1. **Dialectical behavior therapy for nonsuicidal self-injury and depression among adolescents: preliminary meta-analytic evidence**

NE Cook, M Gorraiz - Child and Adolescent Mental Health, 2015

**Background:** Dialectical behavior therapy (DBT) has proven effective in reducing symptoms and behaviors related to Borderline Personality Disorder. More recently, it has been modified and applied to adolescents struggling with regulating their emotions and who may engage in impulsive, self-destructive behaviors, including nonsuicidal self-injury (NSSI). However, there is limited research evidence regarding the effectiveness of DBT for reducing NSSI behavior and depression among adolescents. Given the high suicide risk associated with NSSI and its association with depression, this is clearly an important focus of clinical and research attention.

**Method:** This meta-analysis sought to offer preliminary evidence regarding the effectiveness of DBT to treat NSSI and depression in adolescents. Twelve published studies were included; all 12 reported pre- and post-treatment measures of depression and six of these studies reported pre- and post-treatment measures of NSSI.

**Results:** The weighted mean effect size for NSSI was large \( g = 0.81, 95\% \text{ CI} = 0.59–1.03 \); the weighted mean effect size for depression was small \( g = 0.36, 95\% \text{ CI} = 0.30–0.42 \).

**Conclusions:** Intervention effects for both outcomes were positive, suggesting decreased NSSI and improvement in depressive symptoms for adolescents following a course of DBT. However, given considerable limitations in the research base available for meta-analysis, these findings are preliminary and tentative. Limitations in the current knowledge base and suggestions for future research are discussed.

2. **Beyond Borderline Personality Disorder: Dialectical Behavior Therapy in a College Counseling Center**

AR Panepinto, CC Uschold, M Olandese, BK Linn - Journal of College Student ..., 2015

The study investigated the efficacy of a dialectical behavior therapy (DBT) program with a general college counseling center population, not limited to students diagnosed with borderline personality disorder. A review of records of 64 students found that obsessive-compulsive symptoms, interpersonal sensitivity, depression, anxiety, paranoia, somatization, psychoticism, and phobic anxiety decreased, as did overall distress. All four target areas of DBT, namely confusion about self, impulsivity, emotional dysregulation, and interpersonal chaos, also significantly decreased. Limitations and implications for college counseling centers are discussed.
3. **Introduction to a Special Issue Dialectical Behavior Therapy: Evolution and Adaptations in the 21st Century**
   AL Miller - American Journal of Psychotherapy, 2015

Born from the randomized controlled trial by Linehan and colleagues in 1991, dialectical behavior therapy (DBT) has become the gold standard for treatment of individuals who are suicidal and have borderline personality disorder. In this special issue, we begin with a historical review of DBT provided by the treatment developer herself. We then introduce readers to new, 21st century adaptations developed of this treatment modality. In this issue we explore the use of DBT for suicidal adolescents with one paper focusing on Latina teens and their parents, and one focused on the more recently developed walking the middle path skills module. Other papers in this issue include unique adaptations of DBT for eating disorders, and disorders of over-control, as well as trauma in incarcerated male adolescents. We also look at transdiagnostic applications of DBT and finally a comparison of DBT with mentalization-based treatment.

- **The Course and Evolution of Dialectical Behavior Therapy**

- **Mentalization and Dialectical Behavior Therapy**

- **Dialectical Behavior Therapy and Eating Disorders: The Use of Contingency Management Procedures to Manage Dialectical Dilemmas**

- **Radically Open-Dialectical Behavior Therapy for Disorders of Over-Control: Signaling Matters**

- **Treatment Acceptability Study of Walking The Middle Path, a New DBT Skills Module for Adolescents and their Families**

- **Transdiagnostic applications of DBT for adolescents and adults**
  LA Ritschel, NE Lim, LM Stewart - American Journal of Psychotherapy, 2015

- **Towards the Development of an Effective Working Alliance: The Application of DBT Validation and Stylistic Strategies in the Adaptation of a Manualized Complex ...**

4. **Effectiveness of Dialectical Behavior Therapy on Quality of Sleep and Anxiety in Patients with Irritable Bowel Syndrome**

Sleep problems and anxiety symptoms in patients with irritable bowel syndrome are considered. Dialectical behavior therapy in the past decade as one of the most effective treatments in the treatment of many disorders is presented. Therefore the aim of this study was to determine the effectiveness of dialectical behavior therapy for irritable bowel syndrome is a group of sleep quality and anxiety. Methods: The research method was experimental (pretest-posttest control
group and random assignment) is. The sample of the study consisted of 30 patients with irritable bowel syndrome in 2014 among whom all patients were admitted to hospitals. After the interview, the Rome-III diagnostic criteria and completed and Beck Anxiety Inventory and Quality of sleep Petersburg questionnaire, using simple random sampling (n = 15 per group) were selected and were allocated to experimental and control groups. After completion of 8 sessions (one session a week for 90 minutes over two months), dialectical behavior therapy in the control group, in order to measure the dependent variable (Sleep quality and anxiety), Quality of sleep and anxiety as a post- test questionnaire was administered in both groups. The collected data were statistically analyzed using analysis of covariance obtained by SPSS.20 software. Results: According to a dialectical behavior therapy in reducing insomnia, anxiety, irritable bowel syndrome patients in the experimental group was significantly effective. So that after the intervention, mean scores decreased sleep quality and anxiety. Conclusion: Dialectical behavior therapy can improve sleep quality and reduce the level of anxiety in patients with irritable bowel syndrome. So this intervention is used as an effective method in improving the signs. Also, it can be the mental state of patients with irritable bowel syndrome improved with the implementation of the treatment.

5. Refractory depression: mechanisms and evaluation of radically open dialectical behaviour therapy (RO-DBT)[REFRAMED]: protocol for randomised trial

Introduction Only 30–40% of depressed patients treated with medication achieve full remission. Studies that change medication or augment it by psychotherapy achieve only limited benefits, in part because current treatments are not designed for chronic and complex patients. Previous trials have excluded high-risk patients and those with comorbid personality disorder. Radically Open Dialectical Behaviour Therapy (RO-DBT) is a novel, transdiagnostic treatment for disorders of emotional over-control. The REFRAMED trial aims to evaluate the effectiveness and cost-effectiveness of RO-DBT for patients with treatment-resistant depression.

Methods and analysis REFRAMED is a multicentre randomised controlled trial, comparing 7 months of individual and group RO-DBT treatment with treatment as usual (TAU). Our primary outcome measure is depressive symptoms 12 months after randomisation. We shall estimate the cost-effectiveness of RO-DBT by cost per quality-adjusted life year. Causal analyses will explore the mechanisms by which RO-DBT is effective.

6. Dialectical Behavioral Therapy with American Indian/Alaska Native Adolescents Diagnosed with Substance Use Disorders: Combining an Evidence Based Treatment with cultural, spiritual and traditional beliefs
DJ Beckstead, MJ Lambert, AP DuBose, M Linehan - Addictive Behaviors, 2015

This pilot study examined pre to post-change of patients in a substance use residential treatment center that incorporated Dialectical Behavior Therapy with specific cultural, traditional and spiritual practices for American Indian/Alaska Native adolescents. Specifically, the incorporation of cultural, spiritual and traditional practices was done while still maintaining fidelity to the evidence based treatment (DBT). 229 adolescents participated in the study and were given the Youth Outcome Questionnaire-Self-Report version at pre-treatment and post-treatment and the total scores were compared. The results of the
research study showed that 96% of adolescents were either “recovered” or “improved” using clinical significant change criteria. Additionally, differences between the group's pre-test scores and post-test scores were statistically significant using a matched standard T-test comparison. Finally, the effect size that was calculated using Cohen's criteria was found to be large. The results are discussed in terms of the implication for integrating western and traditional based methods of care in addressing substance use disorders and other mental health disorders with American Indian/Alaska Native adolescents.

7. **The Use of Dialectical Behavior Therapy and Prolonged Exposure to Treat Comorbid Dissociation and Self-Harm: The Case of a Client With Borderline Personality Disorder and Posttraumatic Stress Disorder**
HF Granato, CR Wilks, EM Miga, KE Korslund... - Journal of Clinical ..., 2015

There is a high rate of comorbidity between borderline personality disorder (BPD) and posttraumatic stress disorder (PTSD; Pagura et al., 2010). Preliminary studies have evaluated the treatment of PTSD in a BPD population and found positive outcomes for the integration of dialectical behavior therapy (DBT) and prolonged exposure (PE). This case study illustrates the implementation of a PE protocol into standard DBT treatment, specifically focusing on the management of self-harm and severe dissociation for a client with co-occurring PTSD and BPD. The client entered into treatment with severe and persistent dissociation and a recent history of self-harm, and the case includes consideration of two separate pauses in PTSD treatment related to elevated dissociation and self-harm behaviors. The client successfully completed the DBT PE protocol and results indicate significant improvements in PTSD symptoms as well as outcomes related to self-harm and dissociation. These findings demonstrate the efficacy of combining DBT with PE for clients with comorbid BPD and PTSD and exemplify how complex clients with BPD who present with severe dissociation and self-harm behavior can safely and successfully receive treatment for PTSD.

8. **The Influence of Posttraumatic Stress Disorder on Treatment Outcomes of Patients With Borderline Personality Disorder**
T Boritz, R Barnhart, SF McMain - Journal of Personality Disorders, 2015

The aim of this study was to determine the influence of posttraumatic stress disorder (PTSD) on treatment outcomes in patients with borderline personality disorder (BPD). Participants were 180 individuals diagnosed with BPD enrolled in a randomized controlled trial that compared the clinical and cost effectiveness of dialectical behavior therapy (DBT) and general psychiatric management (GPM). Multilevel linear models and generalized linear models were used to compare clinical outcomes of BPD patients with and without PTSD. BPD patients with comorbid PTSD reported significantly higher levels of global psychological distress at baseline and end of treatment compared to their non–PTSD counterparts. Both groups evidenced comparable rates of change on suicide attempts and non-suicidal self-injury (NSSI), global psychological distress, and BPD symptoms over the course of treatment and post-treatment follow-up. DBT and GPM were effective for BPD patients with and without PTSD across a broad range of outcomes.
9. **Experiences of care by Australians with a diagnosis of borderline personality disorder**

There is limited understanding of the experience of seeking and receiving treatment and care by people with a diagnosis of borderline personality disorder (BPD), their perceptions of barriers to care and the quality of services they receive. This study aimed to explore these experiences from the perspective of Australians with this diagnosis. An invitation to participate in an online survey was distributed across multiple consumer and carer organizations and mental health services, by the Private Mental Health Consumer Carer Network (Australia) in 2011. Responses from 153 people with a diagnosis of BPD showed that they experience significant challenges and discrimination when attempting to get their needs met within both public and private health services, including general practice. Seeking help from hospital emergency departments during crises was particularly challenging. Metropolitan and rural differences, and gender differences, were also apparent. Community supports were perceived as inadequate to meet their needs. This study provides data on a range of experiences not reported in existing literature, including general practitioner roles, urban and rural differences, public and private hospital differences, and comparison of usefulness of support across multiple support types. Its findings can help inform better training for health professionals and better care for this population.

10. **The Main and Interactive Effects of Maternal Interpersonal Emotion Regulation and Negative Affect on Adolescent Girls' Borderline Personality Disorder Symptoms**
KL Dixon-Gordon, DJ Whalen, LN Scott, ND Cummins… - Cognitive Therapy and …, 2015

The transaction of adolescent’s expressed negative affect and parental interpersonal emotion regulation are theoretically implicated in the development of borderline personality disorder (BPD). Although problem solving and support/validation are interpersonal strategies that foster emotion regulation, little is known about whether these strategies are associated with less BPD severity among adolescents. Adolescent girls (age 16; N = 74) and their mothers completed a conflict discussion task, and maternal problem solving, support/validation, and girls’ negative affect were coded. Girls’ BPD symptoms were assessed at four time points. A 3-way interaction of girls’ negative affect, problem solving, and support/validation indicated that girls’ negative affect was only associated with BPD severity in the context of low maternal support/validation and high maternal problem solving. These variables did not predict changes in BPD symptoms over time. Although high negative affect is a risk for BPD severity in adolescent girls, maternal interpersonal emotion regulation strategies moderate this link. Whereas maternal problem solving coupled with low support/validation is associated with a stronger negative affect-BPD
relation, maternal problem solving paired with high support/validation is associated with an attenuated relationship.

11. The Effects of Bug-in-the-Eye Supervision on Therapeutic Alliance and Therapist Competence in Cognitive-Behavioural Therapy: A Randomized Controlled Trial


Live supervision enables a supervisor to have direct insight into the psychotherapeutic process and allows him or her to provide immediate feedback to the trainee. Therefore, live supervision might be superior to traditional supervisory formats that only allow for the provision of delayed feedback. When considering the different live supervision formats, bug-in-the-eye (BITE) supervision is particularly promising because of its improved and less invasive procedure. The current study compared the efficacy of BITE supervision with that of delayed video-based (DVB) supervision. In the present study, 23 therapists were randomly assigned to either the BITE supervision or DVB supervision groups. The participants were psychotherapy trainees who treated 42 patients (19 under BITE supervision and 23 under DVB supervision) over 25 sessions of cognitive-behavioural therapy. Two independent raters blind to the treatment conditions evaluated therapeutic alliance and therapist competence based on 195 videotapes. Therapeutic alliance was significantly stronger among the treatments conducted under BITE supervision than those conducted under DVB supervision. Moreover, a higher level of therapeutic competence was found in the BITE condition than in the DVB condition. However, no differences between supervision conditions were found when the results were controlled for the level of therapeutic alliance and therapist competence demonstrated in the first session. No differences were observed between the supervision conditions with respect to patient outcomes. There is evidence that BITE supervision is able to improve therapeutic alliance and therapist competence. However, these findings should be interpreted with caution because possible pre-treatment differences between therapists might explain the superiority of BITE supervision.

Non-DBT BPD Treatment Research

12. Favourable outcome of long-term combined psychotherapy for patients with borderline personality disorder: Six-year follow-up of a randomized study

BT Antonsen, EH Kvarstein, Ø Urnes, B Hummelen… - Psychotherapy Research, 2015

Objective: This study reports the six-year follow-up data of patients with borderline personality disorder (BPD) who participated in the Ullevål Personality Project (UPP), a randomized clinical study comparing
outpatient individual psychotherapy (OIP) with a long-term combination programme (CP) comprising short-term day-hospital treatment followed by outpatient combined group and individual psychotherapy. **Methods:** For 52 patients, outcomes were evaluated after 8 months, 18 months, 3 years, and 6 years based on a wide range of clinical measures, such as symptom severity, psychosocial functioning, personality functioning, and Axis-I and II diagnoses. **Results:** At the six-year follow-up, patients in the CP condition reported significantly greater reduction of symptom distress and improvements in the personality functioning domains Identity Integration and Self-control compared with patients allocated to OIP. Patients in the CP also had a more favourable long-term course of psychosocial functioning. There were no differences between treatment conditions in outcomes of interpersonal functioning and self-esteem. **Conclusions:** Long-term psychotherapy in a combination programme seems favourable for BPD patients. In this study, patients who received combined treatment fared better on crucial parameters than patients who received individual therapy. Of particular importance are the positive effects on fundamental borderline problem areas like Identity Integration and Self-control.