L, Zeifman, R, & Kuo, JR

Journal & Date: Behaviour Research and Therapy, 2019



Abstract: Borderline personality disorder (BPD) treatments emphasize emotion labeling to decrease negative emotion and facilitate emotion regulation. However, no studies have examined emotion labeling in BPD or its impact on intentional emotion regulation. The present study examined the impact of emotion labeling on emotion and intentional emotion regulation attempts across self-reported and physiological indices (i.e., skin conductance response [SCR], respiratory sinus arrhythmia [RSA]) in BPD and healthy control (HC) groups. Participants listened to emotionally-evocative scripts and were either instructed to type the emotions that they were experiencing (labeling) or the objects they could imagine seeing in the script (control) into a computer. Following this, they were instructed to use either mindfulness or cognitive reappraisal to decrease their emotion. Self-reported, RSA, and SCR indices of negative emotion were collected throughout and analyzed using generalized estimating equations. Findings indicated that the BPD group experienced higher RSA during emotion labeling compared to the control task, but the HC group did not. HCs reported lower negative emotion after emotion labeling when implementing both emotion regulation strategies compared to the control task, but the BPD group did not. These findings suggest that emotion labeling may activate emotion regulatory systems in BPD and can potentiate intentional emotion regulation in HCs.