

TAKE 10: RESEARCH TAKEAWAYS

4TH QUARTER, 2020 Portland DBT Institute Research Team: Natalie Dunn, Eric Matsunaga, Carolyn Williams, & Andrew White, PhD, ABPP



TECHNOLOGY AND DIGITAL INTERVENTIONS

1 Frías, Á., Solves, L., Navarro, S., Palma, C., Fariols, N., Aliaga, F., Hernández, M., Antón, M., & Riera, A. (2020). **Technology-Based Psychosocial Interventions for People with Borderline Personality Disorder: A Scoping Review of the Literature.** *Psychopathology, 53*(5–6), 254–263. <https://doi.org/10.1159/000511349>.

Frías et al. (2020) reviewed 15 clinical research studies on technology-based psychosocial interventions for individuals with borderline personality disorder. Of the 15, 9 were designed to be adjunctive to general treatment and 7 were designed for DBT. Systems were divided into two main categories: apps for symptom tracking/DBT coaching/biofeedback for emotion dysregulation (i.e., B-RIGHT, SENSE-IT, EMOTEO, DBT Coach, mDiary), and internet-based coaching (PRIOVI, web based DBT psychoeducation). At time of testing, clinical evidence was stronger for the internet-based interventions. However, this may be due to the fact that app-based interventions are still in the initial testing and feasibility phases of research, rather than clinical outcomes phases.

2 Han, J., McGillivray, L., Wong, Q. J., Werner-Seidler, A., Wong, I., Calear, A., Christensen, H., & Torok, M. (2020). **A Mobile Health Intervention (LifeBuoy App) to Help Young People Manage Suicidal Thoughts: Protocol for a Mixed-Methods Randomized Controlled Trial.** *JMIR Research Protocols, 9* (10), 1-11. <https://doi.org/10.2196/23655>.

LifeBuoy is a DBT-informed self-help smartphone app designed to help young people (ages 18-25) manage suicidal thoughts and behaviors. This paper outlines the protocol for an in-process mixed-methods randomized control trial comparing the LifeBuoy app to a matched attention control. Participant outcomes will be routinely assessed across multiple domains: suicidal thoughts, suicidal behavior, depression, anxiety, psychological distress, and general mental well-being, as well as insomnia, rumination, suicide cognitions, distress tolerance, loneliness, and help seeking before and after using the app. Data collection is ongoing and will be published at a later date.

EATING DISORDERS

3 Danielsen, M., Bjørnelv, S., Weider, S., Myklebust, T. Å., Lundh, H., & Rø, Ø. (2020). **The outcome at follow-up after inpatient eating disorder treatment: a naturalistic study.** *Journal of Eating Disorders, 8*(67), 1-12. <https://doi.org/10.1186/s40337-020-00349-6>.

This naturalistic study examined rates of remission following discharge from inpatient eating disorder treatment, symptom change from admission to follow-up, and predictors of treatment outcome. The sample included 150 adult female patients diagnosed with anorexia nervosa (AN), bulimia nervosa, or an unspecified eating disorder. Approximately one third were classified as in remission when discharged from inpatient treatment. Lower core ED symptoms at admission, raised BMI during treatment (for patients with AN), and reduced core symptoms during inpatient treatment increased the probability of remission at follow up.

4 Da Luz, F.Q., Hay, P., Wisniewski, L., Cordás, T., & Sainsbury, A. (2020). **The treatment of binge eating disorder with cognitive behavior therapy and other therapies: An overview and clinical considerations.** *Obesity Reviews, 22*(5) 1-12. <https://doi.org/10.1111/obr.13180>.

Luz et al. (2020) provide an overview of evidence-based treatments for binge eating disorder (BED), including cognitive behavioral therapy (CBT) for BED, CBT in combination with weight management interventions or pharmacotherapy, interpersonal therapy, and dialectical behavior therapy. The objective of this paper is to encourage healthcare professionals to implement a greater variety of evidence-based treatments as a means of increasing access to services for patients with BED.

5 Nagata, J. M., Compte, E. J., Cattle, C. J., Flentje, A., Capriotti, M. R., Lubensky, M. E., Murray, S. B., Obedin-Maliver, J., & Lunn, M. R. (2020). **Community norms for the Eating Disorder Examination Questionnaire (EDE-Q) among gender-expansive populations.** *Journal of Eating Disorders, 8*(74), 1-11. <https://doi.org/10.1186/s40337-020-00352-x>.

The Eating Disorder Examination Questionnaire (EDE-Q) is considered the 'gold standard' measure for assessing eating disorder behaviors, and produces four subscale scores (Weight Concern, Shape Concern, Eating Concern, and Restraint) as well as a global score. This study establishes community norms for the EDE-Q among gender-expansive individuals. The term gender-expansive refers to people who identify outside the binary system of gender (i.e., man or woman). Gender-expansive individuals scored lower on the Restraint and Shape Concern subscales than transgender women, higher on the Eating, Weight, and Shape Concern scores than cisgender men, lower on the Restraint subscale score than cisgender women, and higher on the Shape Concern score than cisgender women. The purpose of this study is to help clinicians interpret gender-expansive patients' EDE-Q scores.

6 Little, J. N., & Codd, R. T. (2020). **Radically Open Dialectical Behavior Therapy (RO DBT) in the treatment of perfectionism: A case study.** *Journal of Clinical Psychology, 76*(11), 2097–2108. <https://doi.org/10.1002/jclp.23062>.

In this case study, Little and Codd (2020) present an adult male with anorexia nervosa (AN) and dysfunctional perfectionism who was treated with radically open dialectical behavior therapy (RO DBT), a transdiagnostic evidence-based treatment targeting perfectionism, inflexibility, and overcontrolled coping. The patient had previously been treated under the lens of "under-control," despite his AN diagnosis, and had received interventions based around borderline personality disorder and emotion regulation (i.e., standard DBT). However, when assessed with the framework of "over-control," his maladaptive behaviors were found to be calculated, private episodes of "emotional leakage." RO DBT was selected in order to address these perfectionistic tendencies. The patient remitted from AN at the conclusion of treatment.

ADOLESCENT

7 Meyer, J., Öster, C., Ramklint, M., & Isaksson, J. (2020). **You are not alone – adolescents' experiences of participation in a structured skills training group for ADHD.** *Scandinavian Journal of Psychology, 61*(5), 671–678. <https://doi.org/10.1111/sjop.12655>.

This qualitative study examined the ways in which adolescents with attention deficit/hyperactivity disorder (ADHD) experience DBT skills training group. Semi-structured interviews were conducted with 20 adolescents with ADHD, revealing the importance of meeting other adolescents with ADHD and the opportunity to share tips, strategies, and experiences. Participants reported feelings of togetherness, increased knowledge and understanding of themselves and of DBT skills, and emotional and behavioral changes; two recurring themes were identified: (1) a need to belong and (2) a need to be an active participant in one's own treatment. In addressing active participation, exercises and discussions helped maintain engagement. Findings demonstrate the value of the DBT skills training group format for adolescents with ADHD.

PTSD

8 Becker-Sadzio, J., Gundel, F., Kroczeck, A., Wekenmann, S., Rapp, A., Fallgatter, A. J., & Deppermann, S. (2020). **Trauma exposure therapy in a pregnant woman suffering from complex posttraumatic stress disorder after childhood sexual abuse: risk or benefit?** *European Journal of Psychotraumatology, 11*(1), 1-7. <https://doi.org/10.1080/20008198.2019.1697581>.

This case study investigated the effects of exposure therapy during pregnancy, as well as untreated post-traumatic stress disorder on pregnancy and postpartum mother-child bonding. The patient was treated with dialectical behavior therapy for PTSD (DBT-PTSD), including exposure therapy. Notably, the course of pregnancy was not impacted by treatment-induced psychological or physical symptoms, and both the intensity of intrusions and avoidance behaviors decreased below baseline-level at the end of treatment. Researchers concluded that DBT-PTSD is a potential treatment for PTSD during pregnancy.

9 Fitzpatrick, S., Bailey, K., & Rizvi, S. L. (2020). **Changes in Emotions Over the Course of Dialectical Behavior Therapy and the Moderating Role of Depression, Anxiety, and Posttraumatic Stress Disorder.** *Behavior Therapy, 51* (6), 946–957. <https://doi.org/10.1016/j.beth.2019.12.009>.

Fitzpatrick, Bailey, and Rizvi (2020) investigated whether specific emotions change during DBT treatment for individuals with borderline personality disorder, focusing specifically on BPD-relevant comorbidities, including depression, anxiety disorders, and post-traumatic stress disorder, as potential moderators (note: moderators affect the strength of a relationship between two variables—in this case, the effect of DBT on emotions). This study examined which emotions decreased during treatment, and whether comorbid diagnoses moderated clinical outcomes. Analyses revealed an overall reduction in anger during the 6-month treatment cycle. Anxiety disorders and PTSD moderated the effect of time on guilt, shame, and fear, and PTSD moderated the effect of time on sadness. Patients with comorbid diagnoses exhibited greater reductions compared to those without.

10 Harned, M. S., Ritschel, L. A., & Schmidt, S. C. (2020). **Effects of Workshop Training in the Dialectical Behavior Therapy Prolonged Exposure Protocol on Clinician Beliefs, Adoption, and Perceived Clinical Outcomes.** *Journal of Traumatic Stress, 34*(2), 427-439. <https://doi.org/10.1002/jts.22622>.

This study of 266 clinicians investigated the effect of dialectical behavior therapy prolonged exposure (DBT-PE) workshops on adoption, clinician beliefs, and perceived patient outcomes. Overall, from pre-training to the 6-month follow-up assessment, researchers observed significant improvements in concerns regarding patient outcomes, self-efficacy, and perceived treatment credibility. At the 6-month follow-up, 53.5% of clinicians reported using DBT-PE and 81.3% of clinicians who adopted DBT-PE reported that patients' PTSD improved. Higher self-efficacy and perceived treatment credibility ratings predicted DBT-PE use.



Portland DBT
INSTITUTE