

TAKE 10

DBT RESEARCH TAKEAWAYS

2nd QUARTER, 2021

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GENERAL DBT RESEARCH

1

Alavi, N., Stephenson, C., & Rivera, M. (2021). **Effectiveness of delivering dialectical behavioral therapy techniques by email in patients with borderline personality disorder: Nonrandomized controlled trial.** *JMIR Mental Health*, 8(4), 1-26. <https://doi.org/10.2196/27308>

HOW. Inaccessibility of DBT care is a public health concern. 107 participants diagnosed with BPD were placed into an email-based or an in-person DBT skills training program. Effectiveness of these treatment modalities were compared. **WHAT.** There were no differences between the email and in-person groups for improvement demonstrated between pre- and post-treatment. Email-based DBT treatment may be a valuable avenue toward increasing access to care and meeting therapy demands while using less resources.

2

Guillén, V., Tormo, M. E., Fonseca-Baeza, S., Botella, C., Baños, R., García-Palacios, A., & Marco, J. H. (2021). **Resilience as a predictor of quality of life in participants with borderline personality disorder before and after treatment.** *BMC Psychiatry*, 21(305), 1-10. <https://doi.org/10.1186/s12888-021-03312-0>

HOW. The quality of life, resilience, and depression symptoms of 202 participants with BPD and 201 non-clinical participants were compared. In addition, the relationship between these variables was assessed within groups, and before and after treatment for the participants with BPD. **WHAT.** The results showed that participants with BPD had lower resilience than the non-clinical participants, psychotherapy statistically improved quality of life for participants with BPD, and resilience was associated with, and a predictor for, quality of life before and after treatment.

3

Harned, M. S., Schmidt, S. C., Korslund, K. E., & Gallop, R. J. (2021). **Does adding the dialectical behavior therapy prolonged exposure (DBT PE) protocol for PTSD to DBT improve outcomes in public mental health settings? A pilot nonrandomized effectiveness trial with benchmarking.** *Behavior Therapy*, 52(3), 639-655. <https://doi.org/10.1016/j.beth.2020.08.003>

HOW. The effectiveness of DBT Prolonged Exposure on improvement of PTSD has been supported in research settings but has not been confirmed in public mental health settings. 35 participants with PTSD received DBT or DBT PE in different public mental health agencies and their levels of effectiveness were compared. **WHAT.** DBT PE led to a more significant reduction in PTSD than DBT alone, and the results supported that DBT PE can be transferred effectively into community settings.

4

Rizvi, S. L., & Fitzpatrick, S. (2021). **Changes in suicide and non-suicidal self-injury ideation and the moderating role of specific emotions over the course of dialectical behavior therapy.** *Suicide & Life-Threatening Behavior*, 51(3), 429-445. <https://doi.org/10.1111/sltb.12691>

HOW. 73 participants with BPD completed 6 months of DBT and were interviewed about the different domains of their suicidal ideation (SI) and non-suicidal self-injury (NSSI). **WHAT.** The results showed that all domains of SI decreased over the course of DBT. Interestingly, only the intensity of the ideation surrounding NSSI was decreased. These results highlight the need for more work on reducing NSSI through DBT.

5

Southward, M. W., Eberle, J. W., & Neacsu, A. D. (2021). **Multilevel associations of daily skill use and effectiveness with anxiety, depression, and stress in a transdiagnostic sample undergoing dialectical behavior therapy skills training.** *Cognitive Behaviour Therapy*, 1-16. <https://doi.org/10.1080/16506073.2021.1907614>

HOW. Researchers conducted a secondary data analysis of the skills training portion of a randomized controlled trial conducted for 19 patients with depressive and/or anxiety disorders, hypothesizing that a higher frequency of unique DBT skills used per day would be associated with lower daily negative affect. **WHAT.** Participants reported using more skills on days with greater stress and anxiety, which predicted decreases in stress and anxiety the following day. These findings suggest that effective use of a greater number of DBT skills may be a mechanism by which DBT skills groups target emotional dysfunction.

SUBSTANCE USE DISORDER

1

Barrett, D., Brintz, C. E., Zaski, A. M., & Edlund, M. J. (2021). **Dialectical pain management: feasibility of a hybrid third-wave cognitive behavioral therapy approach for adults receiving opioids for chronic pain.** *Pain Medicine*, 22(5), 1080-1094. <https://doi.org/10.1093/pm/pnaa361>

HOW. Researchers evaluated a skills-based group intervention for adults with chronic pain receiving long-term opioid therapy. This intervention, dialectical pain management (DPM), uses the framework of DBT's dialectical thinking to integrate CBT and ACT for chronic pain. 17 adults participated in an 8-week DPM group; quantitative self-report assessments were administered pre- and post-test, and qualitative interviews were conducted 2 weeks after the intervention. **WHAT.** 15 individuals completed the group, with 12 attending 6 or more sessions. Participants reported high satisfaction with the intervention. Depressive symptoms reduced significantly and acceptance increased significantly. Average opioid dosage decreased. There were no significant changes reported in pain severity.

2

Davoudi, M., Allame, Z., Foroughi, A., & Taheri, A. A. (2021). **A pilot randomized controlled trial of dialectical behavior therapy (DBT) for reducing craving and achieving cessation in patients with marijuana use disorder: Feasibility, acceptability, and appropriateness.** *Trends in Psychiatry and Psychotherapy*, 1-9. <https://doi.org/10.47626/2237-6089-2020-0123>

HOW. Researchers evaluated an intervention adapted from DBT for SUD protocols to treat marijuana use disorder (MUD) in an Iranian population. 61 adults with MUD diagnoses were randomly assigned to either a DBT skills group intervention or a psychoeducation control group. Participants completed assessment measures at pre- and post-intervention, and at a two-month follow-up. **WHAT.** Program retention rates were superior in the DBT group vs. the control group (96% in DBT group vs. 77% in the control group). There were higher rates of cessation in the DBT group, as well as an overall reduction in marijuana consumption among DBT participants who did not achieve abstinence.

3

López, G., Orchowski, L. M., Reddy, M. K., Nargiso, J., & Johnson, J. E. (2021). **A review of research-supported group treatments for drug use disorders.** *Substance Abuse Treatment, Prevention, and Policy*, 16(51), 1-21. <https://doi.org/10.1186/s13011-021-00371-0>

HOW. Researchers conducted a review of studies examining group treatments for drug use disorders. A total of 50 studies were included. **WHAT.** DBT skills groups were more effective at decreasing substance use and psychiatric symptoms compared to treatment as usual. Numerous group treatments, including CBT, contingency management, and relapse prevention and recovery support groups, were found to be effective at reducing the use of a variety of substances.



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Borderline Personality Disorder
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TAKE 10

DBT RESEARCH TAKEAWAYS

2nd QUARTER, 2021

BORDERLINE PERSONALITY DISORDER

1

Ford, J. D., & Courtois, C. A. (2021). **Complex PTSD and borderline personality disorder.** *Borderline Personality Disorder and Emotion Dysregulation*, 8(1), 16. <https://doi.org/10.1186/s40479-021-00155-9>

HOW. Authors summarize recent empirical research on borderline personality disorder (BPD), post-traumatic stress disorder (PTSD), and complex post-traumatic stress disorder (cPTSD). **WHAT.** Research suggests that BPD, PTSD, and cPTSD constitute three distinct syndromes. Ford and Courtois posit that the three may fall on a continuum of post-traumatic syndromes, beginning with traumatic victimization, to increasing morbidity from PTSD to cPTSD, and finally to comorbid BPD and cPTSD, although there is no current direct evidence demonstrating this continuum.

2

Lakeman, R., & Crighton, J. (2021). **The impact of social distancing on people with borderline personality disorder: The views of dialectical behavioral therapists.** *Issues in Mental Health Nursing*, 42(5), 410–416. <https://doi.org/10.1080/01612840.2020.1817208>

HOW. Researchers conducted a survey of DBT clinicians within the Northern New South Wales Local Health District, collecting qualitative data on the impact of the cessation of standard in-person DBT services and transition to telehealth services due to COVID-19.

WHAT. Results showed that 40% of clinicians felt their relationship with their clients was worse following cessation of in-person services. The negative impact on continuance of care was magnified by the relative inexperience of DBT clinicians in the region; most reported a lack of confidence in their ability to deliver DBT services via telehealth, and no fully-adherent DBT services were transitioned onto telehealth platforms. Additionally, clinicians reported a perceived lack of support and resources in facilitating the transition to telehealth services.

3

Michael, J., Chennells, M., Nolte, T., Ooi, J., Griem, J., Christensen, W., Feigenbaum, J., King-Casas, B., Fonagy, P., & Montague, P. R. (2021). **Probing commitment in individuals with borderline personality disorder.** *Journal of Psychiatric Research*, 137, 335–341. <https://doi.org/10.1016/j.jpsychires.2021.02.062>

HOW. Researchers investigated patterns of heightened interpersonal sensitivity among patients with BPD. An experiment was designed to observe participants' commitment to cooperation with a partner independently of trust or reciprocity. Participants chose a preferred interaction partner, and the pairing process was manipulated such that there were two conditions: (1) the 'Acceptance Condition' where participants were told that their choice was required; and (2) the 'Rejection Condition' where participants' choices were unrequired. **WHAT.** Results showed that participants with BPD, compared to participants in the control group, were less likely to cooperate with their partner in the Rejection Condition. No differences were found in the Acceptance Condition.

4

Pohl, S., Steuwe, C., Mainz, V., Driessen, M., & Beblo, T. (2021). **Borderline personality disorder and childhood trauma: Exploring the buffering role of self-compassion and self-esteem.** *Journal of Clinical Psychology*, 77(3), 837–845. <https://doi.org/10.1002/jclp.23070>

HOW. Researchers examined the potential relationship between BPD and lower reported self-compassion and self-esteem, as well as potential moderating effects of self-compassion and self-esteem on the association between childhood trauma and BPD symptom severity. 35 female patients with BPD and 35 age-matched control participants were examined. **WHAT.** Patients with BPD reported significantly lower self-compassion and self-esteem vs. the control group. Self-compassion, but not self-esteem, appeared to moderate the positive correlation between childhood trauma and severity of BPD symptoms. Researchers suggest that self-compassion might serve as a protective buffer from the long-term consequences of childhood trauma.

5

Rodriguez-Seijas, C., Morgan, T. A., & Zimmerman, M. (2021). **Is there a bias in the diagnosis of borderline personality disorder among lesbian, gay, and bisexual patients?** *Assessment*, 28(3), 724–738. <https://doi.org/10.1177/1073191120961833>

HOW. Researchers investigated potential differences in frequency of BPD diagnoses among sexual minority populations versus heterosexual patients, utilizing data from 1,099 partial hospitalization patients. **WHAT.** Results showed that lesbian, gay, and bisexual patients were more likely to be diagnosed with BPD than heterosexual patients, regardless of personality psychopathology, age, gender, or comorbid PTSD diagnosis. These diagnostic disparities are highest among bisexual patients. Researchers identified these disparities as an example of clinical bias, though the exact source of said bias stems from specific BPD criterion, bias among clinical providers, or a combination of the two.

CHILDREN AND ADOLESCENTS

1

Euler, S., Stalujanis, E., Lindenmeyer, H. J., Nicastro, R., Kramer, U., Perroud, N., & Weibel, S. (2021). **Impact of childhood maltreatment in borderline personality disorder on treatment response to intensive dialectical behavior therapy.** *Journal of Personality Disorders*, 35(3), 428–446. <https://doi.org/10.1521/pedi.2019.33.461>

HOW. Researchers examined the potential influence of self-reported childhood maltreatment (CM), which includes emotional, physical, and sexual abuse, and emotional and physical neglect, on treatment retention, depressive symptoms, and impulsivity. 333 patients with BPD enrolled in short-term intensive DBT (I-DBT), an adaptation of standard DBT that includes 12 hours of group sessions per week. **WHAT.** Patients who reported childhood emotional neglect had a lower dropout rate, as well as a greater decrease in depressive symptoms. Alternately, patients who reported childhood emotional abuse had a higher dropout rate. Broadly, self-reported CM predicted a greater decrease of impulsivity. Researchers suggest that BPD patients affected by CM might particularly benefit from I-DBT.

2

Herpers, P. C. M., Neumann, J. E. C., & Staal, W. G. (2021). **Treatment refractory internalizing behavior across disorders: An etiological model for severe emotion dysregulation in adolescence.** *Child Psychiatry and Human Development*, 52(3), 515–532. <https://doi.org/10.1007/s10578-020-01036-y>

HOW. Researchers identified treatment refractory, or treatment resistant, suicidality as a challenging therapeutic target in adolescents. As such, a biosocial developmental model is proposed, utilizing the Hierarchical Taxonomy of Psychopathology (HiTOP) diagnostic system as a framework. **WHAT.** Researchers detail a preliminary etiological model for treatment refractory internalizing behavior (TRIB) as a whole. The importance of transdiagnostic interventions is emphasized, particularly in treating "higher order" mechanisms with higher-order interventions, i.e., addressing non-compliance, restoring trust between parents and child, and reducing avoidance behaviors.

3

Kothgassner, O. D., Goreis, A., Robinson, K., Huscsava, M. M., Schmahl, C., & Plener, P. L. (2021). **Efficacy of dialectical behavior therapy for adolescent self-harm and suicidal ideation: A systematic review and meta-analysis.** *Psychological Medicine*, 51(7), 1057–1067. <https://doi.org/10.1017/S0033291721001355>

HOW. Researchers conducted a review of studies evaluating the use of DBT for Adolescents (DBT-A) in treating self-injury; 21 studies were identified, which included 5 randomized controlled trials (RCTs), 3 controlled clinical trials (CCTs), and 13 pre-post evaluations. Data on primary outcomes (i.e., self-harm and suicidal ideation) as well as secondary outcomes (i.e., BPD and BPD symptomatology) were extracted.

WHAT. From the RCT and CCT data, researchers found that, in comparison to control groups, DBT-A showed small to moderate effects for reducing self-harm behavior and suicidal ideation. Data from pre-post evaluations suggested that DBT-A showed large effects for all outcomes, including reduction of BPD symptoms.

4

Panagiotopoulou, E., Peiris, C., & Hayes, D. (2021). **Behavior change techniques in mobile apps targeting self-harm in young people: A systematic review.** *Translational Behavioral Medicine*, 11(3), 832–841. <https://doi.org/10.1093/tbm/ibaa131>

HOW. Researchers reviewed the existing pool of free mobile apps in the Apple store specifically designed to reduce self-harm behavior among individuals aged 10–24 years, with the intention of identifying both specific behavior change techniques and underlying treatment theories utilized by these apps. **WHAT.** 5 apps met inclusion criteria. 3 out of 5 were based on DBT principles. The most frequent behavior change technique implemented was "Distraction" (54.2%), followed by "Social Support (unspecified)" (27.0%), and "Behavior Substitution" (10.6%).

5

Zimmermann, R., Furer, L., Schenk, N., Koenig, J., Roth, V., Schlüter-Müller, S., Kaess, M., & Schmeck, K. (2021). **Silence in the psychotherapy of adolescents with borderline personality pathology.** *Personality Disorders*, 12(2), 160–170. <https://doi.org/10.1037/per0000402>

HOW. Researchers investigated the potential impact of silence during adolescent identity treatment among adolescent patients with borderline personality disorder (BPD). 382 sessions among 21 female patients were coded; silence was automatically detected from audio recordings, and speaker identity was manually labeled. Patient perception of the sessions was assessed. **WHAT.** Researchers found that sessions with less silence were rated as smoother and better, supporting the recommendation of a more active therapeutic approach with less silence.